



**DALHOUSIE  
UNIVERSITY**

**Postgraduate  
Medical Education**

## Assessment of Training and Promotion Regulations

<b>Office of Accountability:</b>	Postgraduate Medical Education
<b>Office of Administrative Responsibility:</b>	Postgraduate Medical Education
<b>Scope:</b>	All Postgraduate Trainees; and University and Postgraduate Training Program Leadership
<b>Approved:</b>	PGME Committee – 08 Apr 2021 Faculty Council – 04 May 2021

### 1.0 Methods of Assessment

There are a variety of methods of assessment used to evaluate the academic and clinical performance of Postgraduate Trainees, depending upon the residency training program, including, but not limited to: examinations (written, oral, clinical and/or national standard), assessments of clinical rotations or clinical learning experiences in the form of In-Training Evaluation Reports (ITERs) or In-Training Assessment Reports (ITARs), academic advisor or Program Director portfolio reviews and participation in scheduled academic sessions.

Programs may also have other means of evaluation (including, but not limited to: OSCEs, national exams, written exams, daily logs, field notes, multisource feedback forms, clinical encounters, structured assessments of a clinical encounter (STACER) etc.) that are routinely performed and documented.

Each program shall identify all methods of academic evaluation. If a Postgraduate Trainee receives an unsatisfactory summary evaluation, s/he shall meet with the Program Director to discuss the identified deficiencies, and shall acknowledge, in writing that the deficiencies were discussed. It is the joint responsibility of the Postgraduate Trainee and the Clinical/Rotation/Designated Supervisor to make prompt arrangements for such a meeting.

All residency program summary evaluations – for example, competence committee reviews or Residency Program Committee reviews – must be accessible to the Postgraduate Medical Education Office and form part of each postgraduate trainee's permanent file.

The Postgraduate Medical Education Office has access to all Faculty of Medicine provided web- based evaluations that form part of Postgraduate Trainees' permanent files. Summary Evaluations must be sent to the Postgraduate Office and shall contain the minimum recommended information identified as necessary by the Postgraduate Medical Education Office including next level promotions for Family Medicine trainees, CBD trainees or non-CBD trainees.

### **1.1 In Training Evaluation Reports (ITERS)**

While ITERS can be used by any residency training program to evaluate the academic and clinical performance of Postgraduate Trainees, the completion of ITERS for clinical rotations is a required method of evaluation for Non-CBD Programs.

For Non-CBD Programs, the Clinical and/or Rotation Supervisor must complete an ITER for each Non-CBD Trainee at the conclusion of all clinical rotations, and at regular intervals so that the Non-CBD Trainee is evaluated at least every three months.

Each ITER must be signed promptly by the postgraduate trainee in acknowledgement that s/he has reviewed the ITER. The Postgraduate Trainee may insert any comments above his/her signature. Signing the ITER does not indicate agreement with, or acceptance of, the content of the ITER, and has no impact on the Postgraduate Trainee's right to appeal the ITER issued at the end of the rotation.

Routine interim evaluations are strongly encouraged and are required when a Postgraduate Trainee's performance is considered unsatisfactory during a rotation or is subsequently felt to be at risk of failure. The Clinical and/or Rotation Supervisor must meet with the Postgraduate Trainee to provide detailed feedback in connection with a mid-point evaluation, including a written summary of the identified deficiencies in the Postgraduate Trainee's performance. The Postgraduate Trainee must acknowledge, on the face of the written summary, that the deficiencies were discussed with him or her.

Signing the written summary does not indicate agreement with, or acceptance of, the content of the summary, and has no impact the Postgraduate Trainee's right to appeal the ITER issued at the end of the rotation. It is the joint responsibility of the Postgraduate Trainee and the Clinical and/or Rotation Supervisor to make prompt arrangements for such a meeting.

At the conclusion of the rotation, the Clinical and/or Rotation Supervisor must meet with the Postgraduate Trainee to provide detailed feedback in connection with the ITER. In the case of an unsatisfactory and/or borderline ITER, details of the Postgraduate Trainee's deficiencies should be expressly noted on the ITER and discussed with the Postgraduate Trainee.

