



FRANCISCAN MISSIONARIES OF OUR LADY
HEALTH SYSTEM

RESPONSIBLE DEPARTMENT: SFMC GME		SUBJECT: Resident Due Process
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PURPOSE:

To detail the due process procedure(s) that is available to SFMC sponsored residents in addressing actions which could result in dismissal, non-renewal of a resident's agreement or other actions that could significantly threaten a resident's intended career development.

DEFINITIONS:

Letter of Deficiency: This letter provides the resident with (a) a notice of the deficiency, (b) an opportunity to alleviate the deficiency and (c) a clearly defined time frame and action plan for resolving the deficiency.

Grievance Committee: A subcommittee of the GMEC as described by the SFMC Resident Grievance Policy.

Reportable Actions: Those actions that the residency program must disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards.

POLICY:

- A. Residents are expected to meet and adhere to the academic, clinical, and professional standards set forth by the ACGME's Institutional and Program Requirements, as well as the requirements of the sponsoring institution and the residency program. During orientation residents will be provided, in writing, all rules and policies relating to due process procedures.
- B. A resident may be dismissed, or other adverse action may be taken for cause, including but not limited to:
- Unsatisfactory academic or clinical performance (failure of in-service exams, failure of content board review quizzes, specific rotation evaluations, etc.)
 - Failure to comply with the policies, rules, and regulations of the resident's program, SFMC and other training facilities
 - Violation of federal and/or state laws, regulations, or ordinances
 - Acts of moral turpitude
 - Insubordination
 - Conduct that is detrimental to patient care
 - Unprofessional conduct
 - Failure to abide by the Resident Responsibilities set forth in Section 3 of the Resident Agreement of Appointment
 - Demonstration of Resident impairment following which the Resident does not accept the result of investigation of impairment and/or cooperate in developing and participating in an appropriate plan of action as contemplated by the Resident Impairment Policy.
- C. The following are grounds for immediate dismissal:
- Failure to maintain medical licensure
 - Conviction of a felony
- D. Dismissals, non-renewal of agreements, non-promotion, or suspension are subject to appeal and the process shall proceed as follows:
1. Structured feedback: All residents will be provided routine feedback that is consistent with the educational program. Feedback techniques include verbal feedback, written rotational evaluations and written summative evaluations. An Early Warning Card will be issued to a resident when an area of improvement or deficiency has become evident.
 2. "Letter of Deficiency": When a resident has been identified as deficient, it is expected that he/she will receive routine structured feedback in order to identify and

correct the issue. When the Program Director deems that routine structured feedback is not effecting the necessary improvement, or if the Program Director determines that the deficiency is significant enough to warrant something more than routine feedback, the residency program may elect to issue a Letter of Deficiency. The Letter of Deficiency will clearly state the identified deficiency, a plan of correction, and time period in which to do so. Letters of Deficiency must be co-signed by the resident, the program director (or designee) and the program coordinator. This action step does not trigger a report to any outside agencies. If the resident is not in agreement with the terms of the letter of deficiency, he or she has the right to file a grievance in accordance with the SFMC Resident Grievance Policy. If the resident satisfactorily resolves the deficiency(ies) noted in the Letter of Deficiency and continues to perform acceptably thereafter, the period of unacceptable academic performance does not affect the resident's intended career development.

3. Failure to alleviate the deficiency: If the Program Director (with faculty input) determines that the resident has failed to satisfactorily alleviate the deficiency and/or improve his/her overall performance to an acceptable level, the Program Director may elect to take further action, which may include one or more of the following steps:
 - Probation
 - Suspension
 - Required repeat of rotation which may require extension of agreement
 - Non-promotion
 - Dismissal
4. Reportable Actions: The decision not to promote a resident to the next program year level, to extend a resident agreement, to extend a resident's defined period of training, to deny a resident credit for a previously completed rotation, and/or to terminate the resident's participation in a residency or fellowship program are each considered reportable actions. Residents who are subject to a reportable action may request a review of the decision as provided by this policy. In accordance with ACGME Institutional Requirements, in instances where a resident's agreement will not be renewed, or when a resident will not be promoted to the next level of training, and to the extent practicable under the circumstances, the program will provide the resident with notice of intent no later than four months prior to the end of the resident's current agreement. If the primary reason(s) for the non-renewal or non-promotion occurs within the four months prior to the end of the agreement, the program will provide the resident with as much written notice of the intent not to renew or not to promote as circumstances will reasonably allow, prior to the end of the agreement.
5. Request for review: A review of the decision to take a reportable action may be requested by the resident. A request for review should be submitted in writing to

the Designated Institutional Official (DIO) within 14 days of learning of the reportable action. Upon receipt of a request for review, the DIO will complete an investigation to determine if the request for review has merit:

- Review the complaint
- Meet with the resident
- Review the resident's file
- Meet with the program director
- Consider any extenuating circumstances
- Consult with others, as appropriate, to assist in the decision-making process
- Determine whether this policy was followed, the resident received notice and an opportunity to alleviate the noted deficiency(ies), and the decision to take the reportable action was reasonably made.

a) Upon completion of the investigation, the DIO will either uphold or overturn the decision of the program.

6. Opportunity for a final review: If the resident disagrees with the decision of the DIO, he or she may request a final review of the decision to take a reportable action by the Chief Medical Officer (CMO). A request for final review shall be submitted to the CMO in writing within fourteen (14) days of learning of the DIO's decision. The CMO will conduct a final review. The decision of the CMO is a final and binding decision. Upon conclusion of the review, a report of the final review will be provided to both the resident and the DIO.

ACGME STANDARD: IV.C.1.b.

STATUTORY/REGULATORY AUTHORITY: GMEC