

# UVM HEALTH NETWORK - CHAMPLAIN VALLEY PHYSICIANS HOSPITAL GENERAL MEDICAL EDUCATION

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Section: GME Institutional

<b>SUBJECT:</b> Resident/Fellow Academic Remediation and Procedure for Academic Grievance	
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<b>CONTRIBUTING DEPARTMENT(S):</b>	
<b>ADMINISTRATIVE APPROVAL:</b> General Medical Education Committee	<b>POLICY CREATION DATE:</b> 2/6/2026
<b>NEW:</b> X	<b>SUPERSEDES POLICY DATED:</b> GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL Page #51-54 "Procedures for Resident Grievances"
<b>REVISIED DATE:</b>	
<b>REVIEW DATES &amp; INITIALS OF REVIEWER:</b>	
<b>OTHER RELATED POLICIES: (LIST POLICY TITLE &amp; DEPT. IF NOT ADMIN.)</b> CVPH GME POLICY: "RESIDENT/FELLOW DISCIPLINARY PROCESS"	

## I. INTRODUCTION

UVMHN- CVPH believes that a process should be available for the Resident to resolve work related problems in a prompt, positive and impartial manner.

Most Resident complaints can be resolved on an informal basis by discussing them with the Resident's program director. These issues should be presented as quickly as possible in order to resolve the problem in a timely manner. When an issue remains unresolved after informal discussions, the Resident may want to pursue a more formal grievance as outlined in the steps that follow.

What can and cannot be grieved under this policy:

*Actions which can be grieved:*

The resident/fellow has a right to grieve the outcome of a due process for remediation that results in non-promotion, non-renewal, or dismissal due to academic/training performance.

*Actions/Items which cannot be grieved:*

Resident/Fellow performance evaluations and remediations plans cannot be grieved under this procedure.

The policy below outlines the Resident/Fellow Academic Remediation Procedure and GME Resident/Fellow Academic Grievance Process.

## II. PURPOSE

A resident/fellow at risk in achieving the GME training program goals/objectives and/or ACGME program milestones should be provided due process to give them an opportunity to remediate. Failure to remediate may result in non-promotion, non-renewal, or dismissal. The resident/fellow has a right to grieve the outcome of a due process for

remediation that results in non-promotion, non-renewal, or dismissal due to academic/training performance.

Resident/Fellow performance evaluations and remediation plans cannot be grieved under this procedure. Reasonable use of this procedure by a resident/fellow shall not be grounds for dismissal, reprisal, or disciplinary action against the resident/fellow filing the grievance.

### **III. PROCEDURE:**

#### **A. Resident/Fellow Academic Remediation**

1. The program director, in consultation with the program's Clinical Competency Committee (CCC), is responsible for identifying the resident/fellow who may be at risk of not completing their training program due to academic reasons.
2. A remediation plan should be developed for the resident/fellow with a specific time frame for action that provides an opportunity to achieve the level of academic performance expected (opportunity to cure).
  - a. The program director should consult with the GME DIO prior to notifying the resident/fellow of the remediation plan.
    - The GME DIO may determine the need for UVM Medical Center GME, Human Resource Partner's, and/or Risk Management's involvement in the remediation plan.
3. The remediation plan should be implemented as soon as possible after meeting with the GME DIO but after the program director communicates the remediation plan to the resident/fellow.
4. The resident/fellow is expected to successfully complete the remediation plan. Failure to successfully complete the remediation plan may result in non-promotion, non-renewal, or dismissal. The program director must provide a written notification to the resident/fellow on the outcome of the remediation process.

#### **B. GME Resident/Fellow Academic Grievance Process**

1. Initiation of Grievance
  - a. The resident/fellow must submit a written grievance to the GME Designated Institutional Official (DIO) within ten (10) days after they knew or should have known that the grievance existed.
2. The DIO shall convene a five member Ad Hoc Academic Grievance Hearing Committee (the "Grievance Committee") consisting of the following members:
  - a. The Chairperson of the GMEC (or a designee appointed by the Chairperson);
  - b. An Attending member of the GMEC;
  - c. A Resident representative from the GMEC (or a Resident designee appointed by the GMEC);

- d. A Resident or Attending chosen by the Resident filing the complaint; and
    - e. A Human Resources representative.
  3. No member of the Grievance Committee shall have been involved in the decision being grieved.
  4. The DIO or their designee and the resident/fellow grievant may come to a mutual decision to reduce committee membership by one or more member(s) if a member may have been involved in the decision being grieved.
  5. The hearing will be conducted without the presence of outside counsel, and it is not required to follow the rules of evidence.
  6. The Grievance Committee shall meet to hear testimony, receive evidence regarding the grievance, and render a decision.
    - a. The grievant shall first be permitted to present evidence regarding their allegation, then the program director involved in the grievance shall present evidence regarding the grievance.
  7. Report of Grievance Committee
    - a. After hearing and reviewing the testimony and evidence of the Resident and evidence of the Program or Department representative, the Grievance Committee shall report its findings and recommendations to the GMEC. The grievant shall receive a copy of this report. The grievant may submit a written objection to the report of the Grievance Committee to the GMEC, but said objection must be received by the GMEC within five (5) days of the grievant's receipt of the Committee's report.
  8. Report to the Chief Medical Officer
    - a. After considering the Committee's findings and recommendations, the GMEC shall issue written findings. Said findings shall be sent to the Chief Medical Officer. If it deems appropriate, the GMEC may also make recommendations for action to the Chief Medical Officer. The GMEC's conclusions and recommendations for action, if any, shall be furnished to the grievant. The grievant may file a written objection to the GMEC's findings, conclusions and, if any, recommendations for action, with the Chief Medical Officer, but said objections must be received by the Chief Medical Officer, within five (5) days of the grievant's receipt of the GMEC's findings and conclusions.
  9. Decision by Chief Medical Officer
    - a. The Chief Medical Officer can adopt the findings, conclusions and recommendations of the GMEC in whole, part or not at all. The Chief Medical Officer shall put his/her decision in written form and shall furnish a copy to the grievant and the GMEC. The decision of the Chief Medical Officer is final.

**IV. DEFINITIONS:**

1. Academic pertains to meeting the goals/objectives of the training program and the ACGME milestones in the six core competencies: Patient Care and Procedural Skills, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice
2. Dismissal (Termination): Resident/Fellow is dismissed from training prior to the current year's contract end date.
3. CMO: Chief Medical Officer
4. DIO: Designated Institutional Official
5. GME: Graduate Medical Education
6. GMEC: Graduate Medical Education Committee
7. Non-Promotion: Resident/Fellow does not advance to the next level of training.
8. Non-Renewal: Resident/Fellow completes the current year of training and is not offered a contract to continue their training.

**V. REFERENCES**

Accreditation Council for Graduate Medical Education, Institutional Requirements

**VI. DISTRIBUTION**

This policy will be available in Policy Manager for all employees on an as needed basis.

All recipients of this policy must acknowledge their receipt and understanding of the policy by referring to any questions or problems with the policy within ten (10) days of the issue date to their immediate supervisor. If no questions or problems are stated, it will be assumed that the policy has been read and understood.

All questions regarding this policy or its implementation may be referred to your immediate administrative supervisor.