The Postgraduate Trainee must acknowledge, on the face of the ITER that the deficiencies were discussed with him or her. The Postgraduate Trainee may insert any comments above his/her signature. Signing the ITER does not indicate agreement with, or acceptance of, its content, and has no impact on the Postgraduate Trainee's right to appeal the ITER issued.

## **1.2 Family Medicine In-Training Assessment Reports (ITARs)**

Completion of an ITAR at the end of each clinical learning experience is a required method of assessment in the Family Medicine Residency Training Program. Throughout each clinical learning experience, Family Medicine Trainees must receive regular verbal and written feedback based on set objectives.

Designated Supervisors will use the specific information documented on the field notes from the relevant learning experience as well as their clinical assessment of the Family Medicine Trainee's performance to complete the ITAR.

Interim ITARs are required for clinical learning experiences which are more than one month or when there are "significant concerns about progress" in any of the essential family medicine skills during a clinical learning experience. An interim ITAR is required at least every 3 months for clinical learning experiences of 6 months or longer. Interim ITARs are also recommended when there are "some concerns about progress" in rotations of any length. The interim ITAR will focus on reviewing progress, identifying deficiencies, and developing a learning plan for the remainder of the clinical learning experience.

After each ITAR, the Clinical and/or Rotation Supervisor must meet with the Family Medicine Trainee to provide detailed feedback in connection with the ITAR. In the case of an ITAR with a rating of “some concerns about progress” or “significant concerns about progress”, details of the Family Medicine Trainee’s deficiencies should be expressly noted on the ITAR and discussed with the Family Medicine Trainee. The Family Medicine Trainee must acknowledge, on the face of the ITAR that the deficiencies were discussed with him or her. The Family Medicine Trainee may insert any comments above his/her signature. Signing the ITAR does not indicate agreement with, or acceptance of, its content, and has no impact on the Postgraduate Trainee’s right to appeal the ITAR issued at the end of the clinical learning experience.

### **1.3 Competence by Design Trainees (CBD Trainees) and Area of Focused Competence Trainees (AFC Trainees)**

Programs are responsible for providing regular integrative written feedback to CBD Trainees on at least a quarterly basis. The exact mechanism for this feedback may vary from program to program, but examples would include a review by an academic advisor, an ITER or a Competence Committee review.

In addition to receiving regular integrative written feedback, CBD Trainees will be assessed through a Summative Performance Review: The Competence Committee will meet and review each CBD Trainee’s progress in achieving the required competencies at least twice per year.

A summary report of each of these meetings known as a Summative Performance Review will be produced through the Dal PGME electronic evaluation platform so that it remains available to the trainee and the PGME Office. This report will include at a minimum:

- a) The trainee’s current CBD stage of training
- b) A summary of Entrustable Professional Activities (EPA’s) that were or are deemed achieved or in progress for the stage of training and justification for how the committee made those decisions.
- c) The Global assessment of progress (“progress as expected”, “some concerns about progress”, “significant concerns about progress”, “failure to progress” or “inactive”) assigned by the committee and justification for that decision.
- d) Specific and actionable recommendations to the resident for improvement.

## **1.4 Family Medicine Bi-Annual Performance Review**

In the Family Medicine Residency Training Program, the Site Director or designate shall meet with each Family Medicine Trainee bi-annually to discuss progress towards the essential family medicine skills. The Site Director or designate will work with the Family Medicine Trainee to develop an individualized learning plan. A summary report of this meeting must be placed in the Family Medicine Trainee's permanent file with relevant documentation.

## **1.5 Verification of Training as a Teacher**

All Postgraduate Trainees are expected to participate in the teaching of other learners. To learn to do so effectively, Postgraduate Trainees must participate in some form of verifiable "training as a teacher" that is acceptable to the Associate Dean, PGME and the Program Director. Potential training that would meet this requirement includes but is not limited to: the PGME e-learning module on Postgraduate Trainees as teachers, other appropriate Postgraduate trainees as Teachers courses, and academic half day sessions on postgraduate trainees as teachers.

