Section 7: - Administrative Academic and Disciplinary Processes

- Grievances
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GRIEVANCES

At the University of Illinois College of Medicine Rockford, a resident may raise and resolve issues without fear of intimidation or retaliation. The DIO and the chair of the Graduate Medical Education Committee maintain an open-door policy.

The individual residency program may have extensive grievance policies and procedures and will make them available to all residents and faculty.

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REMEDICATION ACTIONS

Remediation actions are designed to define and correct areas of marginal and/or unsatisfactory performance by a resident to close an identified learning gap. These actions include Performance Review, Academic Remediation, repeating a rotation(s) and repeating an academic year. Each is designed to correct a deficiency and is not a form of discipline. If a remediation action should result in the non-promotion of a resident to the next level of training, then it may be subject to the University of Illinois College of Medicine Rockford Graduate Medical Education Appeal process.

PERFORMANCE REVIEW

A performance review is a tool that program directors may use to formally notify residents on areas of marginal/unsatisfactory performance noted by the faculty and/or program director. This review is designed to assist the program director in counseling and developing an improvement plan for the resident.

Performance reviews are not to be used as a substitute for the ongoing assessment and evaluation of residents during training. Performance Reviews may be used at the first written notice to the resident that their current performance needs improvement in any of the six (6) ACGME competencies. Any resident who receives an overall marginal or unsatisfactory evaluation for any rotation, semi-annual evaluation, or year of training should have a Performance Review on file. The Performance Review should be signed by the resident and documents the performance concern(s) and strategies for improvement. The Performance Review should be started as soon as marginal/unsatisfactory progress has been identified. The resident should be informed within 7-10 working days. If the resident fails to meet the expectations documented in the Performance Review, Academic Remediation may be implemented.

ACADEMIC REMEDIATION

Academic Remediation is a remediation action that may be used by the program directors in instances where the resident has failed to comply with the academic requirements established by the residency training program, University of Illinois College of Medicine Rockford, and/or participating institutions. Academic Remediation may serve as an official notice to the resident of unsatisfactory performance and expectations for remediation. Typically the deficiencies are associated with a significant lapse in one or more of the six (6) ACGME competencies. The deficiencies may also include disruptive physician behaviors not addressed in the ACGME competencies.

If the program director implements Academic Remediation, he/she is required to provide the resident with a notification letter advising him/her of the Academic Remediation status and the area(s) of unsatisfactory performance, measures to improve performance, time frame for completion, and consequences of not addressing the issues outlined. A copy of the notification letter, signed by the program director and resident, must be sent to the DIO. If a resident failed to satisfactorily meet the expectations outlined in the Academic Remediation document, additional remediation, disciplinary, or adverse actions may be implemented.

REPEAT ACADEMIC YEAR

Repeating an academic year is a remediation action that may be used in limited situations such as: overall unsatisfactory performance during the academic year and failure to pass an annual written examination. Each residency program is responsible for establishing specific written criteria for
repeating an academic year. At least four (4) months prior to the end of the academic year, the resident shall receive written notice of his/her requirement to repeat the academic year. If the primary reason(s) for non-promotion occurs within the last four (4) months of the contract year, the program will provide the resident with as much written notice of non-promotion as reasonably possible. A copy of the notification, signed by the program director and resident, will be sent to the DIO. Any resident receiving a non-promotion to the next level of training may implement the GME Academic Appeal process.

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DISCIPLINARY ACTIONS

Disciplinary actions are typically utilized for serious acts requiring immediate action. Whenever the professional activities, conduct, or demeanor of a resident interferes with the discharge of assigned duties or those of other University or affiliated institution employees, or jeopardize the well-being of patients, the University, through its administration, reserves the right to correct the situation through corrective action as it sees fit. All disciplinary actions are subject to the University of Illinois College of Medicine Rockford Graduate Medical Education Academic Appeal process. All disciplinary actions will become a permanent part of the resident training record.

Disciplinary actions may include probation, denial of Certificate of Completion, or non-renewal of agreement and will become a permanent part of the resident training records.

WRITTEN WARNING
A program director may issue a letter of warning to a resident. The letter will detail the situation, the remedy requirement of the residents and the consequences of not correcting the situation. A copy of the letter will be placed in the resident’s department file.

SUSPENSION
A resident may be suspended from all program activities and duties by his or her program director, department chair, the Assistant Dean for Graduate Medical Education, or the Dean of the College of Medicine Rockford. Program suspension may be imposed for program-related conduct that is deemed to be grossly unprofessional; incompetent; erratic; potentially criminal; noncompliant with the University of Illinois College of Medicine Rockford policies, procedures, and Code of Conduct. All suspensions must be reported to the DIO. Suspension may be with or without pay at the discretion of institutional officials.

