DALHOUSIE UNIVERSITY Postgraduate Medical Education	*Policy Sponsor:* Faculty of Medicine	*Approval Date:* *PGME Committee – October 1, 2026* *Faculty Council – November 3, 2026*
Assessment of Training and Promotion Regulations	*Responsible Unit:* Postgraduate Medical Education	*Amendments:*

1. 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:

- Objective Structured Clinical Exams (OSCEs)
- Written tests
- National exams
- In-training evaluation/assessment reports (ITERs/ITARs)
- Multi-source feedback
- Structured assessments of a clinical encounter (STACER)
- Daily logs/Field notes
- Procedure logs

In addition to documenting performance, programs should also create opportunities for informal, low-stakes feedback that is not recorded.

Assessment systems must gather data on Entrustable Professional Activities (EPAs) and non-EPA-based data. Programs should ensure that:

1. Each assessment method is aligned with the purpose of the learning activity it supports;
2. Each tool generates meaningful feedback for the resident and provides useful data for competence committee decisions; and
3. The data collected from different assessment activities should work together to give a well-rounded and reliable understanding of the resident's abilities — allowing patterns and insights to emerge when viewed as a whole.

Each program shall identify all methods of academic evaluation and keep Postgraduate Trainees informed of the methods of evaluation used throughout their training. In the event that a Postgraduate Trainee receives an unsatisfactory summary evaluation, they must meet with the

program director and/or an appropriate delegate 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 postgraduate medical education program summative evaluations, including Competence Committee reviews, Family Medicine Periodic Performance Reviews, Family Medicine Site Competence Committee Summative Performance Reviews, and other program-level summative assessments, must be maintained within One45 and be accessible to the Postgraduate Medical Education (PGME) Office, and form part of each Postgraduate Trainee's permanent educational record.

1.1. In Training Reports

1.1.1. RCPSC In-Training Evaluation Reports (ITERs)

While ITERs can be used by any RCPSC 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 Postgraduate Trainees enrolled in non-CBD programs, the Clinical and/or Rotation Supervisor must complete an In-Training Evaluation Report (ITER) at the conclusion of each clinical rotation and at regular intervals sufficient to ensure that the Postgraduate Trainee is formally evaluated at least every three months. The Clinical and/or Rotation Supervisor must meet with the Postgraduate Trainee to review the ITER and provide detailed feedback regarding the Postgraduate Trainee's performance.

The Postgraduate Trainee must acknowledge, on the face of the ITER, that the evaluation and associated feedback have been reviewed and discussed and may include comments prior to signing the document. The Postgraduate Trainee's signature confirms only that the ITER and related feedback were discussed and received; it does not constitute agreement with, or acceptance of, the content of the evaluation.

Routine interim evaluations must be completed whenever a Postgraduate Trainee's performance is identified as unsatisfactory during a rotation or when concerns arise that the Postgraduate Trainee may be at risk of failing the rotation. In such circumstances, the Clinical and/or Rotation Supervisor and the Postgraduate Trainee share responsibility for ensuring that a meeting is arranged and conducted in a timely manner. During this meeting, the supervisor must provide timely, specific, and constructive feedback as part of a mid-rotation assessment and must provide a written summary outlining the identified performance deficiencies, areas of concern, and expectations for improvement. The Postgraduate Trainee must acknowledge receipt of, and participation in the discussion of, the written summary by signing the document. Such acknowledgement confirms only that the feedback and performance concerns have been reviewed and discussed and that the

Postgraduate Trainee has received the written summary. It does not constitute agreement with, or acceptance of, the content of the summary.

At the conclusion of the rotation, the Clinical and/or Rotation Supervisor must meet with the Postgraduate Trainee to review the In-Training Evaluation Report (ITER) and provide detailed feedback regarding the Postgraduate Trainee's performance. Where the ITER is assessed as unsatisfactory or borderline, the specific deficiencies, performance concerns, and areas requiring improvement must be clearly documented within the ITER and discussed with the Postgraduate Trainee. The Postgraduate Trainee must acknowledge, on the face of the ITER that these concerns were reviewed and discussed and may include comments prior to signing the document. The Postgraduate Trainee's signature confirms only that the evaluation and associated feedback were discussed and received; it does not indicate agreement with, or acceptance of, the content of the ITER.

