



USF Health – Morsani College of Medicine
GME POLICY & PROCEDURE

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Scope: Applies to all University of South Florida Morsani College of Medicine (“USF MCOM”) residents and fellows (“Residents”) in Accreditation Council for Graduate Medical Education (“ACGME”) accredited and non-accredited/non-standard programs as appointed through the House Officer Contract issued by the USF MCOM Graduate Medical Education Office (“GME Office”).

Background: In accordance with ACGME Institutional Requirements, the Sponsoring Institution must have a policy that provides Residents with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion, or dismissal [IV.D.1.b)].

Policy: This policy establishes procedures leading up to and including corrective and disciplinary action and the subsequent right of the Resident to initiate the appeal procedures outlined below. This policy and the procedures provided herein comprise the exclusive remedies available to Residents appealing suspension, non-renewal, non-promotion, or dismissal. In addition to the above, out of an abundance of caution and fairness, academic probation and extension of training not caused by a leave of absence can be appealed through the appeal process set forth below.

This policy does not and is not intended to constitute an employment contract or alter any House Officer Contract, nor is it intended to create for Residents any legally enforceable contractual right.

Procedure

Following the receipt of information that the Resident is deficient in any of the six ACGME core competencies (patient care, medical knowledge, practice based learning and improvement, systems based practice, professionalism, and interpersonal and communication skills) or in the case of misconduct, policy violation, neglect of duty, violation of the House Officer Contract, failure to comply with House Staff Handbook, failure to maintain a valid license to practice medicine, threat to patient safety, or any other malfeasance, misfeasance, or misconduct the following procedures shall be implemented until the deficiency is corrected or the Resident is terminated from the program.

The Program Director, with input from the Clinical Competency Committee (“CCC”), should implement an Educational Improvement Plan (“EIP”) or administer a written warning in the following circumstances:

**EDUCATIONAL
IMPROVEMENT PLAN**

Action

An EIP, which differs from an individualized learning plan, is designed to give the Resident notice of need for improvement and to develop a plan towards improved performance. The decision to issue an EIP is made by the Program Director with input from the CCC.

The Program Director must notify the Resident of an EIP in writing to communicate the associated requirements and expectations. This notification could include a detailed summary of the plan's objectives,

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the resident's responsibilities, and the potential consequences for non-compliance.

The EIP shall be maintained in the Resident's file. This process is not considered discipline and is part of the ordinary educational process for all Residents. The EIP is derived from the evaluation framework of each program through evaluations and semiannual assessments. An EIP is not subject to appeal or grievance. A resident can address evaluations by providing a written counterstatement for the resident's record.

WRITTEN WARNING

A written warning is appropriate when a prior EIP has not resulted in satisfactory performance or the needed improvement or when the initial misconduct or performance indicates the need for action stronger than an EIP. The decision to issue a written warning is made by the Program Director with input from the CCC. The CCC may request to meet with the resident before issuing the notice of the written warning.

The Program Director shall notify the GME Office of an intent to issue a written warning to the Resident. The written warning should note the conduct or action that caused the warning, as well as the program's improvement expectations and corrective action plan.

The Office of the General Counsel will review the document(s) prior to distribution to the Resident. The Resident will receive a copy of the written warning and will be requested to sign the written warning acknowledging receipt. A copy of the written warning will be placed in the Resident's file and a copy will be sent to the DIO.

A written warning is not considered discipline and is part of the ordinary educational process for all Residents. A written warning is not subject to appeal or grievance. A resident can address evaluations by providing a written counterstatement for the resident's record.

If the EIP and/or written warning corrective actions fail to resolve an issue, or in cases of serious or repeated misconduct or policy violations, a Program Director, with input from the CCC, may administer discipline as set forth below. In certain cases, and at the discretion of the Program Director, academic probation, suspension, non-promotion, non-renewal or dismissal may be appropriate without an EIP or written warning.

ACADEMIC PROBATION

Academic Probation is appropriate in circumstances that include but are not limited to: failure to meet the academic expectations of the training program; a lapse in complying with the responsibilities of the program, the House Staff Contract, GME policies and procedures, USF policies, policies of Affiliated Institutions, or other serious misconduct and/or performance problems.

In order to provide input to the Program Director, the CCC may request to meet with the Resident before issuing the recommendation on academic probation

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The Program Director shall notify the GME Office of intent to place the Resident on Academic Probation. The Program Director shall meet with GME Office to:

1. Ascertain the validity of the action with regard to the issues.
2. Review the program's statement that outlines the conditions of Academic Probation, due process and right to appeal through the procedures set forth below.

