

Guidelines Regarding Trainee Non-Disciplinary Remedial Actions (e.g., Remediation, Probation, Warnings)

GME Program Directors should consider remedial action for a trainee who is not meeting the program's performance or behavioral standards relating to one or more of the core competencies, listed below, or to other aspects of performance or behavior, including misconduct.

1. Patient Care and Procedural Skills
2. Medical Knowledge
3. Practice-based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-based Practice

Non-disciplinary responses to substandard performance may include, but are not limited to, informal corrective measures, placing a trainee on formal remediation, probationary status, or a written letter of warning or concern. The decision to take action based on poor performance is within the discretion of the Program Director. The GME Directors are available for advice, and consultation is strongly recommended.

Informal corrective measures may be appropriate as an initial step prior to placing a trainee on formal remediation status, depending on the circumstances. It is important for Program Directors to distinguish between informal corrective measures and placing a trainee on a formal remediation plan due to external reporting consequences: *see paragraph below on Reporting and Review for further information.*

Usually placing a trainee on (formal) remediation is undertaken before probation is considered. However, in some circumstances the deficiencies may be so acute and significant as to warrant more definitive action, including probation, when first noted. Particularly when misconduct is involved, a single event may be the trigger for action, without prior warning or a history of negative feedback.

Remediation

If a trainee is performing below the expectations of the training program, the Program Director may initiate a formal remediation program, which may include increased teaching/supervision, additional reading, a revised rotation schedule, and/or other measures. Depending on the circumstances, it may be appropriate to initiate remediation either when concerns are first noted, or after concerns have been communicated to the trainee and deficiencies continue to be noted.

Program Directors are urged to discuss the use of remediation prospectively with one of the GME Directors and with their Department Chair(s) unless there are extenuating circumstances that preclude this. The Program Director (or designate) should meet with the trainee to explain the planned remediation, the reasons for the remediation, the expectations for improvement, and the next steps/consequences if improvement does not occur. The meeting should be followed by a letter to the trainee that includes the above information and that is reviewed in advance by the appropriate GME Director.*

Probation

A Program Director may place a trainee on probation if an identified performance deficiency does not sufficiently improve after a period of remediation or, on occasion, if there are performance problems sufficiently serious to warrant probation as an initial step. Probation may also be imposed for misconduct or other behavioral issues, although such issues may sometimes be better addressed by a letter or warning or concern.

The decision to place a resident on probation rests with the Program Director. The Program Director should consider input from various sources, as appropriate and when available, but need not identify a consensus of opinion. The decision often reflects a difficult judgment, and one that must reflect the high level of responsibility that trainees have for patient care and the institution's responsibility to optimize patient care and safety.

Program Directors are urged to discuss the use of probation prospectively with one of the GME Directors and with their Department Chair(s), unless there are extenuating circumstances that preclude this. When initiating probation, the Program Director should meet with the trainee to inform him/her of the probation. A letter describing the reasons for probation, what will occur during the probationary period, possible outcomes, time frame and expectations for improvement, should be provided to the trainee as soon as possible after the action is taken and after the letter is reviewed by one of the GME Directors.*

Letter of Warning or Concern

A Program Director may provide a written letter of warning or concern to a trainee if substandard behavior or misconduct is noted. It is suggested that such letters describe the problematic behavior and warn about the potential consequences to any further occurrences of the same or similar behavior (e.g., disciplinary actions up to and including termination)*. Program Directors are urged to consult with one of the GME Directors prior to sending such a letter. (Note: the exact terminology in such a letter is important, as Massachusetts Board of Registration in Medicine regulations provide that a “written reprimand” is considered to be a “disciplinary action” that is reportable to the Board of Registration in Medicine.)

Reporting and Review

Neither PHS policies nor Massachusetts Board of Registration in Medicine regulations define the remedial measures described above as “disciplinary” or “adverse” actions, and the Program is not required to report any of the above remedial actions to the Board of Registration in Medicine as a “disciplinary action”¹. Accordingly, the Program Director’s decision to impose any of the above remedial actions is not subject to any formal appeal under the Graduate Trainee Adverse Action Policy. However, a trainee may elect to initiate a grievance (as provided via the Graduate Trainee Redress of Grievance Policy) if s/he feels that any remedial action was undertaken inappropriately.

It is important to note that the Massachusetts Board of Registration in Medicine, other licensing authorities, institutional credentialing committees, and/or other entities often inquire of either or both the trainee and the Program Director as to whether the trainee was ever placed on remediation or probation (or other similar inquiries), and the Program and the trainee should of course answer such questions accurately. A trainee who was not placed on formal remediation and was subject only to informal corrective measures would not be expected to report such corrective measures to the Massachusetts Board of Registration in Medicine.

*The letter should indicate that a copy will be placed in the trainee’s personnel file.

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¹ Board of Medicine regulations provide that a “course of education, training, counseling or monitoring” is not considered “disciplinary action” unless it “arose out of the filing of a complaint or the filing of any other formal charges reflecting upon the licensee’s competence to practice medicine”. It is possible that in a rare situation remediation or probation might meet this definition. If you have any questions about a particular situation, please check with one of the GME Directors.