UW RESIDENT ACADEMIC & PROFESSIONAL CONDUCT
POLICY & PROCEDURE

A. PRINCIPLES OF GME DUE PROCESS

i. The University of Washington School of Medicine is committed to providing a high-quality graduate medical education ("GME") through residency and fellowship programs. Residents and fellows (referred to in this policy collectively as "residents") are first and foremost learners and are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen specialties. In addition, residents must adhere to standards of professional conduct appropriate to their level of training. The policies and procedures described in this document are designed to ensure that actions which might adversely affect a resident's status are fully reviewed and affirmed by neutral parties while at the same time ensuring patient safety, quality of care, and the orderly conduct of training programs.

ii. Program appointment, advancement, and completion are not assured or guaranteed to the resident but are contingent upon the resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. Unsatisfactory resident evaluation can result in required remedial activities, temporary suspension from duties, non-promotion, non-renewal of appointment, or termination of appointment and residency education.

iii. Due process refers to an individual's right to be adequately notified of charges or proceedings against that individual and the opportunity to respond to these actions. The policy and procedures described in this section are collectively referred to as the GME Academic Action Review Procedures, and the Academic Action Review Committees, or ad-hoc committees established to review program actions, are referred to individually as a Review Committee. This procedure is the exclusive means of review of academic actions within the University of Washington School of Medicine.

iv. Modifications of the procedures described in this section that do not materially harm the resident or affect the outcome of the case will be allowed. Final decision on allowing modifications will be the responsibility of the Chair of the University of Washington Graduate Medical Education Committee.

B. GME ACADEMIC CORRECTIVE ACTIONS

This section describes a number of corrective actions that may be taken by a GME program in response to performance or behavior on the part of a resident that is judged to be academically substandard or academically unacceptable. Residents and their program directors and faculty are encouraged to make efforts to resolve disagreements or disputes by discussing their concerns with one another. When appropriate, reasonable efforts should be made to take remedial action(s) that best address the academic deficiencies and needs of the individual resident and/or the training program.

1. Reviewable Academic Corrective Actions

   This section contains academic actions including the opportunity for a resident to seek review of the program's decision. The procedure for requesting review is described in section C.1. of this policy.
a. Non-Reappointment

i. A decision on non-reappointment of a resident will be made by the faculty of the department or by a group of faculty specifically charged with evaluating resident progress in the program. The resident will be notified of non-reappointment by February 15th, or at least four months prior to the normal termination date of the resident’s existing appointment if the date of appointment is any date other than June 30th. The notification will be by letter to the resident and will contain the reasons for the non-reappointment.

ii. The department at its sole discretion may revisit any non-reappointment decision at a later date and may rescind the non-reappointment notice and offer re-appointment at that time. In no instance may the department rescind a non-reappointment notice later than forty-five (45) calendar days prior to the end of the resident’s existing appointment. The department’s decision to rescind or not rescind a non-reappointment notice is not subject to review at any time.

b. Non-Promotion

i. A residency program may determine a resident has not performed to a level that would allow the resident to progress to the next year of their training program. The program may in that case ask the resident to repeat the year at the same R-level. A resident will be notified of non-promotion by February 15th, or at least four months prior to the normal termination date of the resident’s existing appointment if the date of appointment is any date other than June 30th. The notification will be by letter to the resident and will contain a summary of the resident’s performance that necessitates the non-promotion action.

ii. In some cases, residents will be required to make up partial-year rotations or assignments due to performance problems or absence following medical or personal leave. If the program delays the resident’s commencement of the next level of training but issues a new agreement at the R-level for which the resident would have otherwise been eligible, then the resident may not seek review. Likewise, when a resident at the end of their training must make up less than a full year of rotations due to repeating rotations or because of medical or personal leave, those extensions to the resident’s current agreement or new agreements will not be subject to review. In such cases, the agreement extension will include stipends and benefits at the current level for the resident until they have completed all required assignments.

c. Suspension

i. A program may suspend a resident from some or all activities related to their education in response to the resident’s inability to provide safe patient care, or for failure to meet other obligations of the educational program or the Residency/Fellowship Position Appointment. Bases for suspension may include, but are not limited to, the following:

1. Unprofessional behavior:
   - Egregious violation of patient privacy rules, including but not limited to HIPAA regulations
   - Unexcused absence beyond one day without reporting to the program director
   - Any action that is illegal, unethical, or in conflict with the School of Medicine’s or training site’s compliance program
   - Performing resident duties while in an impaired physical or mental state

2. Failure to comply with conditions of probation or other progressive corrective action

3. Academic deficiencies warranting removal of the resident from patient care.
ii. The duration of the suspension should be appropriate to address the reasons underlying the suspension. A suspension may be indefinite in length if it requires the action of the resident, for instance in obtaining proper credentials. Suspension may be paid or unpaid depending on the circumstances and the judgment of the program director.

d. **Termination for Cause**

A resident’s appointment may be terminated for cause if the resident fails to meet standards of performance expected at the resident's level of training, fails to fulfill the conditions of appointment to the program, or fails to meet the requirements of the hospital or clinic to which the resident is assigned. The overall academic performance and professional behavior of the resident shall be considered in decisions to terminate for cause.

2. **GME Academic Actions Not Subject to Review**

The following actions, which relate to academic achievement by residents, are not subject to review through the Academic Action Review Process, or through other mechanisms related to the Residency/Fellowship Position Appointment, or GME administration at the University of Washington. A limited number of these actions contain mitigation steps that may be pursued by the resident, which are included where appropriate in the descriptions below.

a. **Resident Evaluations**

The Accreditation Council for Graduate Medical Education requires programs to conduct formal performance reviews with residents at least once every six months. Evaluation of resident performance includes assessment of clinical competence, professional behavior, and humane qualities. In situations where residents exhibit sub-standard performance, the program director may provide notice to, or request assistance for, a remediation from the faculty advisor, department chairperson, residency training committee, and/or the entire departmental or divisional faculty or an appropriate mental health specialist. Upon notification of a problem in cognitive or interpersonal performance, the program director will decide whether the problem can be addressed through the normal evaluation processes or requires a formal intervention and remediation program. Residents may submit written responses to their evaluations within thirty (30) calendar days. These written responses will be retained in the resident’s program file.

b. **Focus of Concern**

i. A focus of concern is documentation that describes serious issues of resident performance or behavior that requires remediation. Any written complaint by a patient, sentinel event, tort claim, or professional liability law suit should at minimum trigger a focus of concern status. A focus of concern letter may include recommended actions or remediations the resident should follow to resolve the issue(s) described in the focus of concern letter. Failure to adequately address the focus of concern as evidenced by repeated behaviors may lead to progressive discipline including probation, suspension, non-renewal of appointment, or termination.

ii. Focus of concern documentation will be given to the individual and will not normally be considered part of the resident’s program file or reported by program directors as negative evaluations if the recommended actions or remediations are completed within the required time frame. Focus of concern can be made part of the file at the discretion of the program director if complete remediation is not achieved. A resident may request the focus of concern documentation be removed from the individual’s program file. The program director will confirm with the resident that this removal has taken place or provide an explanation why it has not occurred.
c. Probation

i. Probation is a serious academic action that is taken in response to continued documented substandard performance or behavioral issues, violations of educational standards or policy, or inability to remediate a focus of concern. Program directors will notify residents in writing of their probationary status, the reasons for the probationary status, the expectations that must be satisfied to remediate the probationary status, and the time limit for satisfactory remediation.

ii. The documentation of probation will become part of the resident’s program file and will be disclosed upon request to other agencies or persons when the individual seeks hospital privileges or licensure, or if the individual continues training in a different program.

iii. The program director will notify the resident in writing when a probationary status has been successfully remediated. This letter will be retained in the resident’s program file.

iv. The resident’s failure to successfully correct the behavior or deficit giving rise to the probationary designation may result in extension of probation, suspension, non-renewal of appointment, or termination.

d. Program Refusal to Certify Board Application

A program may allow a resident to complete training but may refuse to approve the resident’s application for board certification. In such a case, the program will provide the resident with a written explanation for the action.

e. Training Site Actions

In situations where a training site such as a hospital or clinic withdraws permission for a resident to train at their site, the resident may be re-assigned to another site or to administrative activities, or be subject to disciplinary action depending on the circumstances that led to the withdrawal of permission. Where disciplinary action includes suspension, termination, or notice of non-reappointment, the resident may appeal through the GME Academic Action Review Procedures. Residents are not entitled to medical staff corrective action processes, procedures, or appeal rights included in any training site medical staff bylaws.

