

Policy Title	Renewal and Promotion
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POLICY	
PURPOSE	MHS requires that each GME training program follow institutional guidelines regarding the promotion of residents to a higher level of training. Inherent in this policy is the requirement that each program establish a system of evaluation of trainee performance that is milestone and competency based and adheres to all ACGME Institutional, Common Program, and Specialty Program standards. In addition, all programs must adhere to their specialty board requirements as they pertain to trainee exam certification.
SCOPE	<p>The policy applies to all MHS-sponsored GME residency training programs, both accredited and non-accredited. The term "resident" refers to all medical graduate trainees (interns, residents, fellows) in all postgraduate GME training programs sponsored by MHS.</p> <p><i>Note:</i> In addition to being subject to specific policies and procedures required by all applicable accrediting bodies, GME Residents are also subject to policies and procedures applicable to MHS employees generally and enjoy those benefits of employment applicable to MHS employees of comparable classification.</p>
ACRONYMS	ACGME — Accreditation Council for Graduate Medical Education CCC – Clinical Competency Committee CPME – Council on Podiatric Medicine DIO — Designated Institutional Official GME — Graduate Medical Education GMEC — Graduate Medical Education Committee HR - Human Resources MHS — Memorial Healthcare System OAA – Office of Academic Affairs
DEFINITIONS	N/A
PROCEDURES	<p>EVALUATION SYSTEM</p> <p>The program director has final responsibility for reviewing resident evaluations and making promotion decisions. In addition, each program must create a Clinical Competency Committees (CCC) that:</p> <ol style="list-style-type: none"> 1. Reviews all resident evaluations at least semi-annually. 2. Determines each resident's progress on achievement of the specialty-specific milestones. 3. Meets prior to the residents' semi-annual evaluations and advises the program director regarding each resident's progress. <p>The program's evaluation system must include:</p> <ol style="list-style-type: none"> a. A methodology that results in an assessment of the trainee's competence and achievement of milestones in patient care, medical knowledge, practice-based

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learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

- b. A minimum of semi-annual written evaluations that are reviewed with the individual trainee and the maintenance of a record of evaluation for each trainee that is accessible to the trainee.

The Program Director is ultimately responsible for ensuring the appropriate progressive responsibility of the trainee and for reviewing resident progress in the program. The PD may use the advice of the CCC, when it is available, to make decisions regarding promotion, graduation, non-promotion, non-renewal of contract or termination from the program.

REAPPOINTMENT AND PROMOTION

The resident position involves a continuum in the level of supervision, with increasingly, more complex responsibilities in the clinical evaluation and management functions of patient care. Therefore, when considering the promotion of a resident, the CCC and Program Director may consider but not be limited to, the following:

- Satisfactory completion of all training requirements for the Academic Year
- Documented competence commensurate with level of training
- A review of any evaluations, disciplinary actions, academic or MHS performance improvement plan, or adverse actions
- A review of each resident's academic file
- Full compliance with all terms of the Resident Contract
- Full compliance with all MHS institutional, program, and departmental policies
- Continuation of the Sponsoring Institution and Program ACGME Accreditation
- Any other relevant information

In addition, it is the policy of the GMEC that all categorical residents must pass USMLE Step 3 /COMLEX 3 prior to starting their PGY-3 year. Residents will be reimbursed for the cost of Step 3 only if they pass the exam and are still employed by MHS.

If it is determined by the Program Director in consultation with the Program's Clinical Competency Committee that a resident is eligible for promotion, this recommendation is forwarded to the OAA/HR, and the resident may be promoted to the next level of training, subject to the terms and conditions described in the Resident Contract.

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	<p>NONRENEWAL OF APPOINTMENT OR NON-PROMOTION</p> <p>In instances where a resident’s contract will not be renewed, or when a resident will not be promoted to the next level of training, the PD or his/her designee must provide the resident with written notice of intent as soon as is feasible. There may be circumstances when a new contract for a new academic year is being processed but subsequent concerns regarding resident performance arise such that the issuance of said contract must be put on hold until the PD and or CCC make further decisions regarding the resident’s status in the program.</p> <p>Residents should consult the Grievance and Due Process Policy as needed.</p> <p>GRADUATIONThe Program Director must also provide a final summative evaluation for each resident upon completion of the program. This evaluation must include a cumulative review of the resident’s performance throughout his/her training. The evaluation must also verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. For preliminary or transitional year programs, the summative evaluation must verify that the resident has successfully completed the program.</p>
REFERENCES	ACGME Institutional Requirements effective July 2018 ACGME Common Program Requirements effective July 2020 ACGME Program Specific Requirements – most recent as per RRC specialty GME — Grievance and Due Process GME — Disputes and Complaints GME — Resident Contract
ORIGINAL ISSUE DATE	July 2017
REVIEW/REVISION DATES	August 2024
POLICY OWNER	Office of Academic Affairs If any of the statements contained in this policy conflict with any verbal statements or agreements made by any representatives of MHS, then the statements contained in this policy shall control the outcome of any such conflict. Memorial reserves the right to modify this policy in whole or in part, at any time, at the discretion of the Healthcare System or as required by applicable law, regulation, or governing/accrediting body. Employees who have questions regarding information contained in this policy should contact the Office of Academic Affairs.

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POLICY OWNER CONT.	This policy is intended to supplement standard MHS Human Resources (“HR”) policies. To the extent that this policy conflicts with any MHS HR policy, the standard HR policy shall govern and control.
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