

DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
Fort Bragg, North Carolina 28310

MEDCEN Pamphlet
No. 351-1

4 March 2014

Graduate Medical Education
**Due Process for Participants in
Military Graduate Medical Education (GME) Programs**

1. HISTORY. This is the fifth printing of this publication.

2. REFERENCES.

a. AR 351-3, Professional Education and Training Programs of the Army Medical Department, 15 Oct 2007.

b. Institutional Requirements, Accreditation Council for Graduate Medical Education, 1 July 2007.

c. Common Program Requirements, Accreditation Council of Graduate Medical Education, 1 July 2013.

d. Comprehensive Accreditation Manual for Hospitals, The Joint Commission, January 2013.

e. Medical Corps Memorandum: "Passing Grade on US National Licensure Exam Part III for Successful Completion of Military Internship", 22 March 2010.

f. Medical Corps Memorandum: "Compliance with APFT, Height and Weight Standards", 23 June 2011.

3. GENERAL.

a. This document outlines the process for management of residents who encounter academic, technical, and/or professional problems. These procedures describe due process to include program level remediation, hospital level probation, extension of training, and termination from training. These procedures present a sequence of corrective actions emphasizing due process, thorough documentation of all actions, and timeliness of the process.

b. Due process must be applied uniformly and fairly to all residents in each program. Institutional policies apply to all residents in its training programs (Example 1) for issues relating to professional or academic performance, regardless of the sponsoring service. Issues of misconduct or noncompliance with service regulations, unrelated to academic or professional performance, must be managed according to the policies of the resident's sponsoring service.

c. Upon entry into a training program, residents are provided a copy of this due process policy and procedures document. The resident will sign a statement acknowledging receipt and review of such documents as well as understanding their content. The signed statement will be maintained in the resident's training file.

d. A resident's refusal to acknowledge receipt during any process prescribed herein will not result in a delay of the action or proceeding.

4. DEFINITION OF TERMS. These terms are defined to conform to the Accreditation Council for Graduate Medical Education, Army Graduate Medical Education and the administrative and command structures at Womack Army Medical Center.

a. Accreditation Council for Graduate Medical Education (ACGME). The Accreditation Council for Graduate Medical Education is responsible for the Accreditation of post-doctoral medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

b. Army Graduate Medical Education (AGME). The Medical Education Directorate has oversight for the Army's medical education programs including the Armed Forces Health Professions Scholarship program (HPSP), Reserve Officers Training Corps (ROTC) Medical Delay Program, Health Professions Loan Repayment Program (HPLRP), First Year Graduate Medical Education (FYGME), Undergraduate Medical Education (UME), Graduate Medical Education (GME), Financial Assistance Program (FAP), Medical Corps Specialty Delay Program, and Continuing Medical Education. The Directorate is the central point of contact/representatives on medical education issues for DOD agencies and numerous national medical organizations.

c. The Joint Commission. The Joint Commission is the accrediting body for nearly all Army MTFs, ensuring that facilities meet high performance standards while improving hospital performance, raising the quality of patient care, and demonstrating accountability in the health care environment.

d. Medical Treatment Facility Commander. An individual designated by institutional documents as having appellate authority regarding termination of a resident from a program. The Commander is appointed by The Surgeon General as the accountable executive for Womack Army Medical Center.

e. Deputy Commander for Clinical Services (DCCS). An individual designated in institutional documents as having decision authority regarding hospital level probation and termination of residents/trainees from a program. This officer is appointed by The Surgeon General as the Chief Medical Officer for WAMC.

f. Director of Medical Education (DME). An institutional official having the authority and the responsibility for oversight and administration of GME programs. This individual also

serves as the Designated Institutional Official (DIO) in accordance with the Institutional Requirements of the ACGME.

g. Program Director (PD). An institutional official and training director for a single GME program with authority and accountability for the operation of the program selected by Human Resources Command in collaboration with The Surgeon General's Specialty Consultant and approved by the GMEC. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.

h. Graduate Medical Education Committee (GMEC). The mission of the GMEC is to monitor and advise on all aspects of Graduate Medical Education at WAMC. The GMEC responsibilities shall be as prescribed by the ACGME, Residency Review Committees (RRCs) and the Army requirements. The GMEC is chaired by the DME/Designated Institutional Official (DIO), with membership that includes the DCCS, Program Directors and Coordinators, at least one resident representative from each program and any other institutional person deemed necessary to the mission of the GMEC. All designated members are voting members and participate in the administration of educational issues as well as hearings related to adverse actions.

i. Institutional Documents. The organizational documentation that defines the structure and the chain of authority and accountability for the institution sponsoring GME.

j. Remedial Action. One of three tiers of remediation

(1) Verbal/written counseling with informal remediation plan

(2) Program Level Remediation with formal remediation plan

(3) Hospital Level Probation with formal remediation plan to include possible extension of training.

k. Adverse Action. Hospital Level Probation and Termination are considered adverse actions.

5. RESPONSIBILITIES.

a. The institution and programs will ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements of the ACGME as implemented by the WAMC in this document.

b. Program Directors (PDs) must assess for deficiencies in knowledge, skills, and attitudes regarding military officership, including failure to comply with military service regulations such as those prescribing weight, physical fitness, licensure or other ACGME/AGME requirements. PDs are responsible for compliance with the specified requirements.

(1) Residents/trainees must be provided written performance evaluations at the conclusion of training rotations and at other appropriate intervals.

i. The frequency of evaluations must satisfy program requirements published in the Common Program Requirements of the ACGME or in specific Residency Review Committee guidance.

ii. Common Program Requirements require Clinical Competency Committee review of each resident's performance semi-annually.

(2) An educational training file must be maintained for each resident.

(3) A training agreement (continuous contract) must be maintained for each resident. This agreement must be signed by the resident prior to entry into GME and maintained in the resident's training file.

(4) The PD will identify residents whose academic or professional performance fails to meet expected standards of knowledge, skills or attitudes.

(5) Remedial action must be instituted when a PD identifies a resident/trainee with significant deficiencies in knowledge, skills, or professional attitudes.

(6) The PD will immediately investigate any allegation of substandard academic or unprofessional performance.

i. During an interview, if an individual begins to disclose information that indicates a violation of the Uniform Code of Military Justice (UCMJ), the PD will halt the interview immediately, apprise the individual of his/her rights against self incrimination, using DA Form 3881, and immediately contact the proper legal and law enforcement channels.

ii. If the individual discloses information the PD determines may be a violation of the UCMJ, the incident must be presented to the GMEC for consideration of adverse action. Any adverse action must afford due process in accordance with this document.

6. DOCUMENTATION.

a. All remedial actions must be based upon thorough written documentation to include counseling, written performance evaluations and periodic statements by the PD concerning the success of the resident/trainee in achieving designated milestones in professional development.

b. Assessment of the resident/trainee performance should consider the progressive development of the knowledge, skills, and attitudes required for safe, effective and compassionate patient care commensurate with the resident/trainee level of advancement and responsibility under supervision.

c. When progress is below expectations, the PD must assess:

(1) The adequacy of clinical experience.

(2) The adequacy of supervision.

(3) The adequacy of the resident personal learning program for professional growth with guidance from the teaching staff.

(4) The resident's active participation in the educational and scholarly activities of the program.

7. REMEDIAL ACTION. There must be a written plan for any remedial action to include objective criteria by which improvement can be judged. The remedial action plan is an essential component of each tier of the evaluation process: verbal/written counseling, Program Level Remediation, Hospital Level Probation, extension of training and termination. Remedial action plans can address:

a. Failure to meet academic or technical performance standards or objectives of the training program.

b. Lack of application, to include but not limited to absences, tardiness, and/or failure to perform clinical duties in a timely or adequate fashion.

c. Conduct considered unprofessional by the Program Director that directly affects the practice of medicine or the course of training.

d. Failure to meet professional or administrative responsibilities, such as those prescribing weight, physical fitness, licensure or ACGME/AGME requirements.

e. An incident of gross negligence or willful misconduct, including a violation of the UCMJ.

f. Two-time non-select for promotion.

