

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

MEDCEN Pamphlet  
No. 351-1

21 June 2011

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

**1. HISTORY.** This is the fourth 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. Comprehensive Accreditation Manual for Hospitals, The Joint Commission, January 2009.

**3. GENERAL.**

a. This document outlines the process for management of residents who encounter academic, technical, and/or professional problems. The procedures prescribed herein 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 (diagram 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 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-MD 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 Officer's 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. The Directorate is also responsible for the management and the execution of a multi-million dollar budget.
- c. The Joint Commission. The Joint Commission has been accrediting hospitals for more than 50 years. Its accreditation is a nationwide seal of approval that indicates a hospital meets high performance standards. Our accreditation helps hospitals improve their performance, raise the level of patient care, and demonstrate accountability in the rapidly changing health care marketplace
- d. Medical Treatment Facility Commander. An individual designated by institutional documents as having appellate authority regarding termination of a resident from a program.

- 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.
- f. Director of Medical Education (DME). An institutional official having the authority and the responsibility for oversight and administration of GME programs. The DME is a position that is appointed by the Deputy Commander for Clinical Services
- g. Graduate Medical Education Committee (GMEC). The mission of the GMEC is to monitor and advise on all aspects of graduate medical education in the institution. The GMEC responsibilities shall be as prescribed by the ACGME, RRCs and the Army requirements. The institutional committee composed of the DCCS, DME, Program Directors and Coordinators, at least one resident representative 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.
- h. Institutional Documents. The organizational documentation that define the structure and the chain of authority and accountability for the institution sponsoring GME.
- i. Medical Treatment Facility (MTF). The institution that conducts GME.
- j. Remedial Action. One of four tiers of remediation 1) verbal/written consultation, 2) Personal Improvement Plan, 3) Program Level Remediation 4) Hospital Level Probation and extension of training are considered remedial actions.
- k. Adverse Action. Hospital Level Probation and Termination are considered adverse actions.

**5. RESPONSIBILITY.** Program Directors 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. Program Directors are responsible for compliance with the requirements prescribed herein.

- a. Residents/trainees must be provided written performance evaluations at appropriate intervals. Frequency of evaluations must satisfy program requirements

published by the Residency Review Committee and should be performed at least semi-annually.

- b. An educational training file must be maintained for each resident.
- c. 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.
- d. Remedial action must be instituted when a Program Director identifies a resident/trainee with significant deficiencies in knowledge, skills, or professional attitudes.
- e. The Program Director will immediately investigate any allegation of substandard academic or unprofessional performance. During an interview, if an individual begins to disclose information that indicates a violation of the Uniform Code of Military Justice (UCMJ), the Program Director will halt the interview immediately, apprise the individual of his/her rights against self incrimination and immediately contact the proper legal and law enforcement channels. If the individual discloses information the Program Director 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.** All remedial actions must be based upon thorough written documentation. This begins with initial counseling followed by written performance evaluations and periodic statements by the Program Director concerning the success of the resident/trainee in achieving designated milestones in professional development.

- a. Assessment of the resident/trainee performance should consider the progressive development under supervision of the knowledge, skills, and attitudes required for safe, effective and compassionate patient care commensurate with the resident/trainee level of advancement and responsibility.
- b. When progress is below expectations, the Program Director 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 active participation in the educational and scholarly activities of the program.

**7. REMEDIAL ACTION.** There must be a written plan for any remedial action. It must include objective criteria by which improvement can be judged. Resident may be considered for verbal/written consultation, Personal Improvement Plan, Program Level Remediation, Hospital Level Probation, extension of training and Termination based upon any of the following:

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.** This action allows for correction of deficiencies without hospital level probation. The DME must be informed of this action in writing by the Program Director prior to initiating this action, however it is not considered to be adverse and no formal presentation to the GMEC is required. Such remediation may not exceed 60 days nor be extended or repeated. This level of remediation must precede placement of the resident on hospital level probation except in cases of gross negligence or willful misconduct as judged by the Program Director. Residents alleged to have committed such acts of gross negligence or willful misconduct will be referred to the GMEC for immediate summary action.

a. The Program Director will identify residents whose academic or professional performance fails to meet expected standards of knowledge, skills or attitudes.

b. The Program Director will provide the resident with clear written documentation including the following points:

(1) A description of specific deficiencies in performance.

(2) The methods to use to improve the noted deficiencies.

(3) A list of 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.

c. 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

d. The Program Director may designate an advisor to assist the resident during remediation.

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

**9. HOSPITAL LEVEL PROBATION.** A Program Director may propose hospital level probation after a period of program level remediation or after a single incident of gross negligence or willful misconduct (diagram 2). Hospital Level Probation is a period of supervision initiated to assist the resident in understanding and correcting significant specific deficits in knowledge, skills or attitudes. Hospital Level Probation may be approved, ended or extended only by recommendation of the GMEC. Hospital Level Probation may end in return to full training status with or without extension of training, withdrawal or termination.

a. The proposal for hospital level probation 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 endeavor in the training program.

