

ACADEMIC DEFICIENCIES REVIEW PROCEDURES

Status Options for a Resident/Fellow with an Academic Deficiency

It is expected that all residents/fellows progress according to criteria set by the program. The Program Director will determine, on a case-by-case basis, which of the following is most appropriate to address perceived deficiencies in academic performance for a particular resident/fellow. The options for an academic deficiency are a Letter of Remediation (LoR), a Letter of Deficiency (LoD), and a Letter of Deficiency with Adverse Action (LoDAA).

Adverse Actions include:

- ☐ Delayed promotion of a resident/fellow with extension of contract/appointment
- ☐ Non-renewal of contract/appointment
- ☐ Termination/dismissal

Of note:

- ☐ A resident/fellow who is being formally remediated with either a Letter of Remediation or a Letter of Deficiency without Adverse Action at the time of promotion or at the time of completion of the program is by definition not meeting the standards of the program and therefore cannot be promoted to the next level of training or complete the program. Therefore, this must result in an Adverse Action (see [Letter of Deficiency with Adverse Action](#)). All Adverse Actions will be reflected on the Final Residency/Fellowship Training Summary Verification form.
- ☐ If an Adverse Action is delayed promotion or non-renewal, a resident/fellow may remain in the training program during the appeal process at the discretion of the Program Director in consultation with the GME Office. If a resident/fellow remains in the training program during the appeal process, they will receive pay and benefits. If the resident/fellow does not remain in the training program during the appeal process, they will not receive pay but benefits will continue through the appeals process.
- ☐ If a resident/fellow is terminated/dismissed, they will not receive pay, but benefits will continue throughout the appeal process.
- ☐ If an Adverse Action of termination/dismissal is rescinded at any level of appeal, the resident/fellow will rejoin the training program. Pay will be reinstated and will be retroactive to the termination/dismissal date.

The options for a Program Director when a resident/fellow is identified as having an academic deficiency are described below.

Letter of Remediation

The Office of Graduate Medical Education must be contacted by the Program Director as soon as it is determined that a Letter of Remediation may be required.

A resident/fellow whose academic performance does not meet program standards in one or more of the competencies defined by the Accreditation Council for Graduate Medical Education (ACGME) may be given a Letter of Remediation to meet the program's standards. This status is not appealable and will not be reported to outside agencies. A period of remediation outlined in an LoR should not last longer than one month absent extenuating circumstances. A resident/fellow cannot be promoted to the next level of training while on a Letter of Remediation.

Before the decision is made to place a resident/fellow on a Letter of Remediation, the Program Director will meet with the resident/fellow to discuss observed deficiencies. At this juncture, the resident/fellow

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must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies. To the extent the Program Director's decision to place a resident/fellow on a Letter of Remediation is a decision that is made with input from the Clinical Competency Committee or any other committee, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other committee prior to the decision.

The Letter of Remediation must be delivered to the resident/fellow within 3 business days of the decision to issue the Letter of Remediation and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

If the remediation is successful and there are no further concerns in training, the Letter of Remediation will be removed from the resident's/fellow's official GME file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident's/fellow's program file will include the following:

- ☐ Documentation of (1) the meeting (s) to discuss the deficiencies, remediation plan and expectations, and (2) delivery of a Letter of Remediation to the resident/fellow
- ☐ Documentation of outcome after Remediation:
 - Successful remediation of the deficiencies or
 - Transition to a Letter of Deficiency (LoD) or a Letter of Deficiency with Adverse Action (LoDAA)

Letter of Deficiency (LoD)

The Office of Graduate Medical Education must be contacted by the Program Director as soon as it is determined that a Letter of Deficiency may be required.

A Letter of Deficiency (LoD) is a formal written notification of deficiency in one or more of the ACGME competencies. A Program Director may choose to address deficiencies with a Letter of Remediation first, but is not required to use a Letter of Remediation first if the Program Director determines that an LoD may be warranted. This status is not appealable and will not be reported to outside agencies. A resident/fellow may not be promoted to the next level of training while on an LoD.

Before the decision is made to give a resident/fellow an LoD, the Program Director must meet with the resident/fellow and address the observed deficiencies. At this juncture, the resident/fellow must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies. To the extent the Program Director's decision to issue a resident/fellow a Letter of Deficiency is a decision that is made with input from the Clinical Competency Committee or any other committee, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other committee prior to the decision.

The LoD must be delivered to the resident/fellow within 3 business days of the decision to issue the LoD and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

If the remediation is successful and there are no further concerns in training, the LoD will be removed from the resident's/fellow's official GME file upon successful completion of the program. This status is not reflected on the Final Residency/Fellowship Training Summary Verification form.