8. PROGRAM LEVEL REMEDIATION (PLR). This action allows for correction of deficiencies without Hospital Level Probation (HLP), usually after informal verbal or written counseling and informal remedial action plans have failed to produce the required progress.

a. The PD must inform the DME of PLR in writing before initiating this action. (Example 1)

b. PLR is not considered to be adverse and no formal presentation to the GMEC is required.

c. PLR may not exceed 60 days, and it cannot be extended. PLR must precede placement of the resident on HLP except in cases of gross negligence or willful misconduct as judged by the PD. Residents alleged to have committed such acts of gross negligence or willful misconduct will be referred to the GMEC for immediate summary action.

d. The PD will provide the resident with a clear written remediation plan including:

- (1) A description of specific deficiencies in performance.
- (2) The methods to use to improve the noted deficiencies.
- (3) Objective measures which must be achieved to be removed from remediation.
- (4) Any restrictions or conditions placed on the resident during remediation.
- (5) A time frame for documentation of improvement not to exceed 60 days.

e. The Program Director will ensure that the resident understands the deficiencies as well as requirements for improvement and offer counseling and assistance to help the resident

f. The Program Director may designate an advisor or mentor to assist the resident during remediation.

g. The resident must sign a statement acknowledging program level remediation. The signed statement will be maintained in the resident's educational training file.

h. If the resident successfully accomplishes the objectives of the remediation plan, the resident is removed from PLR. If the PD identifies academic or professional performance concerns with failure to meet expected standards of knowledge, skills or attitudes in the future, the PD can reinitiate the PLR process.

9. HOSPITAL LEVEL PROBATION (HLP). (Diagram 1)

a. A PD may propose HLP after a period of PLR or after a single incident of gross negligence or willful misconduct.

b. HLP is a period of supervision initiated to assist the resident in understanding and correcting significant specific deficits in knowledge, skills or attitudes.

c. HLP may be approved, ended or extended only by recommendation of the GMEC.

d. HLP may end in return to full training status with or without extension of training.

e. The proposal for HLP may be based upon one or more of the following:

(1) Documented failure to meet academic or technical performance standards of the program.

(2) Lack of progress in the training program.

(3) Lack of application of the resident's knowledge or skill.

(4) Unprofessional conduct (medical and/or military).

(5) Documented failure to correct deficiencies despite counseling and PLR.

(6) Documented regression or failure to progress after removal from HLP.

(7) Disciplinary problems.

(8) Alcohol and substance abuse (in accordance with applicable service regulations).

(9) Failure to obtain or maintain a valid unrestricted state medical license in compliance with AGME regulation.

(10) An incident of gross negligence or willful misconduct, including a violation of the UCMJ.

(11) Other circumstances deemed significant by the PD.

f. Prior to being placed on HLP, the PD must notify the resident in writing that a proposal for HLP is being considered. The notification must include specific reasons for the proposed action and provide the resident 5 working days to submit a written response and meet with the PD (Example 2).

g. The PD must notify the resident in writing if the proposal for HLP will go forward to the GMEC within 2 working days following receipt of the resident's response, if the request will be submitted. The notification must include specific reasons for the contemplated action and advise the resident of his or her rights for due process with a copy of this policy.

(1) The PD will provide the resident with a copy of the HLP request that will be submitted to the DME (Example 3).

(2) A record of the notification including a signed acknowledgment of receipt of a copy of the HLP request must be maintained in the resident's educational training file.

h. The PD must submit the request for HLP to the DME (Example 3) after notifying the resident of the intent to proceed with HLP recommendation. The request should include the following:

- (1) Specific reasons for the proposed HLP.
- (2) Remediation plan which identifies the steps for improvement during HLP.
- (3) Measurable endpoints for successful completion of the HLP.
- (4) Recommended duration of HLP.
- (5) The copy of the signed notification to the resident proposing HLP.
- (6) The resident's response (if any) to the probation proposal.
- (7) Academic file.
- (8) Documentation of all previous counseling.
- (9) Results of PLR (if applicable).

i. Upon receipt of the PD's request for HLP, the DME must determine the date for the HLP hearing and inform the PD of the date and time within 2 working days. A hearing to address a HLP request must occur no sooner than 10 working days after the resident is notified of the decision to refer the matter for a hearing. The regularly scheduled meeting of the GMEC may serve as the HLP hearing, or a special meeting of the GMEC may be convened to address the HLP request.

j. Upon receipt of the DME's decision, the PD will notify the resident of the decision within 2 working days. If the decision is to refer the matter for hearing, the PD will also inform the resident of the date and time of the hearing and the resident's rights regarding the hearing. A copy of the HLP request will be made available to all voting members of the GMEC prior to and during the HLP hearing.

k. The resident is encouraged to request a meeting with the DME prior to the HLP hearing in order to clarify any issues concerning the hearing. The resident will be given the opportunity to appear before the GMEC. The resident must provide the name of any accompanying attorney and witnesses and any supporting documentation for the hearing to the DME at least 2 working days before the date of the hearing.

l. The GMEC will consider the request and all relevant information presented at the hearing and render its recommendation as the initial approval authority for placement of residents on HLP.

- (1) The decision on the recommendation for HLP will be determined by a vote.

(2) For the action to go forward there must be a quorum of 50% of the voting members and greater than 50% must vote in favor of HLP.

(3) The deliberations and voting will be in closed session. All but the voting committee members, DME and recorder must leave the room.

(4) The proceedings and recommendations must be mentioned in the minutes of the GMEC, but detailed records of the proceedings and vote will be kept confidential in the DME office.

m. The DME will prepare a summary of the proceedings and recommendations. This summary along with the PD's original request and the resident's written statements will be forwarded to the DCCS within 1 working day following the HLP hearing (Example 4).

n. The DCCS must notify the DME of his or her concurrence or non-concurrence with HLP within 2 working days following receipt of the summary of the proceedings and recommendation.

o. The DME will notify the resident in writing within 2 working days of the decision (Example 5). If the decision is to place the resident on HLP, the notification will also include the resident's right to appeal the decision to the WAMC Commander, within 5 working days of receipt of the HLP notification by the resident. The resident must sign and date the notification to acknowledge receipt. A copy of this notification and acknowledgement will be maintained in the resident training file.

p. The resident may make a one-time submission of an appeal of the probation decision through the DCCS to the WAMC Commander. The probation request and GMEC minutes must accompany the appeal requests for the Commander's review.

q. Written notification of the Commander's decision regarding the appeal must be provided to the resident within 2 working days following receipt of the appeal. The decision is final and there is no right to appeal to the Directorate of Medical Education, MEDCOM, Medical Corps Chief or The Surgeon General.

r. The period of HLP will generally be at least 30 days and will not exceed 90 days.

(1) The GMEC may vote to extend the duration of HLP for up to 90 additional days on recommendation of the PD.

(2) Residents who fail to demonstrate adequate improvement after two consecutive periods of HLP will generally be recommended for termination under due process procedures by the PD.

s. The PD will counsel the resident on the terms and conditions of the HLP. This session must be documented in writing and an acknowledgment signed by the resident. The PD will assign a faculty advisor to assist the resident with the remediation plan.

t. If appropriate, voluntary medical, psychological, or learning disability evaluation will be offered to the resident, at no cost to the resident during the remediation or HLP. Requests for evaluation outside the institution will be reviewed on a case-by-case basis. The resident will be responsible for all costs associated with outside evaluations.

u. If the PD determines that a medical, psychological, or learning disability evaluation is required, and the resident does not choose to voluntarily seek evaluation, the Commander will determine if a command directed evaluation is appropriate and in accordance with procedures covered under DoD Instruction 6490.4 and DoD Directive 6490.0.

v. The PD will submit a monthly written report to the GMEC regarding the resident's performance during HLP.

(1) A copy of this report will be submitted to the DME and to the probated resident no later than 3 working days prior to the next scheduled meeting of the GMEC.

(2) The resident will be requested to sign the report acknowledging its receipt. The resident may also submit written statements on his or her behalf to the GMEC.

w. The DME will notify the Directorate of Medical Education (AGME), MEDCOM, ATTN: DASG-PSZ-MG, by written memorandum within 5 working days following the effective date any military resident is placed on HLP (Example 6). The Director, AGME will notify the appropriate authority if the military resident is from another service. The DME must notify the appropriate organization for any civilian resident placed on HLP in accordance with the training agreements.

