



David Geffen  
School of Medicine



## **UCLA GME ACADEMIC DUE PROCESS POLICY**

### **PURPOSE**

The procedures set forth below are designed to provide the David Geffen School of Medicine at UCLA (“DGSOM”) and its Trainees an orderly means of addressing performance and related issues of concern, and identifying the due process to be followed in connection with certain adverse or remedial actions taken, or proposed to be taken, against a Trainee. These Policies and Procedures apply exclusively to DGSOM-sponsored and ACGME approved programs, and they are the exclusive remedy by which Trainees may appeal reviewable academic actions.

### **POLICY & PROCEDURES**

#### **I. INTRODUCTION**

Graduate Medical Education (“GME”) refers to the second stage of medical education, during which medical school graduates are prepared for independent practice in a medical specialty training program accredited by the Accreditation Council for Graduate Medical Education (“ACGME”). Each ACGME-accredited and ABMS accredited training program is referred to herein as a “Program.” The foremost responsibility of the GME training program is to provide an organized education program with guidance and supervision of residents and fellows (“Trainees”), facilitating the Trainees’ professional and personal development while ensuring safe and appropriate care for patients. Graduate medical education involves the development of clinical skills and professional competencies and the acquisition of detailed factual knowledge in a medical specialty. These professional standards of conduct include, but are not limited to, professionalism, honesty, punctuality, attendance, timeliness, proper hygiene, duty hour and procedure record keeping, compliance with all applicable ethical standards and UCLA policies and procedures, an ability to work cooperatively and collegially with staff and with other health care professionals, and appropriate and professional interactions with patients and their families.

A Trainee, as part of his or her GME training program, is assigned in a hospital, other clinical setting, or research area. A Trainee’s appointment is academic in nature. The terms of the appointment are set forth in annual contracts signed by the Trainee. All such appointments, either initial or continuing, are dependent upon the Trainee maintaining good standing in the Program and meeting overall and year-specific educational expectations of the Program. Dismissal from a Program will result in the Trainee’s automatic dismissal from any and all related appointments within the UCLA Health Sciences enterprise, such as medical staff membership.

The procedures set forth below are designed to provide the David Geffen School of Medicine at UCLA (“DGSOM”) and its Trainees an orderly means of addressing performance and related issues of concern, and identifying the due process to be followed

in connection with certain adverse or remedial actions taken, or proposed to be taken, against at Trainee. These Policies and Procedures apply exclusively to DGSOM-sponsored and ACGME approved programs, and they are the exclusive remedy by which Trainees may appeal reviewable academic actions. Deviation from these procedures that does not result in material prejudice to the Trainee will not be grounds for invalidating the action taken.

The DGSOM recognizes that the primary responsibility for remedial and adverse academic actions relating to Trainees resides within the DGSOM clinical departments and their respective Programs. Therefore, academic and performance standards and methods of GME training and evaluation are to be determined by each DGSOM Program. There may be variances regarding these standards among the various Programs. Trainees, Program Directors, and Program Faculty are encouraged to make efforts to resolve disagreements or disputes by discussing their concerns with one another. However, matters involving academic progress or meeting Program standards may require actions as set forth in these Policies and Procedures. All actions set forth herein need not be progressive, and any action may be repeated as determined appropriate by the Program.

*Violation of UCLA Health policies by trainees will be reviewed by a group of program directors appointed by the Associate Dean for GME. This ad hoc group will determine the need for administration or academic action, in accordance with policy.*

## II. DEFINITIONS

**Academic Deficiency:** The terms “Academic Deficiency” or “Deficiencies” mean unacceptable performance or conduct, including failure to achieve or maintain good standing in the Program, or achieve and/or maintain professional standards of conduct as required by the Program.

**Chair:** “Chair” means the Chair of the Trainee’s specialty or subspecialty Department within the DGSOM, or designee as appropriate.

**Clinical Competency Committee:** Clinical Competency Committee (“CCC”): A required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.

