Appendix M – Resident Appointment Documents and Policies

The complete appointment paperwork for residents and fellows at Cedars-Sinai can be found through the link below (102-page pdf) that is available in our program website:

[Residents-fellow-paperwork (cedars-sinai.edu)]

The GME Grievance and Due Process Policy (also available in the above link) is included here for direct access. Although the GME policies refer to medical residents as “Physicians-in-Training”, all applicable policies apply to physics residents as well.

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**I. POLICY**

It is the policy of Cedars-Sinai Medical Center to ensure that Physicians-in-Training are provided with fair policies and procedures for grievance and due process that minimize conflicts of interest and that support an educational environment for physicians-in-training in which they may raise and resolve issues without fear of intimidation, discrimination, or retaliation and in accordance with ACGME institutional requirements.

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**II. PURPOSE**

The following procedures have been established and implemented for purposes of adjudication of Physician-in-Training complaints and grievances related to actions that could significantly threaten a Physician-in-Training’s intended career development, including termination, non-renewal of the Physician-in-Training-Agreement (PITA), or non-promotion to the next level of training.

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**III. DEFINITIONS / RESPONSIBILITIES**

1. Administrative Cause. The term “Administrative Cause” shall include, without limitation:
   1. Failure of the Physician-in-Training to maintain such mandatory prerequisites as required by the Medical Center’s teaching programs, including, without limitation: (i) an active California medical license; (ii) current and complete D.E.A. Registration with all schedules except Schedule 1; and/or (iii) any other requisite certification(s).
   2. Failure of the Physician-in-Training to comply with: (i) requirements regarding the timely completion of medical records; (ii) applicable Medical Center policies; and/or (iii) the Physician-in-Training Agreement with the Medical Center.
B. **Medical Cause.** “Medical Cause” as defined herein shall mean without limitation:

- failure to comply with any of the terms of the Physician-in-Training’s Agreement with the Medical Center or Medical Center Policies, other than that noted in Section III.A.1., above;
- lack of academic achievement;
- conviction of the Physician-in-Training of a crime involving moral turpitude;
- unsuitable conduct or behavior; or
- any aspect of the Physician-in-Training’s lack of competence or professional conduct which is reasonably likely to be detrimental to patient safety or to the delivery of patient care.

C. **Disciplinary Action.** “Disciplinary action” as used herein shall mean:

2. any action by the Medical Center to terminate the Physician-in-Training’s Agreement prior to the expiration of its full term or any restriction by the Medical Center upon the Physician-in-Training’s full participation in Program activities, which is reportable to the: (a) Medical Board of California, pursuant to Section 805 of the California Business and Professions Code, as amended from time to time; or (b) National Practitioner Data Bank, pursuant to 45 C.F.R. Part 60, as amended from time to time; and

3. such termination or restriction is based upon Medical Cause.

### IV. PROCEDURES

A. **Initiation of Corrective Action.** If the Department Chair or Program Director has received information indicating that there may be grounds for corrective action within the meaning of Article IX of the Physician-in-Training Agreement, he or she shall review such information to determine if the information, if true, would constitute Administrative Cause or Medical Cause for further corrective action. If the Department Chair or Program Director determines that such information, if true, would constitute Administrative Cause, he shall forward a report and recommendation to the Senior Vice President for Academic Affairs for review and action pursuant to Section IV.D.2. of this Policy. If the Department Chair or Program Director determines that such information, if true, may constitute Medical Cause, he or she shall proceed in accordance with the provisions of Section IV.B-D., below. Notwithstanding the preceding sentence, if the Department Chair or Program Director believes that the Medical Cause may constitute grounds for immediate summary suspension, he or she shall immediately contact the Senior Vice President for Academic Affairs for review and action, as appropriate.

