LEHIGH VALLEY HEALTH NETWORK
GME Policy and Procedures

Effective Date: June 23, 2014
Replacing: Appendix II: GME Disciplinary Action Review Resident Fair Hearing Plan and Procedure for Resident Grievance

Originating Department/Committee: Division of Education/Graduate Medical Education Committee

GRADUATE TRAINING AGREEMENT
Appendix II: Institutional Guidelines for Evaluation, Promotion, Remediation, and Discipline

I. PURPOSE

Lehigh Valley Health Network (LVHN) maintains a uniform process of evaluation, promotion, remediation, and discipline of all residents and fellows (hereafter collectively referred to as Residents) enrolled in an LVHN graduate medical education program. A process has been identified for progressive constructive remediation or discipline to inform Residents who are not meeting their residency program's expectations of how and why their performance is not acceptable and how the Resident must improve to meet the program's standards.

The purpose of this policy is to provide a process that shall serve as a guide to the Residency Program Director (Program Director) in the evaluation, promotion, remediation, or discipline of Residents. These guidelines set forth the procedures by which Residents are evaluated, promoted, and disciplined; how identified academic deficiencies are remediated; and the grievance process by which Residents can appeal an adverse action taken by the Program Director of the appropriate residency program. Uniform guidelines also insure the elements of fairness and due process.

This Policy also establishes two separate disciplinary procedures: (i) Resident Appeals Committee; and (ii) Resident Fair Hearing.

Any adverse action which results in LVHN reporting a National Practitioner Data Bank (NPDB) entry, shall entitle the Graduate Trainee to the rights set forth in the Resident Fair Hearing Plan.

II. DEFINITIONS

Administrative Leave – a leave from clinical duties with compensation and benefits that does not exceed 15 days and does not trigger any Resident Appeals Committee or Fair Hearing rights.

Adverse Action - A decision by the Program Director to issue a formal reprimand, to place on probation, to suspend, to declare in breach of contract, or to terminate employment of a Resident.
**DIO** – Designated Institutional Official – A liaison to the Accreditation Council for Graduate Medical Education. At LVHN, the DIO is an ex officio member and chair of the Graduate Medical Education Committee. The DIO provides physician leadership within the Office of Graduate Medical Education within LVHN’s Division of Education and reports to the Chief of the Division of Education.

**DOE** – Division of Education – The central administrative support structure for education at LVHN.

**DME** – Director of Medical Education – The DME, in collaboration with the DIO, provides administrative oversight over the Office Graduate Medical Education (OGME) and central GME support services at LVHN. He/she reports to the Chief of the Division of Education.

**GME** – Graduate Medical Education

**GMEC** – Graduate Medical Education Committee

**GME Resident Appeals Committee (RAC)** – The primary mechanism by which residents can appeal an adverse action.

**GME Resident Fair Hearing Committee (FHC)** – the review committee triggered by an adverse action that rises to the level of reporting to the National Practitioner Data Bank (NPDB)

**Hospital** – Lehigh Valley Hospital and Lehigh Valley Hospital – Muhlenberg as Sponsoring Institutions.

**LVHN** – Lehigh Valley Health Network, individually and through Lehigh Valley Hospital and Lehigh Valley Hospital – Muhlenberg as Sponsoring Institutions.

**Program Director** – A qualified physician, or dentist, who meets ACGME or other accrediting agency qualifications and who is appointed by the institution. The program director has primary responsibility for the organization, implementation, and supervision of all aspects of the specified LVHN training program

**Resident – graduate trainee-includes fellows** – A graduate of a medical, osteopathic, dental school, holding the relevant professional degree (MD, DO, DDS, DMD, ...) and formally enrolled in an Lehigh Valley Health Network accredited or approved medical or dental graduate training program.

**Remediation** – Plan developed by the Program Director to correct deficiencies identified in a Resident's academic and/or clinical performance.