**Faculty:** “Faculty” Any individuals who have received a formal assignment to teach resident/fellow physicians. At some sites, appointment to the medical staff of the hospital constitutes appointment to the faculty.

**Medical Disciplinary Cause or Reason:** “Medical disciplinary cause or reason” applies to a Trainee who holds a license from the Medical Board of California and means that aspect of a licentiate’s competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care in accordance with Business and Professions Code section 805. For non-licensed physicians, reporting will occur at the time of licensure application.

**Program Director:** “Program Director” means the GME Program Director for the Trainee’s specialty or subspecialty, or designee as appropriate. The one physician designated with authority and accountability for the operation of the residency/fellowship program.

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**Reviewable:** “Reviewable” means the Academic Due Process applies and the Trainee can grieve the action.

**Trainee:** “Trainee” includes all residents and fellows appointed by UCLA to participate in an ACGME-accredited Program sponsored by the DGSOM.

**III. ADMINISTRATIVE ACTIONS (NON-REVIEWABLE and NON-REPORTABLE)**

The following actions are NOT disciplinary in nature and Trainees are not entitled to the due process rights set forth in Section VI below in connection with actions taken in accordance with this Section III. However, failure to correct administrative deficiencies may constitute academic deficiency and may be subject to academic actions in Section IV and V.

**A. Automatic Suspension from Program (ADMINISTRATIVE)**

1. Reasons for Automatic Suspension from Clinical Work. A Trainee will be immediately and automatically suspended from a Program for any of the following reasons:
  - a. Failure to complete and maintain medical records as required by the hospital in accordance with the hospital's Medical Staff Bylaws and/or Rules and Regulations;
  - b. Failure to obtain and maintain active state licensure to practice medicine as required by the Medical or Osteopathic Medical Board of California and as required for participation in the Program;
2. Reasons for Automatic Suspension from Training. A Trainee will be immediately and automatically suspended from a Program for any of the following reasons:
  - a. Failure to maintain proper visa status as required by state or federal law; or
  - b. Any unexcused absence from the Program for five (5) or more calendar days.
3. Status During Automatic Suspension from Clinical Work. In general, the Trainee will not receive academic credit during the period of automatic suspension; however, the Trainee's stipend will continue to be paid while on automatic suspension status. If the automatic suspension is due to inactive licensure status, the trainee may be assigned vacation or non-clinical duties for academic credit at the discretion of the program and with approval of the DIO. The period of automatic suspension under this Section III will not exceed 14 (fourteen) calendar days from the date of the event identified in Section III.A.1. In general, the Trainee may be assigned non-clinical duties during this period at the discretion of the Program Director and Chair. Nothing herein precludes the Program from taking any other action with respect to a Trainee as provided in these Policies and Procedure, while the Trainee is on automatic suspension status.

4. Notice of Automatic Suspension from Clinical Work or Training. The Chair will promptly notify the Trainee in writing of his/her automatic suspension and reasons therefore along with any supporting documentation. The date of the automatic suspension is the date of the occurrence in Section III.A.1, not the date of the written notice. The written notice will state the date on which the Trainee will be deemed to have resigned from the Program (as set forth in Section III.B below) if the basis for the automatic suspension (for categories III.A.1 b, c and d) is not fully resolved without qualification by the stated automatic-resignation date. Failure to complete medical records during the fourteen (14) day period may result in other forms of academic action taken against the Trainee.

**B. Automatic Termination from Program**

A Trainee will be deemed to have resigned from his or her GME Program effective the fifteenth (15<sup>th</sup>) day following the event that caused an automatic suspension to be taken under Section III.B.1.b, c or d herein, unless the basis for the automatic suspension has been fully resolved without qualification by that day. A Trainee will be deemed to have resigned from his or her GME Program effective the fifteenth (15) day following an unexcused absence as provided herein, unless the Trainee has submitted materials to the Chair regarding the basis for the unexcused absence, and the Chair has determined the absence to be excused and within the scope of other applicable UCLA policy. The trainee may request an extension of the automatic suspension from clinical work with the Program Director if there are extenuating circumstances in maintaining licensure beyond the control of the trainee. Circumstances must be submitted in writing and approved by the Associate Dean for GME.