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- (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.
- (6) Documented regression or failure to progress after removal from hospital level probation despite counseling.
- (7) Disciplinary problems.
- (8) 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) Failure to maintain compliance with weight or physical fitness requirements.
- (11) An incident of gross negligence or willful misconduct, including a violation of the UCMJ.
- (12) Other circumstances deemed significant by the Program Director.

b. In order for a resident to be placed on hospital level probation, the Program Director must notify the resident in writing that a proposal for hospital level probation 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 Program Director.

c. The Program Director must then notify the resident in writing if the proposal for hospital level probation will go forward within 2 working days following receipt of the resident's response, if submitted. The notification must include specific reasons for the contemplated action and advise the resident of their rights for due process under this policy. At this time, the Program Director must provide the resident with a copy of the hospital level probation request, as it will be submitted to the DME (memo 1) and applicable institutional policy on due process. A record of the notification including a signed acknowledgment of receipt of a copy of the hospital level probation request must be maintained in the resident's educational training file.

d. If the Program Director's decision is to request hospital level probation, the request must be submitted to the DME immediately after notifying the resident of the

intent to proceed with a hospital level probation request. The request should include the following:

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

e. Upon receipt of the program Director's request for hospital level probation, the DME must determine whether to convene a hospital level probation hearing and inform the Program Director of the date and time within 2 working days. A hearing to address a hospital level probation request must be at least 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 a hospital level probation hearing or a special meeting of the GMEC may be convened to address the hospital level probation request.

f. Upon receipt of the DME's decision, the Program Director will notify the resident of the decision within 2 working days. If the decision is to refer the matter for hearing, the Program Director 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 hospital level probation request will be made available to members of the GMEC prior to and during the hospital level probation hearing.

g. The resident is encouraged to request a meeting with the DME prior to the hospital level probation 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.

h. The GMEC will consider the request and all relevant information presented at the hearing and renders its recommendation. This is the initial approval authority for placement of residents on hospital level probation. The decision on the recommendation for hospital level probation will be determined by a vote. For the action to go forward, there must be a quorum of 50% of the voting members and a greater than 50% must vote in favor of hospital level probation. The deliberations and voting will be in closed session. All but the voting committee members, DME and recorder must leave the room. The proceedings and recommendations must be mentioned in the minutes of the GMEC, but detailed records of the proceedings and vote will be kept confidentially in the local graduate medical education office.

i. The DME will prepare a summary of the proceedings and recommendations. This summary along with the Program Director's original request and the resident's written statements will be forwarded to the Deputy Commander for Clinical Services within 1 working day following adjournment (memo 2).

j. The Deputy Commander for Clinical Services, must notify the DME of his/her concurrence or non-concurrence within 2 working days following receipt of the summary of the proceedings and recommendation.

k. The DME will notify the resident in writing within 2 working days of the decision (memo 3). If the decision is to place the resident on probation, the notification will also include the resident's right to appeal the decision to the medical treatment facility (MTF) Commander, within 5 working days following the date the notification is received 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.

l. The resident may make a one-time submission of an appeal of the probation decision through the Deputy Commander for Clinical Services to the medical treatment facility (MTF) Commander. The probation request and GMEC minutes must be submitted to medical treatment facility (MTF) Commander for review.

m. Written notification of the decision regarding an 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.

n. The period of hospital level probation will generally be at least 30 days and in all cases will not exceed 90 days. The GMEC may vote to extend the term of hospital level probation for a period not to exceed an additional 90 days on recommendation of the Program Director. Residents who fail to demonstrate adequate improvement after two consecutive periods of hospital level probation will generally be recommended for termination under due process procedures by the Program Director.

o. The Program Director will counsel the resident on the terms and conditions of the hospital level probation. This session must be documented and an acknowledgment signed by the resident. The Program Director will assign a faculty advisor to assist the resident in the improvement plan.

p. 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 hospital level probation period. Requests for evaluation outside the institution will be reviewed on a case-by-case basis and honored on the basis of the merits of the request. The resident will be responsible for all costs associated with outside evaluations.

q. If a Program Director determines that a medical, psychological, or learning disability evaluation is required, and the resident does not choose to voluntarily seek evaluation, the hospital 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.

r. The Program Director will submit a monthly written report to the GMEC regarding the resident's performance during hospital level probation. 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. The resident will be requested to sign the report acknowledging its receipt. The resident may also submit written statements on his/her behalf to the GMEC.

s. The DME will notify the Directorate of Medical Education (AGME), MEDCOM, ATTN: DASG-PSZ-MG, in writing within five (5) working days following the effective date any military resident is placed on hospital level probation. This Directorate will notify the appropriate authority if the military resident is from another service. The MTF GME Office must notify the appropriate organization for any civilian resident placed on hospital level probation in accordance with their training agreements.