**Special Notice** – Written notification by certified or registered mail, return receipt requested, or delivered in person.
III. CAUSES FOR ADVERSE ACTION

Subject to the procedures provided herein, the LVHN reserves the right, in the discretion of the Program Director, and/or Department Chair or their designee, to take any and all adverse actions deemed necessary including but not limited to probation, suspension, or termination. Conduct necessitating adverse actions may include, but is not limited to:

- Failure to meet the standards of patient care;
- Failure to complete and maintain medical records in accordance with institutional and/or Accreditation Board requirements;
- Inappropriate or illegal use of medication, drugs, or alcohol;
- Failure to take and pass USMLE Step II/COMLEX Step III, as set forth by program and institutional requirements; (see Policy No. 2005.38 and 2005.40);
- Failure to maintain any and all appropriate licensure necessary to participate in the Residency program including, but not limited to a valid Graduate Training License from the Pennsylvania State Board of Medicine;
- Failure to comply with any applicable bylaws, policies, procedures, rules or regulations of the Hospital and/or Accreditation Boards;
- Failure to meet visa requirements for residents that are non-U.S. citizens;
- Violation of the Graduate Training Agreement;
- Inability to interact constructively with patients, staff or fellow Residents; or
- Any other conduct, behavior or failure determined, in the sole discretion of LVHN, to be contrary to the spirit of the Residency Program or the safe and orderly practice of medicine or disruptive to the Hospital and/or its employees, patients and visitors.

IV. ROLE OF OFFICE OF GME:

The Office of GME (OGME) provides institutional oversight for all graduate medical education programs throughout LVHN. The OGME is charged with the responsibility for insuring that fair institutional policies and procedures are established for the selection, evaluation, promotion, and dismissal of Residents in compliance with institutional and program requirements of the Accreditation Council for Graduate Medical Education (ACGME) or other respective accrediting organizations. The OGME and the residency program will collaborate with Human Resources (HR) when disciplinary or performance issues involve a violation of established network policies.
The Chief, Division of Education, the Designated Institutional Official, and the Director of Medical Education each shall serve as resources to both residents and program directors when issues arise regarding academic performance, disciplinary concerns, and the establishment and maintenance of fair and appropriate institutional and program policies and procedures. The OGME shall mediate issues between Residents and Program Directors upon request by either the Resident or Program Director and shall insure that the established policies and procedures outlined in this document are followed when formal adverse action is taken against a Resident.

V. DEPARTMENT OR DIVISION COMMITTEES:

The following committees shall be established and maintained within each Department or Division that operates a residency program(s).

A. Resident Evaluation and Promotion Committee

Each residency program shall maintain a Clinical Competency Committee (CCC) or Resident Evaluation and Promotion Committee (REPC) as a standing committee within the Department or Division. In accordance with ACGME or other relevant accreditation commission requirements, the CCC/REPC shall meet periodically to review the performance of each Resident. This periodic review shall take place at least every 6 months or more frequently as required by specialty-specific RRC requirements.

The REPC shall determine the evaluation tools that have a clear role in promotion recommendations and shall adopt its own criteria for promotion within each category and at each level of training. Standards for promotion shall be communicated to all Residents within the program's written Residency Manual and shall be reviewed with Residents at least annually.

1. CCC/REPC Members

The CCC/REPC shall be composed of at least 3 individuals and shall include the Program Director, Assistant/Associate Program Director (s) (if applicable) and ad hoc member(s) of the faculty. The Department Chair shall approve all ad hoc members of the Committee. The moderator of the CCC/REPC must be in accordance with RRC guidelines. When a Division is too small to maintain its own CCC/REPC, ad hoc members may be appointed from a Department's other divisions.