**C. Administrative Leave and Investigatory Leave**

Administrative Leave and Investigatory Leave are both administrative in nature and are not intended to replace any leave that a Trainee may otherwise be entitled to under state or federal law or University Policy including but not limited to vacation leave, sick leave, family, medical and other leaves related to life events. Investigatory leave may be used to permit the University to review or investigate allegations of trainee wrongdoing which warrants removing the trainee from the work site. Administrative leave is used for situations that require the trainee to be removed from the work site for reasons not investigatory in nature. Please consult the House Staff Leave Policy, your Program Director/Program Coordinator, the GME Office or your departments Human Resources representative for information about leaves.

**IV. ACADEMIC ACTIONS - EDUCATIONAL IMPROVEMENT (NON-REVIEWABLE and NON-REPORTABLE)**

The following actions are non-disciplinary and therefore non-reviewable in nature. Trainees are NOT afforded the due process rights set forth in Section VI herein for actions taken against them under this Section IV. The actions below are not progressive and each can be taken at any time, and can be repeated as determined appropriate, by the Chair or Program Director. These tools are educational and DO NOT constitute disciplinary action and therefore are not reported in response to third party inquiries except as required for medical licensure. **The specific Academic Action being utilized must be clearly labelled in the written communication delivered to the trainee.**

**A. Educational Letter of Counseling.**

An **Educational Letter of Counseling** may be issued by the Program Director to a Trainee to address an identified deficiency or concern that needs to be remedied or improved. Letters of counseling should describe the nature of the deficiency or concern and specific suggestions for remedial actions or changes required on the part of the Trainee and should be reviewed with the Trainee. Failure by the Trainee to remedy the deficiency or concern to the satisfaction of the Chair or Program Director, or a repetition of the deficiency or concern, may lead to additional actions, including but not limited to disciplinary actions under Section V herein. Educational Letters of Counseling should be used for minor, isolated problems.

**B. Educational Notice of Concern.**

**THE GME OFFICE MUST BE NOTIFIED WHEN AN EDUCATIONAL NOTICE OF CONCERN WILL BE ISSUED.**

An **Educational Notice of Concern** may be issued by the Program Director to a Trainee to address an academic deficiency that needs to be immediately remedied or improved. Notices of Concern must be in writing and should describe the nature of the deficiency and any necessary remedial actions required on the part of the Trainee. The Program Director will review the content of the Notice of Concern with the Trainee. Failure by the Trainee to immediately improve and to maintain improvement, or a repetition of the conduct identified in the Educational Notice of Concern, may lead to additional actions, including but not limited to disciplinary actions under Section V herein. Educational Notices of Concern should NOT be used for minor, isolated problems that can be communicated and addressed less formally.

**V. ACADEMIC ACTIONS-DISCIPLINARY ACTIONS (REVIEWABLE and REPORTABLE)**

The following actions constitute disciplinary action and Trainees are entitled to the due process rights set forth in Section VI of these Policies and Procedures. **The specific Academic Action being utilized must be clearly labelled in the written communication delivered to the trainee.**

**THE GME OFFICE MUST BE CONSULTED BEFORE ANY OF THESE ACADEMIC ACTIONS IS TAKEN.**

**A. Probation.**

A Program Director may place a Trainee on probation when the Trainee is in jeopardy of not successfully completing the requirements of the Program, or the Trainee is not satisfactorily meeting Program standards. The Trainee will be notified of the probation in a letter from Program Director (Chair Co-signature required) that will identify the basis for the probation; any required remedial activity necessary to remove the probation status; the expected time frame within which the required remedial activity must occur and information on how the Trainee may appeal the notice of probation in accordance with Section VI of these Policies and Procedures. Failure to correct the identified deficiency(s) within the specified period and to the satisfaction of the Chair may lead to an extension of the probationary period or other academic actions. Probation should be used instead of a Notice of Concern when the underlying deficiency threatens a Trainee's ability to complete the Program in a satisfactory

manner or time frame, and remedial action requires Faculty oversight. The probationary period should be not less than thirty (30) days and its duration should be appropriate for the identified deficiency.

