

Postgraduate Medical Education Policy and Procedures for the Assessment of Resident Performance

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Postgraduate Medical Education Policy and Procedures for the Assessment of Resident Performance

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1.0 PURPOSE

NOSM University has a responsibility to the public at large and particularly to the people and communities of Northern Ontario to ensure that all residents graduating from residency programs have demonstrated competence in their discipline to provide safe and effective care. Residents are observed frequently and given specific timely feedback to ensure that their trajectory of developing competence is appropriate and residents achieve the program goals and objectives, all milestones and Entrustable Professional Activities (EPAs) to certify that physicians entering the work force are competent and safe to practice medicine.

This document outlines the principles of In-Training assessment and promotion of residents in all postgraduate programs at NOSM University. Each individual residency program may have additional program- specific criteria for resident assessment and promotion. All residents must have access to this document, as well as any program specific criteria, and be advised of these documents and how to access them when they enter postgraduate training.

Assessment of residents should occur in an open, collegial atmosphere that supports and encourages self-reflection on the part of the learner. Staff physicians should model self-reflection, encourage feedback from others on their own decisions and approaches, and foster a spirit of scholarship and inquiry.

2.0 SCOPE

This policy and its associated procedures apply to all postgraduate residents who are enrolled in NOSM University's Family Medicine Core program and Royal College residency program cohorts that are time-based versus competency based. All matters fall within the jurisdiction of the Postgraduate Medical Education Office and the Senate of NOSM University (NOSM U).

3.0 DEFINITIONS

3.1 NOSM University Senate Appeals Committee

The committee that hears appeals based on an academic decision rendered by any Program Director or committee under the purview of the Senate of NOSM University. This is the highest body of appeal for a postgraduate resident.

3.2 Appellant

The postgraduate resident who appeals a decision.

3.3 Associate Dean Postgraduate Medical Education (AD PGME)

The senior faculty officer responsible for the overall conduct and supervision of postgraduate education at NOSM University. The AD PGME reports to the Dean.

3.4 Coaching

The process by which one individual, the coach, creates a supportive relationship with the other that makes it easier to learn. This process occurs in such a way that it creates stronger physicians who have an appreciation for themselves and their capacity to couple their personal competence with effort and produce good results.

3.5 Competence

The collection of attributes across multiple domains or aspects of a physician's performance in a given context. Competence is multi-dimensional, dynamic and changes with time, experience and context.¹

3.6 Competencies

The observable abilities of a health professional and include knowledge, skills, and attitudes.²

3.7 Context

The “who” (types of patients, groups, populations) the “what” (areas of practice, types of service), the “where” (setting, community,) and the “how” (e.g., professional role, funding models) of an individual's practice or education milieu.

3.8 Dismissal

The permanent termination of a resident from their residency program.

¹ Takahashi et al; 2015 *CanMEDS Teaching and Assessment Tools Guide*

² Takahashi et al; 2015 *CanMEDS Teaching and Assessment Tools Guide*

3.9 Education Advisory Board (EAB)

The Board who provides advice, resources, and support to any Residency Program, Program Director, or Resident requesting guidance with creating and implementing effective individual educational/learning plans particularly where there have been concerns about a resident's progress. Remediation plans are reviewed by the EAB and feedback given to the Program.

3.10 Entrustable Professional Activities

The statements describing an activity or task embracing multiple competencies a professional has been entrusted to perform (e.g. lead a team meeting, give an epidural to a labouring woman, perform a cholecystectomy in an otherwise healthy patient).

3.11 Faculty Advisor

A confidential, resource person/mentor who meets regularly with a resident to support their academic progress and who does not have an assessment role. If acceptable to both resident and the program, a Faculty Advisor could take on the role of remediation coach.

3.12 ITER/ITAR

The acronym for In-Training Evaluation Report/In-Training Assessment Report.

3.13 Mini-CEX

The acronym for Mini-Clinical Evaluation Exercise.

3.14 Milestones

The expected ability of a health professional at a particular stage of development.

