



<b>Student Assessment and Promotion Regulations</b>				<b>Class: A</b>	
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# Student Assessment and Promotion Regulations

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## 1. Guiding Principles

NOSM is committed to the education of high quality physicians and health professionals. It is NOSM's responsibility to provide students with the opportunity to achieve this end, to assess student progress, and to provide students with information about their performance based upon reliable and valid assessments of their individual progress.

Student assessment has a powerful influence in medical education, not only in appraising student knowledge and performance, but also in driving learning; thus, it is crucial that assessment practices are consistent with NOSM's values and educational philosophy.

The NOSM assessment model is based upon a philosophy and a series of guiding principles first articulated in July 2003 and adopted by the Student Assessment and Promotion Committee (SAPC) and the Undergraduate Medical Education Committee (UMEC). These principles include the following:

1. Student assessment is primarily for the benefit of the students themselves, consistent with the principle of student-centred education;
2. Student assessment is performance-based. As much as possible, NOSM assessment modalities are realistic and practice focussed, and should reflect the process and context in which learning took place;
3. Just as integration is a central principle in curriculum, so it is in assessment. Students are assessed on their mastery of learning objectives and competencies from all five curriculum Themes, across the full range of behaviours in line with NOSM's vision, mission, and values;
4. Assessment and curriculum are not discrete entities as assessment is explicitly tied to NOSM learning objectives and competencies, which set the target for student learning and performance assessment. NOSM will strive to ensure that the assessment of students in the MD Program is consistent with curricular goals and the NOSM educational philosophy;
5. Assessment tools and criteria are explicit, and the methods for determining academic standing should be explicitly documented and disseminated to students;
6. Assessment is comprehensive, with a balance between formative and summative assessment;
7. The frequency of assessment is sufficient such that faculty and students have a sense of progress towards, and achievement of, the required standards;
8. The assessment program includes the development of self- and peer-assessment, and life-long learning skills;
9. NOSM will ensure methods of assessment are equivalent across all learning sites;
10. Assessment tools, standards, and processes will draw from institutional, national, and international sources and standards, including the Licentiate of the Medical Council of Canada (LMCC), the National Board of Medical Examiners (NBME), the Royal College of Physicians and Surgeons (RCPS) and the Liaison Committee on Medical Education (LCME);
11. The assessment program will be continuously evaluated to ensure that student assessment is responsive to student needs and consistent with NOSM academic principles;
12. The outcome of assessment in the NOSM MD Program is Pass/Fail. Numeric grades will not become part of the student's academic record;

13. The assessment program should strive to achieve continuity and consistency in assessment across the entirety of the MD Program;
14. The assessment program will endeavour to work with students and faculty to ensure an assessment environment that can accommodate students with special needs while preserving the academic integrity and fairness of the assessment process.

An ideal assessment program will not simply be a collection of discrete assessment methods, but will embody an effective and comprehensive program that accurately reflects NOSM's educational values, supports the growth of students, sets out expectations clearly, and enables consistent, transparent decision-making.

## 2. Responsibilities for Student Assessment and Promotion

Subject to the approval of the Senates of the two host Universities, the overall policy on student assessment and the planning of the programs of study leading to the MD degree are the responsibility of the Undergraduate Medical Education Committee (UMEC), which is a standing committee of the NOSM Academic Council, to which it is accountable.

### 2.1 UMEC Sub-Committee Responsibilities for Assessment:

*2.1.1 Responsibilities of SAPC:* As per its Terms of Reference, the SAPC shall have the primary responsibility to set the parameters for assessment in the MD Program (such as the types of assessment methods that can be used, the passing standard, and other elements as described in Sections 3, 4, and 5, and the procedures for monitoring, reassessment, remediation, promotion, and accommodation as described in Sections 6, 7, 8, and 9), as defined in this document, to ensure compliance with approved NOSM policies and procedures with regards to assessment and promotion of students. The SAPC shall also act so as to promote integration, consistency, and continuity in assessment across the entirety of the MD Program. The SAPC determines if students have met the criteria for promotion and graduation.

