



THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON

Graduate Medical Education

Resident and Fellow Promotion Appointment Renewal and Dismissal Policy

Graduate Medical Education Committee

Policy owner	UACOM-T Graduate Medical Education Committee
Applies to	ACGME-accredited and GMEC-approved Non-Standard Training programs
Most recent approval	October 2, 2026
GME Office review	September 18, 2026
GMEC approved	Approved

1 Purpose

This policy establishes institutional expectations for evaluating trainee performance and making decisions about promotion, renewal of appointment, non-promotion, non-renewal, and dismissal in University of Arizona College of Medicine - Tucson graduate medical education programs. It supports compliance with applicable Accreditation Council for Graduate Medical Education Institutional and Common Program Requirements.

2 Scope

This policy applies to:

- all UACOM-T ACGME-accredited residency and fellowship programs;
- all GMEC-approved Non-Standard Training programs; and
- program directors, Clinical Competency Committees, faculty members, program administrators, and trainees involved in evaluation and promotion processes.

3 Definition

In this policy, trainee means any resident or fellow enrolled in an ACGME-accredited or GMEC-approved Non-Standard Training program.

4 Program Promotion and Appointment Renewal Criteria

Each program must establish and apply written criteria for promotion and renewal of a trainee's appointment. Criteria must be consistent with applicable ACGME Institutional, Common, and specialty-specific Program Requirements and must incorporate the program's assessment of the trainee's performance and progress toward independent practice.

The program director is responsible for knowing and implementing any additional evaluation, feedback, promotion, or appointment-renewal requirements specified by the applicable ACGME Review Committee.

5 Feedback and Evaluation During Clinical and Educational Assignments

5.1 Direct observation and feedback

- Faculty members must directly observe and evaluate trainee performance during each clinical rotation or comparable educational assignment.
- Faculty members must provide feedback frequently enough to support learning and improvement. Formative feedback throughout the assignment is encouraged.

5.2 End-of-assignment evaluations

- An evaluation must be completed at the end of each clinical rotation or educational assignment.
- Faculty members must complete evaluations promptly so trainees can benefit from timely feedback.
- Evaluations should identify both strengths and areas for improvement.

5.3 Minimum evaluation frequency

Documented evaluations must be completed at least every three months. This requirement also applies to:

- block rotations lasting longer than three months; and
- longitudinal experiences, such as continuity clinic conducted alongside other clinical responsibilities.

6 Clinical Competency Committee

6.1 Appointment and membership

- The program director must appoint a Clinical Competency Committee.
- The committee must include at least three members of the program faculty, including at least one core faculty member.
- Members may include faculty from the same program or another program, or other health professionals who have extensive contact and experience with the program's trainees.
- Program faculty may include physician and non-physician educators who teach and evaluate trainees.
- A chief resident may serve only after completing the core residency program in the specialty, as may occur for chief residents in Internal Medicine and Pediatrics.
- Program coordinators and administrators may attend in an administrative role and may provide relevant evaluation and feedback, but they may not serve as committee members.

6.2 Responsibilities

The Clinical Competency Committee must:

- review all trainee evaluations at least semiannually;
- determine each trainee's progress toward achievement of the specialty-specific Milestones;
- advise the program director regarding each trainee's progress; and
- meet before the trainees' semiannual evaluation meetings.

The Clinical Competency Committee advises the program director. The program director retains final responsibility and decision-making authority for trainee evaluation and promotion decisions.

7 Semiannual and Annual Evaluations

7.1 Evaluation sources and content

- The program must provide an objective performance evaluation for each trainee based on the ACGME Competencies and applicable specialty or subspecialty Milestones.
- Evaluations must incorporate multiple evaluators, which may include faculty members, peers, patients, the trainee, and other professional staff, including program coordinators and administrators.
- Evaluation information must be provided to the Clinical Competency Committee for synthesis of the trainee's progressive performance and development toward unsupervised practice.

7.2 Semiannual review with the trainee

At least every six months, the program director or designee, with input from the Clinical Competency Committee, must:

- meet with each trainee to review the documented semiannual performance evaluation and progress along the applicable Milestones;
- **assist the trainee in developing an individualized learning plan that builds on strengths and identifies areas for growth; and**
- develop a plan for any trainee who is not progressing as expected.

7.3 Annual summative evaluation

- At least annually, the program must complete a summative evaluation of each trainee.
- The evaluation must address readiness to progress to the next year of the program, when applicable.
- Trainee performance evaluations must be accessible to the trainee for review.

8 Promotion and Appointment Renewal Decisions

- The program director makes the final promotion and appointment-renewal decision after considering the Clinical Competency Committee's recommendations, the trainee's evaluations, progress on applicable Milestones, annual summative evaluation, and the program's written criteria.
- At the end of each training year, trainees must complete all promotion requirements by the deadlines required for promotion.
- Failure to complete promotion requirements may result in removal from clinical or educational experiences until the requirements are completed.

9 Written Notice and Due Process

9.1 Written notice

The program must provide the trainee with written notice of intent when the trainee will not be promoted to the next level of training, placed on probation, or dismissed.

9.2 Due process

A trainee is entitled to due process for suspension, non-promotion, probation, or dismissal, regardless of when the action occurs during the appointment period. Program directors must follow the UACOM-T Procedures for Disciplinary and Non-disciplinary Action.

Due Process Guidelines for Residents and Fellows:

https://medicine.arizona.edu/sites/default/files/2026-09/Due-Process-Guidelines-2026-2027-FINAL_0.pdf

Appendix A ACGME Requirements Referenced by This Policy

The excerpts below are included for convenient reference. Programs remain responsible for following the current ACGME Institutional, Common, and specialty-specific Program Requirements applicable to their program.

A.1 Institutional Requirements (July, 2026)

4.4. 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.

4.4.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.

4.4.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.

A.2 Common Residency, Fellowship, and One-Year Fellowship Requirements (July, 2026)

5.1. Resident Evaluation: Feedback and Evaluation. Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. [The Review Committee may further specify under any requirement in 5.1.a-g.]

5.3. A Clinical Competency Committee must be appointed by the program director.

Appendix B Program Review Checklist

Review point	Program responsibility	Complete
Program criteria	Maintain written promotion and appointment-renewal criteria consistent with applicable requirements.	☐
Assignment evaluations	Complete evaluations at the end of each assignment and at least every three months.	☐
CCC review	Review evaluations and Milestones at least semiannually before trainee evaluation meetings.	☐
Semiannual meeting	Review documented performance and Milestones with each trainee at least every six months. Ensure completion of an individualized learning plan with trainee.	☐
Annual evaluation	Document readiness to progress to the next year, when applicable.	☐
Onboarding	Confirm completion of annual onboarding requirements by promotion deadlines.	☐
Adverse decision	Provide written notice and follow institutional due process procedures.	☐

Revision History

Date	Action
July 1, 2016	Reviewed
August 2024	Revised
September 6, 2024	GMEC approved
September 29, 2025	Formatting revised
October 3, 2025	GMEC approved
September 18, 2026	GME Office reviewed