1.1.2. Royal College of Physicians and Surgeons of Canada (RCPSC) Summative Performance Reviews/Competence Committee Review

Programs are responsible for providing regular integrative written feedback to all RCPSC or Area of Focused Competence (AFC) Trainees at least twice annually through a Summative Performance Review or Competence Committee Review.

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

a. The RCPSC and AFC Trainee's current stage of training, competency status, or other program-specific progression designation, as applicable.
b. For CBD and AFC Trainees, a summary of Entrustable Professional Activities (EPAs), competencies, milestones, or other program-specific requirements that have been achieved, are in progress, or have not yet been achieved, together with the rationale for the Competence Committee's determinations.
c. A summary of key evaluations of any type received in the period of the Summative Performance Review/Competence Committee Review;
d. 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; and
e. Specific and actionable recommendations to the RCPSC and AFC Trainee's for improvement.

1.1.3. 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.

Following completion of each In-Training Assessment Report (ITAR), the Clinical and/or Rotation Supervisor must meet with the Family Medicine Trainee to review the assessment and provide detailed, timely, and constructive feedback regarding the Family Medicine Trainee's performance. Where an ITAR includes a rating of "some concerns about progress" or "significant concerns about progress," the specific deficiencies, areas of concern, and expectations for improvement must be clearly documented within the ITAR and discussed with the Family Medicine Trainee.

The Family Medicine Trainee must acknowledge, on the face of the ITAR, that the assessment and associated feedback have been reviewed and discussed and may include comments prior to signing the document. The Family Medicine Trainee's signature confirms only that the ITAR and related feedback were discussed and received; it does not constitute agreement with, or acceptance of, the content of the assessment.

1.1.4. Family Medicine Periodic Performance Review

In the Family Medicine Residency Training Program, the Site Director or designate shall meet with each Family Medicine Trainee a minimum of twice annually to discuss progress towards the essential family medicine skills. During this process of guided self-reflection, 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.

1.1.5. Family Medicine Site Competence Committee

In the Family Medicine Residency Training Program, the Site Competence Committee will complete a Summative Performance Review on each Family Medicine Trainee a minimum of twice annually. Through this process the Site Competence Committee will determine the readiness for promotion of each Family Medicine Trainee. The Summative Performance Review will be stored on One45.

2. Professional Conduct

Postgraduate Trainees are expected to adhere to the standards of ethical behaviour for the medical profession, and their professional activities are expected to be characterized by honesty, integrity, conscientiousness, and reliability. Behaviour 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 behavioural 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 health care professionals.
b. Postgraduate Trainees should demonstrate:
    - respect, empathy and compassion for patients and their families
    - 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.
    - respect for, and ability to work harmoniously with other allied health care personnel and medical colleagues.
    - recognition of the importance of self-assessment and of lifelong learning for the maintenance of competent performance.
    - a willingness to teach others in their own specialty, as well as other allied health care professionals.
    - an understanding of the appropriate requirements for involvement of patients and their families in research.
    - 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.
    - respect for the patient as an informed participant in decisions regarding their care, wherever possible.
    - respect for institutional policies, guidelines, and bylaws.

2.2. Behaviour unacceptable to the professional practice of medicine includes but is not limited to:

a. breach of any of the above principles of behaviour.
b. referring to oneself as, or holding oneself out to be, more qualified than one is.
c. behaviour or inappropriate judgement 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.

The above examples are illustrative and are not intended to be exhaustive. Other conduct may also constitute unacceptable professional behaviour where it fails to meet the standards expected of Postgraduate Trainees and members of the medical profession.

Breaches of professional, ethical, or behavioural standards are serious matters and may result in educational, administrative, regulatory, or disciplinary action. Depending on the nature and severity of the conduct, consequences may include remedial training in the form of a Formal Educational Learning Plan (FELP), probation, removal from clinical duties, reporting to the appropriate health authority or clinical site, referral under applicable University policies (including the Sexualized Violence Policy), notification of a provincial College of Physicians and Surgeons, reporting to law enforcement authorities, and/or dismissal from the postgraduate training program in accordance with these Regulations

3. Incomplete Rotations/Clinical Learning Experiences

Postgraduate Trainees must participate in sufficient clinical experiences to achieve the learning objectives of the rotation or clinical learning experience and to allow for meaningful assessment of their performance. A rotation or clinical learning experience in which a Postgraduate Trainee completes less than 70% of the expected clinical experience, regardless of the reason for the absence (including illness, leave of absence, or vacation), may be deemed incomplete.