*2.1.2 Responsibilities of the Theme Committees:* The Theme committees shall have the responsibility to define the Promotion, Reassessment and Remediation Plan and to provide assessment items for its Theme for each year of the MD Program, based on its approved learning objectives; within the parameters set by the SAPC (see 2.1.1, above). The Promotion and Remediation Plan shall describe all of the requirements for students to pass the Theme (and corresponding Lakehead and Laurentian MEDS Courses) on a year-to-year basis, define how such a 'pass' will be determined, and indicate how required elements would be reassessed and remediated in general. The Promotion, Reassessment and Remediation Plan shall be reviewed annually by the Theme committees, submitted for approval by the Phase committees and SAPC (as per their responsibilities), and communicated to the students as they enter each Phase of the Program.

Theme 1: Northern and Rural Health

Theme 2: Personal and Professional Aspects of Medical Practice

Theme 3: Social and Population Health

Theme 4: The Foundations of Medicine

Theme 5: Clinical Skills in Health Care

*2.1.3 Responsibilities of the Phase Committees:* The Phase committees shall be responsible to coordinate and promote integration of the elements of assessment across the Themes. The Phase committees are responsible for the scheduling of assessment activities, the approval of the entire Phase Promotion, Reassessment and Remediation Plan as submitted to SAPC, and for defining written examination formats within the parameters set by SAPC. The Phase committees may also define the Promotion, Reassessment and Remediation Plan for the Phase, including “Program requirements” for promotions that do not fall under the purview of any Theme committee (and indicate how such required elements would be remediated); such Program requirements must also be approved by the SAPC and UMEC.

2.2 The Student Assessment and Promotion Regulations shall be reviewed each year, and any changes will be forwarded to UMEC and Academic Council for their consideration.

2.2.1 Whereas all recommended revisions to the Student Assessment and Promotion Regulations are to be approved by UMEC and the Academic Council, the SAPC (in consultation with the Phase committees) has the authority to reallocate existing assessment methods and tools among different modules or rotations during each academic year. Such revisions will be communicated to the students, UMEC, and Academic Council within reasonable timelines.

### **3. Assessment Tools and Methodologies**

3.1 Assessment of students in the MD Program will use multiple sources of information and varying methods to evaluate student learning. A variety of assessment methods and tools have been approved for use at NOSM, as listed below.

- Tutor/facilitator/preceptor assessments of professionalism. Assessment of professionalism covers not only the skills and knowledge expected of the student, but also personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, as well as attendance and punctuality.
- Tutor/facilitator/preceptor assessments of learning performance.
- Clinical skills evaluations, including Objective Structured Clinical Examinations (OSCE), direct observation of clinical skills, interactions with standardized patients, and other similar evaluations of clinical skills. Assessment of clinical performance is performed by those qualified and trained to assess specific behaviours.
- Learning portfolios.
- Reflective exercises.
- Research exercises and assignments.
- Written examinations, which may include essay assignments or questions, multiple choice questions, short answer questions, fill in the blank, extended matching questions, script concordance questions, and bell-ringers.
- Lab reports, case reports.
- Class presentations.

Other assessment tools and methodologies not covered in this list must be approved by SAPC before use.

3.2 Forms and assessment rubrics must be approved by the SAPC before use to ensure consistency and compliance with these Regulations.

## 4. Assessment Standards

4.1 All instances of assessment must be documented in the annual Promotion, Reassessment and Remediation Plan, including all formative and summative assessments, and all mandatory and optional assessments. Promotion, Reassessment and Remediation Plans can only be altered with the approval of the SAPC. Where the Promotion, Reassessment and Remediation Plans are altered during an academic year, students shall be given due notification of the change.

4.2 All assessments must be aligned with the approved learning objectives and competencies, consistent with Guiding Principles 4 and 5. Students are responsible for mastering the learning objectives and competencies communicated to them and demonstrating this mastery when assessed. Thus, assessment practices must test the mastery of learning objectives or competencies at the same level of skill, knowledge, or attitude expressed in the approved learning objective or competency.

4.3 For written examinations, the following standards must be met:

4.3.1 All items must pose a clear question, consistent with Guiding Principle 5, and contain all of the information and instructions required for a competent student to answer the question.

4.3.2 For multiple choice questions, all questions must have at least four distinct answer options, except in cases where inclusion of a fourth distractor would be nonsensical.

4.3.3 For other forms of written examinations (such as short answer or essay), questions posed must clearly indicate the allocation of marks, consistent with Guiding Principle 5. For example, if a student must provide four examples to receive full marks, this must be specified in the question.