PGY1 Postgraduate Trainees must complete this training to be advanced to the next PGY level. Any Postgraduate Trainees transferring to Dalhousie must complete this training within 3 months of arriving or must provide documentation of equivalent training that is satisfactory to the PGME Office.

## **2.0 Professional Conduct**

Postgraduate Trainees are expected to adhere to the standards of ethical behavior for the medical profession and their professional activities are expected to be characterized by honesty, integrity, conscientiousness, and reliability. Behavior which violates these principles, and which affects the performance of professional activities, is viewed as a demonstration of lack of suitability to be a physician.

### **2.1 Assessment of behavioral and ethical performance will be related to the following educational objectives**

- a) The postgraduate Trainee must display adequate skill at communicating and interacting appropriately with patients, families, colleagues, support staff and allied healthcare professionals;
- b) Postgraduate Trainees should demonstrate:
  - i) respect, empathy and compassion for patients and their families;
  - ii) concern for the needs of the patients and their families to understand the nature of the illness and the goals and possible complications of investigations and treatment;

- iii) respect for, and ability to work harmoniously with other allied health care personnel and medical colleagues;
- iv) recognition of the importance of self-assessment and of lifelong learning for the maintenance of competent performance;
- v) a willingness to teach others in their own specialty, as well as other allied health care professionals;
- vi) an understanding of the appropriate requirements for involvement of patients and their families in research;
- vii) awareness of the effects that differences in cultural and social background have on the maintenance of health and the development of, and reaction to, illness; and
- viii) respect for the patient as an informed participant in decisions regarding his/her care, wherever possible;
- ix) respect for institutional policies, guidelines, and bylaws.

## **2.2 Behavior unacceptable to the professional practice of medicine includes but is not limited to**

- a) breach of any of the above principles of behavior;
- b) referring to oneself as, or holding oneself out to be, more qualified than one is;
- c) behavior or inappropriate judgment which adversely affects the medical education of others;
- d) commission of a criminal act;
- e) failure to be available while on call;
- f) failure to respect patients' rights;
- g) breach of confidentiality;
- h) failure to provide transfer of responsibility for patient care;
- i) failure to document medical care in a timely and appropriate manner;
- j) falsification of medical records;
- k) sexualized violence, including sexual harassment, involving a patient, colleague or other member of the health care team;
- l) being under the influence of alcohol or drugs while participating in patient care or on call;
- m) harassment of colleagues or other members of the health care team; and
- n) any conduct unbecoming of a practicing physician.

Other behaviors not listed may also be unacceptable. The above is not an exhaustive list. Breaches of these ethical and behavioral standards are serious matters, represent a failure to meet accepted standards and may result in remedial training, probation, removal from clinical service, complaint to a provincial college of physicians and surgeons, report under applicable University Policies (including the Sexualized Violence Policy), a report to police or dismissal from the program under these Regulations.

### **3.0 Incomplete Rotations/Clinical Learning Experiences**

It is critical that a Postgraduate Trainee obtain sufficient clinical experience to meet pedagogical requirements, and to provide adequate opportunity to be appropriately assessed. A Non-CBD Program clinical rotation or clinical learning experience that includes less than 70% of the expected clinical experience, regardless of the reasons (illness, leave, vacation, etc.), may be considered as incomplete. Post-call days off, contractually mandated leave days including stat holidays or days in-lieu and regularly scheduled academic or return to service clinical sessions (eg academic or clinical half- days) should not be counted as time away. In such cases, the Postgraduate Trainees' home Program Director, in consultation with the Clinical/Rotation/Designated Supervisor will determine whether the clinical experience of the Postgraduate Trainee was sufficient to meet the required learning objective and allow for meaningful evaluation. If so, for Non-CBD Trainees, that evaluation may be "pass", "fail" or "borderline" or in the case of Family Medicine Trainees, "progress as expected", "some concerns about progress" or "significant concerns about progress". If not, it will be considered "incomplete" and the requirements for the completion of the rotation or clinical learning experience will be outlined.

