

TEMPLE UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

NUMBER: TUH GMES – 202 (Formally TUHRAC – 202)
TITLE: Due Process and Grievance Appeal (Suspension, Termination And Grievance Process)
EFFECTIVE DATE: 07/00/1995
LAST REVIEWED: 09/01/2005, 08/01/2006, 05/22/2007, 08/2009, 01/07/10
LAST REVISED: 01/07/10
REFERENCES:
ATTACHMENTS:

PURPOSE

This policy and procedure describes the due process and grievance appeal proceedings available to all Residents at Temple University Hospital.

POLICY

It is the policy of Temple University Hospital that all Residents will be afforded the same due process and grievance appeal proceedings at the institutional level.

PROCEDURES

1. SUSPENSION:

TUH has the right to immediately suspend the RESIDENT, with or without compensation, for cause. TUH will notify the RESIDENT, in writing, of the reason(s) for the suspension. The TUH Program Director will notify the Designated Institutional Officer when a RESIDENT is suspended. Cause is determined at the discretion of the Program Director. Cause includes, but is not limited to, the RESIDENT:

- a) Failing to complete assigned medical records in accordance with TUH's requirements.
- b) Violating any terms and conditions of the Agreement.
- c) Violating TUHS Drug and Alcohol Policy 950.553, such that suspension is warranted under that policy.

NOTE: ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO TEMPLE UNIVERSITY HOSPITAL STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

- d) Failing to comply with any applicable bylaws, policies and procedures, rules and regulations of TUH, the Department, and the Medical Staff (if applicable) as well as those of other institutions in which the RESIDENT rotates.
- e) Failing to comply with any applicable local, state, or federal laws and/or regulations or accrediting standards of any regulatory bodies (ACGME, Joint Commission, DOH, HCFA, etc.) which govern TUH's operations in the conduct of safe clinical care.
- f) Facing allegations that the Program director believes requires time for investigation in order to make a final determination regarding the circumstances or facts surrounding an allegation about the RESIDENT.

2. PROCEDURE FOR SUSPENSION:

- 2.1 The RESIDENT shall be advised of the suspension by the Program Director through letter or personal notice.
- 2.2 If the RESIDENT is personally notified, the Program Director will confirm the suspension in writing.
- 2.3 The written suspension or confirmation notice will state the reason(s) for the suspension, the period of the suspension, and will enclose a copy of the Grievance Process. A copy of the suspension or confirmation notice will be placed in the RESIDENT's permanent file.
- 2.4 During the suspension, the RESIDENT must:
 - a) Relinquish the RESIDENT's TUH identification card, keys, and parking pass unless determined otherwise by the Program Director; and
 - b) Not enter TUH for any reason without the prior approval of the RESIDENT's Program Director.
- 2.5 The suspension shall remain in effect for the stated period or until rescinded by the Program Director or until modified or rescinded under the Grievance Process.
- 2.6 At the discretion of the Program Director, the RESIDENT's compensation (stipend) and benefits may or may not continue during suspension.

3. TERMINATION:

Prior to the termination date of the Agreement, TUH has the right to immediately terminate this Agreement and the RESIDENT's participation in the Program for cause. TUH will notify the RESIDENT of the reason(s) for the termination. The TUH Program Director will notify the Designated Institutional Officer the effective date of RESIDENT's termination. Cause is determined at the discretion of the Program Director. Cause includes, but is not limited to, the RESIDENT: (1) recurrently failing to satisfactorily perform RESIDENT duties, as set forth in Section 4 of the Agreement; (2) failing to correct the terms and conditions of the deficiencies that were the basis for any suspension; (3) violating TUHS Drug and Alcohol Policy 950.553, such that termination is warranted under that policy, and

NOTE: ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO TEMPLE UNIVERSITY HOSPITAL STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

(4) behaving in a manner that is singularly so egregious as to warrant termination. Nothing here is intended to require, or should be construed as requiring, TUH to suspend or take any other actions before terminating the RESIDENT.

4. PROCEDURE FOR TERMINATION:

- 4.1 The RESIDENT shall be advised of the termination by the Program Director through letter or personal notice.
- 4.2 If the RESIDENT is personally notified, the Program Director will confirm the termination in writing.
- 4.3 The written termination notice or confirmation will state the reason(s) for the termination, the termination date, and will enclose a copy of the Grievance Process. A copy of the termination notice/confirmation will be placed in the RESIDENT's permanent file.
- 4.4 The RESIDENT's compensation (stipend), benefits and professional liability insurance shall terminate as of the effective date of the termination, except for prior acts coverage, if applicable. However, the RESIDENT shall receive compensation for days worked and for earned but unused vacation time up to the day on which the RESIDENT received notice of the termination.
- 4.5 Immediately after being terminated, the RESIDENT shall relinquish the RESIDENT's TUH identification card, keys and parking pass, immediately leave the premises and not return to TUH for any reason without the prior approval of the RESIDENT's Program Director.

5. GRIEVANCE PROCESS

- 5.1 The following actions will be deemed Adverse Actions and shall constitute grounds for a RESIDENT to initiate the Grievance Process:
 - a) Suspension
 - b) Termination
 - c) Notification that the RESIDENT'S Agreement will not be renewed
 - d) Notification that the RESIDENT will not be promoted
- 5.2 If a RESIDENT wants to appeal an Adverse Action, the RESIDENT must, within ten (10) calendar days of the RESIDENT'S receipt of the written notice/confirmation of the Adverse Action, advise the Chairperson of the RESIDENT'S department, in writing, (1) their desire to appeal the Adverse Action; and (2) the clear and concise reasons for their appeal.