4.4 The timing of assessments is determined by the Phase committees and published at the beginning of each Phase. Consistent with the guiding principles, the frequency of assessment must be sufficient such that faculty and students have a sense of progress towards, and achievement of the required standards.

4.4.1 There shall be mandatory summative assessments evaluating student learning for each module or rotation, although the assessments do not necessarily need to be administered at the end of each module. For example, an assessment administered at the end of CBM103 could test mastery of learning objectives from both CBM102 and CBM103.

4.5 Written examinations are no more than four hours in length, with appropriate breaks being given if necessary.

4.5.1 Students are expected to know and abide by the UME “Student Responsibilities during Summative Assessments” document.

4.6 In the clinical setting, students will be evaluated using a rubric that assesses both the student’s clinical skills and professionalism. In rotations longer than four weeks, a process for providing formal formative feedback will take place. Student assessment in the clinical setting will be pass/fail. As described in Section 8.1.2, students may receive a ‘fail’ for a clinical experience based on professional behaviour even if all other requirements are met.

- 4.7 In order to ensure that results can be provided to students in a timely fashion, Theme committees or their designates must respond to requests from the Assessment Office to review and confirm examination results within the specified timelines (which shall not normally be less than two business days). When no response is received from the Theme Committee designate within the specified time frame, the Director of Assessment and Program Evaluation shall have the authority to render these decisions.
- 4.8 Students must not be assessed by family members or by other individuals who have a conflict of interest in assessing the student. Faculty members who are related to a student or who otherwise may be perceived as having a conflict of interest in assessing a student must declare these conflicts of interest to the Assistant Dean, Learner Affairs.

## 5. Grading System

- 5.1 *Formative vs. Summative Assessment:* Formative assessments are used to monitor learning progress and to provide feedback to students and faculty with respect to learning.
- 5.1.1 Formative assessment results do not become part of the permanent student record and are not used in decision-making with regard to student progress or promotion, except where formative assessments document concerns regarding professional behaviour. Formative assessment emphasizes the provision of timely, constructive feedback.
- 5.1.2 Summative assessments are used to determine the extent to which instructional goals have been achieved, and are recorded as part of the student record, are used for determining grades, and are used for decision-making with regard to student progress or promotion.
- 5.2 *Mandatory vs. Optional Assessments:* Instances of assessment may be mandatory or optional. 'Mandatory' indicates that the successful completion of the task is a requirement for promotion or graduation. 'Optional' assessments or activities may be undertaken at the discretion of the student. All written examinations are considered to be mandatory.
- 5.3 *Program vs. Theme requirements:* The undergraduate medical curriculum includes requirements for each Theme, as well as those that are not associated with a particular Theme but must be completed satisfactorily in order to meet the Program requirements. As an example of a Program requirement, students are required to undertake specific placements in order to be promoted to the next year.
- 5.4 *Passing Standard:* For Program or Theme requirements that are given a numeric mark, the passing standard is 60%; OSCE stations may define the requirements for a 'minimally competent candidate', which may vary from station to station and exam to exam. For Program or Theme requirements that are not given a numeric mark, the expectations for students to achieve a "Pass" will be explicitly defined in advance and communicated to students.
- 5.5 *Determination of Grades:* Grades for each Theme will be calculated as prescribed in the approved Promotion, Reassessment and Remediation Plan for the Theme for that academic year. Any numeric grade will be rounded to a whole number (up from 0.5 or above, otherwise rounding down) and converted to a final "Pass" or "Fail" determination for reporting on the academic transcript for the course code corresponding to each Theme in each year of the Program.
- 5.6 *Missed examinations:* At the beginning of each academic year, each student will receive a copy of the schedule of assessments taking place during the academic year. It will be the responsibility of each student to ensure that no conferences, meetings, appointments or other events are scheduled during



these assessment time-periods. For excused absences from specific sets of sessions and/or fifty percent (50%) or more of a module the student is referred to Section 1.8 of the Policy: NOSM Code of Student Conduct.

*5.6.1 Late assignments:* Mandatory assessments that are submitted past the deadline will receive a zero “0” for the late assignment and, if appropriate, be referred to the appropriate professionalism review process. Students requesting an extension of the deadline for an assignment must make their request in writing. The Director of Assessment, in consultation as necessary with the Assistant Dean, Learner Affairs, will consider and grant requests for extensions to assignments.