The requirements for completing the rotation will be based on the performance of the Postgraduate Trainee, the nature of the experience and the need for continuity of the clinical experience.

## **4.0 Evaluation Ratings**

### **4.1 In Training Evaluation Reports (ITERs) for Non-Competence by Design Trainees**

In addition to evaluations of specific skills or activities, each Non-CBD Trainee will receive a global rating of “Pass” (or “Meets Expectation”), “Fail” (“Not Pass” or “Fails to Meets Expectations”), or “Borderline” on each ITER. Ratings of “Not Pass”, “Fail”, or “Fails to Meet Expectations” are considered unsatisfactory.

### **4.2 In Training Assessment Reports (ITARs) for Family Medicine Trainees**

In addition to evaluations of specific skills or activities, each Family Medicine Trainee will receive a global rating of “progress as expected”, “some concerns about progress”, or “significant concerns about progress” on each ITAR. Family Medicine Trainees receiving “significant concerns about progress” in one or more of the essential family medicine skills will be considered to have a global rating of “significant concerns about progress”.

### **4.3 Family Medicine Bi-Annual Performance Reviews**

At each Bi-Annual Performance Review, each Family Medicine Trainee shall receive a global rating of “progress as expected”, “some concerns about progress” or “significant concerns about progress”.

### **4.4 Competence By Design Trainees (CBD Trainee) or Area of Focused Competence Trainee (AFC Trainee) Summative Performance Reviews**

At each Summative Performance Review, each CBD Trainee shall receive a global rating of “progress as expected”, “some concerns about progress”, “significant concerns about progress”, “failure to progress” or “inactive”.

### **4.5 Other Evaluations – All Programs**

Any Postgraduate Trainee who receives an unsatisfactory evaluation on any other forms of assessment may be required to complete a remedial training program, subject to the provisions of Section 6 below, at the discretion of the Program Director, competence committee or the Residency Program Committee if they are otherwise eligible to continue in the program.



## **5.0 Promotion**

A Non-CBD Trainee will be promoted to the next academic year level when all summative assessments for the academic year level, together with any remedial training have been completed with ratings of “satisfactory” or equivalent or higher. This determination shall be made by the Associate Dean PGME, upon the recommendation of the Program Director.

A Family Medicine Trainee will be promoted to the next academic year level when all summative assessments for the academic year level together with any remedial training have been completed with ratings of “progress as expected”. This determination shall be made by the Associate Dean PGME, upon the recommendation of the Program Director based on the decision of the Competence Committee.

A CBD Trainee is expected to progress through the following stages to successfully complete their training program: Transition to Discipline, Foundations of Discipline, Core of Discipline and Transition to Practice. A CBD Trainee will be promoted to next stage of training by the Associate Dean PGME upon recommendation of the Program Director based on the decision of the Competence Committee that he or she has achieved all competencies for that training stage.

For the purpose of determining the PGY-level of a Postgraduate Trainee for the purposes of interpreting the collective agreement, a Postgraduate Trainee will ordinarily be promoted to the next PGY-level after successfully completing a full academic year of training unless their training has been extended by a Formal Enhanced Learning Plan (FELP).

## **6.0 Remedial Training (please see appendix for definitions of abbreviations)**

Remediation at Dalhousie may take the form of an Informal Enhanced Learning Plan (IELP) or a Formal Enhanced Learning Plan (FELP) and is designed to assist the Postgraduate Trainee in correcting his or her identified deficiencies in clinical, academic, and/or professional performance, so he or she can successfully achieve the competencies required for competent medical practice in his or her chosen specialty.