**10. COMPLETION OF HOSPITAL LEVEL PROBATION.** Hospital Level Probation may be ended under several conditions.

a. The Program Director may determine the resident's performance has improved and meets the stated terms for successful remediation (all measurable endpoints have been achieved). The Program Director may petition the GMEC to remove the resident from hospital level probation (memo 5). A majority vote (greater than fifty per cent of the voting members present) by the GMEC is needed to forward the recommendation to the Director of Medical Education. The DME will send a letter of notification to the resident through the respective program director (memo 6).

b. The resident may voluntarily resign from the program (see paragraph 13).

c. The resident's training is terminated.

**11. EXTENSION OF TRAINING.** 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. Leave, passes, convalescent leave, travel time, in-processing/out-processing time and other absences are governed by existing regulatory and local guidance. If the recommended hospital level probation period exceeds more than one half the elective times normally allocated within the residency curriculum, a request for extension may be initiated. In those instances of more prolonged absence, the Program Director may recommend extension of training. Extension of training is not considered an adverse action in and of itself, therefore, requires no hearing or appeal. Extension of training may or may not involve probation status and may occur for other reasons, such as medical, personal or administrative. Extensions of training as part of the hospital level probation require no hearing or appeal since due process is part of the hospital level probation procedure.

a. Any time 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.

b. A written request for extension with the stated reasons enumerated must be sent to the GMEC (memo 7). The GMEC may recommend extension of training. This action requires a majority vote (greater than fifty percent of the voting members present) by the members of the committee and is subject to approval by the medical treatment facility (MTF) Commander. 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 Program Director in the resident training file.

c. 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 (memo 8).

**12. TERMINATION FROM TRAINING.** Termination is the most serious action that can be proposed by a Program Director (diagram 3). Termination will normally be imposed only after a period of formal hospital level probation, two-time non-select for promotion, or after a single incident of gross negligence or willful misconduct. There must be a quorum of 75% of the voting members before a recommendation for termination is approved by a two-thirds vote of the GMEC

a. A recommendation for termination must be based upon one of the following:

(1) Failure to satisfactorily progress toward correction of deficiencies while on hospital level probation.

(2) Regression or failure to satisfactorily progress after removal from hospital level probation.

(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. In order for a resident to be terminated from training, the Program Director 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 Program Director.

c. The Program Director must then 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. The notification must include specific reasons for the contemplated action and advise the resident of their rights (see paragraph 11) for due process under this policy. At this time, the Program Director must provide the resident with a copy of the termination request as it will be submitted to the DME and applicable

institutional policy on due process (memo9). 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. If the Program Director's decision is to request termination, the request must be submitted to the DME immediately after notifying the resident of the intent to proceed with a termination request. The request should include the following:

- (1) Specific reasons for the proposed termination.
- (2) A copy of the probation request, if applicable.
- (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 Program Director's request for termination, the DME must determine whether to convene a termination hearing and inform the Program Director of the date and time within 2 working days. A hearing to address a termination request must be at least 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 a termination hearing or a special meeting of the GMEC may be convened to address the termination request.

f. Upon receipt of the DME's decision, the Program Director will notify the resident of the decision within 2 working days. If the decision is to refer the matter for a hearing, the Program Director 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 made available to members of the GMEC prior to and during the termination hearing.

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. 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.

h. The GMEC will consider the request and all relevant information received at the hearing and renders its recommendation. This is the initial approval authority for termination from training. The decision on the recommendation for termination will be determined by a vote. For the action to go forward, there must be a 75% quorum of the voting members and greater than two-thirds must vote in favor of termination. The deliberations and voting will be in closed session. All but the voting committee members, DME and recorder must leave the room. The proceedings and recommendations must be mentioned in the minutes of the GMEC, but detailed records of the proceedings and vote will be kept confidentially in the local medical education office.

i. The DME will prepare a summary of the proceedings and recommendation. This summary along with the Program Director's original request and the resident's written statements will be forwarded to the Deputy Commander for Clinical Services within 1 working day following adjournment (memo 10).

j. The Deputy Commander for Clinical Services must notify the DME of the decision within 2 working days following receipt of the summary of proceedings and recommendation.

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 (memo 11), the notification will also include the resident's right to appeal the decision to the medical treatment facility (MTF) Commander, within 5 working days following the date the notification is received 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.

l. The resident may make a one-time submission of an appeal of the termination decision through the Deputy Commander for Clinical Services to the MTF Commander following a hearing if termination is approved. The termination request and GMEC Hospital Level Probation hearing minutes must be submitted to the (MTF) Commander for review.

m. Written notification of the decision regarding an 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.

n. The DME will notify the Directorate of Medical Education, MEDCOM, ATTN: DASG-PSZ-MG, in writing within 5 calendar days following the decision to terminate any military resident (memo 12). This Directorate will notify the appropriate authority if the military resident is from another Service. The MTF GME office must notify the appropriate organization for any civilian resident terminated in accordance with their training agreements.