2. CCC/REPC Procedures

a. Periodic Reviews

At its meetings, the CCC/REPC shall review the written report from the previous Committee meeting as well as review all available evaluative information submitted for the current time period under review including, but not limited to, written evaluations, documentation of procedural skills,
conference attendance, written and oral examination scores (including In-Training Examinations), quality assurance issues, medical record completion history, disciplinary/incident reports and any other relevant data that may be brought to the attention of the CCC/REPC.

The CCC/REPC shall maintain a written report of each meeting that summarizes individual Resident performance and progress and specifies the CCC/REPC's recommendations for Resident advancement in training, remediation of academic deficiencies, probationary status and/or disciplinary sanctions. Residents shall be notified of CCC/REPC findings by the Program Director during scheduled Program Director meetings as required by the Residency Review Committee (RRC) (the ACGME body that reviews residencies). In addition, promotion decisions, adverse actions, or remediation plans shall be communicated in writing by the Program Director to the Resident. Adverse actions and remediation plans must be communicated within 10 business days of final decision by CCC/REPC and/or Program Director. Such written communications shall become part of the Resident's file.

The CCC/REPC serves in an advisory capacity to the Program Director and its recommendations are not binding on the Program Director. In accordance with ACGME requirements, the CCC/REPC must make recommendations regarding promotion to the next level of training or dismissal at least 16 weeks prior to the end of current training level. Should the CCC/REPC recommend dismissal of a Resident or non-promotion to the next training level, it must dismiss or promote within the same time frame. For instances of non-promotion, the Program Director must specify, in writing, the anticipated length of time resident will remain at the same training level, remediation plans and performance expectations of the resident during that time frame along with an anticipated date for next review by CCC/REPC (may be ad hoc or regularly scheduled meeting).

If the primary reason(s) for non-promotion or dismissal of a Resident occurs within the last 16 weeks of training level, the Resident will be provided with as much written notice of the intent not to promote as circumstances reasonably allow, prior to the end of the current level.

Graduating Residents will be reviewed by the CCC/REPC during their last year of training at which time commendations for graduation, Board eligibility, license credit, and specialty/subspecialty training credit must be made and documented.

b. CCC/REPC Ad Hoc Meetings

The CCC/REPC also may be convened on an ad hoc basis at the Program Director's request to review a Resident's poor academic performance, remediation progress, critical incident in patient care, or a specific disciplinary issue that occurs. The CCC/REPC shall complete a written report of its
findings and recommendations. The Program Director shall review the CCC/REPC's written report and any other relevant material in order to make a determination regarding a Resident. The Program Director shall provide the Resident under review with written communication of the final outcome/decision.

When the CCC/REPC is convened in a disciplinary matter, it is convening as an academic proceeding and not as a legal proceeding. No legal counsel shall be present during any aspect of the CCC/REPC proceedings. A Program Director is expected to communicate/consult with the Office of Graduate Medical Education and/or the appropriate Human Resources representative during the decision process for disciplinary action.

B. Resident Appeals Committee

A Resident Appeals Committee (RAC) shall be convened at the request of a Resident to review an adverse action against the resident. The RAC is an ad hoc Committee. The convening of a RAC is considered an academic proceeding, not a legal proceeding. No legal counsel shall be present. The purpose of the RAC is twofold: to determine if the process leading up to adverse action was in conformity with the Institutional Guidelines for Resident Evaluation, Promotion, Remediation and Discipline discussed in this document; and to determine if the adverse action(s) taken by the Program Director were reasonable. A Program Director may consult with the OGME at any time during the course of the Resident appeals process.

In instances where adverse action is initiated at the institutional level via the OGME and/or HR for violation of institutional LVHN policies, a departmental RAC will not be convened. The Residency Program Director will participate in the disciplinary process in conjunction with the OGME and/or Human Resources.

