

<b>Policy 1.300</b> Graduate Medical Education Committee
<b>Section</b> Educational Administration
<b>Subject</b> Evaluation and Promotion
<b>Policy Requirements:</b> ACGME Institutional IV.C. – IV.C.1.b, IV.D ACGME Common Program Requirements V. - V.A.3.b). (3)
<b>Version History:</b> Date Developed: 1/1989 Last Review/Revision: 12/2005, 2008, 10/2013, 5/2014, 9/2017, 8/2020, 9/2021 Legal Review: 8/2020, 9/2021

### **Purpose and Scope**

To describe the policy and procedures pertaining to evaluation and promotion of residents/fellows.

### **Definitions**

**Promotion** is advancement based on merit to a higher rank or title. Failure to perform at an acceptable level in the period of current appointment means that an individual will not be promoted.

**Non-promotion** Non-promotion is initiated when the resident/fellow fails to perform at an acceptable level in the period of current appointment or cannot reasonably function satisfactorily at the next level and the decision is made to not advance to a higher rank or title. A non-promotion does not necessarily mean non-renewal or dismissal, but merely that the resident/fellow will not be advanced to the next level of appointment at the completion of the contract period.

**Non-reappointment** Non-renewal is an action resulting in a resident/fellow not being offered the next successive agreement for appointment at the end of the current appointment period (usually June 30). Non-renewal is not a dismissal, therefore, does not require cause.

**Clinical Competency Committee** is a required body comprising three or more members of the active teaching faculty that is advisory to the Program Director (PD) and reviews the progress of all residents or fellows in the program. The committee is appointed by the PD. The committee must have a written description of its responsibilities. At a minimum the committee should review all resident evaluations semi-annually; prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, advise the program director regarding resident progress, including promotion, remediation, and dismissal.

### **Policy**

The faculty must evaluate resident/fellow performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment. Faculty

supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident/fellow and delegate to him/her the appropriate level of patient care authority and responsibility. When available, evaluation should be guided by specific national standards-based criteria. Other professional health care staff, peers, patients or their families and medical students may also evaluate residents/fellows.

The PD must immediately notify the Associate Dean for Graduate Medical Education (GME) if he/she intends to non-reappoint or non-promote a resident or fellow. The Program Director must notify the resident of the decision to non-promote or non-reappoint by a written notice at least **four** months prior (usually March 1) to the expiration of the current period of appointment, regardless of Post Graduate Year (PGY) level of the resident or fellow. However, if the primary reason(s) for the non-reappointment occur(s) within the **four** months prior to the end of the current appointment, the resident/fellow will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the expiration of the current period of appointment. Residents/fellows have the right to due process relating to any actions such as suspension, non-renewal, non-promotion, or dismissal. A resident or fellow involved in non-reappointment or non-promotion has a right to appeal according to the GMEC Policy, 1.410, Adjudication of Resident/Fellow Grievances.

### **Evaluation Plan**

Each residency/fellowship program must have an effective plan for assessing resident/ fellow performance throughout the program and for utilizing the results to improve resident/fellow performance. This plan must include:

1. The use of methods that produce an accurate, objective assessment of resident/fellow competence in the six Accreditation Council for Graduate Medical Education (ACGME) competencies based on the specialty-specific Milestones: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. Mechanisms for providing regular and timely performance feedback to residents and fellows that includes at minimum a written semiannual evaluation that is communicated to each resident/fellow in a timely manner.
3. A process involving use of assessment results which document progressive performance improvement appropriate to educational level. The maintenance of a record of evaluation for each resident/fellow that is accessible to the resident/fellow.

### **Procedure**

The PD, with participation of the program-teaching faculty shall:

1. Communicate the written criteria and processes for evaluation and promotion to each resident/fellow.
2. Participate in training to use evaluation tools for fair and consistent evaluations.
3. Evaluate the knowledge, skills and professional growth of the residents/fellows, using appropriate written criteria and processes to determine advancement in the program including objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific milestones.
4. Prepare a written semiannual evaluation, or more often, as dictated by the residency/fellowship review requirements.

5. Through the Clinical Competence Committee (CCC) review all resident/fellow evaluations, prepare and assure reporting of Milestones evaluation semi-annually to the ACGME and advise the PD regarding resident/fellow progress, including promotion, academic improvement and/or disciplinary actions including dismissal.
6. Communicate each evaluation to the resident/fellow in a timely manner as directed by the AGME.
7. Advance the resident/fellow to a position of higher responsibility based on satisfactory clinical competence appropriate to the educational level.
8. Maintain a permanent record of evaluation for each resident/fellow and have it accessible to the resident/fellow and other authorized personnel.
9. Provide a written, annual and summative evaluation for each resident/fellow who completes the program as part of the resident/fellow's permanent record maintained by the department. The final evaluation must include a review of the resident/fellow's performance during the final period of education, verify that the resident/fellow has "demonstrated sufficient competence to enter practice without direct supervision" and be signed by the PD.
10. Notify both the Associate Dean for GME and UAMS General Counsel immediately and in writing if he/she intends to non-promote or non-reappoint a resident or fellow.
11. Notify the resident or fellow of the decision to non-promote or non-reappoint by a written notice at least four months prior to the expiration of the current period of appointment unless the primary basis for such action occurs within the final four months of the current appointment.