



GME Policy – Resident/Fellow Promotion, Appointment Renewal, and Dismissal

Purpose

To comply with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements for Graduate Medical Education (GME), the University of Arizona College of Medicine – Tucson (UACOM-T) Graduate Medical Education Committee (GMEC) establishes this policy to provide guidance and oversight for the promotion, appointment renewal, and dismissal of a resident’s/fellow’s appointment in our UACOM-T sponsored and GMEC-approved Non Standard Training (NST) programs.

In this policy, the term “Trainee” refers to all residents and fellows enrolled in ACGME-accredited and NST programs.

The ACGME Institutional Requirements (2022) state:

IV.D. Promotion, Appointment Renewal and Dismissal

IV.D.1. The Sponsoring Institution must have a policy that requires each of its ACGME-accredited programs to determine the criteria for promotion and/or renewal of a resident’s/fellow’s appointment. (Core)

IV.D.1.a) The Sponsoring Institution must ensure that each of its programs provides a resident/fellow with a written notice of intent when that resident’s/fellow’s agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed. (Core)

IV.D.1.b) The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal.

The ACGME Common Residency/Fellowship/One-Year Fellowship Requirements (2023) state:

V.A. Resident Evaluation

V.A.1. Feedback and Evaluation

V.A.1.a) Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core) [The Review Committee may further specify]

V.A.3. A Clinical Competency Committee must be appointed by the program director. (Core)

Policy

Trainee Feedback and Evaluation for Clinical Rotations and Educational Assignments

1. Faculty members must directly observe, evaluate, and frequently provide feedback on trainee performance during each rotation or similar educational assignment.
2. Evaluations of Trainee performance must be completed at the end of each clinical or educational assignment.
 - a. Faculty must complete Trainee evaluations in a timely manner to maximize the benefits of the feedback.
 - b. Trainee evaluations should include strengths and areas for improvement
 - c. More frequent, formative feedback is encouraged throughout the course of a clinical rotation or educational assignment.

3. Evaluations of Trainees must be completed at least every three (3) months.
 - a. For block rotations of greater than three (3) months duration, evaluations must still be documented every three (3) months.
 - b. Evaluations for longitudinal experiences (such as continuity clinic in the context of other clinical responsibilities) must still be documented every three (3) months.

The Clinical Competency Committee

1. A Clinical Competency Committee (CCC) must be appointed by the program director.
 - a. At a minimum, the CCC must include three members of the program faculty, at least one of whom is a core faculty member.
 - b. Members must be faculty from the same program, other programs, or other health professionals who have extensive contact and experience with the trainees.
 - c. Program faculty may include more than the physician faculty members, such as other physicians and non-physicians who teach and evaluate the program's trainees.
 - d. Only Chief Residents who have completed core residency programs in their specialty (Chief Residents in Internal Medicine and Pediatrics) may be members of the CCC.
 - e. Though program coordinators/administrators may not serve as members of the CCC, they may attend CCC meetings in an administrative role.
 - i. Program coordinators/administrators can (and should) provide evaluation and feedback to the CCC as described below.
2. The CCC must:
 - a. Review all Trainee evaluations at least semi-annually;
 - b. Determine each Trainee's progress on achievement of the specialty-specific Milestones
 - c. Advise the program director regarding each Trainee's progress
 - d. Meet prior to the Trainees' semi-annual evaluation meetings
3. The CCC serves as an advisory group to the program director; however, the program director has the final decision and responsibility for trainee evaluation and promotion decisions.

Trainee Semi-Annual and Annual Evaluations

1. The program must provide an objective performance evaluation for each Trainee based on the Competencies and the specialty/sub-specialty Milestones.
2. These evaluations must use multiple evaluators such as faculty members, peers, patients, self, and other professional staff members (including program coordinators/administrators).
3. These evaluations must be provided to the Clinical Competency Committee (CCC) for its synthesis of progressive trainee performance and improvement toward unsupervised practice.
4. The program director (or their designee) with input from the CCC must:
 - a. Meet with and review with each Trainee their documented semi-annual performance evaluation including progress along the specialty/sub-specialty specific Milestones at least every six months.
 - b. Assist trainees in developing individualized learning plans (ILPs) to capitalize on their strengths and identify areas for growth
 - c. Develop plans for Trainees who are failing to progress
 - i. **To ensure due process, it is essential that the program director follow our institutional policies and procedures as outlined in the UACOM-T Procedures for Disciplinary and Non-disciplinary Action found at <https://medicine.arizona.edu/sites/default/files/2024-08/Due%20Process%20Guidelines.pdf>**
5. At least annually, there must be a summative evaluation of each trainee that includes their readiness to progress to the next year of the program, if applicable.

6. Trainee performance evaluations must be accessible for review by the trainee.
7. Each ACGME Review Committee may further specify requirements for trainee evaluations.
 - a. **The program director is responsible for knowing and implementing any additional specialty-specific requirements for trainee evaluation and feedback.**

Reviewed: 7/1/2016

Revised: August, 2024

GMEC approved 09/06/2024