

## Due Process Procedures (2026.6)

The Consortium provides collaborative due process procedures for remediation, disciplinary actions, and grievances. The general guidelines for management of problematic resident performance, conduct, or skill deficiencies, and due process procedures for problem resolution and residents' grievances are consistent with the standards of the Association of Psychology Postdoctoral and Internship Centers. They emphasize due process and assure fairness in decisions about residents, and also provide avenues of appeal that allow residents to dispute decisions and file grievances.

In addition to concerns about problematic behavior and/or issues related to attaining competence that may arise at any time during the training year, the Due Process procedures are also specifically linked to formal evaluation of residents, such that not attaining a minimum rating would trigger the Due Process procedures.

The spirit that guides due process procedures is dialogue and collaboration. Neither the Consortium nor the affiliated training sites make unilateral decisions unless there is imminent risk to clients, students, residents, or others. The protection of clients and residents is the overriding principle in collaborative decision-making. The Consortium, Resident, and Sites will make every effort to resolve concerns via informal collaboration and consultation prior to initiating the formal process delineated below.

The Consortium and affiliated training sites follow due process guidelines to ensure that decisions about residents are not arbitrary or personally based. These guidelines include appeal procedures that permit any resident to challenge program decisions. The Consortium Training Committee will make every effort to address each step in the process within 10 working days when possible. The due process guidelines include the following:

1. Present residents with the program expectations regarding professional functioning at the start of the training year.
2. Specify evaluative procedures, including the time frame and the method, in the *Resident Training Agreement* before the start of the training year.
3. Define "problematic behavior."
4. Provide prompt notice and an opportunity for a hearing concerning failure to meet competence in any particular area.
5. Provide a remediation plan for skill deficiencies or problematic behavior, including a time frame for remediation and the consequences of not rectifying the deficiencies or problematic behavior.
6. Provide residents with a written description of procedures they may use to appeal decisions and to file grievances.
7. Ensure that residents have sufficient time to respond to any action taken by the program that affects them.
8. Use input from multiple professional sources, including the supervisors at the affiliated training site, when making decisions or recommendations regarding the resident's performance.
9. Document, in writing and to all relevant parties, the action(s) taken and its (their) rationale.

### Consortium's Rights and Responsibilities Within the Due Process Framework

#### Consortium's Rights:

1. The right to establish and communicate training expectations and professional conduct standards.
2. The right to evaluate resident performance using clearly defined criteria.
3. The right to initiate remediation procedures when performance concerns arise.
4. The right to impose disciplinary action, up to and including dismissal, when warranted.
5. The right to require the resident's participation in remediation activities.
6. The right to consult with APPIC, legal counsel, affiliated training sites, and other appropriate bodies.
7. The right to take immediate action, including temporary suspension of duties, when there is imminent risk to clients, staff, students, residents, or others.

#### Consortium's Responsibilities:

1. The responsibility to provide residents with written expectations at the start of the training year.
2. The responsibility to provide clear, timely, and constructive evaluative feedback.
3. The responsibility to follow the established Due Process procedures consistently and impartially.
4. The responsibility to provide written notice of concerns and a reasonable opportunity to respond.

5. The responsibility to base decisions on documented evidence drawn from multiple professional sources.
6. The responsibility to document all actions and rationale in writing and to communicate them to all relevant parties.
7. The responsibility to protect the confidentiality of the resident, consistent with legal, ethical, and training-site requirements.
8. The responsibility to provide access to support resources and a reasonable opportunity for the resident to remediate.

## **Resident's Rights and Responsibilities Within the Due Process Framework**

### **Resident's Rights:**

1. The right to receive written notice of concerns, including specific skill deficiencies or problematic behaviors.
2. The right to timely written notice of any hearing, consistent with the timeframes below.
3. The right to respond, in writing and verbally, to concerns raised.
4. The right to a fair and impartial review by persons who are not directly involved in the concern.
5. The right to review documentation being used in the decision-making process.
6. The right to bring a support person to any hearing. The Consortium's Due Process proceedings are administrative; external legal representation is not a part of these proceedings.
7. The right to request informal problem-resolution assistance from APPIC at any stage.
8. The right to appeal adverse decisions to the Consortium's Board of Directors.
9. The right to continue training activities during the review process, unless client welfare or safety requires otherwise.
10. The right to confidentiality of the Due Process proceedings, consistent with legal, ethical, and training-site requirements.