*5.6.2 Illness or medical emergencies:* In circumstances involving illness or other medically-related issues that prevent a student from completing a mandatory assessment, he or she must provide notification as outlined in the UMEC document “[Interruptions to Learner Attendance and Leaves of Absence](#)” and complete the form “[Request for Approval of Absence from the MD Program](#)”.

*5.6.3 Academic events:* In circumstances involving individual arrangements for a student to attend academically-relevant events, the student must provide notification as outlined in the UMEC Document “[Interruptions to Learner Attendance and Leaves of Absence](#)” and complete the form “[Request for Approval of Absence from the MD Program](#)”.

*5.6.4 Adjustment for approved absences:* In the case of valid absences as detailed in this document and depending on the weight of the assessment, the Associate Dean, UME will determine, taking into account the academic performance and academic need of the student, and in a manner consistent with the Student Assessment and Promotion Regulations, which one of the following options will be exercised, in order to ensure that the student has sufficient mastery of the required material prior to moving further in the promotion cycle:

- i) the student will be given the opportunity to write another examination or assessment, either immediately before the regular assessment or within 10 working days following the end of the missed assessment;
- ii) if assessments cannot be completed within the 10 day period, the student may complete a written assessment as part of the remedial exam cycle;
- iii) in the case of other examinations (such as bell-ringers or OSCEs) an oral examination of the material may be used;

## **6. Monitoring of Student Progress and Academic Assistance**

To be of greatest utility, an assessment program will provide students and decision-makers with comprehensive information about performance in multiple domains and across time, allowing for an appraisal of progress, the identification of patterns, and the detection of areas of deficiency that should be addressed. To that end, the SAPC uses the following procedures to monitor student progress and provide academic assistance:

6.1 The SAPC will monitor student progress toward promotion on an ongoing basis in order to support students, fully address any deficits formally and in keeping with the SAPC Terms of Reference. When the Committee is undertaking work that requires disclosure of personally identifiable information

regarding individual students or groups of students such work will be carried out in an in camera session.

6.2 A failure to demonstrate satisfactory progress at any point may be grounds for a recommendation of remediation, probation, or withdrawal from the Program.

When a student has not met the passing standard for one or more assessments, or appears to be at risk for not achieving the passing standard, the Director of Assessment and Program Evaluation will refer the student to the Academic Support and Advising Committee (ASAC). ASAC is a standing committee of the Student Assessment and Promotion Committee (SAPC) responsible to make recommendations to SAPC regarding academic support of students. The students shall be advised of any such referrals.

6.3 Notwithstanding the recommendations of the ASAC, where appropriate, it is the responsibility of the student to consult with the appropriate faculty member(s) or staff regarding any performance concerns or learning difficulties. These may include Theme Chairs, Module Coordinators, Content Coordinators, Phase Directors, Assistant Dean-UME, Learner Affairs, or any other faculty members.

6.3.1 For academic support regarding content, students should be in contact with appropriate faculty members. In Phase 1, the first point of contact would be the faculty presenter, preceptor, facilitator, or tutor in question. In addition, each Theme has an assigned content coordinator for each module; students can contact these individuals directly for assistance. If the student does not know who to contact, they should begin with the Module Coordinator. In Phase 2, students should speak with their Site Liaison Clinician if they require academic support. In Phase 3, students should speak with their faculty preceptor, clerkship lead, or Phase 3 Director for assistance.

6.3.2 Students who require assistance for learning issues related to classroom instruction, such as study approaches or learning styles, may access the services of the Lakehead Student Success Centre/Lakehead Student Accessibility Centre, Laurentian Accessibility Office, or speak with a NOSM Learner Affairs Officer.

6.3.3 Students experiencing personal issues that are interfering with their learning should contact the NOSM Learner Affairs Officers, for support and referral to other resources as appropriate.

6.4 Tracking of clinical encounters in Phase 2 and 3 will be monitored regularly by the Phase 2 and 3 Directors and Coordinators, Site Liaison Clinicians, Clerkship Leads, and the Office of UME. Students should refer to the respective Phase Handbooks for mechanisms to address missing encounters.

