	Johns Hopkins School of Medicine Graduate Medical Education (GME) Policies and Forms	<i>Policy Number</i>	P&F013
		<i>Effective Date</i>	11/10/2021
	<i>Subject</i> Policy on Remediation, Probation, Suspension, and Dismissal of Residents/Clinical Fellows	<i>Page</i>	1 of 6
		<i>Supersedes</i>	12/11/2019

Keywords: academic standards, clinical fellow, performance standards, probation, remediation, resident, suspension, termination


Table of Contents	Page Number
I. INTRODUCTION	1
II. DEFINITIONS	1
III. PROCEDURE	4

I. INTRODUCTION


The purpose of this policy is to describe the procedures to be employed when a School of Medicine Resident/Clinical Fellow fails to meet performance or academic standards for his/her training program or acts in a manner that violates a policy or procedure of the Johns Hopkins University (“JHU”), the School of Medicine, or the applicable Johns Hopkins hospital (collectively, “Johns Hopkins”), or applicable laws or regulations, or who otherwise engages in unprofessional conduct. It is the policy of the School of Medicine to employ procedural fairness in matters that may lead to disciplinary action of Residents/Clinical Fellows. Absent circumstances warranting immediate disciplinary action, Residents/Clinical Fellows will usually be provided with an opportunity to remediate a deficiency, concern, or conduct. In the interests of all concerned parties, the following procedure is to be followed whenever a Resident’s/Clinical Fellow’s performance or conduct requires that action be taken under this policy.

II. DEFINITIONS


Resident/Clinical Fellow	This policy applies to all trainees appointed as resident or clinical fellow, whether in an ACGME-accredited program, or not. Trainees engaged in an Advanced Specialty Training Program (“ASTP”) hold faculty appointments and are instead subject to the policies dictated by the Johns Hopkins University School of Medicine Office of Faculty.
Investigatory leave	A Resident/Clinical Fellow may be placed on investigatory leave in order to review or investigate allegations of deficiencies, concerns, or conduct that warrant removal from the training program for the period of investigation. The Training Program Director will notify Residents/Clinical Fellows in writing, stating the reason(s) for and the expected duration of the investigatory leave, and specifying the activities the Resident/Clinical Fellow may and/or may not engage in during the duration of the investigatory leave. The investigation should be concluded as quickly as reasonably possible so that the Resident/Clinical Fellow can either be returned to the program or disciplinary action can be initiated under this policy. Salary and benefits will be continued during the period of investigatory leave. However, waivers of required activities of the program shall not be granted; all program requirements must be fulfilled and, accordingly, additional time may be necessary. Investigatory leave does not constitute a disciplinary action and, absent further related incidents, may be removed from the Resident’s/Clinical Fellow’s file upon the earlier of one year from the end of the investigatory leave and completion of the program.

	Johns Hopkins School of Medicine Graduate Medical Education (GME) Policies and Forms	<i>Policy Number</i>	P&F013
		<i>Effective Date</i>	11/10/2021
	<i>Subject</i> Policy on Remediation, Probation, Suspension, and Dismissal of Residents/Clinical Fellows	<i>Page</i>	2 of 6
		<i>Supersedes</i>	12/11/2019