10. COMPLETION OF HOSPITAL LEVEL PROBATION.

a. Hospital Level Probation may be ended under several conditions:

(1) The PD may determine the resident's performance has improved and meets the stated terms for successful remediation (all measurable endpoints have been achieved).

(2) The resident may request to voluntarily resign from the program (see paragraph 13).

(3) The resident's training is terminated.

b. The PD will petition the GMEC to remove the resident from HLP (Example 7).

c. A majority vote (more than 50% of voting members present) by the GMEC is required.

d. The DME will send a letter of notification to the resident through the respective PD (Example 8).

e. The DME will notify the Directorate of Medical Education (AGME), MEDCOM of the effective date any military resident is removed from HLP.

11. EXTENSION OF TRAINING.

a. Under ordinary circumstances, brief periods of absence can be accommodated without extension of training, provided that the sum of ordinary leave, passes, convalescent leave, travel time, in-processing/out-processing time and the absence period do not exceed 30 calendar days in an academic year.

b. If the recommended HLP period exceeds more than one half of the elective times normally allocated within the residency curriculum, a request for extension may be initiated.

c. In instances of more prolonged absence, the PD may recommend extension of training.

d. Extension of training, even if part of HLP, is not considered an adverse action and requires no hearing or appeal. Extension of training may also be recommended for medical, personal or administrative reasons.

e. Where an extension of training is requested, the resident must be notified in writing of the intent to extend training and the reasons for the action. The resident must sign the notification acknowledging receipt.

f. A written request for extension with the stated reasons enumerated must be sent to the GMEC (Example 9). The GMEC may recommend extension of training.

(1) This action requires a majority vote (greater than 50% of the voting members present) by the members of the committee and is subject to approval by the Commander.

(2) The resident must be notified in writing of the decision for extension of training and a copy of the acknowledged receipt must be maintained by the PD in the resident training file.

g. Since extension of training may affect future assignments, special pays, and obligations for Army residents, the Directorate of Medical Education (AGME), MEDCOM, ATTN: DASG-PSZ-MG, must be notified within 5 calendar days of the action for final approval (Example 10).

12. TERMINATION FROM TRAINING. (Diagram 2)

a. Termination is the most serious action that can be proposed by a Program Director (Example 11). A recommendation for termination must be based upon one of the following:

(1) Failure to satisfactorily progress toward remediation while on HLP.

(2) Regression or failure to satisfactorily progress after removal from HLP.

(3) Any act of gross negligence or willful misconduct. This can include a pattern of past performance or a single act. Under these circumstances, the resident may be placed on administrative duties and removed from patient care responsibilities until resolution of the termination process. Termination under these circumstances requires notification of the appropriate credentialing authority.

(4) Two-time non-select for promotion.

b. The PD must notify the resident in writing that termination is being considered. The notification must include specific reasons for the proposed action and provide the resident 5 working days to submit a written response and meet with the PD. (5 days)

c. The PD must notify the resident in writing if the proposal for termination will go forward within 2 working days following receipt of the resident's response, if submitted. (2 days)

(1) The notification must include specific reasons for the contemplated action and advise the resident of his or her rights for due process under this policy.

(2) The PD will provide the resident with a copy of the termination request that will be submitted to the DME and applicable institutional policy on due process (Example 12). A record of the notification including a signed acknowledgment of receipt of a copy of the termination request must be maintained in the resident's training file.

d. The PD will submit the request for termination to the DME immediately after notifying the resident of the intent to proceed with a termination request. This request should include the following:

(1) Specific reasons for the proposed termination.

(2) A copy of the termination request.

(3) The notification to the resident proposing termination.

(4) The resident's response (if any) to the termination proposal.

(5) Academic file.

(6) Documentation of all previous counseling.

(7) Results of prior remediation or probation periods.

e. Upon receipt of the PD's request for termination, the DME will determine whether to convene a termination hearing and inform the PD of the date and time within 2 working days. (2 days)

(1) A hearing to address a termination request must be held no sooner than 10 working days after the resident is notified of the decision to proceed. (10 days)

(2) The regularly scheduled GMEC meeting may serve as a termination hearing, or a special session of the GMEC may be convened to address the termination request.

f. Upon receipt of the DME's decision, the PD will notify the resident of the decision within 2 working days. If the decision is to refer the matter for a hearing, the PD will also inform the resident of the date and time of the hearing and the resident's rights regarding the hearing. A copy of the termination request will be provided to voting members of the GMEC prior to the termination hearing. (2 days)

g. The resident is encouraged to request a meeting with the DME prior to the termination hearing in order to clarify any issues concerning the hearing.

(1) The resident will be given the opportunity to appear before the GMEC.

(2) If the resident engages legal counsel, the resident must provide the name of any accompanying attorney and witnesses and any supporting documentation for the hearing to the DME at least 2 working days before the date of the hearing.

h. The GMEC will consider all relevant information received at the hearing and render its recommendation as the initial approval authority for termination from training.

(1) The decision on the recommendation for termination will be by a vote.

(2) For the action to go forward, there must be a 75% quorum of the voting members and greater than 2/3 present must vote in favor of termination.

(3) The deliberations and voting will be in closed session. All but the voting committee members, DME and recorder must leave the room.

(4) The proceedings and recommendations must be mentioned in the minutes of the GMEC, but detailed records of the proceedings and vote will be kept confidential in the DME office.

(i) The DME will prepare a summary of the proceedings and recommendation. This summary along with the PD's original request and the resident's written statements will be forwarded to the DCCS within 1 working day following the hearing (Example 13).
(1 day)

(j) The DCCS must notify the DME of the decision within 2 working days following receipt of the summary of proceedings and recommendation. (2 days)

(k) The DME will notify the resident in writing within 2 working days of the decision. If the decision is to terminate the resident from training (Example 14), the notification will also include the resident's right to appeal the decision within 5 working days following the receipt of the notification by the resident. (2 days)

(1) The resident must sign and date the notification to acknowledge receipt.

(2) A copy of this notification and acknowledgement will be maintained in the resident training file.

(3) The resident may make a one-time submission of an appeal of the termination decision through the DCCS to the WAMC Commander.

i. The termination request and GMEC HLP hearing minutes must be submitted to the Commander for review.

ii. Written notification of the decision regarding an appeal must be provided to the resident within 2 working days following receipt of the appeal.

iii. The Commander's decision is final and there is no right to appeal to the Directorate of Medical Education, MEDCOM, Medical Corps Chief or The Surgeon General. (2 days)

(l) The DME will notify the Directorate of Graduate Medical Education, MEDCOM, ATTN: DASG-PSZ-MG, in writing within 5 calendar days following the decision to terminate any military resident (Example 15). This DGME will notify the appropriate authority if the military resident is from another Service. The DME must notify the appropriate organization for any civilian resident terminated in accordance with their training agreements. (5 days)

(m) The due process timeline may take up to 27-30 duty days, as defined in this policy.

13. RESIDENT'S RIGHTS UNDER DUE PROCESS AND CONDUCT OF GMEC HEARINGS ON HOSPITAL LEVEL PROBATION OR TERMINATION.

a. The proceedings of the GMEC are administrative and are not bound by formal rules of evidence or strict procedural format. Records of the proceedings will be kept by the DME for at least five (5) years.

b. Fifty-percent of the voting membership must be present for hearings on HLP and 75 percent present for hearings on termination. At least one (1) resident representative must be present in either situation.

c. If the resident asks to be present at the hearing but cannot attend the hearing as scheduled, a reasonable attempt should be made to reschedule the meeting without causing undue delay in the proceedings.

(1) Only under exceptional circumstances with the Commander's approval should the GMEC proceed with the hearing without the resident, after formally documenting the circumstances and the necessity of proceeding in a timely manner.

d. The resident has the following rights in the proceedings:

(1) The right to waive the hearing.

(2) The right to hear the reasons for action as put forth by the PD.

(3) The right to review all documents before the committee.

(4) The right to secure a military legal assistance attorney or a civilian attorney at the resident's expense. The attorney may not ask questions or present arguments, but the resident may consult the attorney during the hearing.

(5) The right to respond orally and/or in writing to the statements of the PD.

