



DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
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MEDCEN Pamphlet
No. 351-1

1 August 2019

Graduate Medical Education

Due Process for Participants in Military Graduate Medical Education and Professional Allied Health Educational Programs

1. HISTORY. This is the seventh revision printing of this publication.

2. REFERENCES.

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

b. The Joint Commission, 2018 Comprehensive Accreditation Manual for Hospitals (CAMH), December 2017.

c. Headquarters, Department of the Army, Policy on Due Process for Participants in Military Graduate Medical Education (GME) Programs, 20 June 2008.

d. Headquarters, Department of the Army, AR 350-1 Army Training and Leader Development, 10 December 2017.

e. Headquarters, Department of the Army, FM 7-22 Army Physical Readiness Training, October 2012.

f. Headquarters, Department of the Army, AR 600-9 The Army Body Composition Program, 28 June 2013.

g. Headquarters, Department of the Army, ADP 6-22, Army Leadership, August 2012.

h. Headquarters, Department of the Army, AR 623-3 Evaluation Reporting System, 4 November 2015.

i. Headquarters, Department of the Army, AR 40-68, Clinical Quality Management, 22 May 2009.

j. U.S. Department of Defense, DODI 6490.4 Mental Health Evaluations of Members of the Military Services, 4 March 2013.

k. U.S. Department of Defense, DODI 6490.1 Mental Health Evaluations of

Members of the Armed Forces, 24 November 2003.

l. U.S. Department of Defense, DODI 6490.08 Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members, 17 August 2011.

m. Accreditation Council for Graduate Medical Education, ACGME Institutional Requirements, 1 July 2015.

3. GENERAL.

a. This document outlines the process to manage trainees who have academic, technical, and/or professional conduct issues during the course of their training. This document describes due process to include program level remediation, probation, and termination from training. Due process may result in extension of training; procedures for extension of training are described in this document. Procedures for administrative leave of absence, which is generally not punitive, are also described in this document.

b. Due process must be applied uniformly and fairly to all trainees in each program. Institutional policies apply to all trainees in Womack's training programs for issues relating to professional or technical/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 trainee's sponsoring service. At times, professional misconduct may be addressed concurrent through both military and GME due process.

c. Upon entry into a training program, trainees are provided a copy of this document. Each trainee is afforded the opportunity to review the policy and to ask questions. The trainee 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 trainee's training file.

d. A trainee's refusal to acknowledge receipt of documents 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 WAMC.

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 and representation for medical education issues for Department of Defense (DoD) agencies and numerous national medical organizations.

c. The Joint Commission. The Joint Commission is an independent, non-for-profit group in the United States that administers voluntary accreditation programs for hospitals and healthcare organizations. Army Military Treatment Facilities (MTFs) voluntarily participate in this process.

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

e. Chief Medical Officer (CMO). An individual designated in institutional documents as having decision authority regarding hospital level probation and termination of trainees/trainees from a program.

f. Director of Medical Education (DME). An institutional official having the authority and the responsibility for oversight and administration of Graduate Medical Education (GME) and Professional Allied Health Education (PAHE) programs. This individual also serves as the Designated Institutional Official (DIO) in accordance with the Institutional Requirements of the ACGME and as the institutional point of contact for PAHEC programs as applicable according to the accrediting organization of each program.

g. Program Director (PD). A training director for a single program with authority and accountability for the operation of the program. Depending upon the program, PD's are selected through a formal application process, or by Human Resources Command, or by the MTF Commander. This process generally occurs in collaboration with The Surgeon General's Specialty Consultant and in accordance with the ACGME or accrediting body requirements; some PD positions must also be approved by the GMEC or PAHEC. The program director must administer and maintain an educational environment conducive to educating the trainees in the competency areas identified by each program's accrediting body.

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 relevant Army requirements. The GMEC is chaired by the DME; membership is in compliance with requirements set by forth by the ACGME. Current members and voting members are defined in the charter and appointment memo.

i. Professional Allied Health Education Committee (PAHEC). The mission of the PAHEC is to ensure Institutional support for all Professional Allied Health Programs at WAMC and to forge a community of academic excellence and collaboration among the

various programs. The PAHEC is chaired by a committee-elected program director or WAMC education leader for a term of two years. Due to lack of a single over-arching accrediting body, membership follows the guidelines of the ACGME. Members and voting members are defined in the charter and appointment memo.

j. Institutional Documents. The organizational documentation that defines the structure and the chain of authority and accountability for the institution sponsoring GME and PAHEC training programs.

k. Due Process. This policy recognizes three tiers of developmental due process:

- (1) Performance Improvement Plan
- (2) Program Level Remediation
- (3) Hospital Level Probation

l. Adverse Action. Hospital Level Probation and Termination are adverse actions.