## **7. Reassessment, Remediation, and Probation**

Program Definition of Reassessment and Remediation:

Based on consideration of factors including, but not limited to, the magnitude of deficiency in attainment, the importance of the curricular element, and student's previous record, students who have not satisfied the passing requirements may be required to (i) undergo reassessment of the failed requirement using any appropriate method of assessment, or (ii) undergo a process of remediation.

**Reassessment** is a process that requires a student to re-sit the test material without any additional or new formal study with faculty. The student would likely go over their previous preparation materials and notes to be confident that they have understood and will meet the learning objectives which are being retested to demonstrate proper attainment.

**Remediation** is a process that requires a student to undertake additional instruction, the purpose of which is to assist the student in satisfying any promotion or graduation requirement for which they have not received a passing grade. The additional instruction may include (i) repeating elements of the MD degree already undertaken, (ii) completing new instruction requirements which are in addition to the regular requirements of the MD degree program, or a combination of (i) and (ii), as determined and required by the SAPC. It is important to note that the decision to require either re-assessment or remediation is entirely at the discretion of the SAPC which may choose to offer neither.

Where students have not met the passing standards for any portion of the Theme or Program requirements of the MD program, they may be required to undergo reassessment or remediation in order to develop and successfully demonstrate mastery of the required knowledge or skills in order to continue in the MD program. Students should note that they may be required to disclose all remediation to licensing bodies.

7.1 Eligibility for reassessment or remediation is not automatic and may be denied by the Student Assessment and Promotion Committee.

7.1.1 Where students have failed to meet the passing standard for three or more Themes or Program requirements in a given year, they will be asked to remediate by repeating the year or withdraw from the Program.

7.1.2 Where students have failed to meet the passing standard for a Theme in a given year as set in the Promotion, Reassessment and Remediation plan, they will be asked to remediate the Theme by repeating the year.

7.2 When the SAPC has ordered reassessment of a mandatory, summative element, a grade of “In Progress” (IP) will be assigned to the element’s grade, pending the outcome of reassessment.

7.3 When the SAPC has ordered remediation of a mandatory, summative element, a grade of “Fail” (F) will be immediately assigned to the element’s grade, pending the outcome of remediation.

7.4 Reassessment/Remediation should occur during academic recesses where feasible, but may occur in parallel with the regular curriculum where circumstances demand it. The Promotion, Reassessment and Remediation Plans should indicate when reassessment or remediation of each element would normally take place.

7.5 A general reassessment or remediation plan for each mandatory, summative element will be defined in the annual Promotion, Reassessment and Remediation Plans for each Phase and Theme.

7.6 Where a student has not met the passing standard for a mandatory element of the curriculum, and the SAPC determines that reassessment or remediation is required, a faculty member responsible for overseeing the process will be identified. This will normally be the appropriate Theme Chair, Assistant Dean-UME, Phase Directors, Theme Content Coordinator, the Associate Dean- UME, or the designate of any of these persons.

- 7.6.1 The responsible faculty member must prepare and submit a tailored plan in writing to the SAPC, indicating the specific nature of the reassessment or remediation to be carried out, the academic support required and a follow-up plan. This tailored plan will be reviewed and approved by the SAPC Chair to ensure that it conforms to the requirements of the SAPC Regulations.
- 7.7 Upon completion of the required reassessment or remediation, as defined in the tailored plan from 7.6.1, the SAPC will review the outcome and make a determination.
- 7.7.1 Students who successfully complete the reassessment or remediation will have the IP designation removed from the transcript, and may continue in the Program. Where progress has been delayed relative to their class, a plan for re-integration will be determined by the Associate Dean, UME.
- 7.7.2 Students who do not successfully complete a reassessment plan will be required to remediate in accordance with the Program's definition of remediation which will involve an additional period of tuition.
- 7.7.3 Students who do not successfully complete the remediation plan will either be required to further remediate by repeating the year (or portion thereof), or may be asked to withdraw from the Program, as determined by the SAPC.
- 7.8 Students who pass a reassessment or remediation will receive the minimum Pass (P) mark only, 60%.

### **Academic Probation**

7.9 At any time during the course of the MD program, if the SAPC deems that the progress of a student is unsatisfactory, the student will be placed on Academic Probation. Probationary status may be used when a student's progress is presently described in our regulations as '(showing) a failure to demonstrate satisfactory progress at any point which may be grounds for recommendation of remediation or withdrawal from the program' [Reg 6.2]. The goal of academic probation would be to signal to the student the severity of their underperformance in relation to the required standards of the MD program. The category of Academic Probation would focus the student and faculty on the nature of the failure and what is needed to remediate it. Failure to successfully remediate or receive any other additional failures whilst on academic probation will lead to the automatic dismissal from the MD program.