Additional time	<p>Additional time in the training program at a given PGY level or beyond the scheduled expiration of the Resident's/Clinical Fellow's appointment may be required to meet the educational objectives of the program and/or certification requirements of the department and/or the specialty/subspecialty. The Resident/Clinical Fellow should be notified in writing of any requirements for additional time.</p> <p>If the Resident/Clinical Fellow contests the decision to require additional time to satisfactorily complete the program or to achieve the goals required for advancement, the Clinical Competency Committee shall be convened to review the decision and advise the Training Program Director. The final decision regarding a resident's need for additional time, advancement, and/or completion of the program is made by the Training Program Director. Salary and benefits for additional time extending beyond the original period of appointment shall be assumed by the responsible ACGME Participating Institution for residents and by the Clinical Department or Division for fellows.</p>
Remediation	<p>If a resident or clinical fellow is not meeting one or more of the ACGME Core Competencies they will be required to correct the deficiency. Examples of academic deficiencies include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Inadequate medical knowledge, patient care and procedural skills, job performance or scholarship; 2. Challenges with interpersonal communication; 3. Unprofessional conduct; 4. Failure to achieve acceptable exam scores within the time limits identified by the training program.
Letter of Counseling for Feedback and Improvement	<p>The Training Program Director may issue a Resident/Clinical Fellow a Letter of Counseling for Feedback and Improvement to informally address a deficiency, concern, or conduct that needs to be remedied or improved within a reasonable timeframe but is not significant enough to warrant formal disciplinary action. Letters of counseling for feedback and improvement should include: the nature of the deficiency, concern, or conduct; outline expectations for improvement; a reasonable observation period; and suggestions for remedial actions. Failure to achieve improvement within the identified timeframe, or repetition or escalation of the deficiency, concern, or conduct, may lead to a Notice of Concern or other disciplinary actions. A Letter of Counseling for Feedback and Improvement does not constitute a formal disciplinary action and, absent further related incidents, may be removed from the Resident's/Clinical Fellow's file upon the earlier of one year from the issuance of the Letter of Counseling for Feedback and Improvement and completion of the program. In general, the issuance of a Letter of Counseling for Feedback and Improvement is not subject to disclosure if the program is queried by outside persons or organizations about any disciplinary action or performance concerns.</p>

	Johns Hopkins School of Medicine Graduate Medical Education (GME) Policies and Forms	<i>Policy Number</i>	P&F013
		<i>Effective Date</i>	11/10/2021
	<i>Subject</i> Policy on Remediation, Probation, Suspension, and Dismissal of Residents/Clinical Fellows	<i>Page</i>	3 of 6
		<i>Supersedes</i>	12/11/2019

Notice of Concern	<p>The Training Program Director may issue a Resident/Clinical Fellow a Notice of Concern to formally address a deficiency, concern, or conduct that needs to be remedied or improved immediately. The Notice of Concern shall be in writing and should include: the nature of the deficiency, concern, or conduct; an individualized learning or remediation plan; a time frame for reassessment; and potential consequences if the Resident/Clinical Fellow fails to successfully remediate. The Training Program Director shall review the Notice of Concern with the Resident/Clinical Fellow. Failure to achieve immediate and sustained improvement, or repetition of the deficiency, concern, or conduct, may lead to additional notices or other disciplinary actions, including probation, suspension, or termination. In most cases, the Notice of Concern is used when there has been inadequate improvement after a Letter of Counseling or other informal action. However, it may be used initially when there is a problem of greater significance or that requires immediate improvement. A Notice of Concern, absent further related incidents, may be removed from the Resident's/Clinical Fellow's file upon the completion of the program, or one year from the issuance (whichever comes first). In general, the issuance of a Notice of Concern is not subject to disclosure if the program is queried by outside persons or organizations about any disciplinary action or performance concerns. If the program director feels that the items identified in the Notice of Concern may impact the resident/graduate's performance as an attending physician, such as if remediation of the identified items has not been completed at the time of resident graduation, the program director may choose to report this to requesting bodies such as state medical boards and prospective employers of the resident/graduate.</p>
Probation	<p>Probation shall be used for Residents/Clinical Fellows who are in jeopardy of not successfully completing the requirements of the training program, who have been unsuccessful at remediating prior concerns, or if the initial concern is significant enough to warrant immediate probation. Conditions of probation shall be communicated to the Resident/Clinical Fellow in writing and should include: the reasons for the probation, an individualized learning or remediation plan that must be satisfied in order to be removed from probation, the expected time frame for the required remedial activity, and potential consequences if the Resident/Clinical Fellow fails to successfully remediate. Failure to correct the deficiency, concern, or conduct within the specified period of time may lead to an extension of the probationary period or other disciplinary actions, including suspension or termination. The probationary period should not be less than 30 days and its duration should be proportionate to the nature of the concern. Probation may result in limitations on clinical responsibilities and/or suspension of training credit and, therefore, additional time may be necessary. In most cases, probation will be preceded by a Letter of Counseling and/or a Notice of Concern, unless the circumstances warrant more significant or immediate action. Probation will remain in the Resident's/Clinical Fellow's file and may be disclosed in response to requests for or queries relating to verification of training, letters of employment, letters of reference, performance concerns, or disciplinary actions.</p>