3.15 Natural Justice

The basic components of natural justice are that appellants and respondents will receive notice of case consideration, be provided with specific aspects of the case under consideration so that an explanation or response can be prepared, and be provided with the opportunity to make submissions (written or oral) relating to the case. Decision-makers will be unbiased and be objective and impartial about the matter under consideration.

3.16 OSCE

The acronym for Observed Structured Clinical Exam.

3.17 POCCE

The acronym for Point of Care Clinical Encounter.

3.18 Postgraduate Medical Education Appeals Subcommittee (PGMEAC)

An ad hoc subcommittee of PGMEC convened for level two PGME appeals. The PGMEC governs the subcommittee.

3.19 Postgraduate Medical Education Committee (PGMEC)

The committee responsible for the conduct of postgraduate medical education at NOSM University.

3.20 Postgraduate Medical Education Office

The administrative office responsible for the admission, registration, policy and operational support of all postgraduate residency programs.

3.21 Probation

A temporary status for a resident and an indication that the resident is in serious academic difficulty. An unsuccessful probation will result in dismissal from the residency program.

3.22 Probation Period

An educational program of defined length (typically twelve weeks) during which the resident must correct identified weaknesses or deficiencies. The probation period may be extended once only for an additional twelve weeks in exceptional circumstances on the recommendation of the Residency Program Committee.

3.23 Program Director

The faculty member most responsible for the overall conduct of the residency program in a given discipline. The Program Director is responsible to the AD PGME.

3.24 360 Reviews

A process used to solicit information from a variety of workplace sources on a resident's work-related behavior and/or performance; also known as multi-rater or multi-source feedback.

3.25 Remediation

A period of additional individualized structured training and monitoring initiated when resident performance is below minimal standards but above unacceptable standards with the goal of ensuring that resident performance moves to and stays above those minimal standards.

3.26 Remediation Coach

A physician, or other qualified person, who enters into a formal, structured, and confidential relationship with a resident as a longitudinal partnership. The resident and coach meet regularly, outside of the resident's clinical setting, to focus on developing identified knowledge, skills, and competencies as outlined in the remediation plan. The coach will work with the resident until such time that the resident can demonstrate that they have been able to integrate the competencies into the clinical setting. A coach provides formative feedback to the resident but does not normally provide summative assessment. It is expected that the summative assessment of the identified competencies occurs in the clinical setting.

3.27 Remediation Supervisor

A physician who is directly responsible for supervising a resident in a clinical setting during a remedial period. The goal of this relationship is to provide extra support, focused learning strategies, and enhanced assessment to support the resident to develop the knowledge, skills, and competencies as outlined in the [remediation plan](#).

3.28 Residency Program Committee (RPC)

The Committee that oversees the planning and overall operation of the residency program to ensure all requirements as defined by the national certifying colleges are met.

3.29 SCAR

The acronym for Surgical Competency Assessment of the Resident.

3.30 Suspension

The temporary interruption of a resident's participation in all program activities including clinical, educational and research.

3.31 Working Days

The days on which NOSM University offices are open for business from Monday to Friday, excluding statutory holidays or any other day that NOSM University is closed.

4.0 PROCEDURES**4.1 Assessment Process, Requirements and Promotion****4.1.1 Educational Requirements**

Building from accreditation requirements for resident assessment, the in-training assessment system at NOSM University must include multiple methods of assessment such as written and oral exams, OSCEs, multisource feedback, direct observation and feedback, and self-reflection exercises, as appropriate for the experience and performance being evaluated.

Residency programs must include assessment of all seven CanMEDS roles. Residencies must be structured to allow for monitoring of resident progress through training towards the achievement of the competence expected for the start of independent practice.

Assessment must be based on the goals and objectives of the program, and must use tools compatible with the characteristic being assessed. Methods of assessment of resident performance must be clearly communicated to residents and faculty, and the level of performance expected of residents in the achievement of program objectives must be clearly outlined.