## **6.1** Circumstances Where an Informal Enhanced Learning Plan May Be Required

At any time where a FELP is not required under 6.2 or determined to be required under 6.4, but where a Program Director nonetheless determines that a Postgraduate Trainee is having difficulty achieving a required competency, the Program Director may design and implement an IELP to enable the Postgraduate Trainee to acquire the competency without the need for a FELP. An IELP does not require approval of the Residency Program Committee, and the PGME office does not need to be informed.

## **6.2** Circumstances Where a Formal Enhanced Learning Plan is Required.

Subject to section 6.3, a Postgraduate Trainee is required to successfully complete a FELP when:

- a) A Non-CBD Trainee receives a global rating of “Fail”, “Not Pass”, or “Failed to Meet Expectations” in an ITER
- b) A Family Medicine Trainee receives “significant concerns about progress” as a global rating in an ITAR or a Family Medicine Bi-Annual Performance Review
- c) A CBD Trainee receives a rating of “significant concerns about progress” or “failure to progress” on a Summative Performance Review.
- d) pursuant to section 5.0, a CBD Trainee is not advanced to the next training stage or PGY level within a reasonable time frame.

## **6.3** Notwithstanding section 6.2, at the request of the Program Director and with the approval of the Associate Dean, PGME, under exceptional circumstances an IELP may be substituted for a FELP where a FELP would otherwise be required under section 6.2.

#### **6.4** Circumstances Where a Formal Enhanced Learning Plan May Be

Required. The Residency Program Committee shall decide whether a Postgraduate Trainee must successfully complete a FELP when:

- a) the Postgraduate Trainee receives an unsatisfactory evaluation on any form of program-specific assessment other than those noted in section 6.2.
- b) the Postgraduate Trainee does not successfully achieve the learning outcomes of an IELP.
- c) A Non-CBD Trainee receives a second “Borderline” rating on an ITER within a 12- month period.
- d) A CBD Trainee receives a global rating of “some concerns about progress” on a Summative Performance Review.
- e) A Family Medicine Trainee receives “some concerns about progress” in two or more of the essential Family Medicine skills on an ITAR or as a global rating on a Family Medicine Bi- Annual Performance Review.
- f) Significant concerns about the professional conduct of the Postgraduate Trainee have been raised and such conduct is deemed remediable.

Such a decision considers the nature of the assessment and whether the deficiencies in the Postgraduate Trainee’s performance are being otherwise addressed through regular training.

#### **6.5 Formal Enhanced Learning Plan Design**

When a FELP is required under 6.2 or 6.4, the Postgraduate Medical Education Office (PGME Office) must be informed by the Program Director, to ensure an optimal and fair process is followed.

All FELPs will be designed following a template developed and available through the PGME Office. A FELP should include a variety of learning methods and be tailored to the needs of the individual.

a) Design Process of the FELP.

The FELP will be designed by the Program Director, in collaboration with the Postgraduate Trainee, Competence Committee, Educational Advisory Board, Residency Program Committee, and PGME office, and adhere to the following process:

- i. The Postgraduate Trainee will assist with identification of his or her learning needs and may suggest method(s) to address these needs.
- ii. For CBD Trainees and AFC Trainees, the Competence Committee will identify the specific competencies not yet achieved and the basis of that determination. It *may* suggest specific educational interventions to help the CBD Trainee acquire these competencies successfully.
- iii. The Program Director (or delegate), aided by the Residency Program Committee, will develop the FELP and submit it to the Educational Advisory Board for review and guidance.
- iv. The Educational Advisory Board will review the FELP and provide guidance to ensure a variety of appropriate methods have been incorporated to meet the individual needs of the Postgraduate Trainee.

b) Timing and Duration of the FELP.

The FELP should be implemented at the earliest feasible opportunity with the least disruption in training possible, and adhere to the following process:

- i. The duration of the FELP will be left to the discretion of the Residency Program Committee and Educational Advisory Board and will depend on the nature and severity of the deficits.
- ii. The duration of the FELP may differ from the length of the failed rotation or learning experience in which expected competencies were not met. This will depend on the nature and severity of the deficits, and the time it is expected to take the Postgraduate Trainee to correct them.
- iii. Depending on the learning needs of the Postgraduate Trainee, the FELP may occur across multiple rotations or training experiences, including electives and/or selectives (e.g. remediation of professionalism may be ongoing).

c) Training setting(s) of the FELP.