1. RAC Members

The RAC shall be composed of at least three (3) individuals deemed by the DIO to understand GME expectations in regard to clinical education and professionalism. These individuals may include GMEC members, department chairs, division chiefs, or core residency faculty. The RAC must include a resident/fellow representative from the Lehigh Valley Residents Association board. No CCC/REPC member from the department of the Resident may serve as an RAC member. The DIO or DME will serve as the Chair (moderator) of the RAC and will appoint all ad hoc faculty members to the RAC. If the DIO is from the department of the resident in question, the DME will be Chair.
2. **Committee Procedures**

   A Resident may request a Resident Appeals Committee review of an adverse action taken or proposed against said Resident within five (5) business days of the date of written notification of the adverse action. The appeal must be made in writing to the Program Director who will forward the appeal to the Department Chair with a copy to the OGME/DIO. The written appeal must state the basis of the appeal describing, if the Resident is contesting the determination of fact, the decision rendered, the adverse action taken, or challenging the fairness of the process.

   A RAC shall be established and convened no more than fifteen (15) business days upon receipt of written request for appeal by a Resident. This time frame is intended to insure timely review of appeals. In the event the RAC is unable to convene within this time frame, it shall inform the Resident and Program Director of the reasons for the delay and the approximate date on which it expects to convene. The Program Director shall make all relevant documentation available to RAC members, including the Resident, with adequate time for review prior to its meeting. The RAC meeting shall be conducted in a manner as determined by the Chair (moderator). The hearing shall include testimony by the Program Director and the Resident. The Chair may request additional material and or testimony from the Resident, Program Director or any other individual it deems necessary to render a decision.

   The RAC shall have ten (10) business days after all testimony is heard and materials reviewed to consider the matter, to collect additional information if necessary, and to render an opinion on the Resident's appeal. This time frame is intended to serve as guideline and, as such, shall not be deemed to create any right for the Resident and/or Program Director to have the RAC make a final determination within such time period. In the event the RAC is unable to make its final determination within this time frame, it shall inform the Resident and Program Director of the reasons for the delay and the approximate date on which it expects to make it final determination and render an opinion.

   At the end of all deliberations, the RAC will provide the Program Director with its written recommendation to uphold, modify or repeal the adverse action taken. The Program Director will review the RAC's recommendation and notify the Resident in writing of any additional action. The Program Director may modify, accept, or reject the RAC's recommendation(s). If the Program Director does anything other than accept the RAC recommendation, an explanation must be given to the DIO/GMEC and recorded in the GMEC minutes.
3. Confidentiality

All documentation pertaining to any CCC/REPC and RAC meetings and procedures shall be maintained by the Residency Program Administrative Office. A written copy of decisions of a RAC and final determinations by the Program Director also will be confidentially maintained in the Resident's institutional file housed within the Office of Graduate Medical Education (OGME).

VI. ADVERSE ACTIONS

Residents may be subject to disciplinary action and/or remediation for a variety of reasons. Poor performance, as determined by the CCC/REPC committee after reviewing the resident’s performance data, may result in adverse action against the Resident. Generally, issues of poor academic or clinical performance are coupled with a program of remediation in an effort to achieve sufficient improvement to a satisfactory level. Failure to meet other obligations or infractions of residency program policies and procedures, institutional graduate medical education policies and procedures, Medical Staff Bylaws, or violations of LVHN Human Resources policies may result in disciplinary action. Adverse actions for these activities are best described as punitive and not remediable. Repeated infractions may result in escalating disciplinary action or termination of employment.

Adverse actions taken against a Resident may have serious professional consequences. The Resident's activities while a member of LVHN House Staff are subject to repeated review and inquiry by medical staff credentialing committees, certification boards, licensing agencies and others. The Residency Program must report adverse actions when proper inquiry is made. Prior to the graduation of any Resident for whom an adverse action has been taken, the Program Director must compose a formal statement with exact wording of what will be reported when formal inquiry is made by an outside party/organization. Both the Program Director and the OGME will use this statement to ensure consistency in reporting. A copy of the official statement of adverse action must be supplied to the Resident prior to graduation from the program so that all parties are fully aware of how and what information will be reported after graduation. In instances where a Resident is terminated or leaves the program prior to graduation, this formal statement will be composed and communicated to the Resident upon leaving the program.