PROBATION
Probation is a disciplinary action that constitutes notification to a resident in writing of specific deficiencies that must be corrected in a stated period of time or the resident will not be allowed to continue in the Program or may remain on probationary status. Probation is typically the last opportunity to correct deficiencies and the final step before dismissal occurs. The resident will receive credit for training time and salary and benefits will remain in force during the probation period.

A copy of the probation notification, signed by the program director and resident, must be placed in the resident’s department file and sent to the DIO.

The residency program is responsible for establishing written criteria and thresholds for placing residents on probation. Examples include, but are not limited to, the following:

NON-RENEWAL OF AGREEMENT
A decision of intent not to renew a resident’s contract should be communicated to the resident in writing by the program director no later than four (4) months prior to the end of the contract year. If the primary reason for non-renewal of the contract should occur during the last four months of the contract year, the program will provide the resident with as much written notice as circumstances
would allow. A copy of the notification, signed by the program director and resident, must be sent to the DIO.

A resident can be immediately dismissed without prior written notification at any time during the contract year due to the occurrence of a serious act.

DENIAL OF CERTIFICATE OF COMPLETION
A resident may be denied a certificate of completion of training as well as a result of overall unsatisfactory performance during the final academic year of residency training. Overall unsatisfactory performance may include the entire year or 50% of rotations during the final academic year. Additionally, some programs may deny a certificate of completion to a resident who fails to pass the annual written examination during the final year of training. The residency program is responsible for setting specific written criteria for denial of certificate of completion.

In certain situations, at the discretion of the program director, a resident denied a certificate of completion may be offered the option of repeating the academic year.

DISMISSAL
Residents may be dismissed for a variety of serious offenses. The DIO must review all dismissals. In the event of dismissal, a prior written notice will not be provided to the resident when it is determined that the seriousness of their act requires immediate dismissal. The resident does not need to be on probation or suspension for this action to be taken.

Immediate dismissal will occur if the residents name appears on any government exclusions/sanctions list.

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ACADEMIC APPEAL PROCESS

The University of Illinois College of Medicine Rockford assures the resident the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, non-renewal of a resident’s agreement, non-promotion of a resident to the next level of training, refusal to recommend the resident to sit for the boards, or other actions that could significantly threaten a resident’s intended career development. The Academic Appeal process is intended to provide a formal, structured review to determine if the policies and procedures leading up to the disciplinary or adverse academic action were followed in a fair and reasonable manner.

DEPARTMENTAL REVIEW
Residents may initiate review of a disciplinary or adverse academic action(s) by submitting a written request for review within fourteen (14) day of written notification of his/her probation, suspension, and/or termination. The resident’s request shall be in writing and submitted to the Associate Dean for Academic Affairs or such individual acting in a similar capacity depending on the particular program in which the resident is enrolled.

1. The written notification of probation, suspension and/or termination shall include an explanation from the Program/Program Director of the reason(s) for such suspension and/or termination. The written notification shall also advise the Resident of his/her right to request an information hearing pursuant to this Exhibit.

2. A written request for review must be submitted to the Associate Dean for Academic Affairs within fourteen (14) days of written disciplinary notice.

3. The Committee shall consist of a minimum three (3) faculty members from the resident’s department. The Department Head shall not be a member of the Committee. The Committee shall elect a member from the group to preside at the hearing. Each department may have a standing Department Review Committee to conduct hearings requested under this Exhibit. If there is not a Standing Committee, an ad hoc committee shall be appointed by the Associate Dean for Academic Affairs for each hearing requested.

4. The Committee shall attempt to convene the hearing within fourteen (14) days of the resident’s written request and shall notify the resident in writing of the date, time and place for the hearing as soon as reasonably possible, but no less than 72 hours in advance of the hearing.

5. The resident and Program Director shall be present at the hearing and shall each present such information or materials (oral or written) as they wish to support their case. No other representatives shall be present during the hearing. Each party shall be permitted to review all materials submitted to the Committee during the hearing.

6. A majority vote of the Committee shall decide the issue(s) before it and the Department Head or his/her designee shall be bound by the decision.

7. Regardless of the outcome of the hearing, the Committee will provide the Associate Dean for Academic Affairs, the Program Director, resident and Department Head with a written statement of its decision and the reason(s) for such decision within ten (10) days from the date of the conclusion of the hearing. If written materials are submitted to the Committee, such materials shall be appended to the Committee’s report.