The resident's/fellow's program file will include the following:

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- ☐ Documentation of (1) the meeting(s) to discuss the deficiencies, remediation plan and expectations, and (2) delivery of the LoD to the resident/fellow
- ☐ Documentation of outcome:
 - Successful remediation of the deficiencies or
 - Transition to a Letter of Deficiency with Adverse Action (LoDAA)

Letter of Deficiency with Adverse Action (LoDAA)

The Office of Graduate Medical Education must be contacted by the Program Director as soon as it is determined that a Letter of Deficiency with Adverse Action may be required.

A Letter of Deficiency with Adverse Action is a formal written notification of deficiency in one or more of the ACGME competencies. A Program Director may determine that an LoDAA is necessary after a Letter of Remediation; after an LoD; or an LoDAA may be the first step in addressing deficiencies. An LoDAA is required if a resident/fellow does not make adequate progress as outlined during a period of time with an LoD.

Adverse Actions include:

- ☐ Delayed promotion of a resident/fellow with extension of contract/appointment
- ☐ Non-renewal of contract/appointment
- ☐ Termination/dismissal

Adverse Actions, not the Letter of Deficiency, are appealable. A resident/fellow who receives an LoDAA must be provided with access to the appeals process.

Before the decision is made to give a resident/fellow an LoD with Adverse Action, the Program Director must meet with the resident/fellow and address the observed deficiencies. The resident/fellow must be informed of any Adverse Action that is being considered. At this juncture, the resident/fellow must be offered the opportunity to provide information to the Program Director regarding the observed deficiencies. To the extent the Program Director's decision to issue a resident/fellow an LoDAA is a decision that is made with input from the Clinical Competency Committee or any other committee, any mitigating information provided by the resident/fellow must be shared with the Clinical Competency or other committee prior to the decision.

The LoDAA must be delivered to the resident/fellow within 3 business days of the decision to issue the LoDAA and in a manner which requires a signed and dated receipt of delivery to the resident/fellow and a witness signature.

The resident's/fellow's program file will include the following:

- ☐ Documentation of (1) the meeting(s) to discuss the observed deficiencies and the Adverse Action (2) delivery of the LoDAA to the resident/fellow, and (3) documentation that the resident/fellow was provided with information regarding how to access to the appeals process
- ☐ Documentation of outcome:
 - Successful remediation of the deficiencies when the Adverse Action is extension of training or
 - Non-renewal of contract/appointment or
 - Termination/dismissal

The status of a resident/fellow with an LoDAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

A Letter of Deficiency with an Adverse Action may not be removed from a resident's/fellow's official GME file.

Appeal of Academic Adverse Actions

A resident/fellow is entitled to appeal an Adverse Action. At each level of appeal, the charge of the person or committee hearing the appeal is to determine if (1) appropriate process was followed and (2) the decision to impose an Adverse Action was made on reasonable grounds. At each level of appeal, the person or committee hearing the appeal will either rescind or uphold the Adverse Action.

If an Adverse Action is upheld at any level of appeal, the resident/fellow must be informed about his/her right to appeal this decision to the next level of appeal.

If an Adverse Action of extension of training is rescinded at any level of appeal, the Adverse Action will be removed from the Letter of Deficiency. The resident/fellow must still adhere to the required remediation plan and successfully remediate the deficiencies outlined in the LoD. In this situation, because the Adverse Action is removed from the LoD, the LoD itself will be removed from the resident's/fellow's official GME file upon successful completion of the training program. This status would therefore not be reflected on the Final Residency/Fellowship Training Summary Verification form.

If an Adverse Action of non-renewal of contract or termination is rescinded at any level of appeal, the Adverse Action will be removed from the Letter of Deficiency. The Program Director, at his or her discretion, may amend the Letter of Deficiency to include a required remediation plan or to add additional requirements to the Letter of Deficiency. In this situation, because the Adverse Action is removed from the LoD, the LoD itself will be removed from the resident's/fellow's official GME file upon successful remediation and successful completion of the training program. This status would therefore not be reflected on the Final Residency/Fellowship Training Summary Verification form.

If the Adverse Action is upheld upon appeal, the status of a resident/fellow with an LoDAA will be reflected on the Final Residency/Fellowship Training Summary Verification form.

The timelines outlined in the appeals process that follows may be adjusted if agreed upon by all parties.