B. **Further Investigation.** If the Department Chair or the Program Director believe that the Physician-in-Training may have demonstrated Medical Cause for dismissal from the Program or for other action as described at Section III, above, the Program Director shall notify the Physician-in-Training of that belief. If the Department Chair or Program Director determines that further investigation is unnecessary following an interview with the Physician-in-Training, he or she shall proceed as provided in Section IV.C., below. If further investigation is deemed warranted, the Program Director shall appoint and convene a fact-finding committee composed solely of members in the Program Department. The Investigatory Committee shall conduct an investigation to ascertain the relevant facts. The Investigatory Committee may proceed in any manner appropriate to the nature of the investigation, including the taking of evidence outside of the presence of the Physician-in-Training. Such committee need not maintain a record of its proceedings. The Physician-in-Training shall have the opportunity to offer evidence and any other information pertinent to the proceedings of the Investigatory Committee. The Investigatory Committee shall present its recommendations and findings, jointly in writing, to the Department Chair and the Program Director. Copies of such recommendations and findings shall be given to the Physician-in-Training and to the Senior Vice President for Academic Affairs. The Investigatory Committee shall have no
C. Recommendations. Upon a determination that further investigation is unnecessary, or upon receipt of an Investigatory Committee’s recommendations and findings, the Department Chair and Program Director shall determine whether they believe the Physician-in-Training has demonstrated Medical Cause for dismissal from the Program or for other action, including, but not limited to conditions of probation and individual monitoring requirements. If the belief is that there is no basis for dismissal or other action, the Program Director shall promptly notify the Physician-in-Training, in writing, with a copy provided to the Department Chair and the Senior Vice President for Academic Affairs. If the Department Chair and Program Director recommend dismissal or other action, such recommendation shall be made, in writing, to the Senior Vice President for Academic Affairs.

D. Review and Action By The Senior Vice President For Academic Affairs.

1. Medical Cause. If the Senior Vice President for Academic Affairs determines, based upon: (i) a review of the recommendation of the Department Chair and Program Director; and/or (ii) an independent evaluation of such other information as has been made available; that Medical Cause has been found for dismissal or for other Disciplinary Action, the Senior Vice President for Academic Affairs shall notify the Physician-in-Training, in writing, of the action intended to be taken (“Notice of Intended Action”) and of the Physician-in-Training’s right to a Fair Hearing as described at Section IV.F., below. The Senior Vice President for Academic Affairs may suspend the Physician-in-Training pending the outcome of the Fair Hearing. All stipend payments and benefits shall continue during any such suspension until expiration or earlier termination of the Physician-in-Training’s Agreement with the Medical Center.

2. Administrative Cause. If the Senior Vice President for Academic Affairs determines that Administrative Cause has been found in any case, the Senior Vice President for Academic Affairs shall notify the Physician-in-Training, in writing, of the action. In such circumstance, the Senior Vice President for Academic Affairs may take whatever action is required, including suspension or termination from the Medical Center’s residency programs.

E. Right to Request a Fair Hearing. If the Physician-in-Training is entitled to a hearing as provided in Section IV.F., below, or Article VII, Paragraph 7.5 of the Agreement regarding non-reappointment or non-renewal of the Agreement, or non-promotion to the next level of training, and desires to invoke the Fair Hearing procedure, the Physician-in-Training must notify the Senior Vice President for Academic Affairs of such intent, in writing, within thirty (30) calendar days after receipt of the Notice of Intended Action. If the Physician-in-Training does not request a Fair Hearing within the thirty (30) calendar day period after receipt of such notice, the action described in the notice shall be deemed accepted by the Physician-in-Training on the 31st calendar day following the Physician-in-Training’s receipt thereof.

F. Fair Hearing Rights.

Administrative Cause. In no event shall the Physician-in-Training be entitled to a Fair Hearing for any and all action taken as a result of Administrative Cause.
Hearing Procedure.

(a) Whenever a Notice of Intended Action has been issued, and the Physician-in-Training has requested a Fair Hearing pursuant to the provisions of Section IV.E., above, the Senior Vice President for Academic Affairs shall convene a hearing of the House Staff Fair Hearing Committee (the “Committee”). The Committee is an ad-hoc committee of the Graduate Medical Education Committee of the Medical Center charged with conducting a fair hearing to determine the validity of both specific and general charges and to make written recommendations to the Senior Vice President for Academic Affairs regarding the intended Disciplinary Action.