**B. Suspension.**

The Program Director may suspend the Trainee from part or all of the Trainee's usual and regular assignments in the GME training program, including clinical and/or didactic duties, when the removal of the Trainee from the clinical service is required for the best interests of the Trainee and/or the GME training program. The suspension will be confirmed in writing ("Notice of Suspension") from the Program Director (Chair Co-signature required). The Notice of Suspension will identify the reason(s) for the suspension, its expected duration, and information on how the Trainee may appeal the Notice of Suspension in accordance with Section VI of these Policies and Procedures. Suspension generally should not exceed sixty (60) calendar days. Suspension may be coupled with or followed by other academic actions. The Trainee's stipend will continue to be paid while the Trainee is on suspension status.

**C. Adverse Annual Evaluation.**

A Trainee may receive an adverse annual evaluation due to overall unsatisfactory or marginal performance ("Adverse Annual Evaluation") at the recommendation of the Program's Clinical Competency Committee. Trainees will be notified in writing by the Program Director of any Adverse Annual Evaluation. In cases where specialty board reporting is required, the resident will be notified at the same time that the adverse evaluation is sent to the resident's specialty board. Any Notice of Adverse Annual Performance must include the basis for the non-renewal, and information on how the Trainee may appeal the decision in accordance with Section VI of these Policies and Procedures.

**D. Requirement That Trainee Must Repeat an Academic Year.**

A Trainee may be required to repeat an academic year due to unsatisfactory progress, as assessed by the Program's Clinical Competency Committee, at the sole discretion of the Program Director (Chair Co-signature required). Notice of a Requirement to Repeat Academic Year must be provided to the Trainee in writing by the Program Director and should identify the grounds for the need to repeat a year, and the right to appeal the decision in accordance with Section VI of these Policies and Procedures.

**E. Non-Renewal of Appointment.**

The Trainee's appointment to a Program is for a one (1) year duration, which is renewed annually when there are no educational or clinical concerns. Due to the increasing level of responsibilities and increasing complexity of clinical care over the course of the Trainee's training, satisfactory completion of prior academic year(s) or rotation(s) does not ensure satisfactory proficiency in subsequent years or rotations. A Trainee may have his or her appointment not renewed at any time when there is a demonstrated failure to meet programmatic standards.

The Program Director should provide each Trainee with a written evaluation at least twice

per year. The first evaluation should occur by the end of the seventh month of the appointment term. If prior to the end of eight months (no later than February 28th of the academic year), the Program Director in consultation with the Chair concludes that the Trainee's appointment should not be renewed for the following year, the Program Director will notify the Trainee in writing (Chair Co-signature required) that his or her appointment will not be renewed for the following academic year ("Notice of Non-Renewal"). The Trainee will be permitted to conclude the remainder of the academic year unless further academic action is taken. The Chair may also issue a Notice of Non-Renewal after eight months following the start of the academic year if warranted due to the Trainee's performance.

Any Notice of Non-Renewal must include the information set forth in Section VI.B of these Policies and Procedures.

**F. Denial of University Certificate of Completion.**

If the Program Director, in consultation with the Chair, decides not to award the Trainee a University Certificate of successful completion of the Program, the Program Director will notify the Trainee in writing of the decision (Chair Co-Signature required) to deny the certificate. Any Notice of Denial of Certificate must include the information set forth in Section VI.B of these Policies and Procedures.

**G. Dismissal from the Program.**

Based on the Program Director's discretion as approved by the Chair, a Trainee may be dismissed from a GME Program for Academic Deficiencies for reasons including but not limited to the following:

1. A failure to achieve or maintain programmatic standards in the Program;
2. A serious or repeated act or omission compromising acceptable standards of patient care, including actions that constitute a medical disciplinary cause or reason;
3. Unprofessional or unethical behavior that is considered unacceptable by the Program; and/or
4. A material omission or falsification of a Program application, medical record, or other University document.