5. RESPONSIBILITIES.

a. The institution and programs will ensure compliance with grievance and due process procedures as set forth by WAMC in this document.

b. Program Directors (PDs) must assess trainees for deficiencies in knowledge, skills, and attitudes related to their training program and military officership. This includes failure to comply with military service regulations regarding weight, physical fitness, licensure or other requirements explicitly stated by each training program's accrediting organization. PDs are responsible for tracking compliance with the specified requirements.

(1) Trainees/trainees must be provided written performance evaluations at the conclusion of training rotations and at other appropriate intervals in compliance with requirements of their respective accrediting organizations.

(2) An educational training file must be maintained for each trainee and must be maintained in accordance with directives from each program's accrediting organization.

(3) A training agreement (continuous contract) must be maintained for each trainee. This agreement must be signed by the trainee prior to entry into GME and maintained in the trainee's training file. Institutional memos of appointment are signed annually and maintained in the training file.

(4) The PD will identify trainees 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 trainee/trainee with significant deficiencies in knowledge, skills, or professional conduct.

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

(a) During review, if a trainee 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, Rights Warning Procedure/Waiver Certificate, and immediately contact the proper legal and law enforcement channels. (See Section 14 Administration or Judicial Action.)

(b) If the individual discloses information the PD determines may be a violation of the UCMJ, the incident must be presented to the GMEC or PAHEC, respectively, 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 or digital documentation which may include but is not limited to: counseling statements, mid/end of rotation evaluations, performance evaluations, faculty statements, PD statements, and clinical competency committee (CCC) documentation regarding the success/failure of the trainee .

b. Assessment of trainee performance should consider the progressive development of the knowledge, skills, and attitudes required for safe, effective and compassionate patient care commensurate with his/her level of training. .

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

(1) The adequacy of the clinical experience.

(2) The adequacy of supervision and compliance with institutional/program supervision policies.

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

(4) The trainee's level of 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 due process: Performance Improvement Plan, Program Level Remediation, Probation, 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 PD that directly affects the safe and ethical provision of healthcare services or the course of training.

d. Failure to meet professional or administrative responsibilities, such as those prescribing weight, physical fitness, licensure or requirements outlined by the accrediting organization of each program.

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

f. Two-time non-select for promotion.

8. PERFORMANCE IMPROVEMENT PLAN (PIP). A performance improvement plan is initiated at the PD's discretion, and allows for correction of minor deficiencies. This is initiated with either verbal or written counseling. A written plan describing success is recommended. A PIP is generally utilized to address a minor issue that is likely to be rectified in a short period of time (30-60 days).

9. PROGRAM LEVEL REMEDIATION (PLR). This action allows for correction of deficiencies after informal verbal or written counseling or after an unsuccessful performance improvement plans or when an performance improvement plan is inadequate to address deficiencies.

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

b. PLR does not require formal approval by the GMEC or PAHEC.

c. PLR should not exceed 60 days. It may be extended under exceptional circumstances at PD request; this requires GMEC or PAHEC approval. PLR must precede placement of the trainee on HLP except in cases of gross negligence or willful misconduct as judged by the PD. Trainees alleged to have committed such acts of gross negligence or willful misconduct will be referred to the GMEC or PAHEC, respectively, for immediate summary action.

d. The PD will provide the trainee 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 define successful program level remediation.

(4) Any restrictions or conditions placed on the trainee during remediation.

(5) A time frame for documentation of improvement, not to exceed 60 days.

e. The Program Director will review the deficiencies and requirements for improvement with the trainee – verbally and in writing. The PD will offer and coordinate assistance to help the trainee to successfully remediate identified concerns.

f. When initiating PLR, it is advisable to query the trainee about whether he/she requests voluntary medical or psychological services for any conditions that may be impacting their ability to be successful.

g. The Program Director should designate an advisor or mentor to assist the trainee during remediation and monitor progress.

h. The trainee will be asked to sign a statement acknowledging program level remediation. The signed statement will be maintained in the trainee's educational training file.

i. If the trainee successfully completes of the remediation plan, the trainee is removed from PLR. The PD will notify the GMEC or PAHEC of the removal from PLR.

j. 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.