The statement shall identify:

- (1) the areas of deficiency and the reason(s) for the decision to place the Resident on Academic Probation.
- (2) the improvements that must be achieved by the Resident during the Academic Probation period (remediation plan or remediation steps); and
- (3) the length of the Academic Probation period, including
 - (i) the date the Academic Probation began and will end;
or
 - (ii) the date by which the Resident will be re-evaluated, or his/her status reconsidered.

The Office of the General Counsel will review the draft document(s) prior to distribution to the Resident.

The Resident will receive a copy of the Academic Probation and will be asked to sign the letter acknowledging receipt. Should the resident refuse to provide any signed verification of receipt, the Program Director must document such refusal in writing. Copies of the Academic Probation notification shall be placed in the Resident's file and a copy will be sent to the DIO. The Resident may appeal the decision through the procedures set forth below.

Upon successful completion of Academic Probation, the Program Director will notify the Resident and the GME Office and document the completion of Academic Probation in the Resident's file. If the Academic Probation is not completed successfully, a Resident may be continued on Academic Probation, may be suspended, dismissed, nonrenewed or non-promoted.

Academic Probation occurring during training will be noted in all letters of reference, training verification, and credentialing requests.

SUSPENSION

A Program Director, with input from the CCC, may impose immediate suspension with or without pay for some or all of the Resident's duties and training for circumstances including, but not limited to: Violations of policies, rules and laws; misconduct; administrative lapses and/or performance problems, including but not limited to failure to provide patient care consistent with expectations; disregard for patient safety or welfare; failure to work in a collegial manner with others, failure to obtain or renew Resident's license for the practice of medicine, or conduct of a Resident that is reasonably likely to threaten the safety or welfare of patients or others. The CCC may request to meet with the resident before issuing the recommendation of suspension. The time

during which a Resident is suspended will not be counted toward completion of the training time required to be eligible for board examination(s).

The Program Director should notify the GME Office of intent to suspend the Resident. The Program Director meets with GME Office to:

1. Ascertain the validity of the action with regard to the issues.
2. Review the program's statement that outlines the suspension, due process and right to appeal through the procedures set forth below. The statement shall identify:
 - (1) the reason(s) for the decision to suspend the Resident
 - (2) the improvements that must be achieved, or issues that must be addressed by the Resident during the suspension
 - (3) the effective date of the suspension and the end date if the end date is not indefinite due to the need to investigate or for other reasons
 - (4) any specific duty or requirement the Resident must fulfill in order to return to the program
 - (5) whether the Resident will be paid while on suspension
 - (6) the fact that the suspension will not be counted toward completion of the training time required to be eligible for board examination(s).

The Office of the General Counsel will review the draft document(s) prior to distribution to the Resident.

The Resident will receive a copy of the Suspension and will be asked to sign the Suspension acknowledging receipt. Should the resident refuse to provide any signed verification of receipt, the Program Director must document such refusal in writing. Copies of the Suspension shall be placed in the Resident's file and a copy will be sent to the DIO. The Resident may appeal the decision through the procedures set forth below.

Upon completion of the suspension, the Program Director will notify the Resident and the GME Office and document the completion of suspension in the Resident's file. Following a suspension, a Resident may have the suspension continued, be put on probation, dismissed, non-renewed or non-promoted.

A suspension period occurring during training will be noted in all letters of reference, training verification, and credentialing request.

DISMISSAL, NON-RENEWAL OR NON-PROMOTION

A Program Director, with input from the CCC, may initiate a dismissal, non-renewal or non-promotion recommendation for circumstances including, but not limited to: Violations of policies, rules and laws; misconduct; administrative lapses and/or performance problems, including but not limited to failure to provide patient care consistent with expectations; disregard for patient safety or welfare; failure to work in a collegial manner with others, failure to obtain or renew Resident's license for the practice of medicine, or conduct of a

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Resident that is reasonably likely to threaten the safety or welfare of patients or others.

In order to provide input to the Program Director, the CCC may request to meet with the Resident before issuing the recommendation on dismissal, non-renewal, or non-promotion

The Program Director shall consult with the GME Office to draft the notice of dismissal, notice of non-renewal or notice of non-promotion. The Office of the General Counsel will review the draft of the document(s) prior to distribution to the Resident.

The Resident will receive a copy of the Dismissal, Non-renewal, or Non-promotion and will be asked to sign the document acknowledging receipt. Should the resident refuse to provide any signed verification of receipt, the Program Director must document such refusal in writing. Copies of the document shall be placed in the Resident's file and a copy will be sent to the DIO. The dismissal, non-renewal or non-promotion will be noted in all letters of reference, training verification and credentialing requests.

If a Resident is dismissed, non-renewed or non-promoted, the Resident may appeal the decision through the procedures set forth below.

Notwithstanding the above, any disciplinary action for failure to pass Step III may not be appealed.