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

a. Fifty-percent of the voting membership must be present for hearings on Hospital Level Probation and seventy-five percent present for hearings on termination. At least one resident representative must be present in either situation.

b. 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. If this is not possible, the GMEC may proceed in the absence of the resident after formally documenting the circumstances and the necessity of proceeding in a timely manner.

c. 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 Program Director.

(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 make arguments, but the resident may consult the attorney.

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

(6) The right to request witnesses to speak on his/her behalf or to submit statements from those witnesses. This request will normally be honored, however, the hearing will not be unreasonably delayed in order to allow their appearance. The

witnesses may speak on behalf of the resident but may not question members of the GMEC. The Chair of the committee may limit time allotted for individual comments.

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

(8) The right to appeal a decision.

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

e. The resident and any accompanying attorney may be present during the presentation by the Program Director 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.** 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. 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.**

a. Residents may submit a written request to the Program Director resigning from the training program (memo13). 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.

b. The request will be forwarded to the DME with the Program Director's Recommendation (memo 14), a description of the circumstances of the resignation, and whether or not progress has been satisfactory up until the time of resignation. The Program Director will indicate the number of months of training that has been successfully completed and whether the resident will be recommended for future GME. The resident must review the statement by the Program Director and sign to acknowledge the review.



c. The DME will review the case and recommend approval or disapproval to the designated decision making authority for the institution that will make the final determination.

d. The Directorate of 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 (memo 15). This office will notify MC Branch, PERSCOM, the physician is available for assignment. 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.

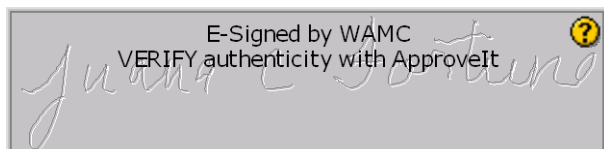
**17. MEMORANDUMS.** Memos are examples and must follow the correct format as outlined in AR 25-50.

**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:

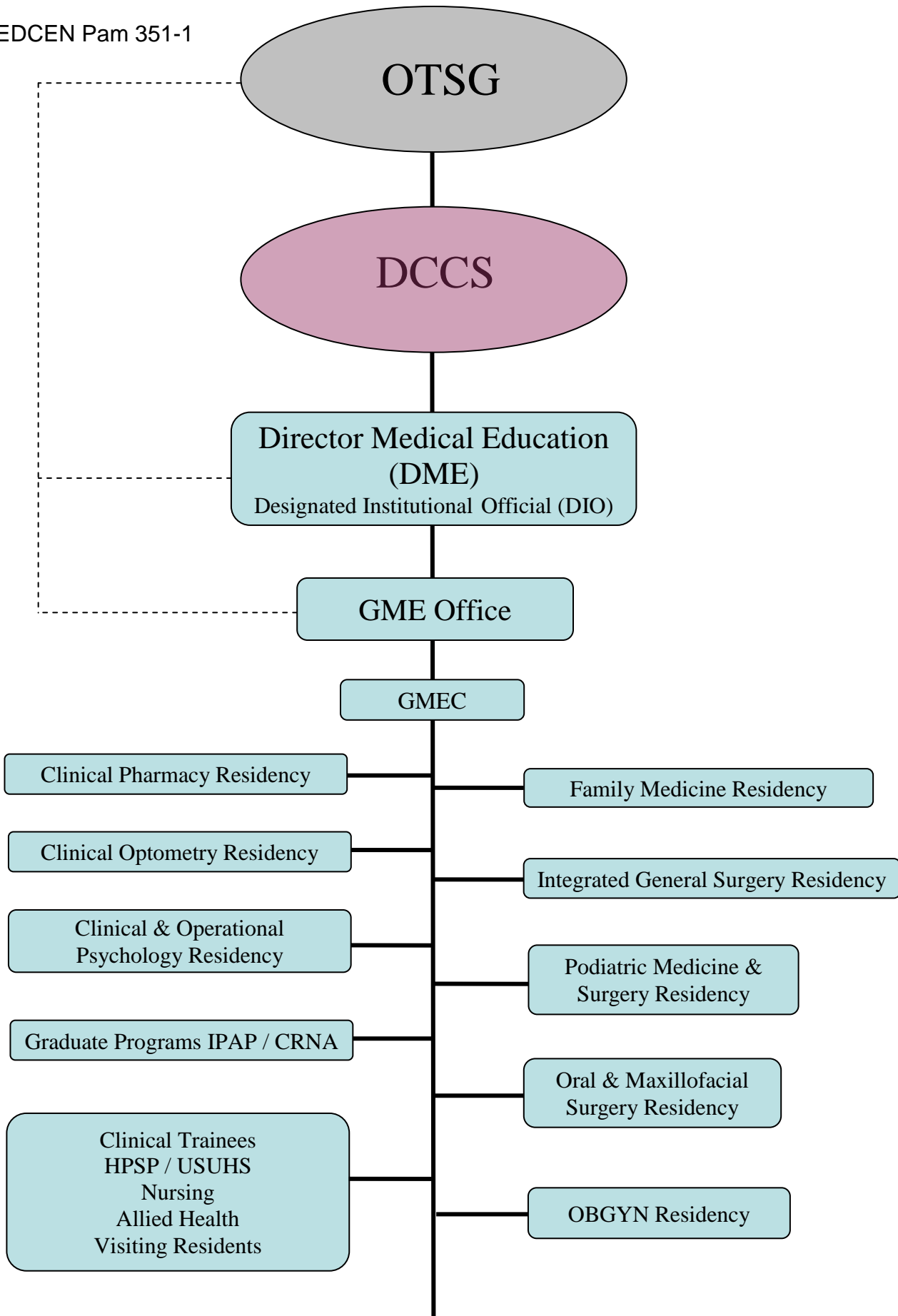
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# WAMC Hospital Level Probation / Extension in Residency