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

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

b. HLP is a period of supervision initiated to assist the trainee 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 or PAHEC, respectively.

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

e. The proposal for HLP can 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 application of the trainee's knowledge or skill.

(3) Unprofessional conduct.

- (4) Documented failure to correct deficiencies despite counseling and PLR.
- (5) Documented regression or failure to progress after removal from HLP.
- (6) Disciplinary problems.
- (7) Alcohol and substance abuse (in accordance with applicable service regulations).
- (8) Failure to meet licensure requirements stipulated by the U.S. Army, program accrediting body, and/or applicable branch of service.
- (9) An incident of gross negligence or willful misconduct, including a violation of the UCMJ.
- (10) Other circumstances deemed significant by the PD.

f. Prior to being placed on HLP, the PD must notify the trainee in writing that a proposal for HLP is being considered. The notification must include specific reasons for the proposed action. The trainee has 5 working days to submit a written response to the PD, and meet with the PD, if desired. (Example 2). The trainee will be provided a copy of this policy.

g. After receiving the trainee's response, or after 5 working days have elapsed without a response, the PD has 5 working days to notify the trainee in writing of his/her intent to request for a hearing for HLP with the GMEC or PAHEC, respectively. This notification must advise the trainee of his or her rights for due process and include a copy of the HLP request that the PD will submit to the DME (Example 3).

(1) A record of the notification including the trainees' signed acknowledgment of receipt of a copy of the HLP request and this policy; a copy must be maintained in the trainee's educational training file.

h. Once the trainee has been notified of intent to proceed with a request for a hearing to approve HLP, the PD must submit the request for HLP to the DME (Example 3). The request should include the following:

- (1) Specific reasons for the proposed HLP.
- (2) Remediation plan which identifies specific, measurable steps for improvement during HLP.
- (3) Measurable endpoints for successful completion of the HLP.
- (4) Recommended duration of HLP (up to 90 days).
- (5) The copy of the signed notification to the trainee proposing HLP.

- (6) The trainee'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 a date and time for the HLP hearing and provide the PD this information within 2 working days. A hearing to address a HLP request must occur no sooner than 10 working days after the trainee is notified of the decision to refer the matter for a hearing (step 10. g.). The regularly scheduled meeting of the GMEC or PAHEC, may serve as the HLP hearing, or a special meeting of the GMEC/PAHEC may be convened to address the HLP request.

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

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

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

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

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

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

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

r. If the PD determines that a medical, psychological, or learning disability evaluation is required, and the trainee does not choose to voluntarily seek evaluation, the Commander will determine if a command directed behavioral health evaluation is appropriate and in accordance with procedures covered under DoD Instruction 6490.4, DoD Directive 6490.1, and DoD Instruction 6490.08.

s. The PD will submit a monthly written report to the GMEC or PAHEC, respectively, regarding the trainee's performance during HLP. This report must be signed by the trainee and submitted at least 3 working days prior to the next scheduled GMEC/PAHEC meeting. The trainee may also submit statements to the GMEC/PAHEC.

t. The trainee may make a one-time submission of an appeal of the probation decision through the CMO to the WAMC Commander. The probation request and GMEC or PAHEC minutes, as applicable, must accompany the appeal requests for the Commander's review.

u. Written notification of the Commander's decision regarding the appeal must be provided to the trainee within 2 working days following receipt of the appeal. The decision is final and there is no right to appeal to any other military service component or entity.

v. The GMEC or PAHEC, as applicable, may vote to extend the duration of HLP for up to 90 additional days on recommendation of the PD.

w. Trainees 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, unless there is a compelling reason to extend the HLP for an additional period of up to 90 days.

x. The DME will notify the appropriate military medical authority via written memorandum within 5 working days following the effective date any military trainee is placed on HLP (Example 6). The DME must notify the appropriate accrediting or licensing organization for any civilian trainee placed on HLP in accordance with program training agreements. GME Resident actions will be reported to the appropriate reporting body.