	Johns Hopkins School of Medicine Graduate Medical Education (GME) Policies and Forms	<i>Policy Number</i>	P&F013
		<i>Effective Date</i>	11/10/2021
	<i>Subject</i> Policy on Remediation, Probation, Suspension, and Dismissal of Residents/Clinical Fellows	<i>Page</i>	4 of 6
		<i>Supersedes</i>	12/11/2019

Suspension	<p>A Resident/Clinical Fellow may be suspended from part or all their usual and regular assignments in the training program, including clinical and/or didactic duties, when removal from the clinical service or a research site is required because of the failure to meet performance, academic, or conduct standards for the training program; failure to comply with a Johns Hopkins policy or procedure or applicable law or regulation; or due to otherwise unprofessional conduct. The suspension shall be confirmed in writing, stating the reason(s) for the suspension and its expected duration. Suspension generally should not exceed 60 calendar days and may be coupled with or followed by other disciplinary actions. Suspension will result in suspension of training credit and, therefore, additional time may be necessary. The Resident's/Clinical Fellow's salary and benefits may continue during the period of suspension, depending on the circumstances and at the discretion of the Associate Dean for Graduate Medical Education (see Section 6 below). Suspension will remain in the Resident's/Clinical Fellow's file and may be disclosed in response to requests for or queries relating to verification of training, letters of employment, letters of reference, performance concerns, or disciplinary actions.</p>
Termination	<p>A Resident/Clinical Fellow may be terminated from the training program for failure to meet the terms of any prior disciplinary action or if an initial problem is significant enough to warrant immediate separation from the program and/or institution. The termination shall be confirmed in writing, stating the reason(s) for the termination and the effective date. Training certification shall be granted for the period of months of acceptable service prior to the termination date. The Resident's/Clinical Fellow's salary and benefits shall terminate as of the effective date of the termination (see Section 6 below). Termination will remain in the Resident's/Clinical Fellow's file and may be disclosed in response to requests for or queries relating to verification of training, letters of employment, letters of reference, performance concerns, or disciplinary actions.</p>

III. PROCEDURE

PROCEDURE FOR NOTICE OF CONCERN, PROBATION, SUSPENSION, AND TERMINATION

1. In advance of issuing a Notice of Concern, probation, suspension, or termination, the Training Program Director should have evidence that supports the need for formal remediation or disciplinary action. This may include written documentation of the date and nature of previous warnings and other communications given to the Resident/Clinical Fellow whose performance or conduct fails to meet expected standards (e.g., prior Letter(s) of Counseling or Notice(s) of Concern).
2. Before instituting a formal disciplinary action, Training Program Directors are expected to provide appropriate counseling and/or attempts at remediation, where appropriate and possible, to Residents/Clinical Fellows whose performance or conduct is less than satisfactory. However, if a concern is so serious that it poses immediate and/or serious danger to patients, members of the University or hospital community, or to the institutions, immediate suspension prior to procedural review may be appropriate.
3. The program's Clinical Competency Committee, either as a whole or through a sub-committee structure, participates with the Training Program Director in the decision to institute a Notice of Concern, probation, suspension, or termination and development of any remediation plan.
 - a. The Training Program Director will formulate a preliminary letter detailing the resident's/fellow's deficiencies and the plan for remediation (as provided in "Definitions" above) and provide it to the Clinical Competency Committee


	Johns Hopkins School of Medicine Graduate Medical Education (GME) Policies and Forms	<i>Policy Number</i>	P&F013
		<i>Effective Date</i>	11/10/2021
	<i>Subject</i> Policy on Remediation, Probation, Suspension, and Dismissal of Residents/Clinical Fellows	<i>Page</i>	5 of 6
		<i>Supersedes</i>	12/11/2019

(or subcommittee, as provided below) and the Associate Dean for Graduate Medical Education for input. The Training Program Director will also provide any documentation of the concerns that led to the disciplinary action, including documentation of previous meetings or other communications with the Resident/Clinical Fellow and of any prior efforts to counsel the Resident/Clinical Fellow.