The Trainee must receive a written Notice of Dismissal from the Program Director (Chair Co-signature required) and include the information set forth in Section VI.B of these Policies and Procedures

**VI. DUE PROCESS PROCEDURES**

**A. Appeal to the Clinical Competency Committee.**

A Trainee may submit an appeal to the Clinical Competence Committee for actions taken against the Trainee in accordance with Sections V.A, V.B, V.C or V.D as set forth below; provided, however, if the action taken was based on a medical disciplinary cause or reason and may be reportable to the California



Medical Board under Section 805 of the Business and Professions Code, the Trainee should be afforded the appeal rights set forth in Section VI.B.

**THE GME OFFICE AND THE OFFICE OF LEGAL AFFAIRS SHOULD BE CONSULTED WITH ANY QUESTION OF WHETHER AN ADVERSE ACTION IS REPORTABLE TO THE MEDICAL BOARD OF CALIFORNIA UNDER SECTION 805.**

1. Within ten (10) business days of receipt of the Notice, the Trainee may submit to the CCC a written statement detailing the reasons he or she believes he or she believe the action is unfounded and should be withdrawn or revised. For purposes of this Section VI.A, a Notice of: Probation, Suspension, Adverse Annual Evaluation, or Requirement to Repeat Academic Year, are referred to collectively herein as a "Notice."
2. Failure by the Trainee to timely submit a written statement in accordance with this Section VI.A constitutes an acceptance by the Trainee of the action taken.
3. The CCC will review any such written statement within ten (10) business days of its receipt, absent unusual circumstances that warrant additional time.
4. The Trainee should be permitted to meet with the CCC upon request by the Trainee or at the request of the CCC to discuss the action and the Trainee's position regarding that action. Such meeting should occur within ten (10) business days of the CCC's receipt of the Trainee's written statement to the CCC.
5. The CCC will provide a written decision to the Trainee within ten (10) business days of its receipt of the Trainee's written statement if no meeting occurs; or within ten (10) business days of a meeting that occurs in accordance with Section VI.A.3 herein.
6. The CCC's decision shall be considered final and not subject to further appeal.

**B. Appeal to the Program Chair: Appeal to the Associate Dean for GME**

A Trainee may appeal actions taken against the Trainee in accordance with Sections V.E, V.F and V.G in the manner set forth herein. Failure of a Trainee to timely follow the procedures herein will be deemed an acceptance by the Trainee of the academic action.

1. Notice to Trainee.

When the Program Director, in consultation with the Chair, determines that grounds exist to issue a Notice of: Non-Renewal, Denial of Certificate, or Dismissal, the Program Director will provide the Trainee with a written notice of the action that must include a statement of the reason(s) for the action; a copy of the materials upon which

the intended action is based; and a statement that the Trainee has a right to appeal the decision in writing to the Chair within ten (10) working days of receipt of the notice. The Notice should also include a statement informing the Trainee of any reporting requirements to the Medical Board under Business & Professions Code Section 805 if the final decision would result in a reportable event under Section 805 (such as restriction on privileges or termination of employment for medical disciplinary cause or reason.)

2. Trainee Appeal to the Chair.

If the Trainee submits a timely appeal to the Chair, the Chair will review the Trainee's written response within ten (10) business days of its receipt. The Chair will notify the Trainee of the decision by letter that shall also be copied to the Associate Dean. If the decision is to uphold the proposed action, the letter must include the reasons for upholding the proposed action; the effective date of the action; and include a copy of these Policies and Procedures with notification to the Trainee of his or her further right to appeal to the Associate Dean of the DGSOM.