The training setting(s) of the FELP should be chosen to best meet the needs of the Postgraduate Trainee and is at the discretion of the Program Committee.

d) Contents of the FELP.

The FELP shall be summarized in writing, and shall include the following elements:

- i. nature of the FELP, including why it is necessary and the evidence supporting same;
- ii. training setting for completion of the FELP;
- iii. identified competencies to be addressed by the FELP;
- iv. identified methods to help the resident achieve competencies;
- v. expected outcomes of the FELP;
- vi. time frame for elements of the FELP, including completion;
- vii. outline of the methods of assessment to be used to determine successful completion of the FELP.
- viii. consequences for failing to satisfactorily complete the FELP, having regard to the status of the Postgraduate Trainee at the time of the institution of the FELP.
- ix. supervisor(s) responsible for overseeing the implementation and assessment of the FELP.

e) Resident consent.

The Postgraduate Trainee must sign the FELP prior to its commencement and in order to continue in the program. Successful completion of the FELP is not optional.

## **6.6 FELP Assessment Rating**

Non-CBD Trainees will receive a “pass/ fail” global rating for the FELP. There will not be a “borderline” rating.

Family Medicine Trainees will receive a global rating of “progress as expected”, “some concerns about progress”, or “significant concerns about progress” for the FELP.

CBD and AFC Trainees will receive a global rating of “progress as expected”, “some concerns about progress”, “significant concerns about progress” or “failure to progress” for the FELP.

## 6.7 Decision Process on Outcome of the FELP

For Non-CBD Trainees, the outcome of the FELP is decided by the Program Director and supported by the Residency Program Committee (or designated sub-committee) based on feedback from supervisors and review of any additional assessment methods named in the FELP. Non-CBD Trainees who receive a “pass” will be deemed to have successfully completed the FELP.

For Family Medicine Trainees the outcome of the FELP is decided by the Residency Program Committee Executive, based on the assessment methods named in the FELP. Family Medicine Trainees who receive a global rating of “progress as expected” will be deemed to have successfully completed the FELP. Family Medicine Trainees who receive a global rating of “significant concerns about progress” will be deemed to have not successfully completed the FELP. If a Family Medicine Trainee receives a global rating of "some concerns about progress", then a decision about whether the FELP is considered successful will be made based on whether

- a) significant progress towards competency in the knowledge and skills being addressed has been demonstrated; and/or
- b) significant improvement in the professionalism issues that triggered the FELP has been shown.

For CBD Trainees the outcome of the FELP is decided by the Competence Committee, based on the assessment methods named in the FELP. A CBD Trainee who receives a global rating of “progress as expected” will be deemed to have successfully completed the FELP. A CBD Trainee who receives a global rating of “significant concerns about progress” or “failure to progress” will be deemed to have not successfully completed the FELP. If a CBD Trainee receives a global rating of "some concerns about progress", then a decision about whether the FELP is considered successful will be made by the Competence Committee based on whether there is evidence of:

- a) significant progress towards competency in the knowledge and skills being addressed has been demonstrated; and/or
- b) significant improvement in the professionalism issues that triggered the FELP has been shown.

## **6.8 Supports for Postgraduate Trainees:**

All Postgraduate Trainees requiring a FELP will be provided the following supports:

- a) An appointment with the Assistant Dean Resident Affairs.
- b) Pairing with a mentor (or program equivalent), preferably someone who is not currently assessing and evaluating the Postgraduate Trainee, for the duration of the FELP. Finding such a mentor will be the responsibility of the program.

## **6.9 Leaves of Absence/Vacation:**

Except in exceptional circumstances, a Postgraduate Trainee participating in a FELP shall not be permitted to take a leave of absence. Any vacation requests must be approved in writing in advance by the Program Director and/or delegate and be clearly stated within the FELP.