11. COMPLETION OF HOSPITAL LEVEL PROBATION.

a. HLP may be ended under several conditions; ending HLP must be approved by a vote of the GMEC/PAHEC:

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

(2) The trainee may request to voluntarily resign from the program.

(3) The trainee's training is terminated.

b. The PD will petition the GMEC or PAHEC, respectively, to remove the trainee from HLP (Example 7).

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

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

e. The DME will notify the appropriate military medical authority of the effective date any military trainee is removed from HLP.

12. TERMINATION FROM TRAINING.

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 make satisfactory progress while on HLP.

(2) Regression or failure to make satisfactory 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 trainee 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 trainee in writing that termination is being considered. The notification must include specific reasons for the proposed action and provide the trainee 5 working days to submit a written response and meet with the PD, should they choose to do so.

c. After receipt of the trainee's response, or after 5 business days have elapsed without a response, the PD has 2 working days to notify the trainees that the proposal to request a termination hearing will be submitted to the DME.

(1) The notification must include specific reasons for the termination request, and advise the trainee of his or her rights for due process under this policy.

(2) The PD will provide the trainee 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 trainee's training file.

d. The PD will submit the request for termination to the DME immediately after notifying the trainee 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 trainee proposing termination.
- (4) The trainee's response (if any) to the termination proposal.
- (5) Complete academic file to date.
- (6) Documentation of all previous counseling.
- (7) Documentation of prior remediation or probation periods.

e. Upon receipt of the PD's request for a termination hearing, the DME will determine whether a termination hearing is warranted; if it is, the date/time of the meeting will be selected and the DME will provide this information to the PD within 2 working days. The hearing will be scheduled at least 10 business days after the trainee was notified of the decision to proceed (step 12. c.)

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

f. The PD has 2 working days to notify the trainee of the date/time of the hearing, or the DME's decision not to hold a hearing.

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

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

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

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

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

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

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

(a) The termination request and GMEC HLP hearing minutes must be submitted to the MTF Commander for review.

(b) Written notification of the decision regarding an appeal must be provided to the trainee within 2 working days following receipt of the appeal.

(c) The Commander's decision is final and there is no right to appeal to any other military entity or authority.

l. The DME will promptly notify the appropriate military medical authority in writing within 5 calendar days following the decision to terminate any military trainee (Example 15). The DME must notify the appropriate organization or licensing body for any civilian trainee terminated in accordance with their training agreements.

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 training 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 trainee must be notified in writing of the intent to extend training and the reasons for the action. The trainee must sign the notification acknowledging receipt.

f. A written request for extension with the stated reasons enumerated must be sent to the GMEC or PAHEC, as applicable (Example 9). The GMEC/PAHEC may will vote approve/disapprove extension of training.

g. The trainee 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 trainee training file.

h. Since extension of training may affect future assignments, special pays, and obligations for Army trainees, the appropriate military medical authority will be notified within 5 calendar days of the action for final approval (Example 10).

13. CONDUCT OF GMEC/PAHEC HEARINGS/EXTENSION OF TRAINING VOTES.

a. Requests to initiate HLP, to extend PLR or HLP, to remove a trainee from HLP, or terminate a trainee all require a formal hearing of the GMEC or PAHEC.

b. Hearings for initiation of HLP, extension of PLR or HLP, removing a training from HLP, or extension of training approvals require a quorum of 50% of the voting members; one of the voting members present must be a trainee. At least 50% must vote to approve these actions.

c. Termination hearings require a quorum of 75% of the voting members; one of the voting members present must be a trainee. At least 2/3 must vote to approve termination.

d. Deliberations and voting will occur in closed session. The only non-voting member who will remain in the room is the recorder. Votes will occur by secret ballot.

e. The program director will provide all documents necessary for the voting members to review, at least 7 working days in advance of the hearing. The documents will be maintained securely in the DME office, or CAC enabled web site.

14. TRAINEE RIGHTS UNDER DUE PROCESS

a. The proceedings of the GMEC or PAHEC, respectively, 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 office for at least five (5) years.

b. If the trainee asks to be present at the hearing but cannot attend the hearing as scheduled, the DME will attempt to reschedule the meeting without causing undue delay in the proceedings.

