Children's National

INSTITUTIONAL GRADUATE MEDICAL EDUCATION POLICY

SUBJECT: Competency & Remediation **DATE EFFECTIVE:** July 1, 2019

POLICY: Competency/Remediation

I. PURPOSE:

The purpose of this policy is to establish a process for evaluating and assessing the competence and progress of Trainees enrolled in training programs at Children's National Hospital (CH). Specifically, this policy addresses the process to be utilized when a Trainee is not meeting the competency expectations of a program.

Children's National Trainee Misconduct Policy establishes the process for the investigation and determination of allegations of Trainee misconduct.

II. POLICY SCOPE:

All Accreditation Council for Graduate Medical Education (ACGME) accredited and non-ACGME residency and fellowship programs sponsored by CH.

III. DEFINITIONS:

Trainee
Trainee refers to all interns, residents and fellows participating in ACGME accredited and non-ACGME training programs sponsored by CH.

Training Program
Training program or program refers to an ACGME accredited or non-ACGME internship, residency or fellowship training program sponsored by CH.

Corrective Actions
Disciplinary actions that may result in a Reportable Action.

Reportable Actions

Decisions such as not promoting a Trainee, denying a Trainee credit for a previously completed rotation, extending a Trainees contract or period of training secondary to an identified deficiency, not renewing a Trainee's contract, suspending a Trainee from the program, dismissing a Trainee from the program, and other actions that could significantly affect the Trainee's intended career development are considered "Reportable Actions." Reportable Actions are those actions that the program must disclose to others upon request, including but not limited to future employers, credentialing organizations, hospitals, and licensing and specialty boards.

IV. PROCESS:

Structured Feedback

All Trainees should be provided routine reinforcing and critical feedback that is consistent with the goals of the educational program. Feedback techniques may include verbal feedback, rotational evaluations, summative evaluations, and recommendations of a program's Clinical Competency Committee ("CCC")[1]. Each training program must have a Clinical Competency Committee that is charged with routinely assessing Trainee performance.

Letter of Deficiency

When the Program Director, in consultation with members of the CCC, determines that routine structured feedback is not resulting in the necessary improvement or that a deficiency is significant enough to warrant something more than routine feedback, the Program Director, may elect to issue a "Letter of Deficiency" to the Trainee. The GME Office must be notified prior to the issuance of a Letter of Deficiency. A Letter of Deficiency provides the Trainee with: (a) notice of the deficiency and (b) an opportunity to cure the deficiency. A specific and objective performance improvement plan should be established by the Program Director in consultation with members of the CCC when the Letter of Deficiency is provided. The issuance of a Letter of Deficiency for competency concerns does not necessarily trigger a report to any outside agencies such as credentialing organizations, hospitals, or licensing boards.

After a Letter of Deficiency has been issued, the Program Director will provide the Trainee with continuing feedback consistent with concerns noted in the Letter of Deficiency. If the Trainee satisfactorily resolves the deficiency and continues to perform acceptably thereafter, the period of unacceptable academic performance should not affect the Trainee's progress in the program.

Failure to Cure the Deficiency

If the Program Director, in consultation with members of the CCC and GME Office, determines that a Trainee has failed to satisfactorily cure the deficiency and/or improve their overall performance to an acceptable level, the Program Director may elect to take further Corrective Action, which may include one or more of the following: Issuance of a new Letter of Deficiency; Issuance of a Formal Written Warning, Non-promotion to the next PGY level; Repetition of a rotation that may result in extension of the required period of training; Extension of contract, which may include extension of

1: The Clinical Competency Committee may be referred to as the "Progress and Promotions Committee" or such other nomenclature as the Program Director may select. This is a departmental committee that consists of the faculty and others as deemed appropriate by the department and Program Director. This committee should meet regularly to assess Trainee performance and make recommendations to the Program Director regarding further action.

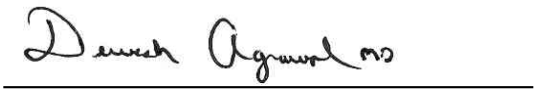
the defined training period; Denial of credit for previously completed rotations; and Suspension and/or Dismissal from the training program.

Reportable Actions

Trainees who are subject to a Reportable Action for remediation of competency concerns may request a review via an appeal hearing as provided in the Grievance, Corrective Action, and Due Process Policy.

V. APPROVAL

Approved by:



DIO/Vice Chair, Medical Education

6/10/2026
Date

VI. REVIEW OR REVISION DATE

Approved by the GMEC: March 13, 2019
Modified and Approved by the GMEC: September 9, 2020
Reviewed and Approved by the GMEC: October 13, 2021
Reviewed and Approved by the GMEC: June 15, 2022
Modified and Approved by GMEC: September 13, 2023
Reviewed and Approved by GMEC: May 8, 2024
Reviewed and Approved by GMEC: June 10, 2026