Still OPTI

POLICY		Policy No: IS-006
Subject: Grievance	Approval: 6/29/15 Last Revision Approved: 11/28/23 Date Last Reviewed by GMEC: 4/29/2025	Page 1 of 3

PURPOSE

This is a Still OPTI policy regarding grievance policies and procedures in affiliated programs. The policy is written in accordance with *ACGME Institutional Requirements*.

IV.E. Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest. (Core)

POLICY

Still OPTI, as the Sponsoring Institution (SI), will ensure that a policy and procedure is in place allowing residents to submit any grievance without fear of reprisal.

RESPONSIBILITY

Primary Clinical Participating Site Responsibility:
The site will create and enforce a grievance policy and procedure in accordance with the *Still OPTI Grievance Policy No. IS-006.*

Resident Responsibility:
Residents at each Still OPTI Member Affiliate are responsible for learning and following the participating site's Grievance Policy and Procedure.

Still OPTI Responsibility:

1. Still OPTI will provide a standard Grievance Procedure, which each primary clinical participating site will follow or adapt to the unique nature of their site or become more restrictive. Such policies must be reviewed and approved by the Still OPTI GMEC.
2. Still OPTI will confirm that an appropriate Grievance Policy is in place and ensure the Grievance Procedure is appropriately followed by reviewing the Policy and Procedure with Affiliate Member faculty, staff, and residents at the Annual Site Visit.

GRIEVANCE PROCEDURE

In the event a resident has a general complaint or grievance with the participating site, the resident will be entitled to initiate the **General Grievance Procedure**. If, however, the complaint or grievance involves the non-advancement (non-renewal), suspension, or dismissal from the Program, then the resident will be entitled to initiate the **Specific Grievance Procedure for Non-Advancement, Suspension, or Dismissal**.

If the resident does not present a particular complaint or grievance within the appropriate time limits set forth in this procedure, such complaint or grievance will be deemed to have been waived. If the resident does not appeal a particular complaint or grievance within the appropriate time limits set forth in this procedure, such complaint or grievance will be deemed to have been resolved by the preceding answer to the grievance.

GENERAL GRIEVANCE PROCEDURE

Step 1: No later than ten business days after the resident becomes aware or should have become aware of the grievance, he/she may discuss the grievance with the Chief Resident of their specific program. The Chief Resident will orally answer the grievance with the resident and document the date the answer was delivered.

Step 2: If the resident is not satisfied with decision of the Chief Resident, he/she may submit the grievance in writing to the Program Director no later than five business days after the resident is apprised of the decision of the Chief Resident. The Program Director will schedule a meeting with the resident to discuss the grievance within ten business days after receiving the written grievance. The Program Director will respond to the grievance in writing within five business days after meeting with the resident.

Step 3: If the resident is not satisfied with the decision of the Program Director, the resident may appeal in writing to the Associate DIO/CLER Director no later than five business days after his/her receipt of the decision of the Program Director. Within ten business days after receipt of this appeal, the Associate DIO/CLER Director will consider the written appeal and the written answer of the Program Director and issue a decision in writing, which will be made in accordance with any relevant policies and procedures of the participating site. The decision of the Associate DIO/CLER Director will be final and binding on both the resident and the participating site. The DIO shall be informed at the time of any Step 3 Resident request and be copied on the response by the Associate DIO. Residents should contact the DIO directly for guidance if the grievance is directed toward the Chief Resident, Program Director, or Associate DIO/CLER Director.

SPECIFIC GRIEVANCE PROCEDURE
FOR NON-ADVANCEMENT, SUSPENSION, OR DISMISSAL

Upon a request for review, the DIO/Chair of GMEC will first determine whether the matter is reviewable under this policy and if so, shall appoint a Review Committee. The Review Committee will be composed of the Associate DIO for the primary clinical site, two (2) core faculty members and one (1) resident from a department or departments different than the requesting resident. The committee will make a determination whether the resident received appropriate notice of deficiency and an opportunity to correct it, and whether the decision to take the Action was thoughtfully and deliberatively made. The Review Committee will make a recommendation in this regard to the DIO and the CEO/COO of the resident's employing hospital or community health center, who will jointly render a decision. This decision will be immediately effective, binding, final, and not subject to further appeal.

Prior to the Review Committee meeting, the Graduate Medical Education Department (GME) will be responsible for providing a copy of the resident's/fellow's file to the committee members. The resident/fellow and/or Program Director are at liberty to submit any additional relevant documentation to the GME department for distribution to the committee members. Patient and peer identifiers shall be removed from any documents. The committee will review the resident's/fellow's request for review, the resident's/fellow's file and any additional documentation provided (Materials).

The review meeting will be scheduled in a timely manner. If the resident/fellow fails to attend without good cause, he/she will have been considered to have withdrawn the request for review. If the Program Director fails to attend without good cause, the meeting will proceed.

The meeting will be attended by the four (4) committee members, the resident/fellow, Program Director, and a representative of the GME department. As this is an academic process, no attorneys or legal advisors shall be in attendance. The resident/fellow may have a faculty advisor or other support person present if he/she chooses. This support person will not be permitted to actively participate unless requested by the chairperson of the Review Committee. The chairperson of the Review Committee will preside over the meeting, make introductions, and verify that all committee members have reviewed the materials in advance. The resident/fellow will be given an opportunity to describe why they believe the action was unwarranted and the basis for the request for review. The Program Director will then have an opportunity to respond to or clarify issues raised in the resident's/fellow's request for review.

The committee members will then have an opportunity to ask final questions of the resident/fellow and Program Director. The committee may interview others as they see appropriate to aid in the decision-making process. If the committee identifies such individuals in advance, they will be invited to attend the meeting. Alternatively, the committee may identify individuals they need to interview after the meeting and before their deliberations. On conclusion of the committee meeting and after the committee members have had a chance to interview any other individuals they identify, the committee will deliberate without the Program Director and resident/fellow but with the attendance of a GME representative.

The committee will make a written report with their recommendations, along with a discussion of the rationale for the committee's decision. The GME department will be responsible for forwarding the written report along with a copy of the materials to the DIO and the CEO/COO of the employing hospital or community health center. The DIO and CEO/COO will review the committee's written report and materials and jointly render a decision either upholding, overturning, or modifying the action.

Misconduct Matters:

A review of the decision to take an Action for misconduct matters may be requested by the resident. The review process will be the same as that for academic matters (outlined above) with the following exception: The Review Committee will make a determination whether the resident/fellow received appropriate notice, had an opportunity to be heard regarding the matter at hand, and whether the decision to take the action was thoughtfully and deliberatively made.

The procedures as outlined above shall not preempt the Medical Staff Bylaws or personnel codes of the hospitals. They shall not preempt or limit any right of the hospitals under the Agreement With Physician (resident contract) to immediately suspend a resident/fellow.

Misconduct refers to unprofessional behavior; it embraces medical incompetence and an ethical breach. It includes, but is not limited to gross incompetence, sexual misconduct, fraud, committing a felony, and persistent disruptive behavior.