f. Clinical Supervision Requirements

As part of their training program, residents are given progressively greater responsibility according to their level of education, ability, and experience. Supervision requirements for clinical procedures are based on evaluation of the resident's clinical judgment, medical knowledge, technical skills, professional attitudes, behavior, and overall ability to manage the care of a patient. In all cases, the attending physician is ultimately responsible for the provision of care by residents. Programs, training sites, or attendings may require a supervisor’s presence during a procedure when one would not normally be required for the resident’s level of training.

g. Removal from Patient Care Activities

A resident will automatically be removed from patient care activities for any of the reasons listed below following notification in writing. The period of removal will extend until the deficiency described is resolved to the satisfaction of the program. Residents may be assigned to non-clinical duties, vacation, or other status at the discretion of the program director. If assignment to another activity is not practical, the removal from patient care may be in an unpaid status.
1. Lack of an unrestricted physician or physician-in-training license in the State of Washington
2. Failure to obtain or maintain credentials required for the clinical practice, such as Drug Enforcement Administration license
3. Failure to complete required orientation and/or annual training requirements
4. Failure to comply with the UW Moonlighting Policy
5. Failure to maintain compliance with the UW Medicine immunization requirements

h. Removal from payroll due to failure to maintain proper immigration status for legal employment as a resident at the University of Washington

Residents who become ineligible for employment at the University of Washington due to changes in their immigration status will be removed from the active payroll and may not work in any capacity, including voluntary, at the University of Washington or within UW Medicine. They will be placed on inactive, unpaid status until their work eligibility status is resolved.

i. Paid precautionary suspension pending investigation

In cases of egregious conduct, imminent danger to patients or UW or training site employees, or when immediate leave of the resident from direct patient care is reasonable in light of the surrounding facts and circumstances, a resident may be placed on paid precautionary suspension pending investigation. A precautionary suspension is not reviewable and is set by the program for a temporary time period during which a resident’s participation in educational activities is placed on hold pending completion of an investigation. The resident will be notified in writing of the details of the suspension. This suspension will last as long as needed to reach an outcome from the investigation. In such cases, the outcome may be withdrawal of suspension, affirmation of suspension for a prescribed period of time, or affirmation of suspension pending termination for cause. A resident will be notified of the outcome in writing at the conclusion of the investigation. A resident may seek review of the outcome using the GME Academic Action Review Procedures after receipt of the written notice of the outcome.

j. Actions by Non-GME Components of the University

If a resident violates School of Medicine, other school or college policies, or university policy, and is consequently disciplined by one of these entities under policies and procedures outside the control of the GME program, the resident may not appeal the action through the GME Academic Action Review Procedures. The resident is, however, free to exercise due process procedures as may be available from the agency taking the action.

Subsequent actions taken by the resident’s program in response to actions by non-GME components may be reviewed as described in this policy.

k. Other violations of the Residency/Fellowship Position Appointment (RPA/FPA)

For other alleged violations by the program, department, or School of Medicine of any provisions of the RPA/FPA that are not related to academic corrective actions described in this policy, residents may request relief through the Grievance Procedure described in the RPA/FPA.

C. GME ACADEMIC ACTION REVIEW PROCEDURE

i. The process contained here is the exclusive means of review or appeal of academic corrective actions.
ii. The purpose of this procedure is to allow secondary review of the program’s actions based on the assessment of the resident’s academic and professional performance. The review procedure is not an adversarial legal proceeding but is instead the exercise of academic and professional judgment by GME faculty and officials on whether the resident has the necessary ability to uphold the academic and professional standards of the University of Washington GME program and to perform adequately as a physician or surgeon.