(b) Such Notice of Intended Action shall set forth the basis for the action and advise the Physician-in-Training of the full scope of inquiry to be pursued, and the nature of charges made against him or her.

(c) The Senior Vice President for Academic Affairs shall appoint three (3) members from the Graduate Medical Education Committee to serve on the Committee. At least one member of the Committee shall be knowledgeable concerning the Physician-in-Training’s specialty where feasible. The Committee shall be comprised of unbiased individuals who shall gain no direct financial benefit from the outcome, and who have not acted as an accuser, investigator, fact-finder, or initial decision-maker in the same matter. If it is not possible to appoint a Committee comprised entirely of members from the Graduate Medical Education Committee, members shall be appointed from the Medical Center’s Medical Staff.

(d) The Senior Vice President for Academic Affairs, in consultation with the Medical Center’s Senior Vice President for Legal Affairs and General Counsel, shall appoint a presiding officer for the hearing from a panel of presiding officers developed by the Senior Vice President for Legal Affairs and General Counsel. The Presiding Officer shall gain no direct financial benefit from the outcome of the hearing. The Presiding Officer shall act as an independent, nonvoting, Chair of the hearing. It is his or her function to ensure that the Committee proceeds in accordance with this Policy. The Presiding Officer shall act to ensure that all parties at the hearing have a reasonable opportunity to be heard and to present oral and documentary evidence. The Presiding Officer shall not act as a prosecuting officer nor as an advocate for either party to the hearing. The Presiding Officer shall determine the procedure to be followed during the hearing consistent with this Policy. The Presiding Officer shall have full authority and discretion to make all rulings on questions which pertain to procedure and the admissibility of evidence. The Presiding Officer shall be a nonvoting participant in the Committee’s deliberations and shall prepare a written decision for the Committee’s review and approval.

(e) The Physician-in-Training shall receive written notice at least thirty (30) calendar days prior to the Committee hearing date. The written notice shall inform the Physician-in-Training of the date, time and location of the scheduled Committee hearing.

(f) The Physician-in-Training shall have the right to a reasonable opportunity to voir dire the Committee members and the Presiding Officer, and the right to challenge the impartiality of any Committee member or the Presiding Officer. Challenges to the impartiality of any Committee member or the Presiding Officer shall be ruled on the Presiding Officer.

(g) Although formal rules of evidence are not followed by the Committee, the Physician-in-Training may be represented at the hearing by counsel or other third party if the Physician-in-Training so indicates, in writing, at least thirty (30) calendar days in advance of the hearing. If the Physician-in-Training elects not to be
represented by counsel at the hearing, then the Program may not be represented by counsel at the hearing.

(h) Prior to the Committee hearing, the Physician-in-Training shall have access to portions of his or her personal record of evaluation and medical records, insofar as they are relevant to the charges in the Notice of Intended Action. In addition, the Physician-in-Training shall be provided with all of the information made available to the Committee. In this regard, the Physician-in-Training shall have the right to inspect and copy, at the Physician-in-Training’s expense, any documentary information relevant to the charges which the Program has in its possession or under its control, as soon as practicable after the receipt of the Physician-in-Training’s request for a hearing. The Program shall have the right to inspect and copy, at the Program’s expense, any documentary information relevant to the charges which the Physician-in-Training has in his or her possession or control as soon as practicable after receipt of the Program’s request.

(i) The failure by either the Physician-in-Training or the Program to provide access to this information at least thirty (30) days before the hearing shall constitute good cause for a continuance. The right to inspect and copy by either party does not extend to confidential information referring solely to an individually identifiable Physician-in-Training, other than the Physician-in-Training under review. The Presiding Officer shall consider and rule upon any request for access to information, and may impose any safeguards the protection of the peer review process and justice requires. If a patient’s medical records are pertinent to the proceeding, the Physician-in-Training must agree, in writing, not to further disclose any such medical records provided without the prior written authorization of the patient.

(j) When ruling upon requests for access to information and determining the relevancy thereof, the Presiding Officer shall, among other factors, consider the following: (i) Whether the information sought may be introduced to support or defend the charges; (ii) the exculpatory or inculpatory nature of the information sought, if any; (iii) the burden imposed on the party in possession of the information sought, if access is granted; and (iv) any previous requests for access to information submitted or resisted by the parties to the same proceeding.

