Graduate Medical Education (GME) is an organized program of learning through which residents and fellows progress as they demonstrate competence. This policy outlines the academic actions and procedures for resident and fellow advancement.

I. General Statements

A. Evaluation and feedback are an essential part of resident and fellow education. When performance does not improve in response to the usual mechanisms, a written academic or professional enhancement program or an adverse academic action may be required. Adverse academic actions include probation, suspension, non-promotion, non-renewal, and dismissal. If there are concerns that psychological or physical factors are contributing to performance problems, an evaluation may be requested or required in accordance with the UB GME Impaired Physician Policy.

B. Residents are appointed for a one year term. Contract renewal and/or promotion decisions are made by the Program Director, in consultation with faculty. A training program may be extended for a term equivalent to the period of an academic action. Pay and benefits may be continued during investigations for adverse academic actions unless prohibited by applicable employer policies.

C. Prior consultation with the Designated Institutional Official (DIO) or designee is required for all academic actions except promotion.

D. Residents and fellows must be notified in writing if they are not performing satisfactorily in the judgment of the faculty, based on the standards and evaluation procedures made available to the residents and fellows by their program. The written notice of an academic or professional enhancement or adverse academic action must be acknowledged with a confirmation signature, and delivered in person or by certified mail, return receipt requested.

1. The Program Director should review this written notice with the resident or fellow in person.

II. Academic Actions

A. Promotion

The Program Director, in consultation with faculty, shall determine whether each resident and fellow has met the standard for promotion to the next level of training. Decisions should be based on a variety of outcome measures and assessments established by the training program, and in accordance with accreditation and other pertinent guidelines (such as certifying board requirements).
B. Academic or Professional Enhancement

Academic or professional enhancement is a structured, personalized program to improve identified weaknesses in resident or fellow performance that may be initiated prior to taking an adverse academic action. Examples of enhancements include special assignments, direct supervision, or repeating one or more rotation(s). The decision to place a resident or fellow on an enhancement program is made by the Program Director, in conjunction with program faculty. The DIO or designee must also be consulted prior to initiating an enhancement plan.

1. A written enhancement plan must be established based on resident or fellow performance, approved by the DIO or designee, and reviewed with the resident or fellow. The plan should include:
   a) Reason for enhancement program;
   b) Length of enhancement period;
   c) Competency based goal(s) of enhancement (e.g. Communicate effectively with patients and families; Improve management of patients with diabetes);
   d) Competency based, measurable learning objectives;
   e) Action plan for achieving objectives, including timeframe, activities, resident or fellow duties, responsibilities, and limitations as appropriate;
   f) Feedback and evaluation plan, including timeframe (no less than monthly) and faculty responsible for monitoring resident or fellow progress;
   g) Criteria for successful completion of enhancement program;
   h) Potential outcomes (successful completion, probation, non-promotion, etc.) and effect on length of training and board eligibility; and
   i) Statement informing resident or fellow of their right to grieve the enhancement as required by ACGME and in accordance with the UBGME Grievance Procedures Policy; and
   j) Resident or fellow signature acknowledging review of the document.

2. At the conclusion of an enhancement program, the Program Director or designee must send a letter indicating successful completion, extension of the enhancement program, or subsequent adverse action to the resident or fellow and the DIO.

3. Enhancement programs may result in a delayed promotion and/or graduation date. If a contract extension is required, the Program Director or designee must notify the Designated Institutional Official (DIO) or designee.
C. **Probation**

Probation is an adverse action taken to address significant academic/professional deficiencies. These deficiencies tend to be more serious or persistent in nature than weaknesses requiring academic enhancement. Probation may also follow an unsuccessful period of academic or professional enhancement. The decision to place a resident or fellow on probation is made by the Program Director, in conjunction with program faculty. The DIO or designee must also be consulted prior to probation.

1. Written terms of probation must be established based on resident or fellow performance, approved by the DIO or designee, and reviewed with the resident or fellow. The terms should include:
   a) Reason for probation;
   b) Length of probationary period;
   c) Competency based goal(s) of probation; (e.g. Communicate effectively with patients and families; Improve management of patients with diabetes);
   d) Competency based, measurable learning objectives;
   e) Action plan for achieving objectives, including timeframe, activities, resident or fellow duties, responsibilities, and limitations as appropriate;
   f) Feedback and evaluation plan, including timeframe (no less than monthly) and faculty responsible for monitoring resident or fellow progress;
   g) Criteria for removal from probation;
   h) Potential outcomes (removal from probation, continuation of probationary status, non-promotion, non-renewal, dismissal, etc.) and effect on length of training and board eligibility;
   i) Statement informing resident or fellow of his/her right to grieve the adverse action as required by ACGME and in accordance with the UBGME Grievance Procedures Policy; and
   j) Resident or fellow signature acknowledging review of the document.