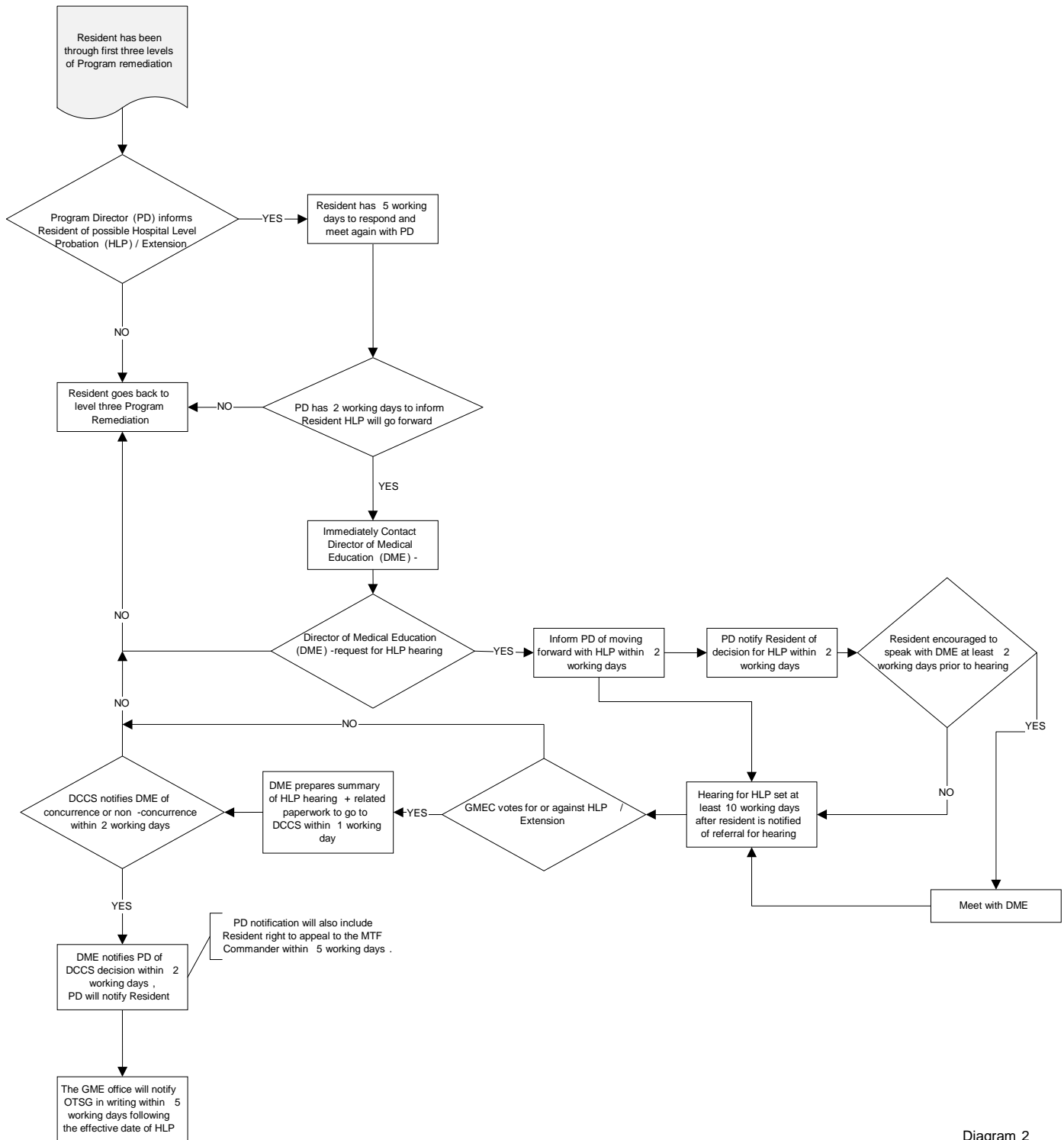


Diagram 2

## Example Memo 1 from Program Director to Director of Medical Education



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-XXXX

DATE

MEMORANDUM FOR DIRECTOR OF MEDICAL EDUCATION

SUBJECT: Recommendation for Hospital Level Probation

1. The intent of the undersigned Program Director is to request hospital level probation (HLP) for **Trainee Name**. He/She is currently assigned as a **PGY1, 2, 3, 4** in the **Name of residency** program.
2. A request for probation is being requested secondary to **Trainee Name** inability to (Give reasons for the request such as academic or APFT).
3. The requested performance plan would include (Give a performance Plan) **Name of residency**. This performance plan would cease upon the successful completion of the Plan. If unsuccessful, I am requesting this performance plan be in place for 90 days.
4. POC is the undersigned at 907-xxxx

PD name  
RANK, MC, USA  
Director Residency Training

**I, Trainee Name** received the above memorandum and understand the implications listed therein.

Received Date:

Signature: \_\_\_\_

Example Memo 2 from Director of Medical Education  
To Deputy Commander for Clinical Services  
(Result of Hospital Level Probation Hearing)



MCXC-DME-GME

DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



DATE

MEMORANDUM FOR DEPUTY COMMANDER FOR CLINICAL SERVICES

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

1. A Probationary hearing was called to order at TIME, DATE at the request of Name of PD, Name of Residency, regarding Name of Trainee.
2. Members in Attendance:
3. Proceedings.
4. Recommendation.
5. Having no further business the meeting was adjourned at TIME & DATE.

COL, MC  
Chief Department of Medical Education  
Director of Medical Education / DIO  
Womack Army Medical Center

## Example Memo 3 from Director of Medical Education Thru Program Director to Resident



MCXC-DME-GME

DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



DATE

MEMORANDUM THRU: PROGRAM NAME, PROGRAM DIRECTOR NAME

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 Deputy Commander for Clinical Services has concurred with the GMEC.
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.

COL, MC  
Chief Department of Medical Education  
Director of Medical Education / DIO  
Womack Army Medical Center