### **Resident's Responsibilities:**

1. The responsibility to act in accordance with the APA Ethical Principles and Code of Conduct, APPIC standards, the Consortium's policies, and the training site's policies.
2. The responsibility to participate in training activities, supervision, and evaluation in good faith.
3. The responsibility to communicate concerns in a timely manner to supervisors, the Site Liaison, and the Director of Residency Training.
4. The responsibility to respond to written notices and requests for information within designated timeframes.
5. The responsibility to actively and constructively participate in any remediation plan.
6. The responsibility to maintain professional conduct throughout any Due Process proceedings.
7. The responsibility to report suspected ethical violations in a timely manner.
8. The responsibility to cooperate with the Review Panel and any investigation.

## **Site's Rights and Responsibilities Within the Due Process Framework**

### **Site's Rights:**

1. The right to receive timely written notification from the Consortium Director of Residency Training when a resident assigned to the Site becomes the subject of Due Process procedures.
2. The right to designate a representative (e.g., the Site Training Director or designee) to communicate with the Consortium regarding Due Process matters affecting the Site.
3. The right to provide written input regarding the resident's performance at the Site for consideration by the Director of Residency Training and any Review Panel.
4. The right to participate, through its designated representative, in the development of any remediation plan to be implemented at the Site.
5. The right to take immediate action, including temporary suspension of a resident's clinical duties at the Site, when there is imminent risk to clients, staff, students, residents, or others, with prompt notification to the Consortium Director of Residency Training.
6. The right to consult with the Consortium, APPIC, and legal counsel regarding Due Process matters affecting the Site.
7. The right to confidentiality of Due Process proceedings, consistent with legal, ethical, training-site, and APA and APPIC requirements.

8. The right to decline continued placement of a resident at the Site when, after consultation with the Consortium, continued placement is no longer feasible or appropriate.

### **Site's Responsibilities:**

1. The responsibility to provide a training environment consistent with APPIC membership criteria, the Affiliation Agreement, and the Consortium's training expectations.
2. The responsibility to ensure that designated site supervisors are licensed psychologists in good standing who meet APPIC supervisor qualifications and applicable Arizona licensure requirements. This includes 6 CEUs of supervision training each license renewal cycle.
3. The responsibility to communicate concerns about resident performance, conduct, or skill deficiencies to the Director of Residency Training within 30 days.
4. The responsibility to participate in good faith in Due Process procedures and to provide documentation and information reasonably requested by the Director of Residency Training or the Review Panel.
5. The responsibility to follow the Consortium's Due Process procedures and to refrain from unilateral disciplinary action against a resident except where imminent risk requires immediate action.
6. The responsibility to document supervision, performance feedback, and any concerns in writing, and to retain such records consistent with the Consortium's record-retention requirements.
7. The responsibility to make site supervisors and other relevant personnel reasonably available to participate in Review Panel hearings.
8. The responsibility to protect the resident against retaliation arising from participation in Due Process proceedings.
9. The responsibility to maintain confidentiality of Due Process proceedings, consistent with legal, ethical, training-site, and APPIC requirements.
10. The responsibility to notify the Consortium promptly of any material change at the Site (e.g., loss of a supervisor, change in services, change in licensure or accreditation status) that may affect Due Process or training continuity.

### ***Defining areas of concern***

In the Consortium's psychology training program, areas of concern typically fall into one of two areas:

- a. **Skill deficiency.** Skill deficiencies may include lack of doctoral level
  - Psychological assessments;
  - Diagnostics;
  - Test administration or interpretation;
  - Forming therapeutic alliances with patients/clients; or
  - Knowledge of pertinent research or additional weaknesses such as:
    - Conducting professional activities beyond the resident's abilities or scope;
    - Disregard for a supervisor's guidance; or
    - Resistance to appropriate opportunities for learning.
- b. **Problematic Resident Behavior.** Behaviors are identified as problematic behaviors if they include one or more of the following characteristics:
  - The resident does not acknowledge, understand, or address the problem when it is identified.
  - The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
  - The quality of services delivered by the resident is sufficiently negatively affected.
  - The problem is not restricted to one area of professional functioning.
  - A disproportionate amount of attention by training personnel is required.
  - The resident's behavior does not change as a function of feedback, remediation efforts, and/or time. Both skill deficiencies and problematic behaviors are regularly assessed by the clinical supervisors during individual supervision, and review of clinical work.

