March 2, 2017

Board of Registration in Medicine

200 Harvard Mills Square -- Suite 330

Wakefield, MA 01880

Dear Board of Registration in Medicine,

We write in strong opposition to the current proposal to add “Remediation” and “Probation, including Academic Probation” to the list of disciplinary actions listed in 243 CMR 1.01(2)(c).

As residents, we understand the Board’s need to ensure that only competent physicians are licensed to provide medical care to the citizens of Massachusetts. However, we believe the proposed changes would potentially endanger both our patients and our physicians.

Residents are placed on remediation and/or probation for a variety of reasons that vary among residency programs, specialties, and training institutions. Often, residents are placed on remediation or academic probation for a short period of time to gain competency in an area they had been struggling with during residency—this by definition takes a medical school graduate from incompetent to competent in order to practice medicine.

While the Accreditation Council for Graduate Medical Education has set forth competency “milestones” to track a resident’s training progress, they do so with the understanding that some learn faster than others and that training experience can vary heavily even within a single residency program. Remediation and probation are tools that residency programs use to ensure their resident physicians are meeting their milestones. While occasionally remediation and probation are used for disciplinary purposes, many, if not most, residents who are placed on remediation/probation are put there simply to ensure they meet their milestones in all areas of competency.

At best, we believe this proposal would do nothing to protect Massachusetts citizens and would simply result in residency programs calling some current forms of remediation and probation by another name. It would result in every resident placed on remediation or probation to challenge that decision as it would lead to an indelible black mark on their professional record.

At worst, this proposed change would incentivize residency programs not to place poor-performing residents on remediation or probation. Residency programs would, instead, become more lenient in their milestone assessments out of fear of destroying their graduates’ careers—a situation that in turn could actually endanger citizens of Massachusetts. It would discourage residents who have self-identified areas in which they are struggling from reaching out for assistance out of fear of being placed on remediation or probation, predisposing them to the worrisome spiral of burnout, depression, and even suicide.

Residency programs exist to assess a resident’s competency in their field and to graduate them only if they have met the necessary competency milestones. We strongly feel that residency Program Directors in coordination with their Designated Institutional Officials are the most qualified to determine whether or not a resident is competent to practice in their specialty, and are equally qualified to determine if the need for remediation or probation is a disciplinary action related to the situations currently outlined in 243 CMR 1.01(2)(c).

Respectfully,

Chris Worsham

Christopher Worsham, M.D.

Massachusetts Vice President, Committee of Interns and Residents

On Behalf of Residents and Fellows at Boston Medical Center and Cambridge Health Alliance