(6) The right to request witnesses to speak on his or her behalf or to submit statements from those witnesses.

i. This request will normally be honored, however, the hearing will not be unreasonably delayed in order to allow their appearance.

ii. The witnesses may speak on behalf of the resident but may not question members of the GMEC.

iii. The Chair may limit time allotted for individual comments.

(7) The right to submit statements or written documents on his or her behalf and in support of his or her position, or other information to show why other disposition should not occur.

(8) The right to appeal a decision.

(9) The right to submit a request for withdrawal from the Program.

e. The GMEC has the responsibility to ensure the concerns of the PD meet reasonable criteria for the proposed action. The GMEC members will be encouraged to question the PD to clarify any items to ensure that reasonable criteria are being met.

f. The resident and any accompanying attorney may be present during the presentation by the PD and other witnesses. The resident may then make any statements to the committee. The resident and the attorney will be excused prior to the deliberations and vote.

14. ADMINISTRATIVE OR JUDICIAL ACTION.

a. If administrative or judicial action is initiated against a resident, the DME will evaluate available information to determine if a restriction, suspension, or termination action under this section is warranted.

b. Failure to comply with weight or physical fitness requirements or two-time non-select for promotion will be considered as an administrative action, to include removal from the program. These will not be considered as adverse academic actions, unless the non-selection for promotion was due to academic or professionalism failure.

c. The Directorate of Medical Education (AGME), MEDCOM, ATTN: DASG-PSZ-MG, must be notified within 5 calendar days after administrative or judicial action is initiated and when it is completed.

15. RESIDENT RESIGNATION. (Diagram 3)

a. Residents may submit a written request to the PD resigning from the training program (Example 16 and 17).

(1) The resignation request will acknowledge that by resigning from training, the resident is making him/herself available for immediate reassignment orders to meet the Army's needs.

(2) If resignation will occur prior to completion of internship year, resident must acknowledge the possibility of branch transfer or administrative separation from the Army with recoupment of any scholarship monies.

b. The request will be forwarded to the DME with the PD's Recommendation (Example 18), a description of the circumstances of the resignation, and whether or not progress has been satisfactory up until the time of resignation.

(1) The PD will indicate the number of months of training that have been successfully completed and whether the resident will be recommended for future GME.

(2) The resident must review the statement by the Program Director and sign to acknowledge the review.

(3) The resident will be encouraged to meet with the DME to discuss the decision.

c. The DME will determine whether to accept the resident's request for resignation.

(1) The DME will present the decision to the GMEC for review and endorsement.

(2) There must be a quorum of 50% of the voting members, and greater than 50% must vote to accept the DME's recommendation.

(3) In the unlikely event that the GMEC does not endorse the DME's recommendation, the WAMC Commander will have the ultimate decision authority.

d. The Directorate of Graduate Medical Education, MEDCOM, ATTN: DASG-PSZ-MG, must be notified within 5 calendar days following receipt of all military resignations and the effective date of the resignation (Example 19).

(1) The DGME will notify MC Branch, Human Resource Command (HRC), that the physician is available for assignment, branch transfer or separation.

(2) Non-Army trainees must follow their Service requirements.

16. RE-ENTRY INTO GME. Once a resident leaves a GME training program for any reason (graduation, termination, resignation) there is no option for reinstatement. The physician may only pursue further GME through application and selection by a designated GME selection board. Applicants must meet all current eligibility requirements when submitting an application.

17. MEMORANDUMS. The following Examples are examples of memos and must follow the correct format as outlined in AR 25-50.

The proponent of the publication is the Graduate Medical Education Office. Users are invited to send comments and suggested improvements on a DA Form 2028, Recommended Changes to Publications and Blank Forms, directly to the proponent.

FOR THE COMMANDER:

OFFICIAL:

//Original Signed//
LTC, MS
Deputy Commander for Administration

//Original Signed//
Chief, Administrative Services
Information Management Division

DISTRIBUTION:
C

Example 1. Example from Program Director to Director of Medical Education About Program Level Remediation

Letterhead

MCXC-FM-RP

March xx, 20xx

MEMORANDUM FOR RECORD

Subject: Program Level Remediation for CPT John Doe

1. IAW AR 351-3, WAMC MEDCEN PAM 351-3, ACGME guidelines, and the WAMC Resident Handbook, the Womack Family Medicine Resident Advisory Committee (RAC), voted to place you on Program Level Remediation (PLR) for the following reasons:

- a. Your recent failure of the Block xx Family Medicine Inpatient (FMED) rotation
- b. Your failure to sign your AHLTA encounters within 72 hours
- c. Your repeated failure to show up to morning report on time

2. Based on the above transgressions and a review of the supporting evidence (counseling statements, rotation evaluations), you are not in compliance with program and institutional requirements. As a result, you are being placed on program level remediation that will begin on xx April, 20xx and will remain in effect for 60 days.

2. The following actions are being undertaken to remediate these deficits:

- a. Dr. Doe will repeat his FMED Ward rotation during Block xx and IM Ward rotation during Block xx of AY 20xx-20xx.
- b. Dr. Doe will read two articles per week and prepare a brief written summary of each while on remediation in addition to the reading assignments required by his normal duties. These summaries will be reviewed with the faculty advisor each week.
- c. Dr. Doe will complete all FMED and IM Challenger questions and turn in completion documentation to his faculty advisor.
- d. Dr. Doe will seek daily feedback from his rotation attendings with regard to his assessment and management of the patients under his care.
- e. Dr. Doe will meet weekly with his advisor to ensure compliance with remediation criteria and monitoring of educational objectives.

3. In order to successfully complete this period of remediation, Dr. Doe will achieve the following:

- a. An overall passing grade (minimum score of “3”) on his Block xx (L&D) and Block xx (Night Float) rotations.

b. Successful completion of all requirements outlined above under remediation actions listed in Section 2 as determined by the RAC and Program Director.

4. As with any resident placed on program level remediation, you have the right to appeal IAW WAMC Resident Handbook Section V, Part 10 according to the following guidelines: "The resident may make a one-time submission of appeal for any Tier of remediation through the decision authority to the appellate authority. The appeal must be submitted within 5 working days following the date the resident receives notification of the decision. If the decision is appealed, the remediation plan and the RAC or GMEC minutes must be submitted along with the appeal to the appellate authority for review. Written notification of the decision regarding the appeal will be provided no later than 2 working days. The decision is final and there is no right to appeal to the MEDCOM DME, the Medical Corps Chief or The Office of the Surgeon General."

5. Failure to abide by this remediation or failure to remediate to an appropriate standard as decided by the residency faculty may result in any one of several actions to include but not limited to escalation to hospital level probation or termination from the residency program. The goal of this remediation is to correct the identified performance deficits for the improvement of CPT Doe as a professional physician and officer.

6. POC for this action is the undersigned.

Jack Doe, MD
MAJ, MC
Program Director, WFMRC
Womack Army Medical Center

I acknowledge receipt of this memorandum and have been counseled by the Program Director and my Faculty Advisor.

John Doe, MD (Resident)

Date

Jason Smith, MD (Faculty Advisor)

Date

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 2. Example from Program Director to Resident About Hospital Level Probation

Letterhead

MCXC-FM-RP

March xx, 20xx

MEMORANDUM FOR RECORD

Subject: Hospital Level Probation for CPT John Doe

1. IAW AR 351-3, WAMC MEDCEN PAM 351-3, ACGME guidelines, and the WAMC Resident Handbook, the Womack Family Medicine Resident Advisory Committee (RAC), voted to recommend you for Hospital Level Probation (HLP) for the following reasons:

- a. Your failure to successfully complete the remedial action plan as part of the Program Level Remediation from (date) _____.
- b. Your recent failure of the Block xx Family Medicine Inpatient (FMED) rotation
- c. Your failure to sign your AHLTA encounters within 72 hours
- d. Your repeated failure to show up to morning report on time

2. A review of these concerns and of the supporting evidence (counseling statements, rotation evaluations), you are not in compliance with program and institutional requirements. As a result, I will ask the Director of Medical Education and the Graduate Medical Education Committee to place you on Hospital Level Probation for (duration) ____ days.