1. Request for Review

i. When considering recommending the suspension, non-renewal of appointment, non-promotion, or termination of a resident, the appropriate Department chair or designee shall inform the resident of the basis for the consideration of the action and discuss the matter with the resident in a face-to-face conference. A written summary of this meeting shall be prepared and provided to the resident. The matter may be concluded by mutual consent at this point. If termination for cause is under consideration, the resident will be allowed to resign by mutual consent in lieu of termination for cause.

ii. If at any time during the preliminary proceedings described in the paragraph above it appears to the Department chair or designee that mutual resolution is not possible and the Department chair or designee decides that non-renewal of appointment, non-promotion, suspension, or termination for cause is necessary, the Department chair or designee shall submit a letter of recommendation to the Chair of the Graduate Medical Education Committee (GMEC). The recommendation shall include a statement of the grounds for the recommended action. The Department chair shall notify the resident in writing of the recommended action, via certified mail. This Notice shall contain:

1. A copy of the recommendation
2. A statement informing the resident that if the Chair of GMEC receives a written request for review from the resident within fourteen (14) calendar days of the date of the mailing of the Notice, then the recommendation will be reviewed by an Academic Action Review Committee
3. A copy of the current Residency Position Appointment or Fellowship Position Appointment, as appropriate, plus a copy of this policy

iii. A written request for review of the recommendation must be received by Chair of GMEC within fourteen (14) calendar days of the date of mailing of the Notice described in section C.1.ii. If no request for review is received within this timeframe, the Department chair’s recommendation shall become final and no further review will be available.

iv. Within five (5) working days of receipt of the resident’s written request for review, the Chair of the GMEC shall provide the Department chair a copy of the resident’s written request for review. The GMEC Chair shall also acknowledge in writing to the resident of timely receipt of the request for a hearing.

2. Composition of Academic Action Review Committee

i. The Chair of GMEC will convene an ad-hoc panel, hereafter referred to as the Review Committee, consisting of four members of the GMEC as follows:

1. Two GMEC members who hold UW faculty status and who are not members of the same department as the resident who is requesting review;
2. A resident or fellow member of the GMEC who is not a resident in the same department as the resident who is requesting review; and
3. The Associate Dean for Graduate Medical Education or a designee approved by the Chair of the GMEC who will serve in a non-voting status as Chair of the Review Committee and will be responsible for all rulings as to procedure and conduct of the review.
ii. If the Chair of the GMEC is unable to identify two faculty members and a resident or fellow member of the GMEC who are able to perform the duties of the Review Committee, the Chair shall appoint other UW faculty or residents as needed to fill the panel slots, with the restriction that one of the committee members will be a current UW resident or fellow and none will be members of the same department as the resident requesting review. The Chair of the GMEC may designate alternates for the faculty or resident members to ensure a full committee is available on the day of the Review Committee meeting. These alternates will not participate or witness the meeting unless the original designated members are unable to attend the meeting.

3. **Charge to Academic Action Review Committee; Responsibilities**

The Review Committee is charged with responsibility to review the decision of the Department chair and issue a Recommended Outcome. The question before the Review Committee is whether the Department chair’s decision was arbitrary or capricious. The burden of proof is on the resident to show that the Department’s decision was arbitrary or capricious. (Arbitrary and capricious action is willful and unreasoning action, without consideration and in disregard of facts or circumstances. Where there is room for two opinions, action is not arbitrary or capricious when exercised honestly and upon due consideration even though it may be believed an erroneous conclusion has been reached.) Only those members of the Review Committee that are present at the hearing may participate in the deliberations of the Committee. The submission of a Recommended Outcome by the Review Committee shall require a quorum of those present at the hearing and simple majority vote. If the Review Committee is unable to achieve a simple majority vote, the Recommended Outcome(s) of the Committee should reflect the views of each of the eligible committee members.

4. **Procedure**

i. The Chair of the Review Committee will set a date for the hearing no sooner than thirty (30) calendar days following the forwarding of notice of request for hearing to the Department chair (C.1.iv.). The Department may request an extension not to exceed an additional thirty (30) calendar days. The decision to grant an extension will be made by the Chair of the Review Committee.

ii. The Department chair, or his/her designee, shall provide the following information to the Review Committee no later than five (5) working days before the hearing date:

1. A statement of the matters asserted by the Department chair;
2. A list of witnesses who may be presented at the Review Committee meeting by the Department chair; and
3. A list of documents to be presented at the Review Committee meeting by the Department chair.

iii. The resident may choose to submit a written statement to the Chair of the Review Committee rather than make a presentation at the review meeting before the full committee. The resident’s election of a written statement will result in waiver of the right to a presentation before the Review Committee. The Chair of the Review Committee will submit the resident’s statement to the full committee. The Review Committee will make its decision based on material furnished by the Department chair review of the resident’s program file, and the resident’s written statement.