In the event the Program Director determines that a leave of absence is appropriate given the circumstances, the FELP will be redesigned by the Program Director, in consultation with the EAB and Program Committee, upon the Postgraduate Trainee's indication that he or she is ready to return, taking into account the nature of the deficiencies identified, the performance of the Postgraduate Trainee to date, and the need for continuity of clinical experience.

## **6.10 Extension of Training Related to a FELP:**

No academic credit will be automatically granted for the successful completion of a FELP. However, it may be feasible to remediate certain competencies concurrently with regular training. In each case, the requirement for extension of training will be left to the discretion of the Program Director and Program Committee for Non-CBD Trainees, the Competence Committee for CBD Trainees, and the Residency Program Committee Executive for Family Medicine Programs.

## **7.0 Probation**

Probation is a formal academic standing that identifies a Postgraduate Trainee as being at serious academic risk.

### **7.1 A Postgraduate Trainee will be placed on probation in the following circumstances:**

- a) where the Postgraduate Trainee has been required to complete a FELP for the second time in any 12-month period; or
- b) where significant concerns about the Postgraduate Trainee's professional conduct, as outlined in section 2, have been raised.

## **7.2 Conditions**

While on probation, a Postgraduate Trainee must meet the following conditions:

- a) Non-CBD Trainees must achieve a minimum of global rating of “pass” or “meets expectations” on every final rotation ITER:
- b) Family Medicine Trainees must achieve “progress as expected” or “some concerns about progress” as a rating for each of the essential family medicine skills and as a global rating. Where the global rating is “some concerns about progress”, the remaining concerns must be able to be addressed by an IELP or the performance would be considered a failure.
- c) CBD and/or AFC Trainees must achieve “progress as expected” or “some concerns about progress” as a global rating from the Competence Committee. Where the global rating is “some concerns about progress” the remaining concerns must be able to be addressed by an IELP or the performance would be considered a failure.
- d) receive satisfactory evaluations on all other forms of assessment.
- e) fully comply with all other academic expectations as per all the mandatory components as outlined in the program objectives provided by the training program; and
- f) fully comply with any other terms and conditions prescribed by the Residency Program Committee.

Failure to meet these conditions may result in a recommendation of dismissal from the program.

## **7.3 Duration:**

The Residency Program Committee will specify the duration of probation period, considering the circumstances leading to the probation. The duration will ordinarily be no longer than 6 months.

## **8.0 Removal from Clinical Service**

The Program Director or Associate Dean PGME may remove a Postgraduate Trainee from clinical service where, in their opinion, there is a reasonable basis to conclude that the Postgraduate Trainee is jeopardizing patient care and safety and/or the Postgraduate Trainee is or has engaged in unprofessional conduct. Where such a decision is made by the Program Director, the Associate Dean PGME must be notified promptly.



## **9.0 Dismissal from The Program**

**9.1** Subject to section 9.3, a Postgraduate Trainee may be dismissed from the program by the Residency Program Committee in the following circumstances:

- a) where the Postgraduate Trainee has failed or received “significant concerns about progress” or “failure to progress” rating in a FELP while on probation;
- b) where the Postgraduate Trainee has failed to meet all of the conditions of probation;
- c) where the Postgraduate Trainee has been placed on probation a second time in a 12-month period;
- d) where the Postgraduate Trainee has engaged in unprofessional conduct that, in the judgment of the Residency Program Committee (in the case of Non-CBD Trainees, Family Medicine Trainees, and CBD Trainees) or AFC Competence Committee, cannot be remedied through remedial training;
- e) where the Postgraduate Trainee has been suspended from the program and has failed to meet the terms imposed for returning to the program, within the timeframe prescribed; and
- f) where the Postgraduate Trainee will be unable to meet the requirements of the Essential Skills and Abilities requirements for their program because no reasonable accommodation that will allow the Postgraduate Trainee to meet these requirements is possible.