**I, Trainee Name** received the above memorandum and understand the implications listed therein.

Received Date:

Signature:

Cc: **(Trainee Name)**  
(Name of advisor), Academic Advisor  
Academic File

## Example Memo 4 from Director of Medical Education to The Directorate of Medical Education



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-DME-GME

DATE

MEMORANDUM FOR DIRECTORATE OF MEDICAL EDUCATION, 5109 Leesburg Pike, Suite 691, Falls Church, Virginia 22041

SUBJECT: Hospital Level Probation

1. **PD Name** presented to the Graduate Medical Education Committee the case to place **Trainee Name** on XX day Hospital Level Probation (HLP). HIS/HER recommendation is based on staff and faculty evaluation of **Trainee Name** performance over that time frame.
2. **PD Name** recommendation has been reviewed by the GMEC and accepted.
3. POC for this memo is the undersigned.

COL, MC  
Chief Department of Medical Education  
Director of Medical Education / DIO

Encls



## Example Memo 5 from Program Director to Director of Medical Education



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



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. competency in the ACGME core competencies of Interpersonal and Communication Skills and Patient Care.
3. (Trainee Name) has met all requirements delineated in his/her probationary memorandum.
4. (Trainee Name) academic performance during this probationary period is documented with the attached rotation reviews.
5. POC is the undersigned at 910 – 907 – 8251.

PD NAME  
RANK, MC, USA  
Director Residency Training

Cc: (Trainee Name)  
(Name of advisor), Academic Advisor  
Academic File

## Example Memo 6 from Director of Medical Education Thru Program Director to Resident



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-DME-GME

DATE

MEMORANDUM THRU: PROGRAM NAME, PROGRAM DIRECTOR NAME

FOR: Trainee Name

SUBJECT: Removal from Hospital Level Probation

4. PD Name presented to the GMEC the case to remove you from the XX day Hospital Level Probation (HLP). HIS/HER recommendation to remove you is based on staff and faculty evaluation of your performance over that time frame.
5. PD Name recommendation has been reviewed by the GMEC and accepted.
6. You must understand that if for any reason you are placed back on HLP that discussions and decisions will take into account your historical record.
7. POC for this memo is the undersigned.