2. The specified remedial action plan and objectives for this Hospital Level Probation include:

- a. You will successfully repeat his FMED Ward rotation during Block xx and IM Ward rotation during Block xx of AY 20xx-20xx.
- b. You will read two articles per week and prepare a brief written summary of each while on remediation in addition to the reading assignments required by his normal duties. These summaries will be reviewed with the faculty advisor each week.
- c. You will complete all FMED and IM Challenger questions and turn in completion documentation to his faculty advisor.
- d. You will seek daily feedback from his rotation attendings with regard to his assessment and management of the patients under his care.
- e. You will meet weekly with his advisor to ensure compliance with remediation criteria and monitoring of educational objectives.

3. In order to successfully complete this period of remediation, you will achieve the following:

- a. An overall passing grade (minimum score of “3”) on his Block xx (L&D) and Block xx (Night Float) rotations.
 - b. Successful completion of all requirements outlined above under remediation actions listed in Section 2 as determined by the RAC and Program Director.
4. You have the right to appeal this recommendation IAW WAMC Resident Handbook Section V, Part 10 according to the following guidelines: "The resident may make a one-time submission of appeal for any Tier of remediation through the decision authority to the appellate authority (the Hospital Commander). The appeal must be submitted within 5 working days following the date the resident receives notification of the decision. If the decision is appealed, the remediation plan and the RAC or GMEC minutes must be submitted along with the appeal to the appellate authority for review. Written notification of the decision regarding the appeal will be provided no later than 2 working days. The decision is final and there is no right to appeal to the MEDCOM DME, the Medical Corps Chief or The Office of the Surgeon General."
5. Failure to successfully achieve the objectives of this probationary period may result in any one of several actions to include but not limited to escalation to hospital level probation or termination from the residency program. The goal of this probation is to correct the identified performance deficits for you to successfully become a professional physician and officer.
6. You have five (5) days to consider this recommendation and to prepare a written response that might influence my decision. I will meet with you within two (2) days of receiving your written response to notify you of my decision about submission of this request to the Director of Medical Education.
7. POC for this action is the undersigned.

Jack Doe, MD
 MAJ, MC
 Program Director, WFMRC
 Womack Army Medical Center

I acknowledge receipt of this memorandum and have been counseled by the Program Director and my Faculty Advisor.

John Doe, MD (Resident) Date

Jason Smith, MD (Faculty Advisor) Date

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 3. Example from Program Director to Director of Medical Education Requesting HLP and Extension of training

Letterhead

MCXC-FM-RP

xx June 20xx

MEMORANDUM FOR DIRECTOR OF MEDICAL EDUCATION

SUBJECT: Recommendation for Hospital Level Probation and an Extension of Training for CPT John Doe

1. I, the undersigned program director, request Hospital Level Probation and an Extension of Training for CPT John Doe. He is currently assigned as a PGYx resident in the Womack Family Medicine Residency Program.

2. A request for Hospital Level Probation and an Extension of Training is being requested secondary to the following:

3. Reason #1

- a) Supporting Rationale #1
- b) Supporting Rationale #2

4. Reason #2

- a) Supporting Rationale #1
- b) Supporting Rationale #2

5. The requested Extension of Training is to be added on to the PGYx year and would add xx days onto CPT John Doe's residency training. His new graduation date, if he successfully meets the terms of the recommended remediation plan, would be February xx, 20xx.

6. His recommended remediation plan is as follows:

- a) He will comply with all Army Regulations, the Residency Handbook, The Residency Scope of Practice policy and his contracts with the residency.
- b) He will repeat his failed elective rotations (Rotation X, Rotation Y, Rotation Z) during block 1, 2, and 3 of Academic Year 20xx-20xx.
- c) He will meet with his faculty advisor on a weekly basis to provide an update on his performance during this remediation rotation.
- d) He will review and summarize in writing two medical articles per week and present these to his faculty advisor. He will also be prepared to verbally discuss each of these

articles with his advisor.

- e) He will be directly observed during portions of his family medicine clinic sessions by a Family Medicine attending physician.
- f) Recommend that the GMEC encourage CPT John Doe to undergo neuro-cognitive testing to assess for any underlying learning disabilities which may be negatively influencing his clinical performance.

7. CPT Doe's aforementioned deficiencies are documented in his end of rotation evaluations and counseling statements as listed above.

8. CPT Doe was given written notification of my decision on xx May 20xx (Enclosure #3 – Written Notification of Recommendation for Hospital Level Probation and Extension of Training). He was given 5 work days to respond to me in writing describing any mitigating factors that would affect my decision to propose probation and extension of training to the Director of Medical Education. He did respond in writing and presented a signed statement on xx June 20xx (Enclosure #4 – CPT John Doe Written Response). I considered his response and counseled him on xx June 20xx that my decision was to move forward with my recommendation for hospital level probation and extension of residency training by xx days.

9. CPT Doe was given a copy of this memo and all supporting documents as presented to the DME.

11. POC for this action is the undersigned at (910) 907-1234.

Jack Doe, MD
MAJ, MC
Program Director
Womack Family Medicine/OB Residency

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 4. Example from Director of Medical Education To Deputy Commander for Clinical Services for Hospital Level Probation Hearing

Letterhead

CXC-DME-GME

DATE

MEMORANDUM FOR DEPUTY COMMANDER FOR CLINICAL SERVICES

SUBJECT: Summary of Probationary Hearing for **Trainee Name**

1. On (date) the GMEC conducted a Hospital Level Probation hearing for (resident) _____.
2. The hearing was conducted in accordance with MEDCEN PAM 351-1 (Due Process), being called to order at TIME, DATE _____ at the request of Name of PD _____, Name of Residency _____.
3. A quorum was present, as indicated in the attached minutes.
4. Description of Proceedings. _____ ...
5. The Graduate Medical Education Committee voted to approve the Program Director's recommendation for Hospital Level Probation, effective date _____ for (duration) _____.
6. The hearing was adjourned at TIME & DATE.
7. Point of contact is the undersigned at (910) 643-1982.

DME
COL, MC
Chief, Directorate of Medical Education

Cc: **(Trainee Name)**
Program Director
Academic Advisor
Academic File

Example 5. Example from Director of Medical Education Thru Program Director to Resident for HLP

Letterhead

MCXC-DME-GME

DATE

MEMORANDUM THRU: PROGRAM NAME, PROGRAM DIRECTOR NAME

MEMORANDUM FOR: Trainee Name

SUBJECT: Hospital Level Probation

1. PD Name presented to the GMEC the case to place you on XX day Hospital Level Probation (HLP). HIS/HER recommendation to place you on HLP is based on staff and faculty evaluation of your performance over that time frame.

2. The GMEC voted to recommend approval for this request.

2. The Director of Medical Education and the Deputy Commander for Clinical Services concur with this recommendation, effective date _____ for duration _____.

3. You have the right to appeal to the Commander within 5 working days of this notification.

4. POC for this memo is the undersigned.

DME
COL, MC
Chief, Directorate of Medical Education

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 6. Example from Director of Medical Education to Directorate of Medical Education, OTSG for HLP

Letterhead

MCXC-DME-GME

DATE

MEMORANDUM FOR DIRECTORATE OF MEDICAL EDUCATION, 7700 Arlington Boulevard,
Falls Church, Virginia 22042

SUBJECT: Hospital Level Probation Notification

1. On (date) _____, PD Name _____ of the _____ Residency asked the Graduate Medical Education Committee to place Trainee Name _____ on XX day Hospital Level Probation (HLP).

2. HIS/HER recommendation is based on staff and faculty evaluation of Trainee Name _____ performance over time frame _____.

3. The GMEC reviewed and approved the PD Name _____ recommendation on (date)_____. The Director of Medical Education recommended approval of the Hospital Level Probation, effective date _____ for duration _____.

4. POC for this memo is the undersigned, at (910)-907-1234.

DME
COL, MC
Chief, Directorate of Medical Education

Encls

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 7. Example from Program Director to Director of Medical Education to Remove Resident from HLP

Letterhead

MCXC-XXXX

DATE

MEMORANDUM FOR DIRECTOR OF MEDICAL EDUCATION

SUBJECT: Recommendation for removal of (Trainee Name) from Hospital Level Probation

1. I recommend removing (Trainee Name) from hospital level probation.
2. (Trainee Name) was placed on HLP due (reason(s) for HLP, progress in the ACGME core competencies ...).
3. (Trainee Name) has met all remediation plan requirements delineated in his/her probationary memorandum.
4. Trainee Name's satisfactory academic (or other category of remediation) performance during this probationary period is documented with the attached rotation reviews.
5. POC is the undersigned at (910) 907-1234.

