

GME06

Subject: PROMOTION AND REAPPOINTMENT

Effective Date: NOVEMBER 2004

Applies to:
THE METHODIST HOSPITAL

Date Revised/Reviewed:
JANUARY 2009

Originating Area:
GRADUATE MEDICAL EDUCATION COMMITTEE

Target Review Date:
JANUARY 2012

I. GENERAL STATEMENT

Over the course of training in a Program of Graduate Medical Education (GME), a Resident is expected to acquire progressive and increasing competence in the knowledge, skills, and attitudes of the specialty in which he or she is training. The Program Director is responsible for maintaining a record for each Resident and for ensuring that the Program has an evaluation system that documents the success of each Resident in achieving the goals and objectives of the program. The evaluation system must also identify residents with deficiencies in knowledge, skills, and attitudes of each of the Accreditation Council for Graduate Medical Education (ACGME) general competencies or of specialty-specific competencies for non-ACGME accredited Programs.

This procedure outlines the processes for Residents who make satisfactory progress in achieving the Program's standards for each year of training (i.e., promotion, reappointment, and termination upon completion of Program). These processes must be applied uniformly and fairly to all Residents in each Methodist-sponsored Program of GME by Faculty, Program Directors, the Graduate Medical Education Committee (GMEC), and the Designated Institutional Official (DIO). Residents must be kept fully informed of each step of their academic progression.

Formative evaluations, including rotation evaluations (which may include "negative" comments), Counseling at the Program level, Faculty assistance, and formal Program-level efforts to improve performance (e.g., Program-level Remediation) are essential to the academic process of teaching Residents. These actions are not considered Adverse Academic Actions, are not Reportable to accrediting or licensing boards and agencies, are not reviewed by the GMEEC or the DIO, and are not subject to the grievance processes described in the Adverse Academic Actions Procedure GME or the Employee Dispute Resolution Program Procedure HR09 (for nonacademic grievances).

II. REQUIREMENTS

- A. Process for Promotion: The Program Director with the advice of the Program's Faculty must determine that a Resident has met or exceeded the Program's Standards for achievement of Program-specific competence and performance parameters, including specific knowledge, skills, and attitudes. Promotion of Residents must be based on documentation of achievement of the expected level of competence. A well-defined and functional evaluation system is essential for demonstrating that Residents have achieved the competencies to qualify for Reappointment. The standards for achievement and criteria for advancement of Residents to the next level of training shall be distributed to Residents and Faculty

and reviewed annually by representative Program personnel (i.e., at least the Program Director, representative Faculty, and one Resident). (General requirements, standards for evaluation, reports, notification, and final evaluation are described in Resident Evaluation Procedure GME12.

- B. Reappointment: In the context of GME, Reappointment or renewal of the Resident's Agreement of Appointment is usually equated with academic Promotion. Generally, residents who are reappointed are also advanced to the next year of training, although a resident may be reappointed to repeat a year of training. If training is extended for academic reasons (e.g., due to Nonpromotion or repeating a portion of training), the Extension of training is an Adverse Academic Action. If the training is extended due to personal reasons (e.g., medical cause, family leave), the Extension is generally not an Adverse Academic Action. However, the Program Director must report Extensions of training to accrediting agencies and licensing boards.
- C. Processes to Improve Residents' Performance: The first goal of a Program of GME should be to improve the performance of its Residents. Even successful Residents, who will finish the Program within the expected time frame, may demonstrate deficiencies in knowledge, skills, or attitudes over the course of their training. When a Resident falls below the Program's standards for expected performance, the Program Director must assess possible causes in order to implement appropriate methods for improving the Resident's performance. The Program Director must examine: the adequacy of the Program's clinical and academic experiences; the adequacy of the Program's supervision, teaching, and scholarly activity; the adequacy of the Resident's personal learning program for professional growth with guidance from the teaching staff; adequacy of the Resident's full participation in the program's educational and scholarly activities; and the presence of other issues contributing to the Resident's failure to achieve the Program's standards. The use of Feedback, Counseling, Faculty assistance, or Program-level Remediation may assist Residents to achieve the Program's standards.
 - 1. Feedback, Counseling, and Faculty assistance: All Residents should be evaluated and given Feedback, Counseling, and Faculty assistance to improve performance. These methods are particularly important in helping Residents who are performing or behaving below Program standards to overcome deficiencies and are most effective in correcting deficiencies that are identified early.
 - 2. Program-level Remediation: Any Resident whose performance is assessed below Program standards by the Program Director and Faculty may be placed on Program-Level Remediation for a specified period of time, not to exceed six (6) months. In most cases, a Resident is placed on Program-level Remediation when the Resident's performance fails to meet the Program's standards despite a period of active and persistent Feedback, Counseling, and Faculty assistance. Program-level remediation is not a formal Adverse Academic Action and is not subject to external inquiries. Documentation of Program-level Remediation will be incorporated into the Resident's evaluation and will be disclosed only upon written authorization of the Resident or legal process.

For remedial training, the Program Director will inform the Resident in writing of the deficiencies noted in academic, clinical, and/or professional performance and will develop a written Remediation plan, the time frame for documentation of improvement, the criteria for successful completion, and consequences of

unsuccessful remediation. The Resident will be asked to acknowledge being advised of his or her remediation status by signing the notification.

If the Resident is successful in completing the Program-Level Remediation, the Resident will be removed from remedial status. If the resident is unsuccessful and the Program Director and Program Faculty consider the Resident's deficiency to be significant, the Program Director may initiate a formal Adverse Academic Action as described in the Procedure GME10.

- D. Program Policy on Promotion, Reappointment, and Termination: Each Methodist-sponsored Program of GME must submit for approval by the GMEC a policy on the Program's standards for Promotion, Reappointment, and Termination upon graduation from the Program.

III. COMMITTEE REVIEWING OR APPROVING POLICY

- 1. Graduate Medical Education Committee [11 November 2004] [8 January 2009]

AUTHORITATIVE REFERENCES:

Accreditation Council for Graduate Medical Education Institutional Requirement III.D.f.