#### 7.9.1 Placement for Academic Probation:

A student may be placed on academic probation if, in the judgment of the SAPC, their progress is unsatisfactory in any area that falls under the Committee's purview related to progress and graduation criteria.

For instance, a student may be placed on academic probation for any of the following academic deficiencies (not an exhaustive list):

- i. Has failed to maintain acceptable ethics or professional behavior that does not result in immediate withdrawal from the program.
- ii. Has failed a Theme, summative OSCE, Integrated Community Experience, Clerkship or Elective.
- iii. Has failed a re-assessment in a Theme, summative OSCE, Integrated Community Experience, Clerkship, or Elective.

- iv. Has failed to successfully complete or comply with a Remediation Plan or other limitations or conditions imposed by SAPC.
- v. Has been asked to repeat an academic year due to poor academic performance.
- vi. Has failed to improve following feedback from themes, clerkships or electives when he/she is noted for borderline performance on repeated feedbacks

Academic probation is not subject to appeal.

Academic probation will begin immediately upon official notification from the Office of Assessment.

Students who are placed on Academic Probation will be provided with written notification of the conditions they must satisfy in order to return to good academic standing.

#### 7.9.2 Status whilst on Probation

Probation is essentially a clear warning to the student that she/he must show improvement if he or she is to remain in the School. The student is expected to maintain an unqualified passing or above level of performance in subsequent academic work for retention in the MD Program and will be advised of any other criteria for academic performance or professional behavior. This means that a borderline performance is unacceptable.

SAPC may require a higher passing standard when students are being reassessed or remediated if the total required workload/course load during the reassessment or remediation period is less than that normally encountered when studying the previously failed promotion or graduation requirements.

Receipt of additional Fail grades while on probation or failure to convert such grades to Pass in accordance with the Committee's specified plan will result in automatic dismissal from the MD Program.

A student on academic probation must receive permission from the Assistant Dean UME to take electives and can no longer serve on appointed committees of the university or program or related provincial or national committees nor should participate in program or university affiliated extra-curricular activities including research nor be granted an absence or leave of absence for other than medical or compassionate reasons.

Academic Probation is a formal designation that will be permanently recorded on the students Official Transcript of Academic Record.

#### 7.9.3 Removal from Probation

A student is eligible for consideration for removal from probation when the following condition(s) related to being placed on probation has/have been met:

- (1) satisfactory remediation of all identified academic deficiencies
- (2) absence of any other issues of concern being considered by the SAPC.

## **8. Promotion and Graduation**

8.1 The SAPC shall determine if students have met the criteria for promotion. Students are expected to successfully complete all required components of the Undergraduate Medical Education Program curriculum for each year in order to be promoted to the next year of the Program. This includes achieving a pass (P) for each of the five Themes, as well as completing all other Program requirements satisfactorily, as defined in the Promotion, Reassessment, and Remediation Plan for that academic year.

8.1.1 Students not meeting the promotion criteria must complete remediation requirements before being reviewed again for promotion. As per 7.1, eligibility for reassessment or remediation is not automatic and may be denied by the SAPC.

8.1.2 A student who fails to meet the standards of professional behaviour as set out in the NOSM Code of Student Conduct may be withdrawn from the Program even though all other Theme and Program requirements are met. Guidelines and policies for dealing with inappropriate or unprofessional behaviour are defined in the NOSM Code of Student Conduct. This includes personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, or conduct at any time while undertaking NOSM placements or electives.

8.2 In cases where students have not successfully completed all Theme and Program requirements, the SAPC shall determine whether the student will carry out reassessment, remediation (including repeat the year or portion thereof), or be withdrawn from the Program.

8.2.1 Where students are required to repeat a year, the SAPC will determine which portions of the curriculum they must repeat. Students will not be re-assessed for Program requirements or Themes that they have already successfully passed.

8.2.2 Students will only be allowed to repeat one year during their program due to academic failure. Where a student fails a second year, the student will be automatically withdrawn from the Program by the SAPC. Such a decision for withdrawal can be appealed under the NOSM Policy Regarding Academic Appeals.