Skills including communication skills must be assessed by direct observation of patient or public health interactions, physical exam, or other procedures/processes/leadership, and must be documented by such methods as daily/weekly assessment forms, Mini CEX, etc. Written communication skills (chart notes, consult/referral letters, other communication) must be formally assessed.

Attitudes and professionalism must be assessed by such means as interviews with peers, multisource feedback, supervisors, other health care professionals, patients and their families, and administrative personnel.

Collaborating abilities, including interpersonal skills in working with all members of the interprofessional team, including other physicians and health care professionals, must be assessed.

Teaching abilities must be assessed in multiple settings, including written student assessments and by direct observation of the resident in seminars, lectures or case presentations.

In-training assessments must include an understanding of issues related to age, gender, culture and ethnicity.

There must be honest, helpful and timely feedback provided to each resident. Feedback and assessment must not be limited to the end of an activity or clinical experience. They must occur frequently, at least by the middle of a placement, in time for behavior change to occur, and ideally on a daily basis or immediately after an activity, whenever pertinent.

Feedback sessions to residents must include face-to-face meetings as an essential part of resident assessment. The assessment system should permit very early identification (i.e. well before any summative assessment), or self-identification of residents in difficulty. Residents must be informed when serious concerns exist and given opportunity to correct their performance.

4.1.2 Administrative Requirements

Face-to-face meetings with residents must occur at least twice during a 4-week rotation, three (3) times during a longer rotation:

- **First meeting** near the beginning, to review both the resident's personal objectives and the program objectives for the rotation,

- **Second meeting** to provide a formal mid rotation assessment for rotations longer than four (4) weeks and/or if the resident's performance is not meeting expectations,
- **Final meeting** before the end of the rotation to review and discuss the ITER/ITAR.

As stated above, a variety of methods must be used in assessment and should be used to complete the ITER/ITAR.

Both the preceptor and resident must confirm that they have seen the assessment before it is considered complete. Confirmation by the resident that they have seen the assessment form does not mean agreement with the content or the conclusion of the assessment.

The Program must receive the completed and signed assessment within ten (10) working days of completion of the rotation/educational experience. Residents must ensure the timely receipt of all completed rotation assessments. Assessments are reviewed by the Program Director or designate.

All NOSM University resident assessments are confidential and retained indefinitely.

4.1.3 Summative Assessments and Decisions Regarding Process

Program Directors or designated faculty advisors/competency coaches must have one-to-one meetings with each resident at least every six (6) months to review the resident's overall progress and:

- Discuss with the resident the program objectives, the resident's own learning objectives, and design an appropriate educational plan
- Review this plan regularly and assist the resident in finding the resources within the program necessary to meet his or her unique learning needs
- Help the resident:
 - o Reflect on program choices to be made
 - o Understand assessment feedback
 - o Set and revise learning objectives
 - o Define career plans

These meetings must be documented, and should include any suggested alterations to the resident's education program.

When the summative assessment of resident performance on a rotation is unsatisfactory, the rotation is viewed as not successfully completed. In

addition, a resident may be deemed to have failed to meet the criteria for successful completion of a rotation when any of the following circumstances prevail:

- 1) An unsatisfactory assessment in any domain of the rotational ITER/ITAR
- 2) Documentation that a resident, regardless of their clinical performance during the rotation, has not satisfied accepted standards of ethical and professional behaviour (see Related Documents).

The RPC or designated subcommittee, will make final decisions regarding successful completion of all rotations based upon all available documentation. Rotations not successfully completed based on the above criteria will require remediation, or other appropriate modifications to a resident's education, supervision, and assessment, which may include a requirement for the successful completion of a repeat of the rotation at some point in the future. The Program Director or designate must contact the resident and advise the resident regarding the need for remediation or other alteration in the education program within four (4) weeks of the completion of the rotation.