A range of adverse actions is available to the Program Director. Adverse actions are classified as Clinical, Academic and Training Performance Adverse Actions or Disciplinary Adverse Actions. Each circumstance is unique and will be handled with professionalism and discretion. The actions listed below are not sequential and do not have to be employed in a certain order. A Program Director may elect to couple actions together (i.e. reprimand and suspension). Severe circumstances may mandate severe action. The following actions may be employed:
A. Clinical, Academic and Training Performance Adverse Actions

1. Counseling

A Resident may be subject to counseling regarding clinical or academic activity. Generally, the Program Director will conduct the counseling session, although any faculty member may also counsel a Resident. The counseling will be recorded in a written manner and maintained in the Resident's file. Counseling is not reported after residency training and may not be appealed by the Resident.

2. Probation

Poor clinical or academic performance may include a probationary period. Probation is designed to provide official recognition of poor performance and to implement a remediation program for improvement. Generally, a probationary period is a defined period of time where specific objectives for improvement are described and specific degrees of improvement are required to successfully complete a probationary period. All of these elements are described in a written letter to the Resident that is maintained in the Resident's file. A copy of this letter is also forwarded to the OGME Office of Academic Affairs. Periodic meetings with the Program Director are required during the probationary period. The Program Director will record the results of these periodic meetings in the Resident's program evaluation file. One of three actions can occur after a probationary period: probation successfully completed, probation continued, or dismissal from the training program. Probationary periods are reported after residency training.

3. Dismissal

Failure to satisfy the conditions of a probationary period may result in dismissal from the training program for academic or clinical reasons. The Program Director will convene the REPC when dismissal is considered and utilize the REPC to provide advice and recommendation regarding the Resident's dismissal from the training program. The Program Director may immediately dismiss a Resident if it is determined that the Resident poses a grave and immediate danger to the health and well-being of others. The Program Director must consult the OGME and Human Resources prior to a Resident's notification of dismissal. (The Program Director must notify the Resident both in person and in writing of the dismissal. Written record of the dismissal will be maintained in the Resident's files both in the OGME and the training program, and will be reported after Resident training. Should a Resident choose to appeal termination through departmental RAC and FHC processes as appropriate, the appellant Resident shall remain a salaried employee of LVHN until the appeals process is concluded.
B. Disciplinary Adverse Actions

1. Counseling

A Resident may be subject to counseling regarding a minor disciplinary activity. Minor activities may include but are not limited to first occurrence of action, non-critical incidents, or activity deemed minor by the Program Director. The Program Director (or his/her designee) will conduct the counseling session. The counseling will be recorded in a written manner and maintained in the Resident's file. Counseling is not reported after residency training and may not be appealed by the Resident.

2. Informal Reprimand

For more serious activities or after prior or repeated counseling on a particular issue, a Resident may be subject to an informal reprimand. Generally, reprimands are employed for disciplinary infractions rather than poor academic or clinical performance. The informal reprimand, in the form of a written letter, will be maintained in the Resident's file and a copy shall be provided to the Resident. Such letters must clearly state in the opening paragraph the letter's intent as an informal reprimand. The Program Director will issue all informal reprimands in person. Informal reprimands are not reported after residency training and may not be appealed by a Resident.

3. Formal Reprimand

Serious disciplinary issues may be handled with a formal reprimand. Formal reprimands will be issued in writing by the Program Director. Such letters must clearly state in the opening paragraph the letter's intent as a formal reprimand. The Program Director and/or Department Chair will meet with and read the formal to the Resident. The Resident is required to acknowledge the formal reprimand in writing to the Program Director. Formal reprimands may be appealed by the Resident and will be reported after residency training upon proper inquiry by a third party/organization.

