

NEWYORK-PRESBYTERIAN QUEENS
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

**TITLE: GRADUATE STAFF ELIGIBILITY, SELECTION, EVALUATION,
REMEDICATION, PROBATION AND PROMOTION**

POLICY:

It is the policy of NewYork-Presbyterian Queens (“NYPQ”), as the Sponsoring Institution, to assure that all graduate staff are selected for appointment to accredited training programs in accordance with the requirements defined by the ACGME. Once elected, graduate staff must be evaluated on a periodic basis to assure the ultimate achievement of readiness for independent practice within the six general competencies, and the specific subcompetencies developed by the relevant specialty Review Committees of the ACGME. Graduate staff who do not meet the criteria for promotion shall be afforded appropriate due process. Compliance with this policy and its associated procedures will be assessed and documented during the Annual Program Evaluation process and reported to the Graduate Medical Education Committee. The Graduate Medical Education Office must be notified in writing prior to the delivery of any adverse action.

PROCEDURE:

Section I: Graduate Staff Eligibility for Recruitment and Appointment

1. Applicants with one of the following qualifications are eligible for a NYPQ appointment in an accredited residency program:
 - a. Graduates of medical schools in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b. Graduates of medical schools in the United States or Canada Accredited by the American Osteopathic Association (AOA).
 - c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - i. Have received a currently valid certificate from the Education Commission for Foreign Medical Graduates (ECFMG).
 - ii. Have a full and unrestricted license to practice medicine in the State of New York.
 - d. Graduates of medical schools outside of the United States who have completed a Fifth Pathway program provided by an LCME accredited medical school.

2. *All required clinical education for entry into ACGME-accredited fellowship programs at NYPQ must be completed in an ACGME-accredited residency program, or in an RCPSC-accredited or CFPC-accredited residency program located in Canada. Exceptions to this requirement for admission into a fellowship at NYPQ will only be made in keeping with the established **NYPQ GME Review Process for Fellowship Eligibility Exception Candidates.***

Applicants for residency programs that require prerequisite training shall meet the requirements as defined in the individual program requirements. For graduate staff that transfer from another program, the accepting program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring graduate staff, including an assessment of milestone progress within the specialty-specific sub-competencies prior to acceptance into the program.

3. Applicants shall be expected to meet all employment eligibility requirements, including, but not limited, to occupational health clearance and valid work authorization. NYPQ does not accept candidates requiring H1B visas, except under specific circumstances agreed to by NYPQ Human Resources.

Section II: Graduate Staff Selection

1. Each Program must establish a process that assures the selection of eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
2. All accredited programs participate in an organized matching program, where applicable, such as the National Residency Matching Program (NRMP), and programs adhere to all regulations set forth by the NRMP.
3. It is the policy of NYPQ to provide equal opportunity to all applicants for appointment without regard to race, color, religion, national origin, marital status, veteran status, age, sex, sexual orientation or affectional preference, and without regard to disability or handicap of qualified persons, within the meaning and subject to the conditions applicable federal, state and city laws.

Section III: Evaluation of Graduate Staff

1. Each program must provide an evaluation system for assessing graduate staff performance throughout the program and for utilizing the results to improve

graduate staff performance. The plan should include, but not be limited to:

- a. The use of methods that accurately assess graduate staff competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal skills, professionalism, and systems-based practice, and the specific sub-competency areas defined by the appropriate specialty Review Committee of the ACGME.
 - b. Mechanisms for providing regular and timely performance feedback to graduate staff that includes at least:
 - I. Written semiannual evaluation that is communicated to each graduate staff in a timely manner; and
 - II. The maintenance of records of evaluation for graduate staff that is accessible to the individual.
 - c. A process involving the use of assessment results to achieve progressive improvements, or milestones, in graduate staff competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self and professional staff.
 - d. The program director must provide a final evaluation for each graduate staff member who completes the program. The evaluation must include a review of performance at the completion of training and should verify that the graduate staff member has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the graduate staff permanent record maintained by the institution.
2. Any program-specific policies regarding promotion, renewal, or other issues pertaining to determination of a residents' status in their program must be approved by the Policy and Procedures Subcommittee of the GMEC and reviewed/updated periodically (at least every three years).

Section IV: Remediation

Based on the evaluation of a resident's performance, a Program Director ("PD") and/or Clinical Competency Committee ("CCC") may determine that the sub-competency performance of a trainee is not progressing along the milestone trajectory at the expected rate. When such a determination is made, the PD, in consultation with the CCC, may direct the trainee to begin a period of remediation to achieve the expected level of performance. A period of remediation shall not exceed three months. In addition to an in-person conversation, the remediation plan must be documented in a letter from the PD to the trainee, copied to the Designated Institutional Officer ("DIO), and any other mentor(s), describing in detail:

- The performance issues of concern (in sub-competency language);
- The resources to be utilized in the remediation plan (e.g. specific curricular resources, faculty and/or peer mentorship, any changes in clinical assignments), and the follow-up plan during the period of remediation;
- Measurable performance expectations/improvements that are expected of trainee (in sub-competency language); and
- The possible outcomes of the remediation period (e.g. maintenance of full status in program; termination; non-renewal of contract).

Section V: Probation

If, despite a period of remediation aimed at performance improvement, a trainee's evaluations continue to reveal serious deficiencies in clinical /academic progress, such that the PD in consultation with the CCC is contemplating non-promotion and/or non-renewal of the trainee, the PD will place the trainee in probationary status, for a period not to exceed three months. In addition to an in-person discussion, the probationary status must be documented in a letter from the PD to the trainee, copied to the DIO, and any other mentor(s), describing in detail:

- The continued performance issues of concern (in sub-competency language);
- The resources to be utilized during the probationary period (e.g. specific curricular resources, faculty and/or peer mentorship, any changes in clinical assignments), and the follow-up plan during the period of probation;
- The performance expectations/improvements that are expected of trainee (in sub-competency language); and

The possible outcomes of the probationary period (e.g., resumption of full status in program; termination; non-renewal of contract).

Section VI: Promotion of Graduate Staff

Advancement to a position of higher responsibility is based on objective evidence of graduate staff's satisfactory progressive scholarly and professional growth, performance, and the achievement of educational objectives as defined by the program. If a graduate staff member does not meet the criteria for promotion as defined by the program, the PD may consider non-renewal of the House Staff Agreement in accordance with the Policy and Procedure Regarding the Review of a Decision not to renew a Graduate Staff Agreement. (See GME Policy on Non-Promotion, Non-Renewal, Suspension and/or Dismissal.)

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Approved by GMEC: 1/20/2021