Notwithstanding the above, when a rotation assessment or the assessment of another learning experience identifies areas of concern but is not designated as overall unsatisfactory, the Program Director or designate can outline plans to remedy such areas especially in domains where performance is felt to be below expectations and competencies have not yet been achieved, or where the overall summative assessment is below expectations. These include, but are not limited to:

- Close monitoring of resident performance on subsequent rotations
- Repetition of the rotation using elective or selective time
- Specific skills training

Although not a formal remediation, The Program Director or designate must still contact the resident and make the resident aware of any recommendations to improve subsequent performance within four (4) weeks of the completion of the rotation and complete the "[PGME Enhanced Learning Plan Form](#)". Use of this learning plan form is not considered a formal remediation period/plan.

Two or more ITERs/ITARs which are unsatisfactory or below expectations in a twelve (12) month period will trigger a formal review by the RPC or designated subcommittee with regard to whether or not the resident is to be placed on remediation.

- 4.1.3.1 This is an option, which may be considered by the program, when a resident requires more time to achieve certain objectives/competencies but in the opinion of the

Residency Program Committee does not require formal remediation. Recommendations for extension of training must be brought to the Program's Residency Program Committee by the Program Director. A decision regarding an extension of training will only be approved by the Residency Program Committee.

The nature and length of the extension of training period will be determined by the Residency Program Committee with resident opportunity to comment.

A ["PGME Extension of Training Form"](#) must be completed by the Program and must include the following:

- details the reasons for an Extension of Training,
- duration of the extended period of training,
- activities to be undertaken by the resident during the extension of training period,
- potential outcomes of the extension of training period.

The extension of training details must be discussed in person or by teleconference/ videoconference with the resident. The discussion must include all the steps described above.

If rotation(s) are required outside the resident's program, these will be discussed and arranged with the respective program director(s) prior to finalizing the extension of training.

The Program's plan for the Extension of Training period must be ratified by the Associate Dean, PGME prior to its implementation.

At the end of the Extension of Training period, the RPC will review the resident's performance and make a final decision regarding outcome.

4.1.4 Promotion

A resident will be promoted to the next academic year level when all program requirements have been met for the level of training, including any remedial training, and all assessments have been completed with ratings of "satisfactory" (or equivalent) or higher. This determination shall be made by the RPC and communicated to the Associate Dean, PGME by the Program Director through the PGME Office registration processes.

4.2 Remediation

4.2.1 Expectations and Decision Making

- The RPC, or designated subcommittee, is responsible for making decisions about successful completion of all rotations/educational experiences based upon all available documentation.
- A formal remediation must be approved by the RPC. The RPC or designated subcommittee reviews the concerns and will make a decision regarding the implementation of a remedial program.
- The RPC or designated subcommittee must consider multi source data in the decision making process. Examples include: ITER/ITAR, Field Notes, POCCE, SCAR, Mini-CEX, OSCE, 360 reviews and other feedback from members of the health team, as well as written examinations.
- Remediation may include a requirement for the successful completion of a repeat of the unsuccessful rotation/educational experience.
- As part of developing the remediation plan, the Program Director or designate must refer the resident to a meet with the Resident Wellness Program and/or a member of the EAB to ensure a comprehensive understanding of any potential contributing factors to the resident's academic difficulties, such as system problems, personal, health, family, learning issues.
- The Program Director or designate and/or the resident may ask for assistance from the EAB in the development of the remediation program.
- All Remediation Plans must be referred to the EAB for review and comment before finalized. The resident can request that resident EAB members not be involved in the review of their remediation plan.
- The length of the remediation will, in most instances, approximate the time on the rotation where performance was considered unsatisfactory, but this may vary dependent upon the nature of the concerns and remediation strategy.
- Extension of training is usually required following successful remediation. It may be possible for a Resident, with the approval of the Program Director or designate, to use elective time or other scheduled rotations/educational experiences for remedial activities and still fulfill the requirements of the current PGY level. The maximum amount of elective time that may be used for remediation is as follows:

- Family Medicine – 1 block of elective time per 2-year program
 - Family Medicine PGY3 – 1 block of elective time per 1-year program
 - Royal College programs – 3 blocks of elective time per 4- or 5-year program
- Any change in promotion date implies an extension of training and therefore must be approved by the Associate Dean of PGME.
 - During a remedial rotation/learning experience, any leaves of absence must be approved by the Program Director or Site Director.
 - Programs may determine to pause or reduce regular clinical duties to ensure the resident can focus on remediation outcomes; must be clearly documented.
 - The resident must comply with the remedial plan. Failure to comply will result in an unsuccessful remediation period and implementation of probation

4.2.2 Remediation Implementation Procedures

4.2.2.1 Reasons for which a resident will be placed on remediation:

- Rotations/Educational Experiences, if not successfully completed will require remediation, or other appropriate modifications to a resident's education program, supervision, and assessment. Rotations/Educational Experiences are not considered successfully completed:
 - If the summative assessment of resident performance is unsatisfactory or the goals and objectives, milestones, level of competence, or EPA is not achieved.
 - Additionally, a resident may be deemed to have failed to meet the criteria for successful completion of a rotation/educational experience when any of the following circumstances prevail:
 - An unsatisfactory assessment in any domain of the ITER/ITAR
 - Documentation that a resident, regardless of their performance in the Medical Expert role, during the rotation/educational experience, has not satisfied accepted

standards in one or more of the Intrinsic
CanMEDS Roles

- If there is a repeated pattern of concerns in a given domain or CanMEDS Role even if no individual rotation/educational experience is designated as overall unsatisfactory
- When a resident is on probation

4.2.2.2 Documentation and Timing

- Remediation Status
 - The Program Director or designate must contact the resident within four (4) weeks of the completion of a rotation/educational experience that has been assessed at below expectations and/or when a repeated pattern of concerns is brought forward to the program's attention, and bring any concerns to the next scheduled RPC to decide if remediation is warranted. Residents may seek the support of PARO or other support representatives for note-taking or general support during remediation decision meeting from the point of notice and throughout the remaining steps noted in this policy. Although present, PARO or any other support representatives may not speak on behalf of the residents.
 - Once the RPC has made the decision to place the resident on remediation, the Program Director must advise the resident within ten (10) working days of the RPC decision, at a face-to-face or videoconference/web-conference or teleconference meeting. The resident and the Associate Dean of PGME must also receive written documentation of his or her remediation status at this time.
 - After informing the resident, the program has fifteen (15) working days to finalize the Remediation Plan inclusive of EAB review, and obtain RPC or designated subcommittee approval and present it to the resident.
- Remediation Plan

All periods of remediation must have an explicit, written plan completed using the "[PGME Remediation Plan Form](#)" (RPF). The plan must be developed under the authority of the Program Director or designate in consultation with the resident. The plan must be reviewed by the EAB. The plan must be signed by the Program Director, the Resident, and the Associate Dean of

PGME. The plan must be approved by the RPC or designated subcommittee.

During the remediation period, the Remediation Supervisor or Coach may identify a competency that was not identified in the Remediation Plan and that is deemed significant to address for the purpose of this remediation. The Remediation Supervisor or Coach must discuss this competency with the resident and identify it as an objective for the period of remediation. This should be documented and appended to the original document with resident and supervisor signatures.

The plan must include the following information and steps:

- Resident information,
 - Time frame including start date for the remediation and projected end date,
 - Coach and/or Supervisor information,
 - Reasons for the remediation,
 - Goals, objectives, and competencies that must be achieved to constitute a successful remediation,
 - Clear learning strategies for each of the goals, objectives, and competencies,
 - Measures, tools, and resources that will be used to ensure that the goals, objectives, and competencies have been met at each stage as well as at the end point,
 - Monitoring processes, including frequency and form of the meetings and feedback given to the resident,
 - A clear statement as to the consequences of either successfully achieving the goals, objectives and competencies of the remediation (i.e., reinstated into the program with or without an extension of residency) or an unsuccessful remediation (i.e., the RPC may recommend a further period or extension of remediation or that the resident be placed on probation)
 - A record of the approvals and oversight by the RPC.
- Final Outcome
The outcome of the remediation must be communicated in writing within fifteen (15) working days of the conclusion of the remediation and include the following information:
 - The dates of the remediation period
 - Final outcome and consequences of the remediation period

4.2.2.3 Remediation Outcomes and Consequences

The RPC or designated subcommittee will review the assessments from the remedial program and document in writing its decision to the resident outlining successful completion or further remediation or probation actions.