COL, MC  
Chief Department of Medical Education  
Director of Medical Education / DIO  
Womack Army Medical Center

## Example Memo 7 from Program Director to Director of Medical Education



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-XXXX

DATE

MEMORANDUM FOR DIRECTOR OF MEDICAL EDUCATION

SUBJECT: Recommendation for Extension of Training

1. The intent of the undersigned Program Director is to request an Extension of Training for **Trainee Name**. He/She is currently assigned as a **PGY1, 2, 3, 4** in the **Name of residency** program.
2. A request for Extension of Training is being requested secondary to **Trainee Name** (Give reasons for the request such as pregnancy or medical).
3. The requested Extension of Training is added on to the: PGY (give how many days).
4. POC is the undersigned at 907-xxxx

PD name  
RANK, MC, USA  
Director Residency Training

## Example Memo 8 from Director of Medical Education to The Directorate of Medical Education



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-DME-GME

DATE

MEMORANDUM FOR DIRECTORATE OF MEDICAL EDUCATION, 5109 Leesburg Pike, Suite 691, Falls Church, Virginia 22041

SUBJECT: Extension of Training

1. **PD Name** presented to the Graduate Medical Education Committee the case to place **Trainee Name** on an Extension of Training. The dates of Extension are:
2. **PD Name** recommendation has been reviewed by the GMEC and accepted.
3. POC for this memo is the undersigned.

COL, MC  
Chief Department of Medical Education  
Director of Medical Education / DIO

Encls

# WAMC Termination from Residency

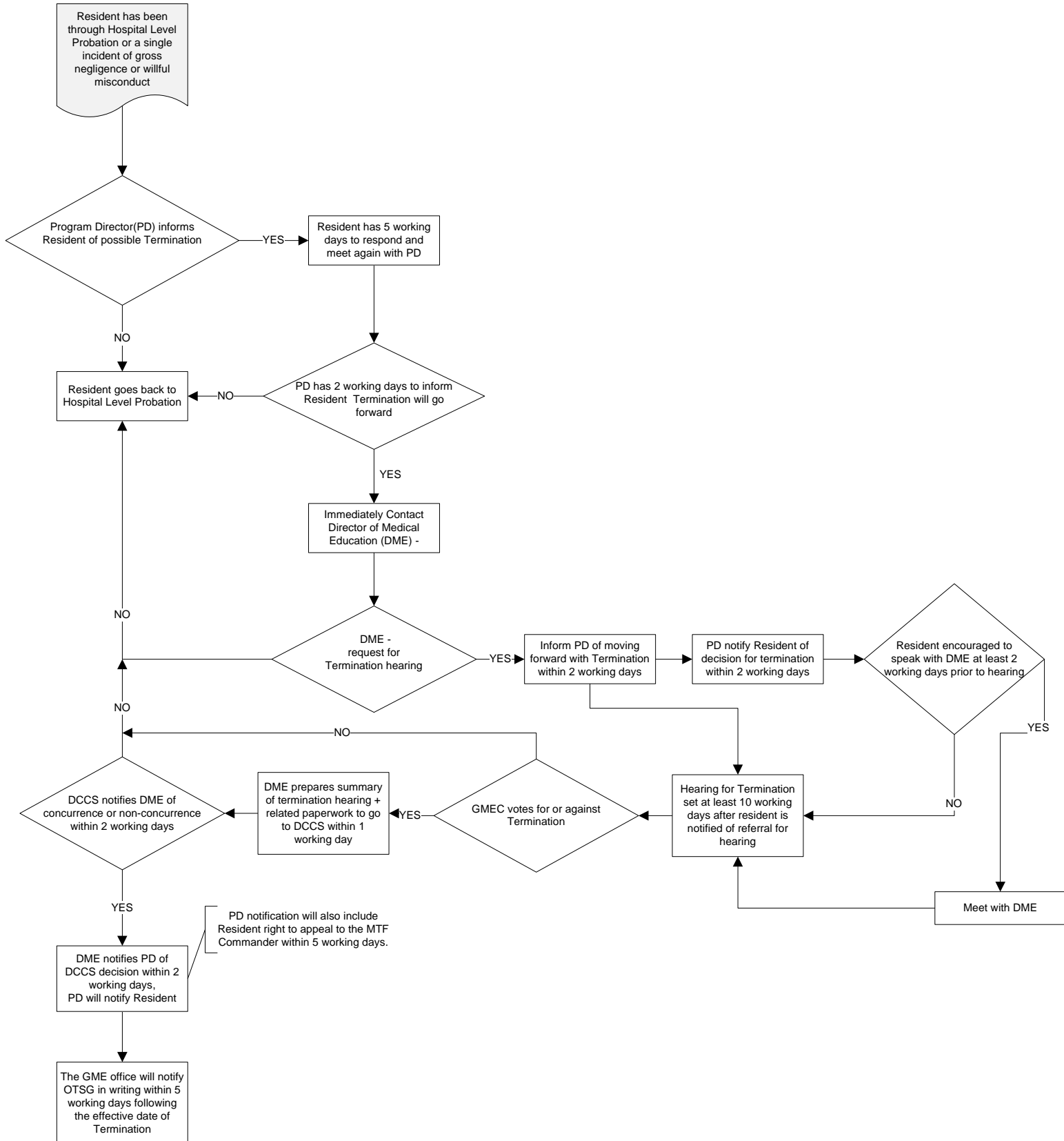


Diagram 3

## Example Memo 9 from Program Director to Director of Medical Education



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-XXXX

DATE

MEMORANDUM FOR DIRECTOR OF MEDICAL EDUCATION

SUBJECT: Recommendation for Termination from Residency Training

1. Reason(s) for termination. I am hereby recommending to the Graduate Medical Education Committee (GMEC) that **Trainee Name** 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. Review by Residency Advisory Council
4. IAW MEDCEN 351-1 you have five (days) 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 MEDCEN Pam 351-1. You have been provided with a copy of the MEDCEN due process policy (MEDCEN PAM 351-1) for reference.
6. You have the right to withdraw from residency training.
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-xxxx

MEDCEN Pam 351-1

PD name  
RANK, MC, USA  
Director Residency Training

I, **Trainee Name** received the above memorandum and understand the implications listed therein.