2. At the conclusion of probation, the Program Director or designee must send a letter indicating successful completion, extension of probation, or subsequent adverse action to the resident or fellow and DIO.

3. Probation may result in a delayed promotion and/or graduation date. If a contract extension is required, the Program Director or designee must notify the DIO or designee.
D. **Suspension**

Suspension is an adverse action taken when resident or fellow conduct is serious enough to require removal from program activities. Suspension may be considered for unprofessional behavior (including those outlined in the UB Resident Code of Professional Conduct), or may occur immediately if there is a concern for patient or resident or fellow welfare. The decision to suspend a resident or fellow may be initiated by the Program Director in conjunction with program faculty. The DIO or designee must be consulted prior to suspension. A hospital Chief Medical Officer may also initiate a hospital/health system-specific suspension for violation of hospital/health system by-laws, rules, or regulations. The DIO and Program Director must be notified.

1. Written notice of suspension must be issued. The Program Director will review the notice with the resident or fellow following review by the DIO or designee for inclusion of:
   a) Reason for the suspension with reference to competency/ies;
   b) Restrictions;
   c) Length of suspension;
   d) Conditions for reinstatement into program;
   e) Effect on salary and benefits;
   f) Potential outcomes (removal from suspension, continuation of suspension, non-renewal, dismissal, non-promotion, etc.) and effect on length of training and board eligibility;
   g) Statement informing the resident or fellow of their right to grieve as required by ACGME and the adverse action in accordance with the UBGME Grievance Procedures Policy; and
   h) Resident or fellow signature acknowledging review of the document.

2. At the conclusion of suspension, the Program Director or designee must send a notice of reinstatement, extension of suspension, or subsequent adverse action to the resident or fellow and DIO.

3. Suspension may result in a delayed promotion and/or graduation date. If a contract extension is required, the Program Director or designee must notify the DIO or designee.

4. The DIO or designee will notify the Chief Medical Officer(s) at the relevant hospital(s) when a resident or fellow is suspended and/or returns to duty.
E. Non-promotion

Non-promotion is an adverse action to extend any given level of training, since promotion is not automatic, but rather is based on successful completion of the requirements of a given level of training. Residents and fellows who have not made satisfactory progress may not be promoted to the next level of training. Non-promotion should be communicated to the resident or fellow in writing, four months prior to the end of the current contract whenever possible. If the primary reason(s) for non-promotion occurs within the last four months of the contract, the program must provide the resident or fellow with as much written notice as possible. The decision not to promote a resident or fellow is made by the Program Director, in conjunction with program faculty. The DIO or designee must also be consulted prior to non-promotion.

1. Written terms of non-promotion must be based on resident or fellow performance, approved by the DIO or designee, and reviewed with the resident or fellow. The terms should include:
   a) Reason for non-promotion;
   b) Length of time for which training will be extended;
   c) Competency based goal(s) of extended training time; (e.g. Communicate effectively with patients and families; Improve management of patients with diabetes);
   d) Competency based, measurable learning objectives;
   e) Action plan for achieving objectives, including timeframe, activities, resident or fellow duties, responsibilities, and limitations as appropriate;
   f) Feedback and evaluation plan, including timeframe (no less than monthly) and faculty responsible for monitoring resident or fellow progress;
   g) Criteria to be considered for promotion;
   h) Potential outcomes (promotion, non-renewal, dismissal, etc.) and effect on length of training and board eligibility;
   i) Statement informing resident or fellow of their right to grieve the adverse action as required by ACGME and in accordance with the UBGME Grievance Procedures Policy; and
   j) Resident or fellow signature acknowledging review of the document.

2. At the conclusion of the extended training time, the Program Director or designee must send a letter of promotion, continued delay of promotion, or subsequent adverse action to the resident or fellow and DIO noting the delayed graduation and contract extension dates.
F. Non-renewal

Non-renewal is a decision to not issue a contract past the term of the current contract. Non-renewal is a final action for residents and fellows who fail to be removed from suspension or probation, do not successfully complete an academic or professional enhancement program, or fail to demonstrate skills, knowledge, or attitude to progress to the next level of responsibility. Residents and fellows considered for non-renewal must have received prior notice in writing of their performance problems, and been given the opportunity to remediate their deficiencies.

Non-renewal should be communicated to the resident or fellow in writing four months prior to the end of the current contract whenever possible. If the primary reason(s) for the non-renewal occurs within the last four months of the contract, the program must provide the resident or fellow with as much written notice as possible. The decision is made by the Program Director in conjunction with program faculty. The DIO or designee must also be consulted prior to non-renewal.