**9.2** Notwithstanding section 9.1, in the discretion the Associate Dean, PGME and based on the recommendation of the Residency Program Committee or AFC Competence Committee, a Postgraduate Trainee who otherwise meets the criteria for dismissal set out above may be instead suspended from the program because of exceptional personal circumstances. In such event, the Associate Dean will set out the terms of the suspension in writing, including, but not limited to, the duration of the suspension and any conditions the Postgraduate Trainee must meet prior to continuing in the program.

**9.3** The Postgraduate Trainee must be given the opportunity to attend the Residency Program Committee meeting at which his or her dismissal is under consideration and to make representations to it. To this end, the Program Director must provide the Postgraduate Trainee with:

- a) written notice at least 14 calendar days in advance of the meeting at which the dismissal will be considered. The notice will provide reasons for the Program Director’s recommendation for dismissal;
- b) copies of the documentation to be considered by the Residency Program Committee;

- c) the opportunity to make written submissions to the Residency Program Committee;
- d) the opportunity to make oral submissions to the Residency Program Committee; and
- e) the right to have a support person or other representative present.

**9.4** Neither the Program Director nor the Competence Committee chair shall chair the dismissal meeting nor shall they participate in the Residency Program Committee's deliberations or decision making.

**9.5** The Residency Program Committee shall deliberate in camera. The Residency Program Committee shall forward a written decision including reasons to the Associate Dean PGME who shall provide the decision to the Postgraduate Trainee and the Program Director. The Associate Dean PGME shall also advise the Postgraduate Trainee of the right to appeal the decision to a Faculty Appeals Committee in accordance with section 3.0 of the Appeal Regulations.

## **10.0 Appeals**

**10.1** A Non-CBD Trainee may appeal a Failed ITER under section 1.0 of the Appeal Regulations.

**10.2** A Family Medicine Trainee may appeal an ITAR or a Family Medicine Bi-Annual Performance Review or promotion decision where she or he receives a global rating of "significant concerns regarding progress".

**10.3** A CBD Trainee or an AFC Trainee may appeal a Summative Performance Review where she or he receives a global rating of "significant concerns regarding progress" "failure to progress" or a decision not to promote the CBD Trainee to the next stage of training.

**10.4** A Postgraduate Trainee may appeal the outcome of a FELP.

**10.5** A Postgraduate Trainee may request reconsideration of the decision to require remedial training pursuant to section 6.2 or 6.4 of these Regulations, the contents of a remedial training program pursuant to section 6.5(d) of these Regulations, or the terms and conditions of probation pursuant to section 7.2 and 7.3 of these Regulations under section 2.0 of the Appeal Regulations.

**10.6** A postgraduate trainee may appeal a reconsideration under section 10.5 or under section 3.0 of the Appeal Regulations.

10.7 A Postgraduate Trainee may also appeal a decision to dismiss or suspend a Postgraduate Trainee from the program under section 3.0 of the Appeal Regulations.

List of Abbreviations and glossary of terms:

**AFC** – Area of Focused Competence

**AFC Trainee** – A postgraduate trainee in a AFC program

**CBME** – Competency Based Medical Education

**CBD** – Competence by Design – the Royal College of Physicians and Surgeons of Canada competency based medical education framework

**CBD Program** – A Royal College program that has fully transitioned to CBD

**CBD Trainee** – A postgraduate trainee who started training in a Royal College program after the program has implemented CBD

**Family Medicine Trainee** – A postgraduate trainee in the Family Medicine Residency Program

**FELP** - Formal Enhanced Learning Plan **IELP** - Informal Enhanced Learning Plan

**ITAR** – In- Training Assessment Report **ITER** – In-Training Evaluation Report

**Non-CBD Program** – A Royal College program that has not fully transitioned to CBD

**Non- CBD Trainee** – A postgraduate trainee in a Royal College program that started training prior to implementation of CBD in their program and who is not progressing through a CBD pathway.

**Postgraduate Trainee** – A CBD Trainee, Family Medicine Trainee, or AFC Trainee

**PGME** - Postgraduate Medical Education