In such circumstances, the Postgraduate Trainee's home Program Director, in consultation with the Clinical Supervisor, Rotation Supervisor, or other designated supervisor, shall determine whether the clinical experience completed by the Postgraduate Trainee was sufficient to achieve the required learning objectives and support a valid and meaningful assessment of performance.

Where the Program Director determines that the completed clinical experience was sufficient, an assessment may be assigned in accordance with the applicable assessment framework. For RCPSC Non-CBD Trainees, the assessment may be "Pass", "Fail", or "Borderline". For CBD and AFC Trainees, the assessment shall be determined in accordance with the assessment framework and rating system applicable to the program. For Family Medicine Trainees, the assessment may be "Progress as Expected", "Some Concerns About Progress", or "Significant Concerns About Progress".

Where the Program Director determines that the completed clinical experience was insufficient to achieve the required learning objectives or permit meaningful assessment, the rotation or clinical learning experience shall be recorded as “Incomplete.” In such cases, the Program Director shall establish the requirements necessary to complete the outstanding training. These requirements shall take into consideration the Postgraduate Trainee’s performance to date, the nature of the learning experience, and the need for continuity of clinical education.

For the purposes of calculating the 70% threshold, the duration of a rotation shall be based on the number of regularly scheduled working days within the rotation and shall exclude days that are not normally worked, such as weekends and statutory holidays, unless these form part of the regular schedule for a shift-based rotation. Post-call days shall be considered days worked for this calculation, as the required clinical duties were completed during the associated call period.

The following will be excluded from the rotation, and are neither counted as days worked on the rotation nor as part of the rotation:

- Scheduled academic half-days or full days
- Travel days as per the MarDocs contract
- Regularly scheduled longitudinal clinical activities unrelated to the service
- Exam Leave for any Canadian professional certification exam as per the MarDocs contract
- Lieu days
- Any other times where work unrelated to the rotation is required of the resident for that day (eg attendance at research day, PGME training sessions, resident retreats, etc)

The following activities are generally considered to be “time away from the rotation”, where the resident is not engaged in normal work activities:

- Vacation
- Flex days/Floating Leave days
- Sick leave
- Bereavement leave
- Pregnancy, Parental or Adoption Leave
- Educational Leave
- "Special leave" (e.g. medical/dental appointments)
- Other Unpaid leaves

4. Evaluations Rating

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

In addition to assessments of specific competencies, skills, and professional activities, each Non-CBD Trainee shall receive an overall global rating on each In-Training Evaluation Report (ITER). Global ratings are “Pass” (or “Meets Expectations”), “Fail” (or “Not Pass”or “Fails to Meet Expectations”),

and “Borderline.” Ratings of “Fail,” “Not Pass,” and “Fails to Meet Expectations” are considered unsatisfactory.

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

In addition to assessments of specific competencies, skills, and professional activities, each Family Medicine Trainee shall receive a global rating of “Progress as Expected,” “Some Concerns About Progress,” or “Significant Concerns About Progress” on each In-Training Assessment Report (ITAR).

A Family Medicine Trainee who receives a rating of “Significant Concerns About Progress” in one or more essential Family Medicine skill domains shall be assigned an overall global rating of “Significant Concerns About Progress.”

4.3. Family Medicine Periodic Performance Reviews

At each Periodic Performance Review, a Family Medicine Trainee shall receive a global rating of “Progress as Expected,” “Some Concerns About Progress,” or “Significant Concerns About Progress.”

4.4. Family Medicine Summative Performance Review

At each Site Competence Committee review, a Summative Performance Review shall be completed for each Family Medicine Trainee. The Summative Performance Review shall include a global rating of “Progress as Expected,” “Some Concerns About Progress,” or “Significant Concerns About Progress.”

4.5. RCPSC and AFC Summative Performance Reviews / Competence Committee Reviews

At each Summative Performance Review or Competence Committee review, a RCPSC and AFC Trainee shall receive a global rating of “Progress as Expected,” “Some Concerns About Progress,” “Significant Concerns About Progress,” “Failure to Progress,” or “Inactive.”

4.6. Other Evaluations – All Programs

A Postgraduate Trainee who receives an unsatisfactory result on any other form of assessment may be required to participate in remediation in accordance with Section 6, provided the Postgraduate Trainee is otherwise eligible to continue in the program.