1. Written communication for non-renewal must be based on resident or fellow performance, approved by the DIO or designee, and reviewed with the resident or fellow. The communication should include:
   a) Reason(s) for non-renewal;
   b) Statement informing resident or fellow of their right to grieve the adverse action as required by ACGME and in accordance with the UBGME Grievance Procedures Policy; and
   c) Resident or fellow signature acknowledging review of the document.

2. The Program Director or designee must send a copy of the final written notice to the DIO.

3. The Program Director or designee must also prepare a competency-based summative evaluation that indicates training concluded prematurely, in accordance with ACGME regulations. A copy should be sent to the DIO.

4. The DIO or designee will notify the Chief Medical Officer(s) at the relevant hospital(s) when a resident or fellow contract is not renewed.
G. Dismissal

Dismissal may occur at any point in the academic year. Dismissal from the training program is a final action for residents and fellows who fail to be removed from suspension or probation, do not successfully complete an academic or professional enhancement program, or commit an act of professional misconduct. Residents and fellows considered for dismissal must have received prior notice in writing of their performance problems, and been given the opportunity to remediate their deficiencies, except in cases of severe professional misconduct described below. The decision to dismiss a resident or fellow is made by the Program Director in conjunction with program faculty. The DIO or designee must also be consulted prior to dismissal.

1. Written communication for dismissal must be based on resident or fellow performance, approved by the DIO or designee, and reviewed with the resident or fellow. The communication should include:
   a) Reason(s) for dismissal;
   b) Statement informing resident or fellow of their right to grieve the adverse action as required by ACGME and in accordance with the UBGME Grievance Procedures Policy; and
   c) Resident or fellow signature acknowledging review of the document.

2. The Program Director or designee must send a copy of the final written notice to the DIO.

3. The Program Director or designee must also prepare a competency-based summative evaluation that indicates training concluded prematurely, in accordance with ACGME regulations. A copy should be sent to the DIO.

4. Automatic dismissal may be considered for professional misconduct. These situations do not allow for resident or fellow remediation or require prior notice of performance problems. Definitions of professional misconduct are provided by the New York State Department of Health. Examples of professional misconduct include, but are not limited to:
   a) A material omission or falsification of a UB training program application, employment document, medical record, or UB GME document; or
   b) Conviction of a felony.

5. The DIO or designee will notify the Chief Medical Officer(s) at the relevant hospital(s) when a resident or fellow is dismissed.
H. Synopsis of Academic Action Options

1. **Promotion** to the next level of training should be based on a variety of outcome measures and assessments established by the training program, and in accordance with accreditation and other pertinent guidelines (such as certifying board requirements).

2. **Academic or professional enhancement** is a structured, personalized program to improve identified weaknesses in resident or fellow performance that may be initiated prior to taking an adverse academic action. Examples of enhancements include special assignments, direct supervision, or repeating one or more rotation(s).

3. **Probation** is an adverse action taken to address significant academic/professional deficiencies. These deficiencies tend to be more serious or persistent in nature than weaknesses requiring academic enhancement.Probation may also follow an unsuccessful period of academic or professional enhancement.

4. **Suspension** is an adverse action taken when resident or fellow conduct is serious enough to require removal from program activities. Suspension may be considered for unprofessional behavior (including those outlined in the UB Resident Code of Professional Conduct), or may occur immediately if there is a concern for patient or resident or fellow welfare. Suspension is the only academic action that may be initiated by a hospital Chief Medical Officer in the event of a hospital/health system-specific suspension for violation of hospital/health system by-laws, rules, or regulations.

5. **Non-promotion** is an adverse action to extend any given level of training, since promotion is not automatic, but rather is based on successful completion of the requirements of a given level of training. Residents and fellows who have not made satisfactory progress may not be promoted to the next level of training.

6. **Non-renewal** is a decision to not issue a contract past the term of the current contract. Non-renewal is a final action for residents and fellows who fail to be removed from suspension or probation, do not successfully complete an academic or professional enhancement program, or fail to demonstrate skills, knowledge, or attitude to progress to the next level of responsibility. Residents and fellows considered for non-renewal must have received prior notice in writing of their performance problems, and been given the opportunity to remediate their deficiencies.

7. **Dismissal** may occur at any point in the academic year. Dismissal from the training program is a final action for residents and fellows who fail to be removed from suspension or probation, do not successfully complete an academic or professional enhancement program, or commit an act of professional misconduct. Residents and fellows considered for dismissal must have received prior notice in writing of their performance problems, and been given the opportunity to remediate their deficiencies, except in cases of severe professional misconduct.