8.3 Students in Phase 2 will be granted provisional promotion to Phase 3 until their individual assessments are officially reviewed by the Theme committees and the SAPC. If, at that time, students are identified who did not complete all Theme and Program requirements successfully, the SAPC may require them to reassess or remediate the failed assessments, repeat the year, or withdraw from the Program.

## **9. Accommodation for Students with Disabilities**

NOSM recognizes that some students will have disabilities or be temporarily limited in terms of their ability. In order to reasonably accommodate such students, some modifications to the assessment process may be considered if it can be accomplished without compromising patient safety and well-being. This section discusses important issues concerning accommodations and student assessment, as well as protocol and standards for those students who have been formally evaluated by qualified practitioners and found to require accommodations for a disability.

- 9.1 Disability is defined by Section 10(1) of the Ontario Human Rights Code, and NOSM (along with the other Ontario Faculties of Medicine) is committed to facilitating the integration of students with disabilities into the University community. Each student with a disability is entitled to reasonable accommodation that will assist him/her to meet the academic standards as defined in these Regulations and to facilitate the student's progress. Reasonable accommodation may require those responsible for student assessment to exercise creativity and flexibility in responding to the needs of students while maintaining academic and technical standards.
- 9.2 However, accommodation cannot compromise patient safety or well-being. The student with a disability must be able to demonstrate the knowledge and perform the necessary skills independently. There are a few circumstances in which an intermediary may be appropriate. However, no disability can be accommodated if the intermediary has to provide cognitive support, substitute for cognitive skills, perform a physical examination, or in any way supplement clinical judgement; these are *de facto* requirements for the occupational role of physician.
- 9.3 Central to the success of a student with a disability in completing the MD Program is her/his responsibility to demonstrate self-reliance and to identify needs requiring accommodation in a timely fashion. It is in the student's best interest to identify their need for accommodation early. NOSM encourages incoming students to take such action immediately following their offer of admission. Early declaration enables NOSM to take decisive actions so that the students' academic programs will be seamless.
- 9.4 Students should disclose their disability and/or need for accommodations to NOSM's Learner Affairs Office, including any relevant documentation of previous accommodations in post-secondary education. Depending on a variety of factors (including any previous accommodation at the post-secondary level, prior psychoeducational testing, formal diagnoses, and whether the disability is permanent or temporary, for example), a psychoeducational assessment may be required through the host university.
- 9.5 Students with a disability must register annually with the corresponding office at the host university (the Student Accessibility Office at Laurentian University, or the Student Accessibility Services Office at Lakehead University). An individualized plan regarding accommodations (if appropriate) will be recommended. NOSM's Learner Affairs Office will work collaboratively to develop the annual plan and present it to SAPC.
- 9.6 The Learner Affairs Officer will review the plan in consultation with the student and based on information provided by the Accessibility Office of their respective host university. Subsequently, the accommodation plans will be reviewed by the managers in Undergraduate Medical Education for feasibility of implementation. All accommodation plans will be vetted by the Accommodations Committee prior to being presented to SAPC in an *in camera* session by the Assistant Dean, Learner Affairs or designate. The student shall have the right to speak to the SAPC during this session, but will not be present during the Committee's deliberations. During the *in camera* session, the SAPC will make a final decision regarding the individualized assessment plan for the student. The official individualized accommodation plan must be signed by the Chair of SAPC.
- 9.7 Following the decision of the SAPC, the Assistant Dean, Learner Affairs will meet with the student to discuss the approved plan, and will also communicate the decision to the host university's office from whence the recommendations originated.

9.8 Accommodation plans for students with disabilities shall be reviewed by the SAPC in an *in camera* session.

9.9 Learner Affairs will provide accommodated students with guidance on the Medical Council of Canada's process of accommodation for their medical licensing examinations. For example, Kurzweil assistive technology may be approved for use as an accommodation while a student at NOSM, but the MCC does not permit its use during the licensing examination.

## 10. Appeals

Students may appeal Theme grades (or components thereof) or the decisions of the SAPC according to the provisions of the UME Academic Appeals Policy, NOSM Policy Regarding Academic Appeals, and Joint Senate Committee Process for Appeal Review.