The decision to require remediation shall be made by the Program Director, Competence Committee, Residency Program Committee, Area of Focused Competence Committee, or other designated decision-making body, as applicable to the training program and assessment framework.

5. Promotion

A Non-CBD Trainee is expected to successfully complete all summative assessments associated with the current academic year, together with any required remedial training. Advancement to the next academic year (PGY) level is contingent upon the Non-CBD Trainee achieving ratings of “Satisfactory” (or an equivalent rating) or higher in all required assessments.

A Family Medicine Trainee is expected to successfully complete all summative assessments associated with the current academic year, together with any required remedial training. Advancement to the next academic year (PGY) level is contingent upon the Trainee achieving ratings of "Progress as Expected" or higher in all required assessments.

A CBD Trainee is expected to successfully complete each stage of training, including Transition to Discipline, Foundations of Discipline, Core of Discipline, and Transition to Practice. An AFC Trainee is expected to successfully achieve the competencies, milestones, and other requirements established for their program. Advancement within the training program is based on a recommendation of the Competence Committee, which must be satisfied that the CBD and AFC Trainee has achieved the competencies, milestones, and other requirements prescribed for their current stage of training or program.

For the purposes of interpreting and applying the collective agreement, a Postgraduate Trainee will ordinarily be promoted to the next PGY level following the successful completion of a full academic year of training. However, promotion may be deferred where the Postgraduate Trainee's training has been extended due to the implementation of a Formal Enhanced Learning Plan (FELP).

6. 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). A Postgraduate Trainee who is experiencing difficulties in meeting expected standards of performance may be required to participate in remediation to address identified deficiencies in clinical, academic, and/or professional domains. The goal of remediation is to support the Postgraduate Trainee in achieving the competencies and performance expectations required for competent medical practice within their chosen specialty.

6.1. Circumstances Where an Informal Enhanced Learning Plan May Be Required

At any time when a Formal Enhanced Learning Plan (FELP) is neither required under section 6.2 nor determined to be required under section 6.4, a Program Director who determines that a Postgraduate Trainee is experiencing difficulty achieving one or more required competencies may develop and implement an Informal Enhanced Learning Plan (IELP). The purpose of the IELP is to provide structured support to enable the Postgraduate Trainee to achieve the required competencies without the need for a FELP.

An IELP does not require approval by the Residency Program Committee or Area of Focused Competence Committee, and the PGME Office need not be informed of its implementation.

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 where:

a. A Non-CBD Trainee receives a global rating of "Fail," "Not Pass," or "Failed to Meet Expectations" on an ITER;

b. A Family Medicine Trainee receives a global rating of “Significant Concerns About Progress” on an ITAR, Family Medicine Periodic Performance Review, or Summative Performance Review;
c. A CBD or AFC Trainee receives a rating of “Significant Concerns About Progress” or “Failure to Progress” on a Summative Performance Review; or
d. A CBD or AFC Trainee has not demonstrated sufficient progress toward achievement of the competencies or program requirements expected for their level of training within a reasonable timeframe, as determined by the Competence Committee and in accordance with section 5.0.

6.3. Exceptional Substitution of an IELP for a FELP

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 or Area of Focused Competence Committee is responsible for determining whether a Postgraduate Trainee is required to successfully complete a FELP in the following circumstances:

a. The Postgraduate Trainee receives an unsatisfactory evaluation on a program-specific assessment other than those identified 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, defined as 12 months of full-time training or the equivalent amount of training for a part-time Postgraduate Trainee or a Postgraduate Trainee who has taken any leave(s) of absence.
d. A CBD or AFC 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 skill domains on an ITAR, or as a global rating on a Family Medicine Periodic Performance Review or Summative Performance Review.
f. Significant concerns regarding the professional conduct of the Postgraduate Trainee have been identified and are considered remediable. In making this determination, the Residency Program Committee or Area of Focused Competence Committee shall consider the nature of the assessment, the severity and scope of the identified concerns, and whether the deficiencies in performance are being adequately addressed through the regular training program.

6.5. Formal Enhanced Learning Plan Design

When a FELP is required under section 6.2 or has been determined to be required under section 6.4, the Program Director is required to notify the PGME Office to ensure that the process is conducted in a fair, consistent, and procedurally sound manner.

