



## School of Medicine Policy

Policy Number: GME 19  
Effective Date: 3/19/2026

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**Procedure Title: Procedures for Addressing House Officer Performance Deficiencies**

### **Purpose**

The following procedures provide guidelines for ACGME accredited residency and fellowship programs to manage the performance deficiencies of house officers in ACGME programs. Any process taken pursuant to these procedures is for the training, education, and supervision of house officers in ACGME programs and considered a peer-review process.

Each ACGME-accredited residency and fellowship program is responsible for implementing evaluative processes related to house officer performance which are consistent with University policies and procedures (including Policy 03-80-005), Graduate Medical Education (“GME”) guidelines and ACGME requirements (5.1.e). These procedures are intended to outline guidelines for programs when managing house officer performance to ensure consistency.

### **Glossary of Terms:**

- *Remediation* is a purpose, rather than a status, and is a component of all performance-focused plans, with the exception of suspension and termination/dismissal.
- *Individualized Learning Plan (ILP)* is an ACGME requirement for all house officers. (CPR 5.1.d.): The program director or their designee, with input from the Clinical Competency Committee, must assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth.
- *Individualized Education Plan (IEP)* is a program-driven focused learning plan designed to support house officer improvement of areas identified for growth.
- *Individualized Academic Achievement Plan (IAAP)* is a remediation plan that involves oversight by the Associate Dean for GME or their designee and is a more formalized plan with specific learning activities, mentoring, outcomes and resources identified. Programs and the Associate Dean for GME or their designee work together to develop the IAAP and engagement with the house officer is documented by the program. IAAP status is not automatically disclosable to medical boards or credentialing entities unless it is requested by those entities, or results in an extension of training, probation, suspension or termination of training/dismissal. Individual state medical boards or health care facility credentialing entities have different requirements regarding what must be disclosed. In the case that a house officer is applying for licensure in a state which requires disclosing remediation, descriptions of IAAPs will be shared at the request of the house officer when they sign a release of information or request training verification.
- *Extension of training* is not a formal status but may occur as the result of an IAAP or probation, as well as leave for other non-disciplinary or leave of absence reasons. Although determined by professional board-specific rules, an extension of training generally requires disclosure to licensing boards and credentialing entities.
- *Non-promotion* is an extension of training due to academic or other disciplinary concerns.

- *Probation* is a heightened remedial status that generally requires disclosure to licensing boards and credentialing entities. A house officer cannot successfully complete their training program and be board-eligible while in this status.
- *Suspension*— removing a house officer from training. This decision is made by GME in consultation with the program.
- *Non-renewal of Appointment*. The expiration of the house officer contract without renewal for the following year.
- *Termination/Dismissal* – end of training and employment contract for house officer without completion of the program.
- *Removal from patient care*—action taken by the program director to immediately remove a house officer from patient care duties.
- *Administrative leave*—leave granted by GME when determined that time away from the University is in the best interest of the University or the house officer. This does not imply a disciplinary sanction for cause (OHSU Policy 03-80-005)
- *Training site actions*—actions taken at a training site other than the host institution.
- *Refusal to certify board application*-- A program may allow a resident to complete training but may refuse to approve the resident’s application for board certification. In such a case, the program will notify the resident of this decision as soon as possible and will provide the resident with a written explanation for the action.
- *Other Sanctions*— Disciplinary sanctions less severe than termination or suspension without pay (such as suspension with pay, probation or reprimands) shall be applied in consultation with GME and in accordance with applicable HR, departmental or program policies.
- *Disclosable vs reportable*- Guidance from the Oregon Medical Board differentiates between the terms reportable and disclosable. "Reportable" refers to a duty to proactively inform the board about behavior of another licensee, due to a finding of medical incompetence, unprofessional conduct, incapacity, or impairment. (citation ORS 677.415 and OAR 847-010-0073) “Disclosability” refers to what must be disclosed on training verifications, license applications and renewals from the Oregon Medical Board.

### Summary of actions and disclosability

<b>Remediation Action</b>	<b>Grievable under GME 14</b>	<b>Disclosable</b>	<b>Notify GME</b>	<b>Retain in resident file</b>
Resident Evaluations	No	No	No	Yes
Individualized Education Plan	No	No	No	Yes until graduation; then removed
Individualized Academic Achievement Plan	No	Situational.	Yes	Yes until graduation, then removed from program files.
Probation	Yes*	Yes	Yes	Yes
Suspension	Yes*	Yes	Yes	Yes
Non-renewal of Contract	Yes*	Yes	Yes	Yes
Non-promotion	Yes*	Yes	Yes	Yes

Termination/Dismissal	No, but may lead to hearing	Yes	Yes	Yes
Program Refusal to Certify Board Application	Yes*	Yes	Yes	Yes
Training Site Actions	No**	Yes	Yes	Yes
Removal from Patient Care Activities	No	Situational	Yes	Situational
Administrative leave	No	Situational	Yes	Situational
Actions by non-GME components of OHSU	No	Situational	Yes	Situational

**\*Per OHSU policy (GME 14), these actions may be grieved by the house officer. If grievance is overturned the trainee was never in that status and it is therefore NOT disclosable.**

**\*\*May be grievable at the training site at which they occurred**

## **General House officer Performance Difficulties**

Some residents/fellows will encounter difficulty during their training. These difficulties fall into three areas: academic, disciplinary, and/or impairment-related difficulties.