(1) The MTF Commander must approve any exceptional circumstances to authorize the GMEC or PAHEC to proceed with an HLP or termination hearing without a trainee who wishes to be present for the hearing.

c. The trainee 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 trainee's expense. The attorney may not ask questions or present arguments, but the trainee 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.

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

(b) The witnesses may speak on behalf of the trainee but may not question educational committee members.

(c) 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 to the MTF Commander.

(9) The right to submit a request for withdrawal from the Program at any time during this process.

e. The GMEC or PAHEC has the responsibility to ensure the concerns of the PD meet reasonable criteria for the proposed action. GMEC/PAHEC members are

encouraged to question the PD to clarify any items to ensure that reasonable criteria are being met.

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

g. The due process timeline may take up to 30 working days, as defined in this policy.

14. ADMINISTRATIVE LEAVE OF ABSENCE OR JUDICIAL ACTION.

a. In some circumstances, trainees may require an administrative leave of absence (ALOA) to address a situation that does not warrant GME due process. Depending upon the length of the ALOA, this may result in an extension of training. Some circumstances that warrant ALOA include significant social stressors, medical conditions that interfere with training but do not specifically warrant convalescent leave, failure to pass the APFT or make height/weight standards. This list is not all inclusive. The PD is responsible to support military standards of PT and readiness. If ALOA is being considered, the PD should consult the DME.

b. If UCMJ action is initiated against a trainee, the DME will evaluate available information to determine if concurrent GME due process should be initiated, or if restriction, suspension, or termination action is warranted. In the rare event of restriction or suspension, procedures will be followed, as outlined in the Policy on Due Process for Participants in Military Graduate Medical Education Programs, 20 June 2008 (available on the MODS website).

15. TRAINEE RESIGNATION. (Diagram 3)

a. Trainees 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 military trainee is making him/herself available for immediate reassignment orders to meet the Army's needs, or that of their respective branch of service.

(2) If resignation will occur prior to completion of internship year, trainee 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 trainee will be recommended for future GME or postgraduate education.

(2) The trainee must review the statement by the PD and sign to acknowledge the review.

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

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

(1) The DME will present the decision to the GMEC or PAHEC, respectively, 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 or PAHEC, respectively, does not endorse the DME's recommendation, the WAMC Commander will have the ultimate decision authority.

d. The appropriate military medical authority, must be notified within 5 calendar days following receipt of all military resignations and the effective date of the resignation (Example 19).

(1) The DME will notify the trainee's assigned military branch, the appropriate Consultant to The Surgeon General, and Human Resource Command (HRC), that the trainee is available for assignment, branch transfer, or separation. The DME must notify the appropriate organization or licensing body for any civilian trainee terminated in accordance with their training agreements.

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

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

17. DOCUMENTATION. The following Examples are templates of memos that meet the intent of this pamphlet. Memoranda and letters should follow the correct format as outlined in AR 25-50.

The proponent of the publication is the Department of Medical Education. 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:

CHRISTOPHER CHRISTON
COL, MS
Deputy Commander for Administration

VALERIE COVINGTON
Chief, Administrative Services
Information Management Division

DISTRIBUTION: C

Example 1. Memo from PD to DME, Requesting PLR

Letterhead

MCXC-YOUR OFFICE SYMBOL

Day, Month, Year

MEMORANDUM FOR RECORD

SUBJECT: Program Level Remediation for CPT John Doe

1. IAW AR 351-3, WAMC MEDCEN PAM 351-3, ACGME guidelines, the Womack Program Name Clinical Competency Committee (CCC), voted to place you on Program Level Remediation for the following reasons:

- a. Your recent failure of the Block xx Rotation Name 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. The CCC reviewed your progress and supporting documentation on DATE, and recommended you be placed on Program Level Remediation for the Core Competencies of: LIST HERE. You are being placed on program level remediation that will begin on DATE, and remain in effect for 60 days.

3. Your PLR mentor/advisor is: NAME HERE

3. The following items are necessary for successful completion of PLR:

a. Dr. Doe will repeat his Rotation Name 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 Program Name 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.

4. 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 CCC and Program Director.
5. As with any resident placed on program level remediation, you have the right to appeal IAW MEDCEN PAM 351-1, Graduate Medical Education, Due Process for Participants in Military Graduate Medical Education and Professional Allied Health Educational Programs.
 6. Failure to abide by this remediation or failure to remediate to an appropriate standard as determined by the CCC 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.
 7. We are committed to your success as a physician and officer, and the goal of this remediation is to help you achieve success. The goal of this remediation is to correct the identified performance deficits for the improvement of CPT Doe as a professional physician and officer.
 8. POC for this action is the undersigned.

