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POLICY	
PURPOSE	MHS requires that each GME training program follow institutional guidelines regarding the promotion of Resident/Fellow 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	The policy applies to all MHS-sponsored GME residency/fellowship training programs, both accredited and non-accredited. In addition to being subject to specific policies and procedures required by all applicable accrediting bodies, GME Resident/Fellows 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.
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
PROCEDURES	<p>EVALUATION SYSTEM</p> <p>The program director has final responsibility for reviewing Resident/Fellow evaluations and making promotion and graduation decisions.</p> <p>Clinical Competency Committee A Clinical Competency Committee must be appointed by the program director. (Core)</p> <p>At a minimum, the Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program’s Resident/Fellow.</p> <p>The Clinical Competency Committee must review all Resident/Fellow evaluations at least semi-annually.</p> <p>The Clinical Competency Committee must determine each Resident/Fellow’s progress on achievement of the specialty-specific Milestones.</p>

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The Clinical Competency Committee must meet prior to the Resident/Fellow's semiannual evaluations and advise the program director regarding each Resident/Fellow's progress.

The program's evaluation system must include:

- a. A process that results in an assessment of the trainee's competence and achievement of milestones in patient care, medical knowledge, practice-based 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 an accessible record of evaluation for each trainee.

The Program Director is ultimately responsible for ensuring the appropriate progressive responsibility of the trainee and for reviewing Resident/Fellow progress in the program. The PD is responsible for making decisions regarding promotion, graduation, non-promotion, non-renewal of contract or termination from the program.

REAPPOINTMENT AND PROMOTION

The Resident/Fellow 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/Fellow, the 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/Fellow's academic file
- Full compliance with all terms of the Resident/Fellow Contract
- Full compliance with all MHS institutional, program, and departmental policies
- Continuation of the Sponsoring Institution and Program ACGME Accreditation
- CCC Recommendation
- Any other relevant information

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It is the policy of the GMEC that all categorical residents are encouraged to complete step 3 by the end of their second academic year. Categorical residents will be reimbursed if they have passed step 3 by the end of their second year. If it is determined by the Program Director that a Resident/Fellow is eligible for promotion, this recommendation is forwarded to the OAA/HR, and the Resident/Fellow may be promoted to the next level of training, subject to the terms and conditions described in the Resident/Fellow Contract.

NONRENEWAL OF APPOINTMENT OR NON-PROMOTION

In instances where a Resident/Fellow’s contract will not be renewed, or when a Resident/Fellow will not be promoted to the next level of training, the PD or his/her designee must provide the Resident/Fellow with written notice of intent as soon as is feasible. Resident/Fellow should consult the Due Process Policy as needed.

GRADUATION The Program Director must also provide a final summative evaluation for each Resident/Fellow upon completion of the program. This evaluation must include a cumulative review of the Resident/Fellow’s performance throughout his/her training. Resident/Fellow The final evaluation must verify that the Resident/Fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice. For preliminary or transitional year programs, the summative evaluation must verify that the Resident/Fellow has successfully completed the program.

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REFERENCES	<p>ACGME Institutional Requirements effective September 2025</p> <p>ACGME Common Program Requirements effective September 2025</p> <p>ACGME Program Specific Requirements – most recent as per RRC specialty</p> <p>GME — Grievance and Due Process</p> <p>GME — Disputes and Complaints</p> <p>GME — Resident/Fellow Contract</p>
ORIGINAL ISSUE DATE	GMEC Approved: July 2017
REVIEW/REVISION DATES	GMEC Approved: January 2025
POLICY OWNER	<p>Office of Academic Affairs</p> <p>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.</p> <p>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.</p> <p>Employees who have questions regarding information contained in this policy should contact the Office of Academic Affairs.</p> <p>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.</p>
AMENDMENTS, CONFLICTS, AND CROSS REFERENCES	<p>Memorial, the GME Program, and the Graduate Medical Education Committee reserve the right to modify this Policy, in whole or in part, at any time, at their discretion, or as otherwise required by applicable law or regulation, or applicable requirements of ACGME and other governing/accrediting bodies. In the event of any conflict or inconsistency between this Policy and any of Memorial’s other Standard Practices, guidelines, and policies and procedures, the provisions of this Policy shall govern and control, unless otherwise specified herein. In the event of any conflict or inconsistency between this Policy and any applicable law or regulation, or any applicable requirement of ACGME or any other governing accreditation body, such applicable law, regulation, or accrediting body requirement shall govern and control as if fully set forth herein. Any reference in this Policy to a section, subsection, or paragraph shall be deemed a reference to the corresponding section, subsection, or paragraph of the Procedure section.</p>