- **Academic difficulties** generally involve house officer performance issues in which the house officer fails to meet a standard or requirement of the program. Academic difficulties are generally competency-based, specific to the individual's development as a physician and may involve cognitive and psychomotor performance as well as professional attitudes and behaviors. Residency/fellowship programs identify academic difficulties through their evaluation systems. The results of such evaluations help inform house officers about their progress in meeting the specific program standards for advancement, promotion and, ultimately, satisfactory completion of the program. House Officers with academic difficulties should be initially managed through an IEP and/or an IAAP designed to address the identified deficiencies. Continuation in a program should be contingent on a house officer successfully addressing such deficiencies and meeting the specific academic and competence standards for that program. Failure to meet these standards may result in probation. Subsequently, this may result in nonrenewal of contract or termination.
- **Disciplinary problems** generally involve violations of the OHSU Code of Conduct, university or departmental policies, or contractual agreements. They may include training site actions that occur at an affiliated training site other than OHSU. Certain professional or academic behaviors, because of their potential for adverse effects on patients and other OHSU community members, may also give rise to disciplinary actions. Disciplinary actions should be communicated in writing and discussed with the house officer with a representative of HR Advice & Counsel Center present. Disciplinary actions which involve suspension without pay or termination of a house officer's participation in a training program will be taken only in accordance with University Policy 03-80-005.
- **Impairment** generally refers to medical, psychological or substance abuse issues that may interfere with performance of a house officer's duties and/or responsibilities, including academic performance and patient care duties. It is not the role of the Program Director to make a diagnosis of impairment. If issues of impairment arise, programs should engage GME immediately. See GME 45.

## **Procedures for Addressing House officer Performance Difficulties**

- **GME Notification.** As noted above, the program director shall notify the Associate Dean for GME or his/her designee as soon as academic, disciplinary or impairment issues are identified which may lead to: (1) a leave of absence from training, (2) an Individualized Academic Achievement Plan, (3) delay in the promotion or progression of a house officer (4) probation, or; (5) disciplinary action. In addition, the Program Director shall notify GME of any issues that may have been impacting the house officer's ability to perform their duties and/or responsibilities, including their ability to safely perform patient care duties.
- **GME Oversight.** The Program Director shall consult with the Associate Dean for GME or his/her designee on an ongoing basis regarding all IAAPs, extensions of training, and instances of probation, suspension, or termination. This consultation should include, where appropriate,

documentation of the identified performance deficiencies, the communication to the resident, and provided resources and remedial efforts. If necessitated by patient care concerns, a Program Director may remove the house officer from clinical service but must communicate this decision to GME as soon as possible and may not make any employment decisions such as non-renewal of contract, suspension, or termination prior to consultation.

- **Documentation Requirements.** After review and approval by GME, programs shall notify the house officer promptly in writing using the appropriate GME form. For non-renewal of contract, the program should notify the house officer at least four months (usually March 1) prior to the end of the current contract period. However, if the primary reason(s) for the non-renewal occurs or is being formally addressed within the four months prior to the end of the contract, the program should provide the house officer with as much written notice as the circumstances will allow prior to the end of the contract. Program Directors shall provide a copy to GME of the documentation presented and signed by the house officer and Program Director. House Officers under an Individualized Academic Achievement Plan (IAAP), Extension of training, or Probation may not have their GME Appointment Agreement renewed on a regular schedule.

### **Trainees in degree programs**

For academic issues pertaining to a student role, please see OHSU Policy 02-30-050 Student Suspension, Dismissal, and Appeal Procedure. Student is defined as an individual formally admitted and matriculated into an OHSU or joint OHSU/partner institution academic degree or certificate program or an individual registered and currently enrolled in an OHSU academic course.

**Procedure Owner: Graduate Medical Education Committee**

**Amendment/Approving Committee: Graduate Medical Education Committee**

### **Additional Resources**

<b>Form/Document</b>	<b>Use</b>	<b>Links</b>
GME 14 Grievance	Reference	
GME 23 Promotion	Reference	
GME 45 Physician Impairment	Reference	
Policy 03-80-005	Reference	<a href="https://o2.ohsu.edu/policies/administrative-leave-and-discipline-interns-residents-and-fellows">https://o2.ohsu.edu/policies/administrative-leave-and-discipline-interns-residents-and-fellows</a>

### **Version control**

<b>Version</b>	<b>Effective Date</b>	<b>Author</b>	<b>Description of Change</b>
1	6/22/2010		Original
2	3/21/2019		Revision
3	5/5/2021		Update to remove references to 03-80-010 which was combined with 03-08-005.
4	11/21/2024		Update to clarify reportability changes based on evolution of

			different state board requirements.
5	8/15/2025		Update common program requirements to reference ACGME updates effective 7/1/25
6	2/12/2026		Revisions to clarify that IEPs are Program Directed Learning Plans, and include definition vs reportable vs disclosable.
7	3/19/26		Revision to clarify possibilities for failure to meet the specific academic and competence standards of program.