All FELPs must be developed using the template established by the PGME Office. The FELP is expected to be individualized to the needs of the Postgraduate Trainee and should incorporate a range of educational strategies, learning activities, assessment methods, and supports designed to address the identified areas for improvement and facilitate the achievement of the required competencies.

a. Design Process of the FELP

The FELP is developed by the Program Director in collaboration with the Postgraduate Trainee, the Competence Committee (where applicable), the Residency Program Committee or Area of Focused Competence Committee, the Educational Advisory Board and the PGME Office. The development of the FELP follows the process outlined below:

- The Postgraduate Trainee participates in the identification of their learning needs and may propose strategies or educational interventions to address those needs.
- For CBD and AFC Trainees, the Competence Committee identifies the specific competencies that have not yet been achieved and the basis for that determination. The Competence Committee may also recommend educational interventions to support the CBD and AFC Trainee in achieving the required competencies.
- The Program Director (or delegate), with input from the Residency Program Committee or Area of Focused Competence Committee, develops the FELP and submits it to the Educational Advisory Board for review and guidance.
- The Educational Advisory Board reviews the FELP and provides advice to ensure that it incorporates an appropriate range of educational strategies, assessment methods, and supports tailored to the individual needs of the Postgraduate Trainee.

b. Timing and Duration of the FELP

The FELP should be implemented at the earliest feasible opportunity while minimizing disruption to the Postgraduate Trainee's training program. The FELP shall adhere to the following principles:

- The duration of the FELP is determined by the Residency Program Committee or Area of Focused Competence Committee, in consultation with the Educational Advisory Board, and is based on the nature, scope, and severity of the identified deficiencies.
- The duration of the FELP is not required to correspond to the length of the rotation or learning experience during which the deficiencies were identified.
- In determining the duration of the FELP, consideration is given to the time reasonably required for the Postgraduate Trainee to address the identified deficiencies and demonstrate achievement of the required competencies.

- Depending on the Postgraduate Trainee's learning needs, the FELP may be integrated within regular training experiences or may span multiple rotations, learning experiences, electives, or selectives. Certain areas of remediation, such as professionalism, may require longitudinal assessment and support across multiple training experiences.

c. Training setting(s) of the FELP

The training setting(s) for a FELP shall be chosen based on the educational needs of the Postgraduate Trainee and the competencies to be achieved. The selection of the training setting(s) is at the discretion of the Residency Program Committee or Area of Focused Competence Committee.

d. Contents of the FELP

The FELP shall be documented in writing and must include the following elements:

- The rationale for the FELP, including the identified deficiencies, the reasons the FELP is required, and the evidence supporting that determination.
- The training setting(s) in which the FELP will be completed.
- The specific competencies, learning objectives, or performance expectations to be addressed through the FELP.
- The educational strategies, learning activities, supports, and interventions that will be used to assist the Postgraduate Trainee in achieving the identified competencies.
- The expected outcomes of the FELP and the criteria for successful completion.
- The timelines associated with the FELP, including key milestones and the anticipated date of completion.
- The assessment methods that will be used to evaluate progress and determine whether the FELP has been successfully completed.
- The potential consequences of failing to satisfactorily complete the FELP, taking into consideration the educational status of the Postgraduate Trainee at the time the FELP is implemented.
- The individual(s) responsible for overseeing the implementation, supervision, and assessment of the FELP.

e. Postgraduate Trainee consent

The Postgraduate Trainee must acknowledge receipt of and sign the FELP before it is implemented as a condition of continuing in the training programme. Successful completion of the FELP is mandatory. Signing the FELP does not indicate agreement with its contents but confirms that the Postgraduate Trainee has received and reviewed the plan.

6.6. FELP Assessment Rating

Upon completion of a FELP, the Postgraduate Trainee shall receive an assessment rating in accordance with their training program:

- A Non-CBD Trainee shall receive a global rating of “Pass” or “Fail.” A “Borderline” rating shall not be assigned.
- A Family Medicine Trainee shall receive a global rating of “Progress as Expected,” “Some Concerns About Progress,” or “Significant Concerns About Progress.”
- A CBD and AFC Trainee shall receive a global rating of “Progress as Expected,” “Some Concerns About Progress,” “Significant Concerns About Progress,” or “Failure to Progress.”

6.7. Decision Process on Outcome of the FELP

For Non-CBD Trainees, the outcome of the FELP is determined by the Program Director, with the support of the Residency Program Committee (or designated subcommittee) or Area of Focused Competence Committee, based on feedback from supervisors and consideration of any additional assessment methods identified in the FELP. A Non-CBD Trainee who receives a rating of “Pass” is deemed to have successfully completed the FELP.