PD NAME
RANK, MC, USA
Director Residency Training

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 8. Example from DME Thru Program Director to Resident for Removal from HLP

Letterhead

MCXC-DME-GME

DATE

MEMORANDUM THRU: PROGRAM NAME, PROGRAM DIRECTOR NAME

FOR: Trainee Name

SUBJECT: Removal from Hospital Level Probation

1. On (date) _____, PD Name requested that the GMEC remove you from the XX day Hospital Level Probation (HLP). The staff and faculty evaluation demonstrated your successful performance/compliance with the defined remedial action plan.

2. The GMEC reviewed and accepted (PD Name) _____ recommendation on (date) _____.

3. Effective date for removal from Hospital Level Probation is (date) _____.

4. POC for this memo is the undersigned at (910) 643-1982.

DME
COL, MC
Chief, Directorate of Medical Education

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor

Academic File

Example 9. Example from Program Director to Director of Medical Education to Extend Training

Letterhead

MCXC-XXXX

DATE

MEMORANDUM FOR DIRECTOR OF MEDICAL EDUCATION

SUBJECT: Recommendation for Extension of Training for _____

1. I request an Extension of Training of (duration) _____ for (Trainee Name) _____, currently assigned as a PGY1, 2, 3, 4 _____ in the (Name of residency) _____ program.

2. The Extension of Training is requested secondary to _____ (Explain the request: medical indication, social need, academic failure ...).

3. POC is the undersigned at (910) 907-1234.

PD name
RANK, MC, USA
Director Residency Training

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

**Example 10. Example from DME to The Directorate of Medical Education, OTSG.
Extension of Training**

Letterhead

MCXC-DME-GME

DATE

MEMORANDUM FOR DIRECTORATE OF MEDICAL EDUCATION, 7700 Arlington Boulevard,
Falls Church, Virginia 22042

SUBJECT: Extension of Training for _____

1. On (date) _____ PD Name _____ of the (Residency) _____ Program requested the Graduate Medical Education Committee to place (Trainee Name) _____ on an Extension of Training for (duration) _____.

2. The effective dates of Extension are _____ with an adjusted projected residency completion date of _____.

3. On _____ (date) the Graduate Medical Education Committee reviewed and accepted this recommendation.

4. POC for this memo is the undersigned.

DME
COL, MC
Chief, Directorate of Medical Education

Encls

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 11. Example from Program Director to Resident about Termination of Training

Letterhead

MCXC-XXXX

DATE

MEMORANDUM FOR: (Trainee) _____

SUBJECT: Recommendation for Termination from Residency Training

1. Reason(s) for termination. I am hereby recommending to the Graduate Medical Education Committee (GMEC) that you be terminated from residency training.
2. This request for termination from training is in accordance with the due process policy as outlined in Womack MEDCEN PAM 351-1.
3. This decision has been ratified by the Residency Advisory Council.
4. IAW MEDCEN 351-1 you have five (5) work days to respond to this notification in writing to describe any mitigating factors that would affect my decision to propose termination to the GMEC. After receiving your statement, should you chose to prepare one, and meeting with you, should you desire, I will make my decision on the disposition of this matter.
5. You have several rights and possible course of action as outlined in the WAMC Due Process Policy in MEDCEN PAM 351-1. You have been provided with a copy of this due process policy for reference.
6. You have the right to request withdrawal from residency training, subject to Program Director and Graduate Medical Education Committee review.
7. You have also been provided a copy of the letter that will go forward to the Director of Medical Education recommending your termination.
8. POC is the undersigned at 907-1234.

PD
MAJ, MC, USA
Director Residency Training

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 12. Example from PD to DME Requesting Termination

Letterhead

MCXC-XXXX

DATE

MEMORANDUM FOR: Director of Medical Education

SUBJECT: Recommendation for Termination from Residency Training

1. I, request Termination from Training for CPT John Doe. He is currently assigned as a PGYx resident in the Womack Family Medicine Residency Program.
2. This request for Termination from Training is based upon his failure to successfully accomplish the goals of his remediation action plan.
3. Program Level Remediation (dates) _____ .
4. Hospital Level Probation (dates) _____ .
5. This request for termination from training is in accordance with the due process policy as outlined in Womack MEDCEN PAM 351-1.
6. This decision has been ratified by the Residency Advisory Council.
7. CPT Doe has been informed of this request, and he has been informed of his rights and possible courses of action as defined in MEDCEN PAM 351-1. He has been provided with a copy of this due process policy for reference.
8. CPT Doe was given written notification of my decision on (date) _____ (Enclosure #11). He was given 5 work days to respond to me in writing describing any mitigating factors that would affect my decision to propose Termination of Training to the Director of Medical Education.
9. He did respond in writing and presented a signed statement on (date) _____. (Attach CPT John Doe Written Response). I considered his response and counseled him on (date) _____ that my decision was to move forward with my recommendation for Termination of Training.
10. He has been given a copy of this letter recommending his Termination and has acknowledged below.
11. POC is the undersigned at 907-1234

PD
MAJ, MC, USA
Director Residency Training

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 13. Example from Director of Medical Education To Deputy Commander for Clinical Services (Result of Termination Hearing)

Letterhead

CXC-DME-GME

DATE

MEMORANDUM FOR DEPUTY COMMANDER FOR CLINICAL SERVICES

SUBJECT: Summary of Termination Hearing for (Trainee Name) _____

1. On (date) the Graduate Medical Education Committee conducted a Termination hearing for (resident) _____.
2. The hearing was conducted in accordance with MEDCEN PAM 351-1 (Due Process), being called to order at TIME, DATE _____ at the request of Name of PD _____, Name of Residency _____.
3. A quorum was present, as indicated in the attached minutes.
4. Description of Proceedings. _____ ...
5. The Graduate Medical Education Committee voted to approve the Program Director's recommendation for Termination.
6. The hearing was adjourned at TIME & DATE.
7. Point of contact is the undersigned at (910) 643-1982.

DME _____
COL, MC
Chief Directorate of Medical Education

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 14. Example from Director of Medical Education to Resident about Termination from Training

Letterhead

MCXC-DME-GME

DATE

MEMORANDUM TO: (Resident) _____

SUBJECT: Notification of Intent to Terminate from Training

1. On (date) _____, (PD Name) _____ asked the Graduate Medical Education Committee to recommend that you be terminated from residency training.
2. His recommendation to terminate you is based on staff and faculty evaluation of your performance (or other cause) _____.
3. The Graduate Medical Education Committee and the Director of Medical Education recommended to terminate you from training.
4. The Deputy Commander for Clinical Services concurs with the Director of Medical Education's decision.
5. You have the right to appeal to the Commander within 5 working days of this notification.
6. POC for this memo is the undersigned at (910) 643-1982.

DME
COL, MC
Chief, Directorate of Medical Education

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 15. Example from Director of Medical Education to The Directorate of Medical Education – Termination of Training

Letterhead

MCXC-DME-GME

DATE

MEMORANDUM FOR DIRECTORATE OF MEDICAL EDUCATION, 7700 Arlington Boulevard,
Falls Church, Virginia 22042

SUBJECT: Termination from Training

1. On (date) _____ PD Name _____ of the (Residency) _____ Program presented the case for termination of training for (resident) _____, PG ____, during a termination hearing of the Graduate Medical Education Committee.

2. The hearing was conducted in accordance with MEDCEN PAM 351-1 (Due Process), being called to order at TIME, DATE _____ at the request of Name of PD _____, Name of Residency _____.

3. A quorum was present, as indicated in the attached minutes.

4. Description of Proceedings. _____ ...

5. The Graduate Medical Education Committee voted to approve the Program Director's recommendation for Termination.

6. The hearing was adjourned at TIME & DATE.

7. The Deputy Commander for Clinical Services concurred with the Director of Medical Education's decision on (date) _____.