iv. The Chair of the Academic Action Review Committee shall ensure substantial compliance with the following Review Committee Procedures:

a. All materials, documentation, and exhibits that the resident wishes to submit shall be submitted to the Review Committee during the course of the review meeting with simultaneous distribution of copies to the Department chair or his/her designee. The resident may also submit materials or documentation in advance of the review meeting;
b. Legal discovery, such as but not limited to interviews of parties to the action, requests for records, interrogatories, or depositions, is not available under the GME Academic Action Review Procedures;

c. The resident may be accompanied by an advisor or accompanied by legal counsel at the resident’s own expense. The Department chair or designee and Review Committee may request legal counsel from the Attorney General’s Office University of Washington Division. However, legal counsel for either party will not be allowed to speak at the review meeting on behalf of any person or actively participate in the proceedings unless permission is granted by the Chair of the Review Committee;

d. The resident and Department chair, or designee, are entitled to hear all presentations and examine all documents presented at the review meeting. The resident and Department chair or designee may present documents and witnesses in support of their respective positions and may ask questions of any other witnesses;

e. The Chair of the Review Committee shall give all parties full opportunity to submit and respond to statements and positions;

f. All components of the review are will be closed to public observation. All components of the review and all associated documents created, collected, or maintained for the review are part of the UW Medicine Coordinated Quality Improvement Plan. The confidentiality and privilege associated with quality improvement and peer review activities therefore applies to the review.

g. All testimony of parties and witnesses shall be made under oath or affirmation;

h. No communications are permitted by the resident or Department chair or their respective representatives to the Review Committee members regarding any issue in the proceeding other than communications necessary to procedural aspects of maintaining an orderly process. All other communications regarding the review are to be directed to the Chair of the Review Committee.

i. Neither the resident nor Department chair or designee have the right to be present during the deliberations of the Review Committee;

j. All proceedings of the Review Committee will be conducted with reasonable dispatch and be completed as soon as possible, consistent with fairness to all parties involved. The Chair of the Review Committee shall have the discretion to continue the review meeting if so requested by either party, or as otherwise appropriate.

k. An adequate summary of the proceedings will be kept. Such a summary shall include all documents that were considered by the Review Committee and may include a tape recording of the presentations and any other documents related to the hearing. Any party, at the party’s expense, may cause a court reporter approved by the Review Committee to prepare a transcript from the Committee’s record, or cause additional recordings to be made during the hearing if the making of the additional recording does not cause distraction or disruption, subject to the requirements of the Coordinated Quality Improvement Program of the University of Washington School of Medicine and UW Medicine.

5. Case Ruling by Dean

i. The Review Committee shall submit its Recommended Outcome and a copy of the record to the Dean of the School of Medicine, the Department chair, and the resident within ten (10) calendar days of the conclusion of the review meeting record [NOTE: define close of record]. The Recommended Outcome shall include a statement of findings and conclusions regarding the Department chair’s decision. Findings of fact shall be based exclusively on the record in the review meeting and matters officially noticed in that proceeding.

ii. Within thirty (30) calendar days of receipt of the Review Committee’s recommendation, the Dean will forward a written final decision to the resident via certified mail. The final decision of the Dean shall include a statement of findings and conclusions. If the final decision is termination for cause, the termination shall be effective thirty (30) calendar days after the date of the Dean’s final decision.
iii. Within ten (10) calendar days of the resident’s receipt of the Dean’s final decision, the resident may file a written request for reconsideration with the Dean stating the specific grounds upon which relief is requested. Petitions submitted later than ten (10) calendar days from receipt of the final decision will not be considered. The petition for reconsideration will be deemed to be denied unless the Dean notifies the resident of a different outcome within twenty (20) calendar days of receipt of the request for reconsideration. A denied petition for reconsideration does not delay the effective date of a termination for cause.

D. REMEDY

i. The stipend and fringe benefits of the resident shall be continued during the period necessary to assure due process provided that such stipend and fringe benefits shall cease at the expiration of the resident’s appointment or the effective date of termination by the Dean, whichever shall occur first.

ii. Rulings by the Dean that are made in favor of the resident may not include remedies beyond reinstatement and recovery of any stipend and benefits lost as a result of the disciplinary action.