

PROCEDURE GME06

Subject:
RESIDENT PROMOTION AND REAPPOINTMENT

Effective Date:
NOVEMBER 2004

Applies to:
HOUSTON METHODIST HOSPITAL SYSTEM
GME PROGRAMS

Date Revised/Reviewed:
March 2023

Originating Area:
GRADUATE MEDICAL EDUCATION COMMITTEE

Target Review Date:
March 2026

I. GENERAL STATEMENT

Over the course of training in a Program of Graduate Medical Education (GME), a Resident is expected to acquire progressive and increasing competence in the knowledge, skills, and attitudes of the specialty in which he or she is training. The Program Director is responsible for maintaining a record for each Resident and for ensuring that the Program has developed the appropriate evaluation forms that documents the success of each Resident in achieving the goals and objectives of the program.

This procedure outlines the processes for Residents who make satisfactory progress in achieving the Program's standards for each year of training (i.e., promotion, reappointment, and graduation upon completion of Program). These processes must be applied uniformly and fairly to all Residents in each Houston Methodist-sponsored Program of GME by Faculty, Program Directors, the Graduate Medical Education Committee (GMEC), and the Designated Institutional Official (DIO). Residents must be kept fully informed of each step of their academic progression.

II. REQUIREMENTS

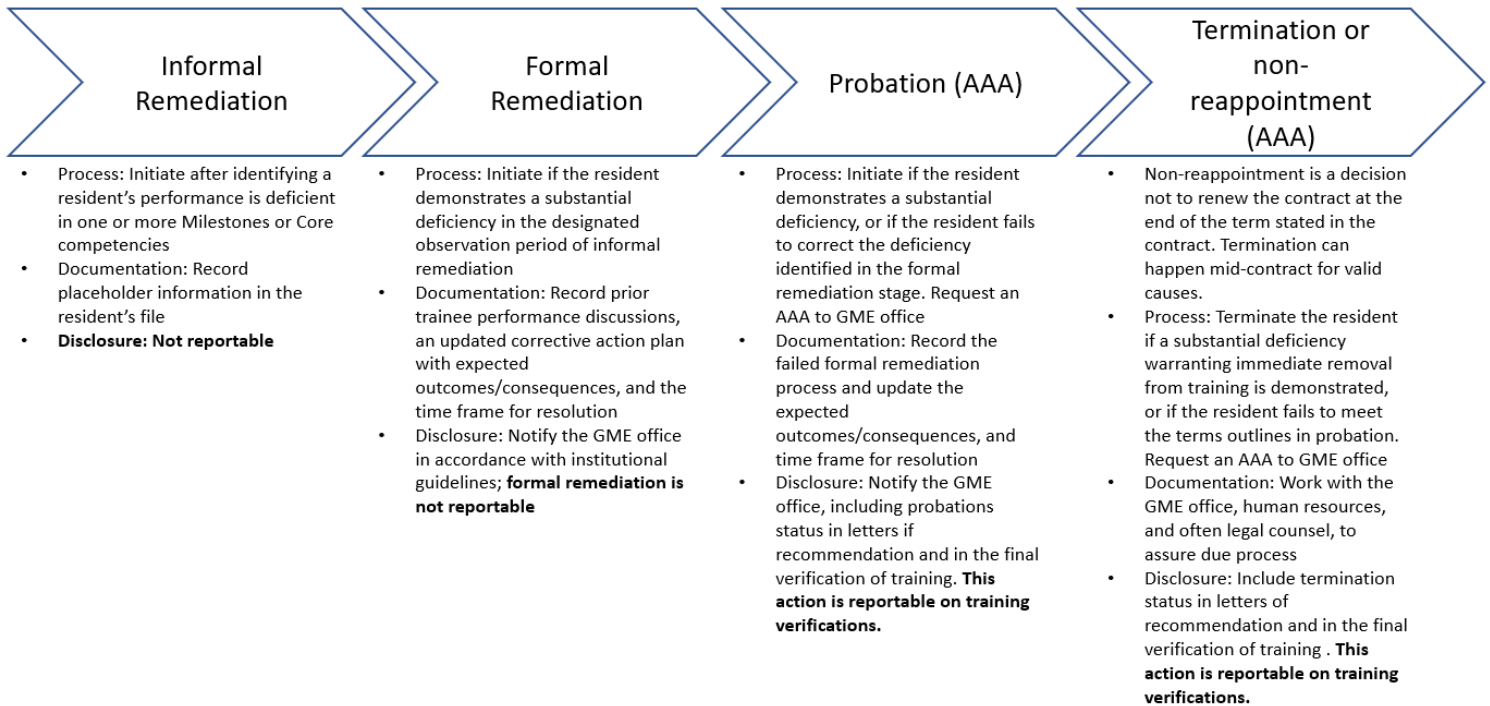
- A. Process for Promotion: Promotion to the next level of training (e.g., PGY-1 to PGY-2) is based on the achievement of program specific Milestones, including specific cognitive, clinical, technical, interpersonal and communication skills. The Program Director with the advice of the Program's Clinical Competency Committee must determine that a Resident has met or exceeded these Milestones. Promotion of Residents must be based on documentation of achievement of the expected level of competence. The standards for achievement and criteria for advancement of Residents to the next level of training shall be distributed to Residents and Faculty and reviewed annually by the Clinical Competency Committee (CCC). (General requirements, standards for evaluation, reports, notification, and final evaluation are described in Resident Evaluation Procedure GME12.)
- B. Reappointment: Generally, residents who are reappointed are also advanced to the next year of training, although a resident may be reappointed to repeat a year of training (non-promotion). If training is extended for academic reasons (e.g., due to non-promotion or repeating a portion of training), the extension of training is an Adverse Academic Action. If the training is extended due to personal reasons (e.g., Medical, Parental and Caregiver leave), the extension is generally not an Adverse Academic Action. However, the Program Director must report extensions of training to accrediting agencies and licensing boards.