Level 1: Appeal to the Department Chair, Department Designee* or GME Designee**

The resident/fellow has the right to appeal the Adverse Action. The first level of appeal is to the Department Chair. If the Department Chair sits on the CCC, or if the Department Chair is the Program Director, or if the Department Chair must recuse themselves due to any conflict, the resident/fellow appeal is to a Department Designee. If an appropriate Department designee is not identified, the resident/fellow appeal is to a GME Designee.

The resident/fellow must notify the Department Chair or Department or GME Designee of his/her request to appeal in writing within three (3) business days of receiving the LoDAA. The Department Chair or Department or GME Designee must acknowledge receipt of the appeal in writing to the resident/fellow. Email is acceptable.

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The resident/fellow and the Program Director must submit any documents they wish to be considered for the appeal to the Office of Graduate Medical Education within five (5) business days of the appeal request.

The Department Chair or the Department or GME Designee must meet with the resident/fellow and any additional sources (i.e., the Program Director, other faculty, staff, etc.) as they deem appropriate within ten (10) business days of receiving the documents. The resident/fellow will be given an opportunity to provide input at his/her meeting with the Department Chair or Department or GME Designee prior to any decision being made.

The Department Chair or the Department or GME Designee must reach a decision regarding the appeal and must deliver said decision in writing to the resident/fellow and the Program Director within three (3) business days of concluding the review. The decision must be delivered in a manner which requires a signed and dated receipt of delivery to the resident/fellow.

The resident/fellow must sign and date the written decision to acknowledge receipt of said document within two (2) business days and deliver the signed copy to the Department Chair or Department or GME Designee and to the Office of Graduate Medical Education. If the resident/fellow fails to do so, it will be so noted in resident's/fellow's program file.

Level 2: Appeal to the Associate Dean for Graduate Medical Education/Designee**

The resident/fellow has the right to appeal the decision of the Department Chair or Department or GME designee. The second and final level of appeal is to the Associate Dean for Graduate Medical Education. If the Associate Dean for Graduate Medical Education must recuse themselves from the appeal, the appeal will be to a GME Designee. The Associate Dean for Graduate Medical Education or GME Designee will convene an ad hoc committee to hear the appeal. The ad hoc committee is advisory to the Associate Dean for Graduate Medical Education or GME Designee.

The resident/fellow must notify the Associate Dean for Graduate Medical Education or the GME Designee of his/her request to appeal in writing within three (3) business days of receiving the written decision of the Department Chair or Department or GME Designee. The Associate Dean for Graduate Medical Education or GME Designee must acknowledge receipt of the appeal in writing to the resident/fellow. Email is acceptable.

The resident/fellow and the Department Chair or Department or GME Designee from Level 1 of the appeal must submit documents they wish to be considered for the appeal to the Office of Graduate Medical Education within five (5) business days of the appeal request.

The Associate Dean for Graduate Medical Education or GME Designee and the members of the ad hoc committee must meet with the resident/fellow and any additional sources (i.e., the Program Director, other faculty, staff, etc.) as they deem appropriate within ten (10) business days of receiving the documents. The resident/fellow will be given the opportunity to provide input at his/her meeting with the ad hoc committee and Associate Dean for Graduate Medical Education or GME Designee prior to any decision and/or recommendation being made.

The Associate Dean for Graduate Medical Education or GME Designee must reach a decision regarding the appeal and must deliver said decision in writing to the resident/fellow and the Program Director

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within three (3) business days of concluding the review. The decision must be delivered in a manner which requires a signed and dated receipt of delivery to the resident/fellow.

The resident/fellow must sign and date the written decision to acknowledge receipt of said document within 2 business days and deliver the signed copy to the Associate Dean for Graduate Medical Education or GME Designee and to the Office of Graduate Medical Education. If the resident/fellow fails to do so, it will be so noted in the resident's/fellow's program file.

***The Department Designee will be a faculty member of the resident's/fellow's Department. This faculty member may not be a member of the Clinical Competency Committee of the residency or fellowship program, nor may they be the advisor assigned to the resident/fellow. This faculty member cannot have had any prior involvement with the resident's/fellow's situation that led to the contemplated Letter of Deficiency with Adverse Action. The Department Designee will be selected by the Designated Institutional Official (DIO).**

**** The GME designee will be a voting member of the GMEC. This individual cannot be faculty in the resident's/fellow's training program, nor can they have any prior involvement with the resident's/fellow's situation that led to the contemplated Letter of Deficiency with Adverse Action. The GME designee will be selected by the Designate Institutional Official (DIO).**

The Dean of the School of Medicine will be notified of the final decisions of the Associate Dean for Graduate Medical Education or GME Designee regarding adverse actions.

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