## ***Procedures for responding to a skill deficiency or problematic behavior Initial Response***

If an affiliated training site supervisor or a Consortium Training Committee member judges a resident's performance as reflecting a skill deficiency or problematic behavior, the following procedure will be initiated, unless the Consortium Training Committee determines that immediate disciplinary action is appropriate. The Consortium Training Committee will make every effort to address each step in the process within 10 working days when possible.

1. A supervisor at an affiliated training site, or a Consortium Training Committee member, notifies the Consortium Director of Residency Training in writing that there is a concern about the resident's skills or professional functioning within 10 working days of knowledge of the concern.
2. The Director of Residency Training informs the resident in writing about the notice of a skill deficiency or problematic and advises the resident about the available courses of action, including scheduling a hearing during which the resident may respond to the notice. The specific timelines are delineated in the Notice of Hearing subsection below.
3. The Director of Residency Training consults with the supervisors at the training site, and perhaps affiliated training site administrators.
4. The Director of Residency Training will seek input from the Consortium Training Committee.
5. The Consortium Director of Residency Training may request informal problem resolution assistance from APPIC.
6. The Consortium Director of Residency Training will speak with the residency to attempt resolution.
7. If the above procedures do not bring resolution, the Director of Training will, upon the resident's request, schedule a hearing at which the resident may respond.
8. Following the hearing, appropriate disciplinary action may be considered, as described below.

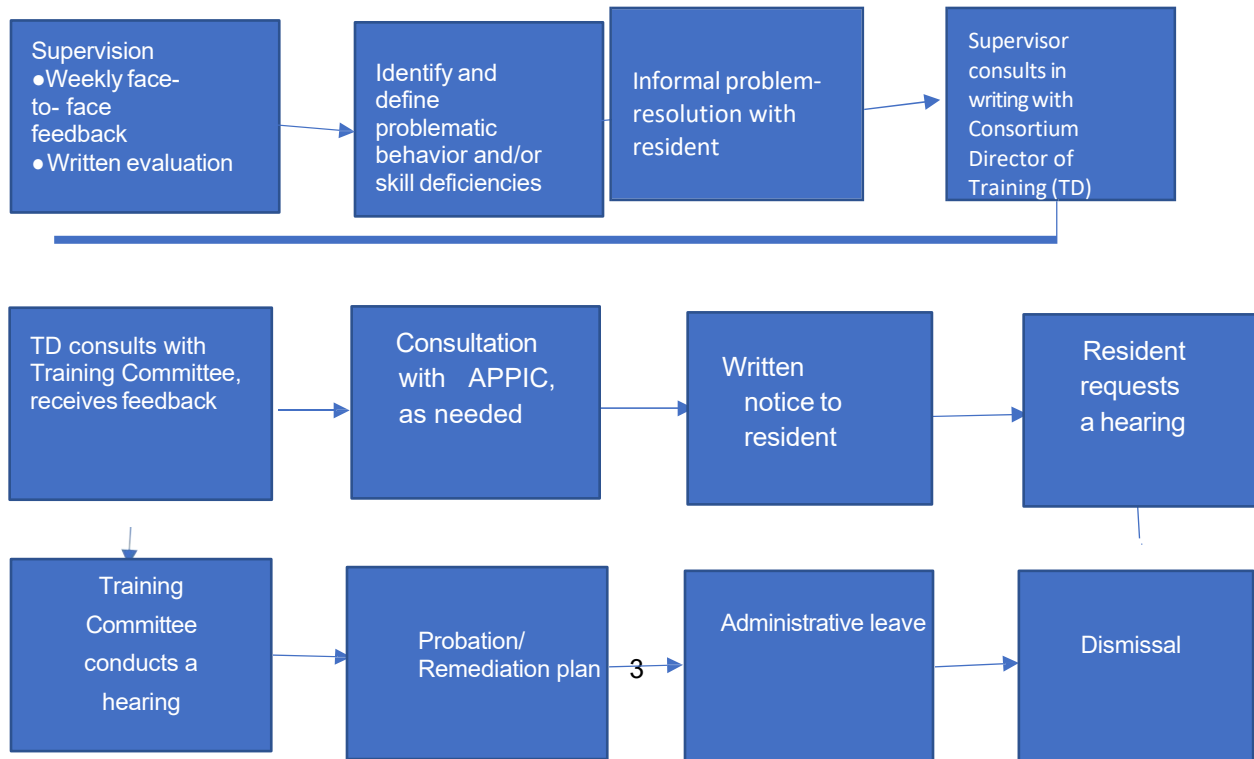


### **Notice of Hearing**

When the Due Process Procedure is initiated, the Resident is entitled to request a hearing and this may be necessary to address concerns about a resident's performance or professional conduct. The following Notice of Hearing procedures are noted below. These timeframes ensure that the resident receives sufficient time to prepare a response while also supporting timely resolution of concerns.