- C. Non-reappointment or non-promotion: If a Resident's Agreement of Appointment is not going to be renewed or when a Resident will not be promoted to the next level of training, the Resident must be provided with a written notice of intent no later than four months prior to the end of the Resident's Agreement. If the primary reason(s) for the non-reappointment occurs within the four (4) months prior to the end of the Agreement, the Program must provide the Resident with as much notice of intent not to renew or not to promote as the circumstances will reasonably allow. The Resident who has received a written notice of intent not to renew the Resident's Agreement or not to promote the Resident to the next level of training must be allowed to implement the procedures described GME10, Adverse Academic Actions.
- D. Processes to Improve Residents' Performance: Programs should continually strive to improve the performance of its Residents. It is not uncommon for successful Residents, who will finish the Program within the expected time frame, to exhibit deficiencies in knowledge, skills, or attitudes over the course of their training. When a Resident falls below the Program's standards for expected performance, the Program Director must assess possible causes in order to implement appropriate methods for improving the Resident's performance. The Program Director must examine: the adequacy of the Program's clinical and academic experiences; the adequacy of the Program's supervision, teaching, and scholarly activity; the adequacy of the Resident's personal learning program for professional growth with guidance from the teaching staff; adequacy of the Resident's full participation in the program's educational and scholarly activities; and the presence of other issues contributing to the Resident's failure to achieve the Program's standards. The use of feedback, counseling, Faculty assistance/mentorship, or Program-level remediation may assist Residents to achieve the Program's standards.
1. Feedback, Counseling, and Faculty Assistance/Mentorship: All Residents should be evaluated and given constructive feedback, counseling, and Faculty assistance or mentoring to improve performance. These methods are particularly important in helping Residents who are performing or behaving below Program standards to overcome deficiencies and are most effective in correcting deficiencies that are identified early.
 2. Program-level Remediation: Any Resident whose performance is assessed below Program standards by the Program Director and Faculty may be placed on Program-level remediation for a specified period of time, not to exceed six (6) months. In most cases, a Resident is placed on Program-level remediation when the Resident's performance fails to meet the Program's standards despite a period of active and persistent feedback, counseling, and Faculty assistance. Program-level remediation is not a formal Adverse Academic Action and is not subject to external inquiries. Documentation of Program-level remediation will be incorporated into the Resident's evaluation and will be disclosed only upon written authorization of the Resident or legal process.

For remedial training, the Program Director will inform the Resident in writing of the deficiencies noted in academic, clinical, and/or professional performance and will develop a written remediation plan, the time frame for documentation of improvement, the criteria for successful completion, and consequences of unsuccessful remediation. The Resident will be asked to acknowledge being advised of his or her remediation status by signing the notification.

If the Resident is successful in completing the Program-level remediation, the Resident will be removed from remedial status. If the resident is unsuccessful and the Program Director and Program Faculty consider the Resident’s deficiency to be significant, the Program Director may initiate a formal Adverse Academic Action as described in the Procedure GME10. Remediation documentation must be provided by the Program to the Adverse Academic Action Subcommittee in these instances.

RUBRIC FOR ADVERSE ACADEMIC ACTION



E. Program Policy on Promotion, Reappointment, Non-reappointment, and Termination: Each Methodist-sponsored Program of GME must have on file in the GME Office a policy on the Program’s standards for Promotion, Reappointment, and Termination.

III. COMMITTEE REVIEWING OR APPROVING POLICY

1. Graduate Medical Education Committee [11 November 2004] [8 January 2009] [13 October 2016] [10 October 2019][8 March 2023]

AUTHORITATIVE REFERENCES:

Accreditation Council for Graduate Medical Education Institutional Requirement IV.C. and Common Program Requirements V.A.1 July 1, 2019