JACK DOE
 MAJ, MC
 Program Director

I acknowledge receipt of this memorandum and have been counseled by the Program Director. I have been offered, and decline voluntary medical or psychological evaluation.

 John Doe MD, CPT, MC (Resident) Date

 Program Director MD, MAJ, MC Date

CC: (Trainee Name)
 Program Director
 Academic Advisor (if applicable)
 Academic File

Example 2. Memo from PD to Trainee – Notification to Request HLP Hearing

Letterhead

MCXC-YOUR OFFICE SYMBOL

Day, Month, Year

MEMORANDUM FOR RECORD

SUBJECT: Hospital Level Probation for CPT John Doe

1. IAW AR 351-3, WAMC MEDCEN PAM 351-3, ACGME guidelines, the Womack Program Name/Clinical Competency Committee (CCC), voted to recommend you for Hospital Level Probation 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) Rotation Name 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. The CCC reviewed your progress and supporting documentation on DATE, and recommended you be placed on Probation for the Core Competencies of: LIST HERE. As a result, I will ask the Director of Medical Education and the Graduate Medical Education Committee to conduct a hearing to place you on Hospital Level Probation for (duration) days.

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

- a. You will successfully repeat his Program Name 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 Program Name 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.

4. In order to successfully complete this period of probation, 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 CCCand Program Director.
5. As with any resident being recommended for probation, you have the right to appeal IAW MEDCEN PAM 351-1, Graduate Medical Education, Due Process for Participants in Military Graduate Medical Education and Professional Allied Health Educational Programs.
6. Failure to successfully achieve the objectives of this probationary period may result in any one of several actions to include but not limited to: extension of 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.
7. 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.
8. POC for this action is the undersigned.

JACK DOE
MAJ, MC
Program Director

I acknowledge receipt of this memorandum and have been counseled by the Program Director. I have been offered, and decline voluntary medical or psychological evaluation.

John Doe, MD (Resident) Date

Jason Smith, MD Date

CC: (Trainee Name)

Program Director
Academic Advisor
Academic File

Example 3. MEMO from PD to DME Requesting HLP

Letterhead

MCXC-YOUR OFFICE SYMBOL

Day, Month, Year

MEMORANDUM FOR DIRECTOR OF MEDICAL EDUCATION

SUBJECT: Recommendation for Hospital Level Probation for CPT John Doe

1. I, the undersigned program director, request Hospital Level Probation for CPT John Doe. He is currently assigned as a PGYx trainee in the Womack Program Name.
2. A request for Hospital Level Probation 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. It is likely that this period of probation will result in an extension of training. The duration of the extension and revised graduation date will be determined toward the end of the probation period, and will depend on progress and successful or unsuccessful completion of probation.
6. His recommended probation 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 Program Name 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.

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

JACK DOE
MAJ, MC
Program Director

I have reviewed and understand this memorandum.

Received Date: _____ Signature: (Trainee) _____

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

Example 4. Memo from DME to CMO with Probation Hearing Results

Letterhead

MCXC-DME-GME

Day, Month, Year

MEMORANDUM FOR Chief Medical Officer

SUBJECT: Summary of Probationary Hearing for Trainee Name

1. On (date) the GMEC conducted a Hospital Level Probation hearing for (trainee)_____.
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, Department Medical Education

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

Example 5. Memo from DME thru PD to Trainee for HLP Hearing Decision

Letterhead

MCXC-DME

Day, Month, Year

MEMORANDUM THRU

Program Name, Program Director

FOR Trainee Name

SUBJECT: Notification of Hospital Level Probation Decision

1. PD Name presented to the Graduate Medical Education Committee (GMEC) the case to place you on XX day Hospital Level Probation. HIS/HER recommendation to place you on Hospital Level Probation is based on staff and faculty evaluation of your performance over that time frame.
2. The GMEC voted to recommend approval for this request.
3. The Director of Medical Education and the Chief Medical Officer concur with this recommendation, effective date ___ for duration ___.
4. You have the right to appeal to the Commander within 5 working days of this notification.
5. POC for this memo is the undersigned.