APPEAL PROCEDURE

The Appeal Procedures set forth below apply only to a Resident who has received a written notice of academic probation, suspension, dismissal, non-renewal, non-promotion, or extension of training not caused by a leave of absence. If a Resident resigns, they forfeit their ability to commence or continue the appeal procedure but may still provide a written letter of appeal to be kept in their Resident file.

STEP 1: Resident has fourteen calendar days from the receipt of a notice of academic probation, suspension, dismissal, non-renewal, or non-promotion to file an appeal by filing a written letter of appeal regarding the decision to the DIO, with a copy to the Program Director. Failure to file a written letter of appeal within fourteen calendar days from the date the notice of academic probation, suspension, dismissal, non-renewal, or non-promotion is issued will render the action final. The written letter of appeal must include all documentation or objective evidence that the resident wishes to have considered during the appeal process.

STEP 2: An ad hoc appeal committee ("Appeal Committee"), consisting of at least three individuals who are either core faculty, program directors or department chairs, will be designated by the DIO. Appeal Committee members cannot be within the same specialty division as the Resident and will meet to review documents and hold an Appeal Meeting with the Resident within fourteen calendar days following the appointment of the Appeal Committee.

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Appeal Meeting Procedure:

1. The Resident will be given written notice of the time and place of the Appeal Meeting with the Appeal Committee.
2. The GME office will provide all material in the Resident's file to the Appeal Committee, including the Resident's letter of appeal.
3. The Resident may request to examine his/her residency/fellowship file prior to the Appeal Meeting.
4. The Appeal Committee will review the documentation or objective evidence that the Resident included in the written letter of appeal. The Appeal Committee will permit the Program Director to attend the Appeal Meeting or speak to the committee prior to the Appeal Meeting.
5. All Committee members should be present throughout the Appeal Meeting. The Resident must appear at the Appeal Meeting.
6. The Resident may bring an advisor to the Appeal Meeting, who can assist the Resident, however, the advisor will not be allowed to represent the Resident during the Appeal Meeting, address the Appeal Committee directly or observe the deliberation of the Appeal Committee.
7. The Resident may make an oral presentation to the Appeal Committee at the Appeal Meeting.
8. Although evidence may be presented, this meeting is not a legal proceeding, does not follow the rules of law or of evidence, and is not subject to laws relating to the conduct of legal proceedings. The Appeal Committee may request additional documentation or meetings with involved parties as deemed appropriate.
9. A member of the GME Office shall be present during the Appeal Meeting
10. After presentation of evidence, the Appeal Committee will meet in closed session to consider the appeal. The Appeal Committee may recommend upholding or rejecting the discipline, or may recommend alternative actions, which may be more or less severe than the initial action.
11. The Appeal Committee's recommendation must be submitted to the DIO within fourteen calendar days of the Appeal Meeting and copied to the GME Office.
12. Because the Appeal Committee is advisory to the DIO and is not serving as the institutional official, the Appeal Committee's written recommendation is not subject to appeal, cross-examination, or negotiation.

STEP 3: The DIO will review the Appeal Committee's recommendations and make the following determinations:

1. Whether the trainee was provided due process according to this policy,
2. Whether applicable University, Department, and/or Health System policies were fairly and appropriately applied, and
3. Whether there is sufficient evidence to support the discipline or

other action recommended by the Appeal Committee.

The DIO may uphold or reject the initial discipline, may uphold or reject other actions recommended by the Appeal Committee, or may recommend alternative actions. The decision of the DIO will be submitted to the Resident and the Program Director within fourteen calendar days of receipt of the Appeal Committee’s recommendation. The decision of the DIO is final and not subject to further appeal.

Notwithstanding any other provision in this policy, no Resident shall be entitled to more than one appeal and one Appeal Meeting of the same disciplinary action.

Should the resident refuse to provide any signed verification of receipt, the Program Director must document such refusal in writing.

Timeline: Recognizing that it is in everyone’s best interest to resolve disputes expeditiously, it is difficult to meet or enforce strict timelines. Every effort will be made to comply with the timeline set forth in the appeal process, but emphasis will be placed on fairness rather than speed.

VOLUNTARY RESIGNATION

At the institution’s discretion, the institution may accept a resident resignation once the resident provides a written notice of resignation with date of notice and date of resignation to the Program Director with a copy to the USF GME director. Resignations may occur for a variety of reasons to include but not limited to professional or personal issues or a change in professional career preference. Resignation will be noted in all letters of reference, training verification, and credentialing request.

APPROVED:



Senior Associate Dean, Graduate Medical Education/DIO

Date of Origin	Effective	Revision/GMEC Approval:	Originally Policy #
01/1999	12/2025	07/2003; 06/2005; 02/2007; 08/2008; 3/2010; 09/2011; 10/2012; 06/2018; 06/2020; 02/2021; 10/2023; 06/2024; 10/2024; 12/2025	N/A