- b. The Clinical Competency Committee may meet as a whole or may appoint a three person subcommittee (“Subcommittee”) to review the matter. The Training Program Director will inform the Resident/Clinical Fellow of the composition of the committee or subcommittee that is advising the Training Program Director.
 - c. The Training Program Director will provide the Resident/Clinical Fellow with a copy of the preliminary letter detailing the resident’s/fellow’s deficiencies and the plan for remediation, where possible, in an in-person meeting.
 - d. The Training Program Director will offer to appoint a faculty member within the same specialty/subspecialty who will advise the Resident/Clinical Fellow and provide them with support and guidance throughout the disciplinary process. This individual, if appointed, will not be a voting member of the Clinical Competency Committee for the purpose of this action. The Resident/Clinical Fellow may identify this individual, subject to approval by the Training Program Director.
 - e. The Resident/Clinical Fellow will be provided with an opportunity to respond to the preliminary letter in writing and/or meet with the Committee or Subcommittee to assist them with their deliberations.
 - f. The Clinical Competency Committee or its Subcommittee will meet to review the documentation supporting the Training Program Director’s decision as detailed in the preliminary letter and the information provided by the resident, if any, and advise the Training Program Director regarding their recommendations about the Resident’s/ Clinical Fellow’s status within the program and the necessary remediation procedures.
 - g. The Training Program Director makes the ultimate decision regarding the appropriate actions and then issues the Resident/Clinical Fellow a final letter detailing the deficiencies and the plan for remediation. A copy of the final letter will be provided to the Clinical Competency Committee or its Subcommittee and to the Associate Dean for Graduate Medical Education.
 - h. If the Training Program Director’s final determination will have any effect on salary, benefits, or training certification, the Resident/Clinical Fellow will be informed of this in writing.
 - i. The Clinical Competency Committee or Subcommittee shall assist the Training Program Director in reviewing the Resident’s/Clinical Fellow’s progress periodically to determine whether the Resident/Clinical Fellow has satisfactorily addressed or remediated the concerns that led to the disciplinary action.
4. The Associate Dean for Graduate Medical Education shall notify the appropriate Vice President for Medical Affairs and the Vice Dean for Education when a Resident/Clinical Fellow is to be placed on probation, suspended, or terminated. For appointments to the Resident Staff, the appropriate Vice President for Medical Affairs and Johns Hopkins Health System legal department may consider whether the action should be reported to State or Federal authorities, as applicable.
 5. The Resident/Clinical Fellow may appeal an adverse decision to the Dean of the School of Medicine by notifying him/her in writing within 5 working days of written receipt of the decision. The Dean’s review will be limited to review of whether the procedures set forth in this policy were followed and his/her decision will be final.

Salary and Benefits Upon Suspension and Termination

1. In instances of termination, salary and benefits shall terminate as of the effective date of the termination. The Resident/Clinical Fellow may elect to procure and maintain health insurance coverage under COBRA so as to provide continuous health care insurance coverage, in which case the Resident/Clinical Fellow is responsible for all premiums.

	Johns Hopkins School of Medicine Graduate Medical Education (GME) Policies and Forms	<i>Policy Number</i>	P&F013
		<i>Effective Date</i>	11/10/2021
	<i>Subject</i> Policy on Remediation, Probation, Suspension, and Dismissal of Residents/Clinical Fellows	<i>Page</i>	6 of 6
		<i>Supersedes</i>	12/11/2019

2. In instances of suspension with pay, benefits coverage shall be continued during the suspension period. In instances of suspension without pay, the Resident/Clinical Fellow shall be responsible for the full premiums of their benefits during the suspension period.