1. Within 5 working days of receiving written information that may warrant a formal hearing, the Director of Residency Training will issue a written Notice to the resident. The Notice will include: (a) the nature of the concern, including the specific skill deficiency or problematic behavior; (b) the documents and information being relied upon; (c) the names of individuals providing relevant information; (d) a statement of the resident's rights in the hearing process; and (e) the proposed date, time, and location of the hearing.
2. The resident will have 10 working days from the date of receipt of the Notice to submit a written response and either request the hearing or, alternatively, accept a proposed remediation or disciplinary action without a hearing.
3. If a hearing is requested, it will be scheduled within 15 working days of the resident's request, at a date and time reasonably convenient for the resident.
4. The resident will have the right to review all documents that will be presented during the hearing at least 5 working days before the hearing.
5. The Review Panel will issue its written findings and recommendations within 10 working days of the conclusion of the hearing. Copies will be provided to the resident, the Director of Residency Training, and the President of the Consortium's Board of Directors.
6. The resident will have 10 working days from the date of receipt of the written findings to file a written appeal with the full Board of Directors of the Consortium.
7. Timeframes may be extended by mutual written agreement of the resident and the Director of Residency Training, or when circumstances (e.g., holidays, illness, site scheduling constraints) reasonably require an extension. Any extension will be documented in writing.

## Flow Chart for Resident Problem Resolution



## **Possible Disciplinary Actions**

The Director of Residency Training, after consultation with the Consortium Training Committee, may implement any of the following disciplinary actions. These are not necessarily sequential. The Director of Residency Training will select the course and extent of the action based on the needs of the resident, the affiliated training site, and the clients at the affiliated training site.

1. Written Notice. A Written Notice directs the resident to discontinue unsatisfactory action(s) or behavior(s). The resident will be given a letter specifying the following:
  - a. Notification to the resident that there is unsatisfactory behavior.
  - b. Description of the unsatisfactory behavior.
  - c. Actions required to correct the unsatisfactory behavior.
  - d. Timeline for correction.
  - e. Consequences if the problem is not corrected.
2. Probation. If the area of problematic behavior is deemed serious enough, the resident may be placed on probation. The resident will be given a letter specifying the following:
  - a. Description of the unsatisfactory behavior.
  - b. Actions required to correct the unsatisfactory behavior.
  - c. Timeline for correction.
  - d. Explanation of the procedure that will be used to determine whether satisfactory progress has occurred.
  - e. Consequences if the problem is not corrected.
3. Administrative Leave. The resident may be placed on leave, accompanied by suspension of all duties and responsibilities in the agency. The resident will be informed in writing about potential consequences resulting from suspension, which might include inability to complete training hours or other requirements.
4. Dismissal. When appropriate, a resident may be dismissed from the Consortium training program. The resident must receive written notice of dismissal. Dismissal might occur under the following circumstances:
  - a. It is determined that remediation cannot be successfully accomplished;
  - b. Serious violation of ethical standards;
  - c. Serious violation of Consortium or affiliated training site policy and procedures; Serious legal violation(s);  
or
  - d. Any other condition that jeopardizes client, student, staff, or resident welfare.

Following the delivery of the written document outlining the disciplinary action to be taken to correct problematic behaviors or skill deficiencies, the Training Committee and the resident's Supervisors will meet with the resident to discuss the action. The resident may accept the disciplinary action, or may appeal to the Consortium's Board of Directors. Pending the decision by the President of the Board of Directors, the resident remains subject to the disciplinary action imposed by the Director of Training.

