

**GRADUATE MEDICAL EDUCATION CONSORTIUM OPERATING PRINCIPLES
DOCUMENT FOR
WUSM/BJH/SLCH GME CONSORTIUM
*Section XV. Disciplinary Action, Suspension, or Termination***

XV. Disciplinary Action, Suspension, or Termination

A. Informal Procedures/Program Specific Disciplinary Policies

Each program must develop written program specific procedures for addressing academic or professional issues in residents and clinical fellows. Program Directors are encouraged to use informal efforts to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, the program specific policy shall include notification by the Program Director to the resident/clinical fellow in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the resident/clinical fellow to address it. Individual training programs may outline other departmental or division resources that residents/clinical fellows should use to discuss disputes over informal actions related to poor performance and/or misconduct. If the remediation efforts are unsuccessful or where performance or misconduct is of a serious nature, the Department Chair or Program Director may impose formal adverse disciplinary action.

B. Formal Adverse Disciplinary Action

Formal adverse disciplinary action may be taken for due cause, including but not limited to any of the following:

1. Failure to satisfy the academic or clinical requirements of the training program.
2. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient care or safety.
3. Conduct that is detrimental to the professional reputation of the Hospital or School of Medicine.
4. Conduct that calls into question the professional qualifications, ethics, or judgment of the resident/clinical fellow, or that could prove detrimental to the Hospital's or School of Medicine's patients, employees, staff, volunteers, or operations.
5. Violation of the bylaws, rules, regulations, policies, or procedures of the Consortium, School of Medicine, Hospital, Department, Division, or training program, including violation of the Responsibilities of Residents and Clinical Fellows set forth above.
6. Scientific misconduct.

Programs will develop written program specific policies for decisions regarding formal adverse disciplinary actions.

C. Specific Procedures

Formal adverse disciplinary action includes (1) suspension, termination, or non-reappointment; (2) reduction, limitation, or restriction of the resident/clinical fellows clinical responsibilities; (3) extension of the residency or fellowship program or denial of academic credit that has the effect of extending the residency or fellowship; or (4) denial of certification of satisfactory completion of the residency or fellowship program.

The Department Chair or Program Director shall notify the resident/clinical fellow in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Hospital's GME office and the Designated Institutional Official (DIO). The notification should advise the resident/clinical fellow of his or her right to request a review of the action in accordance with the Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows set forth below. In the case of a suspension, the written notification should precede the effective date of the suspension unless the Department Chair or Program Director determines in good faith that the continued appointment of the resident/clinical fellow places safety or health of Hospital or School of Medicine patients or personnel in jeopardy or immediate suspension is required by law or necessary in order to prevent imminent or further disruption of Hospital or School of Medicine activities, in which case the notice shall be provided at the time of suspension.

D. Complaints by Hospital

If the President of the Hospital or his or her designee has a complaint about performance or conduct of a resident/clinical fellow, the matter should first be brought to the attention of the Department Chair or Program Director. If the Hospital's complaint is not resolved at the departmental level, then the Hospital shall have the right to request a review of the complaint under the Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows set forth below.

E. Reporting Obligation

Section 383.133 of the Missouri Revised Statutes requires the chief executive officer of any hospital or ambulatory surgical center to report to the State Board of Healing Arts any final disciplinary action against a physician holding a temporary or permanent license in Missouri for activities which are also grounds for disciplinary action by the State Board, as determined by law. In addition, the CEO must report the voluntary resignation of any physicians' permanent or temporary license in Missouri against whom any complaints or reports have been made which might have led to disciplinary action as determined by law.