3. Trainee Appeal to the DGSOM Associate Dean for Graduate Medical Education (GME).

- a. Filing of Complaint. If the Trainee wishes to appeal the decision of the Chair, the Trainee ("Complainant") must file a written complaint with the Associate Dean for GME no later than thirty (30) calendar days of receipt of the Chair's written decision. The written complaint should explain in detail why the Complainant believes the Chair's decision was arbitrary and capricious and should address the specific reasons for the dismissal set forth in the Notice of Non-Renewal, Notice of Denial of Certificate, or Notice of Dismissal, as applicable.
- b. Appointment of Ad Hoc Committee. Within ten (10) working days of receipt of the complaint, or as soon thereafter as is practical, the Associate Dean for GME will appoint an Ad Hoc Formal Review Committee to hear the complaint (the "Hearing"). The Committee will consist of either three or five members, at least one of which shall be a member of the full-time faculty, one senior trainee (PGYIII or higher), and one member of the Graduate Medical Education Committee. The Associate Dean for GME will designate one of the Committee members to be the Committee Chair. In most cases, one of the Committee members should be from the same department as the Complainant; however, individuals who were substantially involved in any earlier review of the issues raised in the complaint, or who were substantially involved in any incident underlying the complaint, should not sit as a member of the Committee. Until the appointment of a Committee Chair, the Associate Dean for GME will resolve all issues related to these procedures.
- c. Representation for Committee. The Committee may, at its discretion, request that an attorney from the Office of the General Counsel be appointed to provide independent legal counsel to the Committee. This attorney shall not vote in the Committee's deliberation process.
- d. Representation for Complainant or UCLA. The Complainant may be assisted

or represented by another person at the Complainant's sole expense. UCLA may also be represented. If the Complainant or UCLA is represented by an attorney, notice will be provided to the other party of such representation within fifteen (15) calendar days prior to the prehearing conference. The Complainant must appear at the hearing in person even if represented by counsel or another person. Failure of the Complainant to appear at the hearing will be deemed a voluntary dismissal of the complaint.

- e. Date of Hearing. The Hearing will ordinarily be held within forty-five (45) calendar days of receipt of the complaint by the Associate Dean. Unless otherwise agreed by the parties and the Committee Chair, the Complainant and his or her advocate, if any, will meet at least fifteen (15) calendar days prior to the Hearing at a prehearing conference with the Committee Chair and the University representative and University advocate (if any) to agree upon the specific issues to be decided by the Committee. If the parties are unable to reach an agreement on the issues to be decided, the Committee Chair will determine the issues to be reviewed. Issues that were not raised in the complaint may not be raised in the Hearing absent a showing of good cause. At this conference, the parties may raise other procedural and substantive issues for decision by the Committee Chair.
- f. Exchange of Documents. At least seven (7) calendar days prior to the Hearing or at another date agreed to by the parties and the Committee Chair, all documents to be introduced as evidence at the Hearing and names of all witnesses shall be exchanged. With the exception of rebuttal witnesses and documents used in rebuttal, any witnesses not named and documents not exchanged seven calendar days before the hearing may, at the Committee Chair's discretion, be excluded from the Hearing.
- g. Hearing. The Hearing will provide an opportunity for each party to present evidence and cross examine witnesses. The Committee Chair has broad discretion regarding the admissibility and weight of evidence and is not bound by federal or state rules of evidence. If requested by a party, the Committee will take judicial notice of (i.e., recognize as a fact the existence of) any University policies. The Committee Chair will rule on all questions of procedure and evidence. The Hearing will be recorded on audio tape by the University unless both parties agree to share the cost of a court reporter, or one party elects to pay the entire cost for the reporter in order to have a transcript for its own use. The Complainant may listen to the audio tape and may purchase a copy of the audio tape. The Dean of the DGSOM, or designee, will be the custodian of the audio tape and any stenographic record, and will retain the recording for five (5) years from the time the Dean's decision becomes final.

Unless both the Complainant and the University agree to an open Hearing, the Hearing will be closed. All materials, reports and other evidence introduced and recorded during the course of a closed proceeding may not be disclosed until the final resolution of the complaint under these procedures except as may be required by applicable law. At the request of either party or the Committee Chair, only the witness testifying may be present; other potential witnesses will be excluded temporarily. However, the Complainant, his or her advocate and the University's representative and its advocate will at all times have the right to

attend the hearing.