5. Appeals. The steps to be taken when a resident appeals a disciplinary decision to the Consortium's Board of Directors are as follows:
  - a. If a resident desires to appeal a disciplinary decision of the Director of Residency Training, that resident may appeal that decision to the full Board of Directors of the Arizona Psychology Training Consortium. This appeal is to be filed with the Secretary of the Board of Directors within ten days of the issuance of the Director of Residency Training's decision. The Appeal must include evidence and rationale which support the basis of the Appeal. The Appeal may include a proposed alternative resolution of the grievance under consideration.
  - b. Within ten days of the receipt of an Appeal, the President shall schedule a meeting of the full Board of Directors of the Consortium at which the Appeal will be considered. The decision of the full Board of Directors shall be final.

## Grievance Procedure (2026.6)

### **Consortium's Rights and Responsibilities Within the Grievance Process:**

#### **Consortium's Rights:**

1. The right to receive a written, detailed statement of the grievance, including the specific nature of the concern and any prior resolution attempts.
2. The right to respond to grievances through the established Grievance Procedure.
3. The right to convene a Review Panel and to conduct an impartial review hearing.
4. The right to request additional information from the resident and from the affiliated training site.
5. The right to consult with legal counsel, APPIC, or other advisors as appropriate.

#### **Consortium's Responsibilities:**

1. The responsibility to acknowledge receipt of a written grievance within the specified timeframe.
2. The responsibility to follow the established Grievance Procedure consistently and impartially.
3. The responsibility to ensure the Review Panel is free of conflicts of interest; any person directly involved in the grievance will be recused.
4. The responsibility to provide the resident with a fair hearing and an opportunity to present evidence and respond to evidence.
5. The responsibility to document all findings and the rationale in writing.
6. The responsibility to issue a timely written decision.
7. The responsibility to protect the resident against retaliation for filing a grievance in good faith.
8. The responsibility to maintain confidentiality to the extent consistent with conducting the review.

### **Resident's Rights and Responsibilities Within the Grievance Process**

#### **Resident's Rights:**

1. The right to file a grievance without fear of retaliation.
2. The right to an impartial Review Panel that excludes persons directly involved in the grievance.
3. The right to present evidence and to respond to any evidence presented.
4. The right to attend the review hearing in person or by remote means.
5. The right to bring a support person to the hearing.
6. The right to receive a written decision with supporting rationale.
7. The right to appeal the decision to the full Board of Directors of the Consortium.
8. The right to request assistance from APPIC at any stage of the process.
9. The right to confidentiality of the Grievance proceedings, consistent with legal, ethical, and training-site requirements.

#### **Resident's Responsibilities:**

1. The responsibility to attempt to resolve concerns directly with the individual involved, where feasible and appropriate, before initiating a formal Grievance.
2. The responsibility to file the written Grievance within the timeframes specified in this Policy.
3. The responsibility to provide accurate, good-faith information during the review.
4. The responsibility to appear at scheduled meetings and hearings, or to provide timely notice of any inability to attend.
5. The responsibility to cooperate with the Review Panel.

6. The responsibility to refrain from frivolous or bad-faith grievances.
7. The responsibility to maintain professional conduct throughout the Grievance process.

### **Site's Rights and Responsibilities Within the Grievance Process**

#### **Site's Rights:**

1. The right to receive timely written notification of any grievance filed by a resident that pertains to the Site or to Site personnel.
2. The right to a written, detailed statement of any grievance directed at the Site, including the specific nature of the concern and any prior resolution attempts.
3. The right to respond to grievances directed at the Site through the established Grievance Procedure.
4. The right to designate a representative (e.g., the Site Training Director or designee) to communicate with the Consortium and to participate in the Review Panel hearing.
5. The right to present evidence and to respond to evidence presented in a Review Panel hearing involving the Site.
6. The right to an impartial Review Panel that excludes persons directly involved in the grievance.
7. The right to receive a written decision with supporting rationale.
8. The right to appeal decisions adverse to the Site to the full Board of Directors of the Consortium consistent with this Policy.
9. The right to request informal problem-resolution assistance from APPIC at any stage of the process.
10. The right to confidentiality of the Grievance proceedings, consistent with legal, ethical, training-site, and APPIC requirements.