For Family Medicine Trainees, the outcome of the FELP is determined by the Residency Program Committee Executive, based on the assessment methods identified in the FELP. A Family Medicine Trainee who receives a global rating of “Progress as Expected” is deemed to have successfully completed the FELP. A Family Medicine Trainee who receives a global rating of “Significant Concerns About Progress” is deemed to have not successfully completed the FELP. Where a Family Medicine Trainee receives a global rating of “Some Concerns About Progress,” the Residency Program Committee Executive will determine whether the FELP has been successfully completed based on evidence of:

a. significant progress toward achievement of the competencies, knowledge, and skills being addressed; and/or
b. significant improvement in the professional conduct concerns that led to the FELP.

For CBD and AFC Trainees, the outcome of the FELP is determined by the Competence Committee, based on the assessment methods identified in the FELP. A CBD or AFC Trainee who receives a global rating of “Progress as Expected” is deemed to have successfully completed the FELP. A CBD or AFC Trainee who receives a global rating of “Significant Concerns About Progress” or “Failure to Progress” is deemed to have not successfully completed the FELP. Where a CBD or AFC Trainee receives a global rating of “Some Concerns About Progress,” the Competence Committee will determine whether the FELP has been successfully completed based on evidence of:

a. significant progress toward achievement of the competencies, knowledge, and skills being addressed; and/or
b. significant improvement in the professional conduct concerns that led to the FELP.

6.8. Supports for Postgraduate Trainees

All Postgraduate Trainees required to complete a FELP shall be provided with the following supports:

a. A recommendation to access support through the Assistant Dean, Resident Affairs.

b. Assignment of a mentor, coach, or program equivalent for the duration of the FELP. Wherever feasible, the mentor should not be involved in the Postgraduate Trainee's assessment or evaluation. The program is responsible for identifying and arranging this support.

6.9. Leaves of Absence/Vacation

Except in exceptional circumstances, a Postgraduate Trainee participating in a FELP shall not take a leave of absence during the remediation period. Any vacation must be approved in writing in advance by the Program Director (or delegate) and documented within the FELP.

If a leave of absence is approved, the FELP shall be reviewed and, where necessary, revised by the Program Director in consultation with the Residency Program Committee or Area of Focused Competence Committee and the Educational Advisory Board before the Postgraduate Trainee resumes the FELP. The revised FELP shall take into account the nature of the deficiencies being addressed, the Postgraduate Trainee's performance to date, and the need for continuity of training.

6.10. Extension of Training Related to a FELP

Successful completion of a FELP does not automatically result in the granting of academic credit or advancement in training. In some circumstances, identified deficiencies may be addressed concurrently with regular training activities, allowing competencies to be achieved without an extension of training.

The decision regarding whether completion of a FELP requires an extension of training shall be based on the nature of the deficiencies, the competencies to be achieved, and the Postgraduate Trainee's demonstrated progress. Responsibility for determining whether an extension of training is required rests with:

- The Program Director and Residency Program Committee (or designated subcommittee) for Non-CBD Trainees;
- The Competence Committee for CBD and AFC Trainees; and
- The Residency Program Committee Executive for Family Medicine Trainees.

This determination may be made at the time the FELP is established or following assessment of the Postgraduate Trainee's progress during or upon completion of the FELP.

7. Probation

Probation is a formal academic standing that indicates a Postgraduate Trainee is at serious academic risk and requires enhanced monitoring and oversight.

7.1. Circumstances Requiring Probation:

A Postgraduate Trainee shall be placed on probation in the following circumstances:

a. The Postgraduate Trainee is required to complete a second Formal Enhanced Learning Plan (FELP) within a 12-month period, defined as 12 months of full-time training or the equivalent

amount of training for a part-time Postgraduate Trainee or a Postgraduate Trainee who has taken any leave(s) of absence; or

b. Significant concerns regarding the Postgraduate Trainee's professional conduct, as described in section 2, have been identified and are of sufficient seriousness to warrant probation.