NOTE: ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO TEMPLE UNIVERSITY HOSPITAL STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

- 5.3 Within (10) calendar days of the Chairperson's receipt of the RESIDENT's notice of appeal (as set forth in Section 5.2), the Chairperson shall: (1) decide, at her/his discretion, whether to meet with the RESIDENT and/or conduct other investigation; (2) decide whether to maintain, modify or rescind the Adverse Action, and (3) provide written notification to the RESIDENT of the Chairperson's decision regarding the RESIDENT'S appeal.
- 5.4 Within ten (10) calendar days of receipt the of the written notification of the Chairperson's decision, the RESIDENT may appeal that decision by requesting, in writing, a hearing before a Grievance Appeal Committee ("GAC"). The written request shall identify (1) their desire to for a hearing; and (2) the clear and concise reasons for their appeal. This written request shall be delivered to the TUH Designated Institutional Officer (DIO) . Upon receiving such notification, the DIO will notify the Chairperson of TUH Graduate Medical Education Committee ("GMEC").
- 5.5 A hearing panel will be appointed by the GMEC on an annual basis. The panel will consist of (4) faculty members and (2) resident members chosen from the current membership of the GMEC. The GMEC Chairperson shall serve as the Chairperson of the GAC. In addition to the GMEC Chairperson, the GAC will include: three (3) faculty members and one (1) resident member chosen from the current hearing panel. In the event a member of the GAC was directly involved with the Adverse Action, such person shall not sit on the GAC. Once aware of such circumstances, the GMEC Chairperson shall select another member to serve on the GAC. If the GMEC Chairperson can not serve on the GAC, the GMEC Chairperson shall appoint another GMEC committee member to serve as the Chairperson of the GAC. However, if the GMEC Chairperson is also the RESIDENT's Program Director or there is some other conflict of interest, the DIO shall make the GAC appointments. In this case, the members of the GAC shall select, by majority vote, a faculty member of the GAC to serve as the GAC Chairperson. The RESIDENT's Program Director or other members of the RESIDENT's Department shall not serve on the GAC.
- 5.6 The decision of the majority of the GAC shall be a binding and final decision. The GAC will use its best efforts to provide the RESIDENT with its written decision within ten (10) calendar days of the conclusion of the hearing. A copy of the decision will be placed in the RESIDENT's file. If the decision of the Program Director is modified or rescinded, the notice shall state the nature of the modification or rescission, the effective date of the modification/rescission, and which rights, if any, including compensation and benefits under the Agreement will be restored to the RESIDENT.

NOTE: ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO TEMPLE UNIVERSITY HOSPITAL STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.

6. GRIEVANCE APPEAL COMMITTEE HEARING PROTOCOL

- 6.1 The GAC hearing shall be scheduled as promptly as possible.
- 6.2 The RESIDENT shall be notified, in writing, of the names of the members of the GAC, including the name of the member acting as Chairperson of the GAC, and the time and place of the hearing. The RESIDENT shall have three (3) business days from the date of such notice to object, for cause, to any member sitting on the GAC. Business days means Monday through Friday, excluding holidays. Any objections must be submitted, in writing, to the GMEC Chairperson. The written objection(s) must state the reason(s) for the objection(s). The decision to replace any member of the GAC is within the sole discretion of GMEC Chairperson. The GMEC Chairperson shall notify the RESIDENT, in writing, of the decision. However, if the RESIDENT is objecting to the GMEC Chairperson serving on the GAC, the removal of the GMEC Chairperson from the GAC shall be made by the majority of the other members of the GAC and the DIO.
- 6.3 The RESIDENT may be accompanied to the hearing by an advisor of the RESIDENT's choosing. The role of the advisor at the hearing is limited to non-active participation. The advisor may not directly participate in the hearing, direct questions to any person appearing before the GAC, or address the GAC. The RESIDENT must notify the Chairperson of the GAC, in writing, of the name of the advisor at least three (3) business days prior to the hearing.
- 6.4 The RESIDENT, the Program and its faculty, or TUH may provide members of the GAC with written material to review in advance of the day of the hearing. This may include, but is not limited to, written materials from the RESIDENT's file. If written materials are provided to the members of the GAC, a copy of these materials shall also be given to the RESIDENT/the Program at the same time.
- 6.5 Either party may request witnesses to appear before the GAC. All requests must be made within three (3) business days of the hearing. The decision to hear from a witness is within the sole discretion of the GAC. The request to hear a witness may be denied for reasons including, without limitation, the reasonableness of both time and number of witnesses, as well as, the relevance of the witnesses' testimony to the proceedings.
- 6.6 The Chairperson of the GAC shall notify the RESIDENT and the Program of the name of any witness who has been approved to appear before the GAC at least one (1) business day prior to the hearing. The testimony of any witness shall be limited to a reasonable length and shall be confined to areas relevant to the Adverse Action.
- 6.7 A record will be made of the hearing (e.g., written synopsis, audio or video taping, court reporter). The GAC has the sole discretion to choose the method used to create the record.

NOTE: ANY PRINTED COPY OF THIS POLICY IS ONLY AS CURRENT AS OF THE DATE IT WAS PRINTED; IT MAY NOT REFLECT SUBSEQUENT REVISIONS. REFER TO THE ON-LINE VERSION FOR MOST CURRENT POLICY.

USE OF THIS DOCUMENT IS LIMITED TO TEMPLE UNIVERSITY HOSPITAL STAFF ONLY. IT IS NOT TO BE COPIED OR DISTRIBUTED OUTSIDE THE INSTITUTION WITHOUT ADMINISTRATIVE PERMISSION.