8. The resident was notified of the decision on (date) _____.

9. Point of contact is the undersigned at (910) 643-1982.

DME
COL, MC
Chief, Directorate of Medical Education

Encls

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 16. Example from Resident with License and Completed Internship to Program Director (Resignation/Withdrawal)

Letterhead

MCXC-XXXX

DATE

MEMORANDUM FOR Program Director

SUBJECT: Request for Withdrawal / Resignation

1. I voluntarily request withdrawal / resignation from the **Name of Residency, effective date.**
2. I understand that at that time I will be assigned as a General Medical Officer, pending acceptance into another residency specialty.
3. I understand that this makes me eligible for assignment to meet the needs of the Army.
4. POC is the undersigned at (910) 907-1234.

John Doe, MD/DO
CPT, MC, USA
PGY-X Resident,
Womack Family Medicine Residency

Example 17. Example from Resident without License or Completed Internship to Program Director (Resignation/Withdrawal)

Letterhead

MCXC-FMRP

Date

MEMORANDUM THRU Program Director, Family Medicine Residency Training Program, Womack Army Medical Center (WAMC)

MEMORANDUM FOR Director, Graduate Medical Education, WAMC

SUBJECT: Resignation from Family Medicine Residency Training Program, WAMC

1. I, CPT John Doe, officially request to resign my position in the WAMC Family Medicine Residency Program effective at the earliest convenience of the residency program and the WAMC Graduate Medical Education Committee.
2. I acknowledge that upon official approval of this request to resign from my internship program, that I will no longer be branch qualified for the Army Medical Corps. I understand that upon official approval of this request to resign, I may voluntarily request HRC to consider me for a branch transfer to another corps for which I am qualified to fulfill my active duty service obligation.
3. I acknowledge that this will require recalculation of any constructive credit toward rank that I previously received, and may result in being recommissioned at a lower rank.
4. I also acknowledge that I can request that my chain of command initiate separation proceedings.
5. If this resignation is approved, I understand that the government has the right to recoup any funds that were provided to me with the expectation that I would become a licensed physician.

John Doe, MD/DO
CPT, MC, USA
PGY-X Resident,
Womack Family Medicine Residency

Example 18. Example from Program Director to Director of Medical Education

Letterhead

MCXC-XXXX

DATE

MEMORANDUM FOR WAMC Director of Medical Education

SUBJECT: CPT John Doe's Resignation from the Family Medicine Residency Program

1. On (date) _____, CPT John Doe, a PGYx Family Medicine resident, submitted a letter requesting immediate resignation from the Family Medicine Residency Program.
2. I have interviewed CPT Doe on multiple occasions regarding this issue and ensured that he is aware of the implications of his decision to resign from residency training.
3. I reviewed in detail with CPT Doe that upon resignation, he could be subject to a branch transfer, administrative separation from the military, and recoupment of any scholarship monies paid to him contingent on his completion of training.
4. CPT Doe was encouraged to seek outside counsel to ensure that he understood the potential consequences of his decision. After that meeting, CPT Doe submitted a formal letter of resignation.
5. I support the decision of CPT Doe to resign from residency training and have accepted his resignation pending final approval by the DME and DCCS.
6. CPT Doe has successfully completed _____ months of training.
7. I would/would not recommend that CPT Doe be reconsidered for future Graduate Medical Education in the Army Medical Department.
8. POC for this memo is the undersigned, 910-907-1234.

Jack Doe, MD
LTC, MC
Program Director
Womack Family Medicine Residency

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

Cc: (Trainee Name)
Program Director
Academic Advisor
Academic File

Example 19. Example from Director of Medical Education Thru Deputy Commander for Clinical Services to OTSG-AGME

Letterhead

MCXC-XXXX

DATE

MEMORANDUM THRU: Deputy Commander for Clinical Services, Womack Army Medical Center, Fort Bragg, NC 28310

MEMORANDUM FOR Director of Army Graduate Medical Education, HDQA, OTSG, ATTN: DASG-PZM, 7700 Arlington Boulevard, Falls Church, Virginia 22042

SUBJECT: Withdrawal / Resignation Letter **Trainee Name**

1. **Trainee Name** has submitted a letter of withdrawal resignation through the **Name of Residency** Program Director at Womack Army Medical Center to the Director of Medical Education (DME).
2. The letter of withdrawal / resignation has been accepted by the Program Director and the DME and is attached.
3. The Graduate Medical Education Committee considered the request on _____, and they have voted to accept the letter of withdrawal / resignation.
4. POC for this memo is the undersigned at (910) 643-1982.