Received Date:

Signature:\_\_\_\_\_

Example Memo 10 from Director of Medical Education  
To Deputy Commander for Clinical Services  
(Result of Termination Hearing)



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-DME-GME

DATE

MEMORANDUM FOR DEPUTY COMMANDER FOR CLINICAL SERVICES

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

6. A Termination hearing was called to order at TIME, DATE at the request of Name of PD, Name of Residency, regarding Name of Trainee.
7. Members in Attendance:
8. Proceedings.
9. Recommendation.
10. Having no further business the meeting was adjourned at TIME & DATE.

COL, MC  
Chief Department of Medical Education  
Director of Medical Education / DIO  
Womack Army Medical Center



## Example Memo 11 from Director of Medical Education Thru Program Director to Resident



MCXC-DME-GME

DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



DATE

MEMORANDUM THRU: PROGRAM NAME, PROGRAM DIRECTOR NAME

FOR: **Trainee Name**

SUBJECT: Termination from training

5. **PD Name** presented to the GMEC the case to terminate you from residency training. HIS/HER recommendation to terminate you is based on staff and faculty evaluation of your performance over that time frame.
6. The Deputy Commander for Clinical Services has concurred with the GMEC.
7. You have the right to appeal to the Commander within 5 working days of this notification.
8. POC for this memo is the undersigned.

COL, MC  
Chief Department of Medical Education  
Director of Medical Education / DIO  
Womack Army Medical Center

**I, Trainee Name** received the above memorandum and understand the implications listed therein.

Received Date:

Signature:

Cc: **(Trainee Name)**  
(Name of advisor), Academic Advisor  
Academic File

## Example Memo 12 from Director of Medical Education to The Directorate of Medical Education



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-DME-GME

DATE

MEMORANDUM FOR DIRECTORATE OF MEDICAL EDUCATION, 5109 Leesburg Pike, Suite 691, Falls Church, Virginia 22041

SUBJECT: Termination from Training

4. **PD Name** presented to the Graduate Medical Education Committee the case to terminate **Trainee Name**. Effective date is\_\_\_\_\_.
5. **PD Name** recommendation has been reviewed by the GMEC and accepted.
6. POC for this memo is the undersigned.

COL, MC  
Chief Department of Medical Education  
Director of Medical Education / DIO

Encls

## Example Memo 13 from Resident to Program Director (Resignation/Withdrawal)



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



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**. At that time I will begin serving as a General Medical Officer, pending acceptance into another residency specialty. I understand that this makes me eligible for assignment to meet the needs of the Army.

2. POC is the undersigned at 907-xxxx

**Trainee Name**  
RANK, MC, USA

## Example Memo 14 from Program Director to Director of Medical Education



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-XXXX

DATE

MEMORANDUM FOR Director Graduate Medical Education

SUBJECT: Withdrawal / Resignation from GME, Name of Program, **Trainee Name**

1. Name of Trainee has submitted a letter requesting withdrawal / resignation from the Graduate Medical Education Program in Name of Residency.
2. I have interviewed Name of Trainee to ensure they are aware of implications.
3. **Trainee Name** academic performance and has completed this amount of training.
4. I support the decision of Name of Trainee and recommend or not recommend for future GME training.
5. POC is the undersigned at 910 – 907 – XXXX.

PD NAME  
RANK, MC, USA  
Director Residency Training

## Example Memo 15 from Director of Medical Education Thru Deputy Commander for Clinical Services to OTSG-AGME



DEPARTMENT OF THE ARMY  
WOMACK ARMY MEDICAL CENTER  
DEPARTMENT OF FAMILY PRACTICE  
FORT BRAGG, NORTH CAROLINA 28310



MCXC-XXXX

DATE

MEMORANDUM THRU

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

FOR Director of Army Graduate Medical Education, HDQA, OTSG, ATTN: DASG-PZM, 5109 Leesburg Pike, Falls Church, VA 22041-3258

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). The letter of withdrawal / resignation has been accepted by the Program Director and the DME.
2. The Graduate Medical Education Committee has been informed and they have voted to accept the letter of withdrawal / resignation.
3. POC for this memo is the undersigned.

DME Name  
COL, MC  
Chief, Department of Medical Education  
Director of Medical Education / DIO  
Womack Army Medical Center