DME
COL, MC
Chief, Department 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. Memo from DME to Directorate of Medical Education, OTSG for HLP

Letterhead

MCXC-DME

Day, Month, Year

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.

Encls

DME
COL, MC
Chief, Department of Medical Education

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

Example 7. Memo from Program Director to DME to Remove Trainee from HLP

Letterhead

MCXC-XXXX

Day, Month, Year

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 (HLP).
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
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. Memo from DME Thru PD to Trainee for Removal from HLP

Letterhead

MCXC-DME-GME

Day, Month, Year

MEMORANDUM THRU
Program Name, Program Director

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. 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
Director 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. Memo from PD to DME to Extend Training

Letterhead

MCXC-XXXX

Day, Month, Year

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
Program Director

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

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

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

Letterhead

MCXC-DME

Day, Month, Year

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.

Encls

DME
COL, MC
Director of Medical Education

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

Example 11. Memo from PD to Trainee about Termination of Training

Letterhead

MCXC-XXXX

Day, Month, Year

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 Clinical Competency Committee.
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 GMEC 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
Program Director

I have reviewed and understand this memorandum.

Received Date: _____

Signature: (Trainee) _____

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

Example 12. Memo from PD to DME Requesting Termination Hearing

Letterhead

MCXC-XXXX

Day, Month, Year

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 trainee in the Program Name.
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 Clinical Competency Committee on DATE.
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
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. Memo from DME to CMO, Result of Termination Hearing

Letterhead

MCXC-DME-GME

Day, Month, Year

MEMORANDUM FOR Chief Medical Officer, Womack Army Medical Center, Fort Bragg, NC
28314

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

1. On (date) the Graduate Medical Education Committee conducted a Termination hearing for (trainee)

_____.

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
Director of Medical Education

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

Example 14. Memo from DME to Trainee about Termination from Training

Letterhead

MCXC-DME-GME

Day, Month, Year

MEMORANDUM THRU
Program Name, Program Director

FOR Trainee Name

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
Director 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. Memo from DME to The Directorate of Medical Education –
Termination of Training**

Letterhead

MCXC-DME

Day, Month, Year

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 (trainee)_____, 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 Chief Medical Officer concurred with the Director of Medical Education's decision on (date)_____.
8. The trainee was notified of the decision on (date)_____.
9. Point of contact is the undersigned at (910) 643-1982.

Encls

DME
COL, MC
Director of Medical Education

CC: (Trainee Name)

Program Director
Academic Advisor
Academic File

**Example 16. Memo from Trainee with License and Completed Internship to PD
(Resignation/Withdrawal)**

Letterhead

MCXC-DME

Day, Month, Year

MEMORANDUM FOR Program Director

SUBJECT: Request for Withdrawal or Resignation

1. I voluntarily request withdrawal / resignation from the Name of Residency, effective date.
2. I understand that at that time I may 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 Trainee
Program Name

**Example 17. Memo from Trainee without License or Completed Internship to PD
(Resignation/Withdrawal)**

Letterhead

MCXC-FMRP

Day, Month, Year

MEMORANDUM THRU Program Director, Program Name Program, Womack Army Medical Center (WAMC)

MEMORANDUM FOR Director, Graduate Medical Education, WAMC

SUBJECT: Resignation from Program Name Program, WAMC

1. I, CPT John Doe, officially request to resign my position in the WAMC Program Name 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 Human Resource Command 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 Trainee
Program Name

Example 18. Memo from PD to DME, Notification of trainee Resignation Intent

Letterhead

MCXC-XXXX

Day, Month, Year

MEMORANDUM FOR WAMC Director of Medical Education

SUBJECT: CPT John Doe's Resignation from the Program Name

1. On (date)_____, CPT John Doe, a PGYx Program Name trainee, submitted a letter requesting immediate resignation from the Program Name
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 Director of Medical Education and the Chief Medical Officer.
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

I have reviewed and understand this memorandum.

Received Date: _____ Signature: (Trainee) _____

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

Example 19. Memo from Director of Medical Education to OTSG-AGME

Letterhead

MCXC-XXXX

Day, Month, Year

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
Director of Medical Education

CC: (Trainee Name)
CMO
Program Director
Academic Advisor
Academic File

HLP FLOW CHART