DME
COL, MC
Chief, Directorate of Medical Education

Cc: (**Trainee Name**)
Program Director
Academic Advisor
Academic File

Chart 1 – Organizational Chart

Organizational Chart of Womack Professional Medical Education

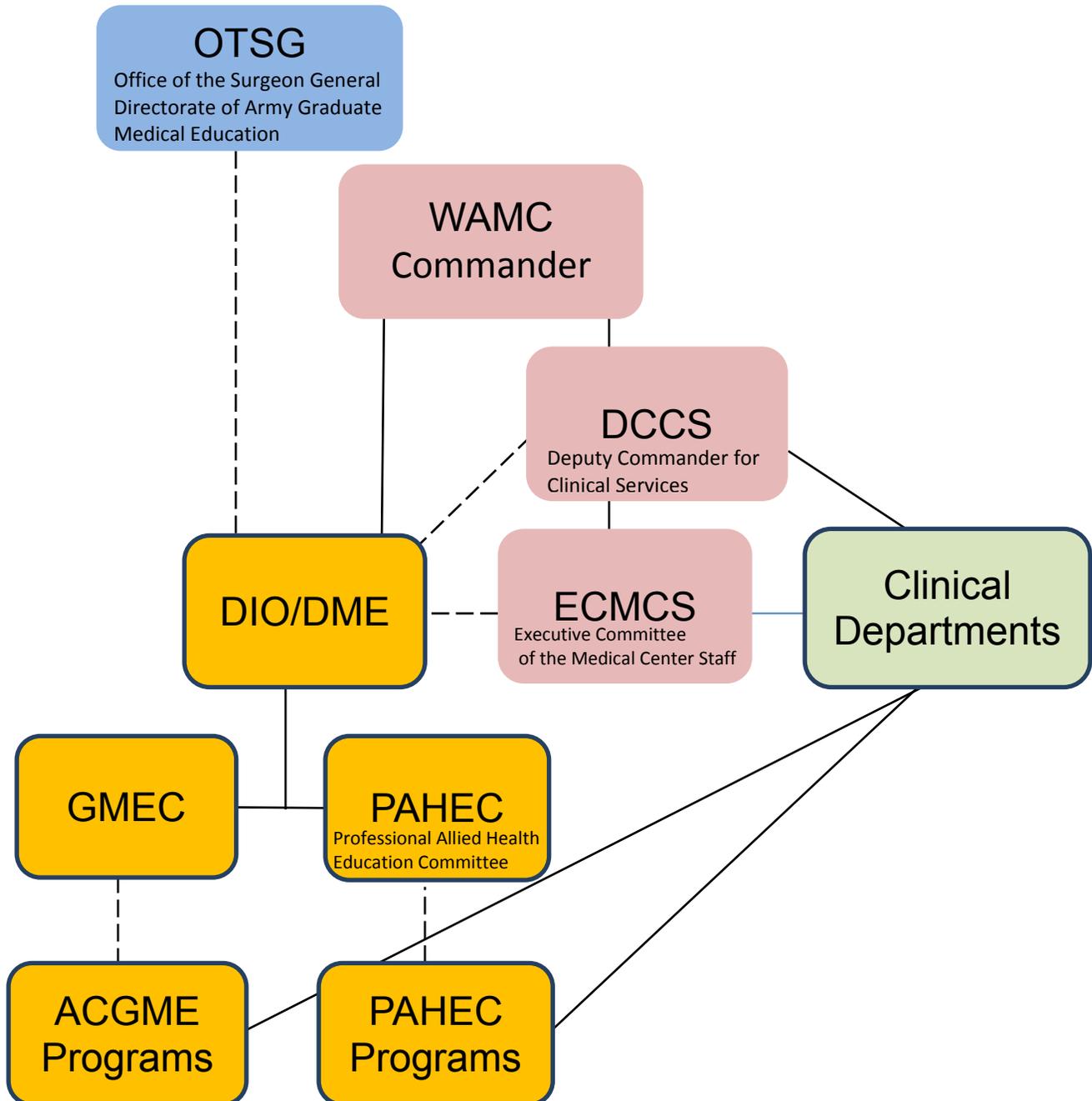


Diagram 1 – Hospital Level Probation

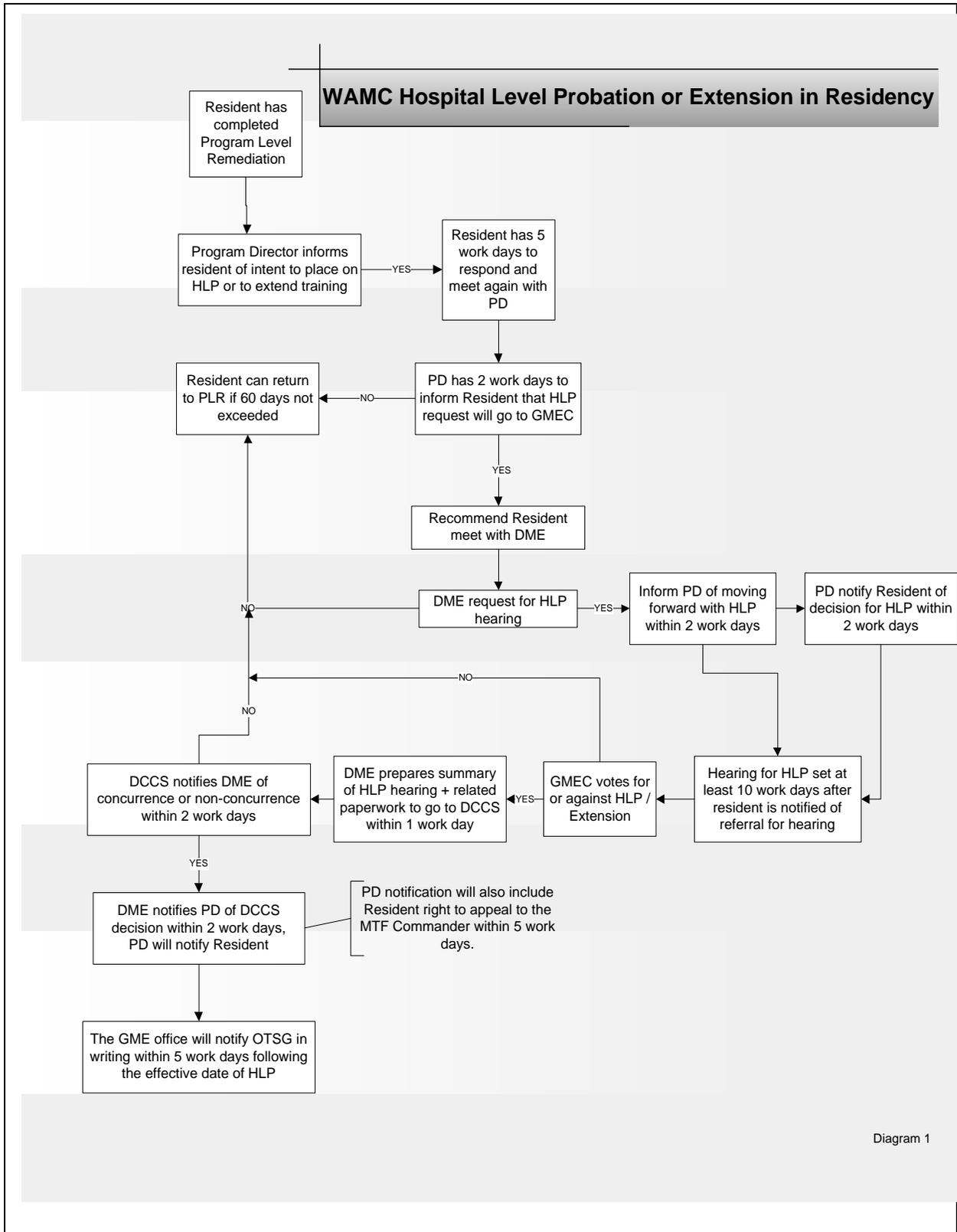


Diagram 1

Diagram 2 - Termination

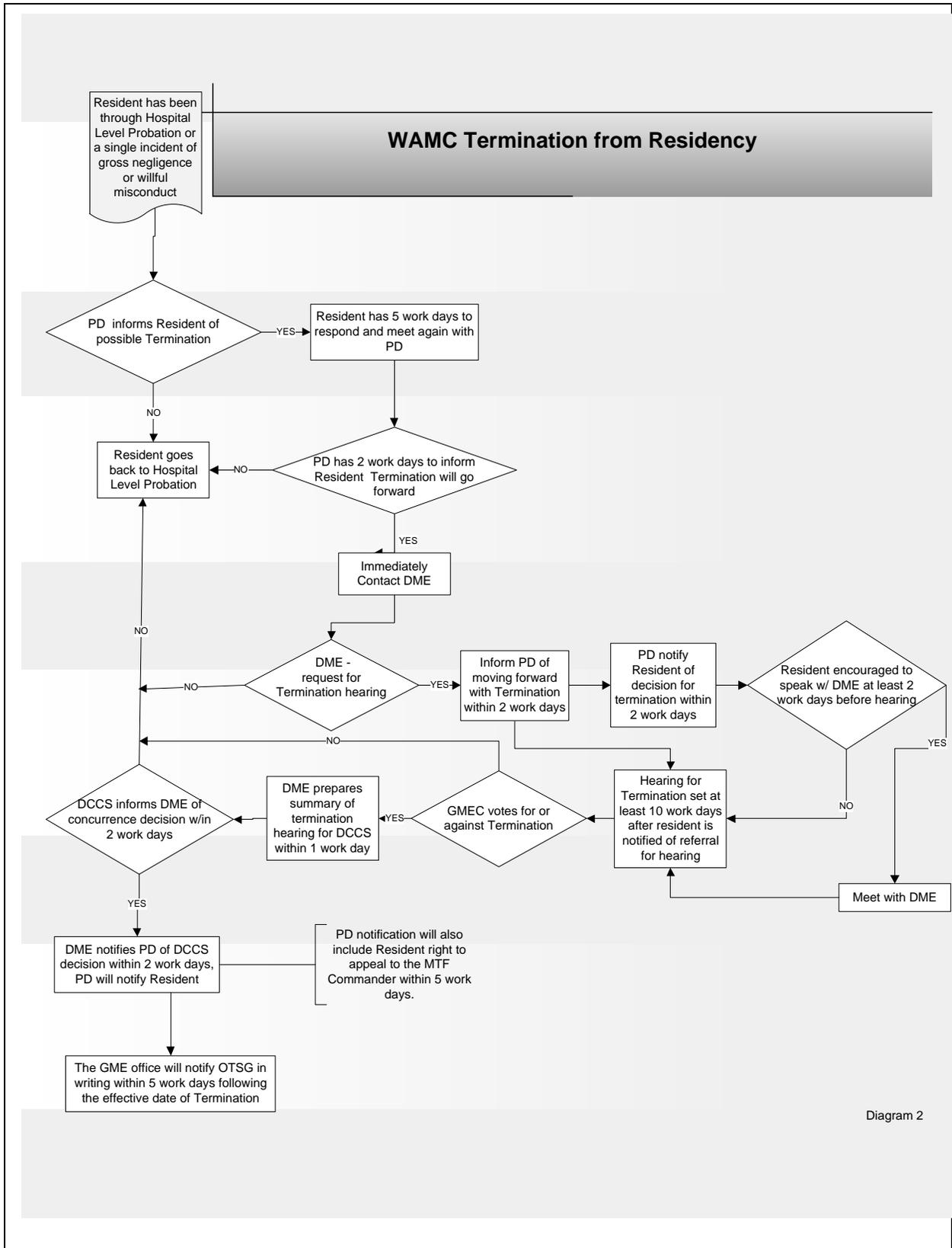


Diagram 2

Diagram 3 - Resignation

