

ACADEMIC APPEALS AND DUE PROCESS**Review Process for Disciplinary or Adverse Academic Actions**

The University of Tennessee College of Medicine Chattanooga assures the Resident* the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, non-reappointment, non-promotion to the next level of training, refusal to recommend a Resident to sit for boards, or other actions that could significantly threaten a Resident's intended career development. Disciplinary actions may include suspension, remediation, probation, and dismissal. All disciplinary actions are subject to the University of Tennessee GME Academic Appeal and Due Process, and all disciplinary actions will become a permanent part of the Resident training record.

The Academic Appeal and Due Process is intended to provide a formal, structured review to determine if the policies and procedures leading up to the disciplinary or adverse academic action were followed in a fair and reasonable manner. Performance improvement actions initiated by a Performance Improvement Plan (PIP) are not appealable unless the action results in an adverse action (see GME policy #700 Disciplinary and Adverse Actions). All appeals must be processed according to the following policies and procedures.

The University of Tennessee assures a Resident the right to appeal any disciplinary or adverse academic action taken by the residency program or institution that results in dismissal, non-renewal of a Resident's agreement (non-reappointment to the program), non-promotion of a Resident to the next level of training, refusal to recommend the Resident to sit for the boards, or other actions that could significantly threaten a Resident's intended career development.

The Resident has the right to obtain legal counsel at any level of the Academic Appeal process, but attorneys are not allowed at academic grievance hearings or at reviews. The University cannot compel participation in the Academic Appeal process by peers, Medical Staff, patients, or other witnesses, even if such is requested by the Resident seeking review. Residents who have been dismissed will receive no remuneration during the review.

Departmental Review

Residents may initiate review of a disciplinary or adverse academic action(s) by submitting a written request for review to the Department Chair within (10) ten-business days. The following Academic Appeal Procedures shall apply:

1. A written request for review must be submitted to the Department Chair within ten (10) business days.

Or the Resident may waive this departmental-level review and begin the review process at the Associate Dean/DIO level (See Waiver of Departmental Review at the end of this policy). The signed Waiver of Departmental Review and a written request for review

must be submitted to the Associate Dean/DIO within ten (10) business days of notice of dismissal or adverse academic action.

2. The initial review request must include: (a) all information, documents and materials the Resident wants considered, and (b) the reason the Resident believes dismissal is not warranted. The Resident may submit names of fact witnesses whom the Chair has discretion to interview as a part of the review process.
3. The Chair may appoint a designee or designate an advisory committee to review the decision. The committee's recommendation to the Chair shall be non-binding.
4. On reaching a decision, the Chair will notify the Resident in writing. If the decision is adverse to the Resident, the notice shall advise the Resident of the right to request a review on the record at the GME Review Level.

GME Review

5. If the Resident desires further review, a written request must be submitted to the UTCOMC Associate Dean/DIO within ten (10) business days of notice of the departmental decision. The written request for review must be sent to the Associate Dean/DIO, 960 East Third Street, Suite 100, Chattanooga, TN 37403. The request must include:
 - a. any information the Resident wants considered, and
 - b. any reason the Resident feels the academic or adverse action is not warranted.

The Resident may submit names of fact witnesses whom the Associate Dean/DIO has discretion to interview as a part of the review process.

6. At the discretion of the Associate Dean/DIO, a hearing may be permitted if requested by the Resident. The Associate Dean/DIO shall determine whether a hearing or review on the record is appropriate. Review on the record may include a face-to-face meeting with the Resident and interviews with witnesses by the Associate Dean/DIO.
7. Upon reaching a decision, the Associate Dean/DIO will notify the Resident in writing and advise the Resident of the right to further review at the next level of institutional review.

Institutional Review

8. If the Resident desires additional review by the Executive Dean of the College of Medicine (Memphis), a written request must be submitted with ten (10) business days after being advised of the outcome of the GME level of review. The request should be sent the Executive Dean, College of Medicine Memphis, 910 Madison Avenue, Suite 1002, Memphis, TN 38163. The request must include:
 - a. any information the Resident wants considered, and
 - b. any reason the Resident feels dismissal is not warranted.

The Resident may submit names of fact witnesses whom Executive Dean has discretion to interview as a part of the review process.

9. The Resident and Associate Dean/DIO will receive written notification of the final review decision.

*The term Resident refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.

S A M P L E

Waiver of Departmental Review Statement

I, _____, MD (or DO), hereby waive the first level of review (Department-level) of the disciplinary or adverse academic action(s) taken by my residency (or fellowship) program or other University of Tennessee Health Science Center officials.

I elect to waive departmental-level academic review and commence the process with review at the GME level by the Associate Dean/DIO of the UT College of Medicine Chattanooga.

Resident Signature _____

Date Signed and Submitted: _____

Resident's Name: _____

Residency Program: _____

Level in the Program: _____