4. Suspension

Severe or repeated violations of department, institutional or other policies may mandate suspension. When a Resident cannot safely provide patient care for whatever reason, the Resident may be suspended for a designated period of time. Suspension may be made with or without pay, at the discretion of the Program Director or at the direction of the OGME in conjunction with Human Resources. The Program Director must notify the Resident in writing of the suspension. Suspensions may be appealed by the Resident and will be reported after residency training upon proper inquiry by a third party/organization.
5. **Dismissal**

Severe or repeated disciplinary issues, criminal activity and other activities such as critical patient care incidents may result in dismissal from the training program. Depending on the severity of the infraction, dismissal may be the first action taken. The Program Director must notify the OGME and Human Resources prior to the Resident's notification of dismissal. The Program Director must notify the Resident of the dismissal both in person and in writing. Written record of the dismissal will be maintained in the Resident's file. A dismissal may be appealed by the Resident and will be reported after residency training upon proper inquiry by a third party/organization.

6. **Breach of Contract**

A Resident may elect to request that they be released from their Graduate Training Agreement. This request must be made in writing and presented to the Program Director. The Program Director can agree to release the Resident from the Graduate Training agreement or cannot agree to release the Resident. If the Program Director agrees to release the resident from the Graduate Training Agreement, the Graduate Training Agreement will be dissolved by mutual agreement. If the Program Director does not agree to release the Resident and the Resident elects to not honor the Graduate Training Agreement, the Resident will be declared in breach of the Graduate Training Agreement. A declaration of breach of contract may be appealed by the Resident and will be reported after residency training upon proper inquiry by a third party/organization.

C. **Other Discipline & Restrictions**

The Residency Program or LVHN may employ other types of adverse actions as deemed appropriate or defined in other policies.

**VII. RESIDENCY PROGRAM DIRECTOR GUIDELINES**

A. Program Directors are responsible for monitoring and evaluating the clinical progress, academic achievement, professional development, and compliance with program, institutional, and accrediting agencies policies of each Resident.

B. When a Resident's academic or clinical performance is unsatisfactory, the Program Director must ensure that such performance is well documented, that a corrective action plan is described, and that satisfactory improvement is observed within a defined period. When a Resident behaves in an unprofessional, unethical, or criminal manner, the Program Director must determine the facts surrounding the disciplinary misconduct and the appropriate punitive or corrective action when necessary.
C. Program Directors must ensure that the following guidelines are met:

1. Each program must maintain a current Residency Manual or electronic equivalent detailing a clear description of clinical, academic, and behavioral expectations and a clear description of relevant policies and procedures. The Residency Manual must be presented to each new Resident and should be reaffirmed with all other residents on an annual basis. Ideally, each Resident should acknowledge receipt and understanding of the Residency Manual in writing.

2. The Residency Manual must contain a clear description of the residency program's process for evaluation, promotion and dismissal of Residents. Individual residency program policies and procedures should mirror LVHN’s Institutional Guidelines for Resident Evaluation, Promotion, Remediation and Discipline described herein.

3. Evaluation of Residents and any adverse actions that arise from such evaluation must be recorded in writing in a clear, concise manner and maintained in residency program files in an organized fashion.

4. The Program Director should seek advice and counsel from the Chief of the Division of Education, the DME, Human Resources or LVHN legal services when appropriate.

VIII. CONFIDENTIALITY

To the extent applicable, all activities relating to this policy are considered peer review pursuant to the Pennsylvania Peer Review Protection Act, 63 P.S. 425.1, et seq. and the Health Care Quality Improvement Act of 1986, 42 U.S.C.A. 11101, et seq.

IX. APPROVAL

GRADUATE MEDICAL EDUCATION COMMITTEE: October 14, 2013

__________________________________________________  ____________________
Designated Institutional Official                        Date

__________________________________________________  ____________________
Associate Dean and Chief, Division of Education         Date

__________________________________________________  ____________________
Chief Medical Officer                                   Date