The University has the burden to prove by a preponderance of the evidence that the dismissal was NOT arbitrary and capricious. The University will initially come forward with evidence in support of the Chair's decision. Thereafter, the Complainant will present his or her evidence. The parties shall have the opportunity to present rebuttal evidence. The Committee Chair has the right to limit rebuttal evidence in accordance with his or her authority.

At the discretion of the Committee, briefs may be submitted. The Committee Chair will determine the appropriate briefing schedule (if any). If briefs are not requested, each party shall have the opportunity to present a closing statement. Following the close of the Hearing, including receipt of any briefs, the Committee will evaluate the evidence presented. The decision of the Program Director, as approved by the Chair will be upheld if the Committee finds that the University has met its burden to prove that the decision was not arbitrary and capricious. The Committee shall present its written recommendation(s) to the Complainant, the Chair, Program Director, Associate Dean for GME and DGSOM Vice Dean for Education. This recommendation(s) should occur, absent unusual circumstances, within fifteen (15) calendar days of the Hearing's conclusion, or if briefs are submitted, within fifteen (15) calendar days of the date the briefs are submitted.

The Committee will evaluate the evidence presented. The decision of the Program Director, as approved by the Chair, will be upheld if the Committee finds that the Complainant has failed to prove the decision was arbitrary and capricious.

4. Appeal to the DGSOM Vice Dean for Education or Dean, DGSOM.

Within fifteen (15) working days of receipt of the Committee's recommendation(s), either party may submit a final written response to the Committee's recommendation(s) to the DGSOM Vice Dean for Education or Dean, DGSOM. Any such response submitted to the Vice Dean for Education must be limited to:

- a. Whether the record presented to the Committee contained sufficient evidence to support the Committee's recommendation; or
- b. whether there is new evidence that could not reasonably have been introduced at the hearing and would be likely to change the result.

After receipt of the Committee's recommendation, the parties' written response (if any), and the record, the Vice Dean within sixty (60) calendar days, or as soon as reasonable thereafter, will take any action deemed appropriate, including remanding the matter back to the Committee with instruction for further review and recommendation. **The DGSOM Vice Dean for Education's ultimate decision will be final and will be in writing and sent to the Program Director, the Chair, the Complainant, and the Committee Chair.**

If the Complainant is reinstated, the remedy will not exceed restoring the Complainant's stipend payment, benefits, or any rights lost as a result of the action, less any mitigating income earned from another source.

## REFERENCES

### **ACGME Institutional Requirements**

IV.C.1.b) The Sponsoring Institution must have a policy that provides residents/fellows with due process relating to the following actions regardless of when the action is taken during the appointment period: suspension, non-renewal, non-promotion; or dismissal.

### **ACGME Common Program Requirements**

II.A.4.h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;

## CONTACT

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## REVISION HISTORY

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|-----------|--|
| 12/5/2022 | Reviewed and approved by GMEC                              |
| 6/27/2022 | Reviewed and Approved by GMEC                              |
| 1/10/2022 | Reviewed and Approved by GMEC                              |
| 8/1/17    | Effective Date   |
| 7/24/17   | Reviewed and Approved by GMEC                              |
| 2/1/17    | Effective Date   |
| 1/23/17   | Reviewed and Approved by GMEC                              |
| 1/20/17   | GMEC Policy Subcommittee: Recommended to GMEC for Approved |
| 9/1/06    | Effective Date   |
| 8/28/06   | Reviewed and Approved by GMEC                              |

## APPROVAL

Graduate Medical Education Committee  
UCLA David Geffen School of Medicine

Nelson SooHoo, MD  
Designated Institutional Official  
UCLA David Geffen School of Medicine

Clarence Braddock, III, MD, MPH, MACP  
Chief Medical Education Officer of UCLA Health System, and  
Vice Dean for Education of UCLA David Geffen School of Medicine

Johnese Spisso, MPA

UCLA GME ACADEMIC DUE PROCESS POLICY

President of UCLA Health System,  
CEO of UCLA Hospital System, and  
Associate Vice Chancellor of Health Science