8. A resident may appeal the Departmental Review Committee’s decision to the Associate Dean for Academic Affairs within ten (10) days of receipt of the Committee’s decision. The Associate Dean shall render his/her decision in writing within a reasonable time, which shall not exceed thirty (30) days.
EXCEPTIONS
The reduction of a resident’s clinical privileges or the imposition of a requirement that some or all of the resident’s clinical privileges be performed under supervision shall not constitute a suspension for purposes of this Exhibit and the resident shall not be entitled to hearing.

Should a resident fail to complete medical records for which he/she is responsible in a timely manner, the resident may be suspended until such time as the delinquent records are completed. In case of such suspension, the resident shall not be entitled to due process under this procedure.

The procedural rights provided under this Exhibit do not relate to department determination relating to certification and/or evaluation of the resident’s academic performance or clinical competence. Such certification shall be handled according to the various specialty boards.

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VOLUNTARY TERMINATION

Residents may leave their training programs voluntarily or involuntarily prior to completion. The procedure for involuntarily terminating a resident is outlined in Exhibit B, Procedural Rights to Suspension and Termination, in the Resident Agreement. The policy sets forth other conditions under which a resident may voluntarily terminate participation in the program.

DECLINING TO SIGN RESIDENT AGREEMENT
A resident may choose to decline to accept an offered agreement for the following year by not signing and returning the Agreement within two weeks of its offer. The resident will remain in good standing during the remainder of the current agreement without prejudice and will be assigned tasks until the end of the term of the agreement.

RESIDENT RESIGNATION
Any resident wishing to voluntarily terminate participation prior to the end date of the agreement must submit a written request for release to their Program Director. The Program Director has the right to delay or specify the actual termination date to ensure coverage of services, up to the end of the term of the agreement. The Assistant Dean for GME must be notified upon receipt of resident resignation.

A resident who resigns prior to the end of the contract but is not released by the Program Director will not be allowed a contract for another UIC-COM program for the current or following year, unless the Program Director releases the resident from his/her contract in writing.

The Assistant Dean for Graduate Medical Education may, at his discretion, review resident releases from contracts, and may reverse approval for the release to the end of the resident’s current contract.

The Resident Agreement will be considered terminated on the date agreed to by the Program Director or on the Resident’s last day of work if he/she is leaving without approval of the Program Director. The paycheck will be issued at the next regular payday, provided the resident has completed the clearance process.

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SPECIAL PROGRAM REVIEWS

Purpose:
To ensure a proactive process for effective oversight by the GMEC for educational quality by identifying and monitoring of underperforming programs. The Special Review Process is an internal and confidential quality assurance assessment and should not be shared with external parties.

Scope:
All graduate medical education programs for which UICOM Rockford serves as a Sponsoring Institution.

Responsibility:
The Graduate Medical Education Committee is responsible for defining triggers for program underperformance and the screening and monitoring methods used to identify risks to educational quality.

Procedure:

A. The Graduate Medical Education Committee identifies underperformance or quality concerns through a wide range of mechanisms including:
   1. Program failure to meet established ACGME Common Program Requirements and specialty-specific requirements as evidenced by:
      a) Multiple citations (issued or extended); or,
      b) A status of continued accreditation with warning or probation.
   3. ACGME Resident and Faculty Surveys including:
      a) Significant downward trends since last survey;
      b) Results at or below 80% in any category for two consecutive periods; and/or
      c) Results that necessitate review dependent upon severity.
   4. Program non-compliance with administrative duties; including failure to:
      a) submit Milestones evaluations or other reporting required by ACGME;
      b) submit a timely annual program evaluation to GME office; or,
      c) address other institutional administrative requests or requirements.

B. Request for Special Review:
   1. Program administration can request a special review.
   2. The DIO, at his or her discretion and based on underperforming data from a program, can request a comprehensive review.

C. Special Review Process:
   1. GME Office will schedule a Special Review within 60 days of identifying a need for review.
      a) The Special Review will be conducted by a team appointed by the Assistant Dean for GME/DIO or appropriate designee. At a minimum, the team will consist of the Assistant Dean for GME or appropriate designee to function as lead reviewer, a program director or other faculty member, and a resident.
b) The team members should not be a part of the program under review.

2. GME Office Supports the Team
   a) The lead reviewer requests data and materials from the program under review to be shared with the review team in advance of the assessment.
   b) The Special Review team conducts interviews with the program director, faculty, and residents at each level training. Other individuals may be interviewed as determined by the team.
   c) A written report is prepared by the team with proposed quality improvement goals and corrective actions and then presented to the program director for comment or correction. The report is reviewed at the next available GMEC.

D. GMEC Monitoring
   1. The GMEC makes final recommendations for the corrective action plan and monitors the program’s progress through progress reports, data collection, accreditation results, surveys, annual program reviews and other appropriate means.

Approved by GMEC 10/31/19