



GRADUATE MEDICAL EDUCATION COMMITTEE POLICY NO. 05

- A. SUBJECT: Performance Assessment of Graduate Medical Education Trainees
- B. EFFECTIVE DATE: March 16, 2016 (R)
- C. POLICY

The following Performance Assessment of Graduate Medical Education Trainees Policy (hereinafter "Performance Policy") shall apply to all graduate medical education trainees (GME Trainees) at the University of Virginia Health System. The Performance Policy governs the qualification of GME Trainees to remain in training, promotion within their training program, as well as the certification requirements for completion of their training program, and its provisions shall apply in all instances in which such qualification, promotion and/or certification is in question.

Definition:

Deficiency: Inadequate acquisition of or performance in any of the core competency areas, as expected for the GME Trainee's level of experience and education.

Remediation: A period of time at the discretion of the program director with advisement by the program's Clinical Competency Committee's recommendation imposed on a GME Trainee to improve the competency area (s) of deficiency. Remediation can include repeating one or more rotations or participation in a special remedial program and will be at least three months. Remediation per se is not appealable, but may be reportable. Adverse actions resulting from unsuccessful completion of remediation are appealable.

Non-promotion: The decision by a program director in collaboration with the program's Clinical Competency Committee not to advance a GME Trainee to the next level of training based on deficiency in core competency areas. The GME trainee may be required to repeat a full or part of an academic year, or the end date (i.e., graduation) of the training program may be extended based on requirements from either the program or the certification board.

Non-renewal: See GME Policy No. 04, Non-renewal of GME Trainees' Appointment.

Adverse Action: An adverse action may include suspension, non-promotion, non-renewal of appointment, or dismissal of a GME Trainee from his or her training program. Adverse actions are generally reportable events and appealable.

Reportable Events: Those actions the program or institution must disclose to others upon request, including, but not limited to, future employers, privileging hospitals,

and licensing and specialty certification boards and, if applicable, the Educational Commission for Foreign Medical Graduates (ECFMG).

D. PROCEDURE

1. PERFORMANCE ASSESSMENT AND REVIEW OF GME TRAINEES

GME Trainees shall be evaluated in a timely manner during each rotation or similar educational assignment in line with the relevant accreditation organization's requirements.

The evaluations of GME Trainee performance must be accessible for review by the GME Trainee, in accordance with institutional policy.

The program director for each training program has primary responsibility for monitoring the competence of the program's GME Trainees, for recommending promotion and board eligibility, and, when necessary, imposing any remediation or adverse action.

A Clinical Competency Committee (CCC) in each ACGME-accredited program should review all GME Trainee evaluations regularly but no less than every six months. The CCC should evaluate each trainee with respect to the specialty-specific Milestones that each specialty's Residency Review Committee has designated. The CCC should advise the program director regarding GME Trainee progress, including promotion, remediation, and dismissal. There must be a written description of the responsibilities of the Clinical Competency Committee in each program.

The program director must provide a summative evaluation for each GME Trainee upon completion of each training year and at time of graduation from the training program. The specialty-specific Milestones must be used for the ACGME-accredited programs as one of the tools to ensure GME Trainees are able to practice core professional activities without supervision.

2. PROMOTION

Those GME Trainees judged by the program director in collaboration with the program's Clinical Competency Committee to have completed satisfactorily the requirements for a specific level of training will be promoted to the next level of training unless the GME Trainee is enrolled in a training track of limited duration that is not designed to achieve full certification (e.g., a one-year preliminary position).

No GME Trainee shall remain at the same level of training for more than 24 months, exclusive of leave. A GME Trainee whose performance is judged to be satisfactory shall advance until the completion of the program/certification requirements.

A program director must provide timely verification of residency or fellowship education and summative performance evaluations for GME Trainees who may leave the program prior to completion. (CPR III.C.2)

3. DEFICIENCY

- 1) Letter of Deficiency: When one (or more) deficiency (ies) is identified, the Program Director will issue the GME Trainee a Letter of Deficiency. The GME Trainee must be informed in person of this decision and must be provided with a hard copy that includes the following:
 - a. A statement identifying the area(s) of deficiency;
 - b. A plan for remediation including duration of the remediation;
 - c. Criteria by which successful remediation will be judged; and
 - d. Written notice that failure to meet the conditions of remediation could result in additional remediation or extended training and/or suspension or dismissal from the training program at any point during the remediation period, or at the conclusion of the remediation period.
- 2) The Program Director or designee must document that that meeting with the GME Trainee has occurred and that the trainee was provided the Letter of Deficiency. The Designated Institutional Official (“DIO”) and the program’s Clinical Competency Committee Chairperson must receive a copy of the Letter of Deficiency.
- 3) At the end of remediation period, the program’s CCC shall convene to determine if the remediation of the GME Trainee was successful. If the GME Trainee successfully completes the remediation, the Program Director shall notify the Trainee of successful completion. Written documentation must be included in the GME Trainee’s file describing the satisfactory completion of the remediation. The DIO and the program’s CCC Chairperson must receive a copy of the documentation.
- 4) In the case of unsuccessful completion of the initial remediation, the CCC must determine further actions which may include extension of remediation or suspension of clinical activities or dismissal from the training program. If an adverse action is taken, the Trainee must be given a copy of GME Policy 32, Adverse Actions and Appeals Process in Graduate Medical Education. The DIO and the GME Office must be notified of such decisions.
- 5) A Letter of Deficiency issued to a GME trainee constitutes notification that dismissal from the program can occur at any time during or at the conclusion of remediation. Dismissal prior to the conclusion of a remediation period may occur if the deficiency that gave rise to the Letter of Deficiency is repeated and jeopardizes patient safety and quality of patient care.

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