7.2. Conditions of Probation

While on probation, a Postgraduate Trainee is required to meet the following conditions:

a. A Non-CBD Trainee must achieve a minimum final rotation rating of "Pass" or "Meets Expectations" on every In-Training Evaluation Report (ITER).
b. A Family Medicine Trainee must achieve ratings of "Progress as Expected" or "Some Concerns About Progress" in each of the essential Family Medicine skill domains and as the overall global rating. Where the global rating is "Some Concerns About Progress,"any remaining deficiencies must be capable of being addressed through an Informal Enhanced Learning Plan (IELP); otherwise, the probationary period shall be considered unsuccessful.
c. A Competence by Design (CBD) or Area of Focused Competence (AFC) Trainee must receive a global rating of "Progress as Expected" or "Some Concerns About Progress" from the Competence Committee. Where the global rating is "Some Concerns About Progress," any remaining deficiencies must be capable of being addressed through an Informal Enhanced Learning Plan (IELP); otherwise, the probationary period shall be considered unsuccessful.
d. The Postgraduate Trainee must receive satisfactory ratings on all other required assessments.
e. The Postgraduate Trainee must comply with all other academic requirements and mandatory program components established by the training program.
f. The Postgraduate Trainee must comply with any additional terms and conditions established by the Residency Program Committee or Area of Focused Competence Committee.

Failure to meet the conditions of probation may result in a recommendation for dismissal from the training program.

7.3. Duration of Probation

The duration of the probationary period shall be determined by the Residency Program Committee or Area of Focused Competence Committee, taking into consideration the circumstances that resulted in the probation.

The probationary period will normally not exceed six months, defined as six months of full-time training or the equivalent amount of training for a part-time Postgraduate Trainee or a Postgraduate Trainee who has taken one or more leaves of absence. However, a longer period may be imposed where warranted by the nature of the deficiencies being addressed or the requirements of the training program.

8. Removal from Clinical Service

The Program Director or Associate Dean, PGME has the authority to remove a Postgraduate Trainee from clinical service where, in their judgment, there are reasonable grounds to conclude that the Postgraduate Trainee poses a risk to patient care or patient safety or has engaged in conduct that is inconsistent with the professional standards expected of a physician in training.

Where the Program Director exercises this authority, the Associate Dean, PGME must be notified promptly of the decision and the reasons supporting it.

9. Dismissal from the Program

9.1. Circumstances Warranting Dismissal

Subject to section 9.3, a Postgraduate Trainee may be dismissed from their training program by the Residency Program Committee (RPC) for Royal College programs, the Residency Program Committee Executive (RPC/E) for Family Medicine programs, or the Area of Focused Competence Committee (AFCC) for AFC programs in the following circumstances:

a. The Postgraduate Trainee receives a "Fail," "Significant Concerns About Progress," or "Failure to Progress" outcome on a Formal Enhanced Learning Plan (FELP) while on probation.
b. The Postgraduate Trainee fails to satisfy one or more of the conditions of probation.
c. The Postgraduate Trainee is placed on probation for a second time within a 12-month period, defined as 12 months of full-time training or the equivalent amount of training for a part-time Postgraduate Trainee or a Postgraduate Trainee who has taken one or more leaves of absence.
d. The Postgraduate Trainee engages in unprofessional conduct that, in the judgement of the RPC, RPC/E, or AFCC, cannot be adequately addressed through remediation or other educational interventions.
e. The Postgraduate Trainee has been suspended from the program and fails to satisfy the conditions established for their return to training within the prescribed timeframe.
f. The Postgraduate Trainee is unable to meet the Essential Skills and Abilities requirements of the program and no reasonable accommodation is available that would permit the Trainee to meet those requirements.

9.2. Exceptional Personal Circumstances

Notwithstanding section 9.1, the Associate Dean, PGME may, in exceptional circumstances and on the recommendation of the RPC, RPC/E, or AFCC, suspend a Postgraduate Trainee rather than dismiss them from the program where the criteria for dismissal would otherwise be met.

Where a suspension is imposed, the Associate Dean, PGME shall provide the terms of the suspension in writing, including its duration and any conditions that must be satisfied before the Postgraduate Trainee may return to training. The exercise of this discretion by the Associate Dean, PGME is final and is not subject to appeal.

9.3. Procedural Fairness

Before a decision regarding dismissal is made, the Postgraduate Trainee shall be provided with a meaningful opportunity to respond to the concerns under consideration. The Postgraduate Trainee is entitled to attend the meeting of the Residency Program Committee (RPC), Residency Program Committee Executive (RPC/E), or Area of Focused Competence Committee (AFCC) at which dismissal is being considered and to make submissions to the committee.