## 11. Other Processes

Before pursuing an application for judicial review with respect to any decisions made under the UME Academic Appeals Policy or under any other related policies and procedures as approved by the NOSM Academic Council or its subcommittees ("internal processes"), a student must first exhaust any available adequate alternative remedies under the internal processes. Should a student not exhaust the available adequate alternative remedies under the internal processes prior to pursuing an application for judicial review, the SAPC may immediately cease any actions related to the assessment of the student that fall under the jurisdiction of the SAPC.

## 12. Documentation

The SAPC will maintain minutes. In addition, any student required to write a remedial assessment or who has repeated a year will have their academic progress monitored in the *in camera* session of the SAPC. Early detection and warning will be provided to these students as described in Section 6.

## 13. Appendices

Please note that these appendices are not considered to be a part of the Student Assessment and Promotion Regulations themselves, and changes to the appendices do not constitute changes to the Student Assessment and Promotion Regulations.

- Promotion, Reassessment and Remediation Plans: Theme and Program requirements for each year of the program
- NOSM Grade calculation procedure



Date	Document history	Approval(s)
AY 2010-2011 (V.1)	Origin: replace the Student Assessment and Promotion Committee Guidelines	SAPC - 02 May 2011 UMEC - 02 June 2011 AC - 09 June 2011
06 October 2011 (V.2)	Section 9.5: Added “annually” to two sentences.	SAPC - 15 September 2011
12 March 2012 (V.3)	Annual review: Added 5.4.1 and edited 2.1.2, 5.6.2, 6.2, 7 and 11.	SAPC- 19 April 2012 UMEC - 07 June 2012 AC - 11 September 2012
08 November 2012 (V.4)	Annual review: Relocated specifics from 7 to the appended annual assessment plans; added competencies language 1.3, 1.4 and 4.1; added 4.7 and 8.2.1; edited 1.8, 2.1, 3, 5.1, 5.3, 5.6, 6.3, 8 and 12.	SAPC - 20 December 2012 UMEC - 07 March 2013 AC - 11 April 2013
13 November 2014 (V.5)	Section 5.6.1 Amended to read “The Director of Assessment in consultation as necessary with the Assistant Dean, Learner Affairs will consider and grant requests for extensions to assignments.” Section 5.62. and 5.6.3 – The regulation will reference and link to the current versions of the UMEC documents “interruptions to Learner Attendance and Leaves of Absence” and :”Requests for Approval of Absence from MD program Section 6.1 -Amended to include forward feeding language Other editorial changes to update terminology: “learners” to “students”; titles aligned to read consistently “Assistant Dean, Leaner Affairs” and Director of Learner Affairs and UME Administration” Section 6.4. and 6.5– names updated to read “Lakehead Student Success Centre” ,”Lakehead Student Accessibility Centre” and “Laurentian Accessibility Office’; Titles clarified Section 9.5 Language clarified.	SAPC -13 November 2014
February 12, 2015 (V.6)	Section 8.2.2: Added to align with UMEC document “Maximum Time for Completion of the NOSM MD Program”.	SAPC - 12 Feb 2015
03 Sept 2015 (V.6)	After three readings	UMEC – 03 Sept 2015
29 Oct 2015 (V.6)		AC – 29 October 2015
30 May 2016 (V.7)	Pg 13, section 10 Appeals, NOSM Student Promotion and Appeals Policy has been changed to UME Academic Appeals Policy	
06 June 2016 (V.8)	Section 7 – Program definition of remediation inserted and section revised – draft only	
11 Jan 2017 (V.8)	Annual review: Added 4.5.1 and edited 4.5, 5.6.1, 6.4.2, 7, 8.2, 9.6, and 9.9	SAPC - 13 Oct 2016 SAPC clarification at UMEC’s request - Chair’s Action 11 Jan 2017
02 Feb 2017	Approved by UMEC after three readings	
06 April 2017	Approved by Academic Council	
08 Nov 2017 (V.9)	Annual review: clarification of reassessment and remediation language throughout; removal of 5.4.1 and 5.6.4.iv; section 6 incorporated the Academic Support and Advising Committee (ASAC); edited position titles throughout; addition of section 7.9 Academic Probation and section 11 Other Processes; edited 9.6.	SAPC - 09 Nov 2017
	Approved by UMEC	UMEC – 01 Mar 2018
	Approved by Academic Council	AC – 2018 04 05