(k) Both parties to the hearing shall have the right to produce evidence, call witnesses and informally cross-examine other witnesses.

(l) At the request of either side, the parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced at the hearing. Failure to disclose the identity of a witness or produce copies of all documents expected to be produced at least ten (10) days before the commencement of the hearing shall constitute good cause for a continuance. Continuances shall also be granted by the Presiding Officer upon agreement of the parties or upon a showing of good cause.

(m) The Committee shall have a record made of the proceedings, copies of which may be obtained by the Physician-in-Training upon payment of any reasonable charges associated with the preparation thereof.

(n) The burden of presenting evidence and proof during the hearing shall be as follows: (i) The Program shall have the duty to present evidence which supports the charge or recommended action; and (ii) the Program shall bear the burden of proving by a preponderance of the evidence that the action or recommendation is
reasonable and warranted.

(o) The Program and the Physician-in-Training shall each have the right to submit written statements at the close of the hearing.

(p) The Committee shall submit a Written Report of a majority of the Committee to the Senior Vice President for Academic Affairs within fifteen (15) calendar days after the hearing. The Committee’s report shall contain: (i) The facts found by the Committee to be true; (ii) the conclusions drawn by the Committee from such facts; and (iii) the recommendations of the Committee. The Committee’s recommendations shall be limited to recommendations as to whether all or any of the possible Disciplinary Actions (including, where applicable, dismissal from the Program) or non-renewal of the Agreement or non-promotion to the next level of training presented by the Program at the hearing should be adopted as final. The Written Report shall be sent to Physician-in-Training, the Department Chair and the Program Director with a copy to the Senior Vice President for Academic Affairs.

(q) Either the Program Director or the Physician-in-Training may appeal the recommendation of the Committee to the Medical Center’s President and Chief Executive Officer by submitting a written request to that effect to the President and Chief Executive Officer. Any such request must be received by the office of the President and Chief Executive Officer within fifteen (15) days of the requesting party’s receipt of the Written Report. In such event the record of the hearing before the Committee shall be prepared and forwarded to the President and Chief Executive Officer. In the event that neither the Program nor the Physician-in-Training submits a timely request for an appeal, the recommendations of the Committee shall become final.

(r) Within fifteen (15) days of receipt of an appeal request, the President and Chief Executive Officer shall schedule and give notice to the parties of the time, date and place of a meeting with the President and Chief Executive Officer to consider the appeal. The notice of the meeting shall establish a schedule for submission of written statements from the parties in support of their positions with respect to the appeal. At such meeting each party shall be given a reasonable opportunity to orally state its position. For these purposes, the parties may be accompanied by an attorney or other representative. The President and Chief Executive Officer may request that the Medical Center’s Senior Vice President for Legal Affairs and General Counsel, or his or her delegate, be present to advise him or her in the matter.

(s) The appeal shall be based on the record of the hearing before the Committee, the Written Report of the Committee, and the written and oral arguments of the parties. The President and Chief Executive Officer will not consider any additional information unless he or she is satisfied that such information is relevant to the charges against the Physician-in-Training and that such information was improperly excluded or unavailable at the time of the hearing before the Committee. The President and Chief Executive Officer shall have a record made of the meeting. Within ten (10) days of the conclusion of the meeting to hear the appeal, the President and Chief Executive Officer shall notify the Physician-in-Training, Senior Vice President for Academic Affairs, the Department Chair and the Program Director, in writing, of his or her decision which shall be the final decision in the matter at the Medical Center.

Disciplinary Action in the Form of Suspension:

During suspension, malpractice coverage maybe withdrawn.

Suspended individuals may not treat patients.
H. The procedure for suspension due to uncompleted medical records is detailed in Health Information Department policy entitled “Physician-in-Training Termination Process for Incomplete Records.”

V. POLICY APPROVAL(S)
Graduate Medical Education Committee: August 7, 2018

Mark S. Noah, M.D.
Designated Institutional Official
Associate Dean for Medical Education

Original Effective Date: 03/01/09