To facilitate this process, the Program Director shall provide the Postgraduate Trainee with:

a. Written notice at least 14 calendar days before the meeting at which dismissal will be considered, including the reasons supporting the recommendation for dismissal.
b. Copies of all documentation that will be considered by the RPC, RPC/E, or AFCC in reaching its decision.
c. An opportunity to provide written submissions to the RPC, RPC/E, or AFCC.
d. An opportunity to make oral submissions to the RPC, RPC/E, or AFCC.
e. The right to be accompanied by a support person, advocate, or other representative.

9.4. Conflict of Interest

The Program Director and, where applicable, the Chair of the Competence Committee shall not chair the meeting at which dismissal is considered and shall not participate in the deliberations or decision-making process of the RPC, RPC/E, or AFCC.

9.5. Decision and Notification

The RPC, RPC/E, or AFCC shall deliberate in camera and shall provide a written decision, including reasons, to the Associate Dean, PGME.

The Associate Dean, PGME shall provide the written decision to the Postgraduate Trainee and the Program Director and shall advise the Postgraduate Trainee of their right to appeal the decision to the Faculty Appeals Committee in accordance with section 2.0 of the Appeal and Reconsideration Regulations.

See the *Appeal and Reconsideration Regulations* for details on circumstances where reconsideration and appeal are available.

Term/Abbreviation	Definition
AFC	Area of Focused Competence.
AFC Committee	The committee responsible for overseeing assessment, progression, remediation, promotion, and related academic decisions within an AFC program.
AFC Trainee	A postgraduate trainee enrolled in an AFC program.
AFCC	Area of Focused Competence Committee.
CBD	Competence by Design, the competency-based medical education framework of the Royal College of Physicians and Surgeons of Canada.
CBD Program	A Royal College residency program that has fully transitioned to CBD.
CBD Trainee	A Postgraduate Trainee progressing through a Royal College residency program under the CBD framework.
CBME	Competency-based medical education.
Clinical/Rotation Supervisor	The faculty member or other designated individual responsible for supervising and assessing a Postgraduate Trainee during a clinical rotation or other learning experience.
Competence Committee	A committee responsible for reviewing assessment information and making determinations or recommendations regarding a Postgraduate Trainee's progress, promotion, remediation, or readiness to advance within a competency-based training program.
EPA	Entrustable Professional Activity.
Family Medicine Periodic Performance Review	A formal review conducted at least twice annually in which the Site Director or designate meets with the Family Medicine Trainee to discuss progress toward the essential family medicine skills and develop an individualized learning plan.
Family Medicine Site Competence Committee	The committee responsible for completing a Summative Performance Review and determining the readiness for promotion of each Family Medicine Trainee.
FELP	Formal Enhanced Learning Plan.
IELP	Informal Enhanced Learning Plan.
ITAR	In-Training Assessment Report used in the Family Medicine Residency Training Program.
ITER	In-Training Evaluation Report used primarily in Royal College non-CBD residency programs.
MarDocs Agreement	The collective agreement governing applicable terms and conditions for residents, including provisions related to matters such as travel days and examination leave.
Non-CBD Program	A Royal College residency program that has not fully transitioned to CBD.

Term/Abbreviation	Definition
Non-CBD Trainee	A postgraduate trainee in a Royal College residency program who began training before the program's implementation of CBD and is not progressing through a CBD pathway.
One45	The electronic evaluation platform used to document and store specified assessment and performance-review information.
OSCE	Objective Structured Clinical Examination.
Periodic Performance Review	A formal, integrative review of a Family Medicine Trainee's progress toward the essential family medicine skills.
PGME	Postgraduate Medical Education.
PGY	Postgraduate Year.
Postgraduate Trainee	A CBD Trainee, Non-CBD Trainee, Family Medicine Trainee, or AFC Trainee.
Program Director	The faculty member with responsibility for the overall operation and educational oversight of a postgraduate training program.
RCPSC	Royal College of Physicians and Surgeons of Canada.
RPC	Residency Program Committee.
RPC/E	Residency Program Committee Executive.
STACER	Structured Assessment of a Clinical Encounter.
Summative Performance Review	An integrative review of a Postgraduate Trainee's assessment information and overall progress, completed at defined intervals in accordance with the applicable training and assessment framework.