#### **Site's Responsibilities:**

1. The responsibility to attempt to resolve concerns directly with the resident, where feasible and appropriate, before the matter is escalated to a formal Grievance.
2. The responsibility to communicate promptly with the Consortium Director of Residency Training upon becoming aware of any potential grievance involving the Site.
3. The responsibility to participate in the Grievance Procedure in good faith and to refrain from retaliation against any resident who files a grievance in good faith.
4. The responsibility to provide accurate, good-faith information and documentation requested by the Director of Residency Training or the Review Panel within designated timeframes.
5. The responsibility to make site supervisors and other relevant personnel reasonably available to participate in Review Panel hearings.
6. The responsibility to disclose any conflict of interest that may affect the impartiality of the Site's participation in the Grievance Procedure.
7. The responsibility to maintain a workplace environment free from harassment, retaliation, and discrimination consistent with the Site's policies, applicable law, and APPIC standards.
8. The responsibility to abide by final decisions issued under this Policy, subject to the right of appeal.
9. The responsibility to maintain confidentiality of the Grievance proceedings, consistent with legal, ethical, training-site, and APPIC requirements.

If a resident experiences a problem with a training site supervisor, Consortium Director of Residency Training, or Consortium Training Committee member, or if a resident has a personal complaint about the program (including but not limited to complaints about evaluations, supervision, stipends/salary, harassment, etc.) then the resident shall proceed with the following steps for resolution:

1. Attempt to address and resolve the problem directly with the individual as soon as possible.
2. If addressing the problem directly is not successful, the individual is unavailable, or the resident prefers not to

address the issue with the individual, then he or she may consult with the Consortium Director of Residency Training. The Consortium Director of Residency Training will assist by taking one or more of the following actions:

- a. Serving as a consultant to assist in deciding how best to communicate with the individual;
  - b. Facilitating a mediation session between the resident and the individual;
  - c. Taking the issue to the Consortium Training Committee for consultation and problem solving;
  - d. Consulting with the President of the Board of Directors of the Consortium; or
  - e. Requesting assistance from APPIC.
3. The resident will provide a letter to the Consortium Director of Residency Training within ten working days of the later of (a) the date of the event giving rise to the complaint or (b) the date the problem was raised with the Consortium Director of Training. The resident's letter will document the nature of the grievance and what attempts may already have been made to resolve the issue.
  4. Within ten working days after receipt of the letter from the resident, the Consortium Director of Residency Training will send a letter to the resident outlining the grievance procedure. The letter will include provisions for the resident to hear all material facts and to appear before a Review Panel within 30 days, and it will provide a reasonable timeline for the Consortium Training Committee to respond to the grievance.
  5. The Director of Residency Training will convene a Review Panel of at least three persons, consisting of site supervisors and Consortium Training Committee members. Any persons directly involved in the grievance will be recused from the Review Panel.
  6. The Review Panel will conduct a review hearing at which the resident's grievance is heard and the evidence presented. The resident may attend the hearing and respond to any concerns raised. Within ten working days of the completion of the review hearing, the Review Panel will issue a report documenting its findings and recommended response to the grievance.
  7. The Consortium's Director of Residency Training will provide the Review Panel's report to the President of the Consortium's Board of Directors. Within ten working days of receipt of the Review Panel's report, the President will issue a final decision regarding the grievance, which may include any of the following:
    - a. accepting the Review Panel's recommendation;
    - b. rejecting the Review Panel's recommendation and providing an alternative; or
    - c. remanding the matter back to the Review Panel for further deliberation.
  8. If the resident or other object of a grievance desires to appeal the decision of the President of the Consortium's Board of Directors, that person may appeal that decision to the full Board of Directors of the Arizona Psychology Training Consortium. This appeal is to be filed with the Secretary of the Board of Directors within ten days of the issuance of the President's decision. The Appeal must include evidence and rationale which support the basis of the Appeal. The Appeal may include a proposed alternative resolution of the grievance under consideration.
  9. Within ten days of the receipt of an Appeal, the President shall schedule a meeting of the full Board of Directors of the Consortium at which the Appeal will be considered. The decision of the full Board of Directors shall be final.
  10. If the grievance involves the Director of Residency Training, or the President of the Consortium Board of Directors, then the Consortium Training Committee will appoint other members of the Consortium Board of Directors to convene and direct the Review Panel. The Consortium Training Committee would make the final decision if the grievance involves the President of the Consortium's Board of Directors.
  11. Once the President of the Consortium Board of Directors issues a final decision, the resident the training site, and other appropriate individuals will be informed promptly and in writing of the action taken.

*Flow Chart for Grievances*