4.3 Probation

4.3.1 Expectations and Restrictions

- The resident is relieved from the regular duties of their rotation schedule in order to complete the probation plan. (Note: a Resident's salary continues during this time period).
- Vacation or other time off generally is discouraged during a probation period to ensure complete participation; however, it is understood that time off may be provided for well-being purposes. If a resident is not able to take vacation, all provisions of the PARO/OHA collective agreement will apply for carry-over. Where a resident has approved leave during a probation period, the resident has an obligation to complete the probationary period when returning from leave.
- Any approved time away must be made up but it is strongly advised that the entire probation period be completed as a single intensive educational experience.
- The resident will not participate in elective rotations.
- Probation will generally result in extension of the residency program.
- Probation periods are reported to the College of Physicians and Surgeons of Ontario (CPSO) and hospital administration as part of credentialing and educational licensing requirements. In rare, exceptional cases, there may be academic credit granted for probation time at the discretion of the Program Director.
- The Resident probation must receive remediation and close monitoring of their progress (at a minimum, weekly face-to-face and written feedback on progress towards defined objectives and competencies).
- If the resident indicates that personal factors, such as family or health issues, are contributing to the academic difficulties, these must be brought, in confidence, to the attention of the Program Director within ten (10) working days of being placed on probation. The resident will be encouraged to seek assistance through available confidential resources.

4.3.2 Probation Implementation Procedures

4.3.2.1 Reasons for which a resident will be placed on probation

- Unsatisfactory evaluations in a remedial rotation.
- Upon recommendation of the RPC and/or the Program Director for any of the following reasons:
 - i. an unsuccessful remediation program;
 - ii. two remediation periods in a twelve (12) month time frame, regardless of whether the first has been successful;
 - iii. any serious issue related to lack of professionalism, collaboration and/or communication skills;
 - iv. a continued pattern of unsubstantiated absence from the program

4.3.2.2 Documentation and Timing

- Probationary Status
 - Once the RPC has made the decision to place the resident on probation, the Program Director must advise the resident within fifteen (15) working days of the RPC decision, at a face-to-face or videoconference/web-conference or teleconference meeting. The resident must receive written documentation of his or her probationary status, including an explanation of why the resident is on probation. At this time, the resident must also be presented with a DRAFT probation plan which has been reviewed by the EAB.
 - The resident has five (5) working days to review the DRAFT probation plan and provide written input. This is not an appeal.
 - RPC will meet within twenty-five (25) days of the original meeting, during which time the resident is invited to make an oral presentation regarding the probation plan. The RPC will consider the resident's input and render a decision as to final content of the plan, which will be communicated to the resident within five (5) working days of the RPC meeting. All probation plans must be approved by the RPC and the Associate Dean of PGME before implementation.

- Probation Plan

All periods of probation must have a [Probation Plan](#). This plan must be reviewed by the EAB, be signed by both the resident and the Program Director, and a copy must be sent to the Associate Dean of PGME. All documents will be kept in the confidential resident file.

During the probation period, the Probation Supervisor or Coach may identify a competency that was not identified in the Probation Plan and that is deemed significant to address for the purpose of this probation. The Probation Supervisor or Coach must discuss this competency with the resident and identify it as an objective for the period of probation. This should be documented and appended to the original document with resident and supervisor signatures.

The plan must include the following information and steps:

- i. The location and duration of the probationary period. NOTE: The location of the probationary period will be based on availability and remains at the discretion of the Program Director though consideration may be given to special requests by residents;
- ii. Reasons for the probation and identified areas of weakness or deficiency requiring probation;
- iii. Educational objectives/competencies to be achieved during the probationary period and expected outcomes;
- iv. Methods and frequency of assessment of progress towards achievement of the objectives/competencies of the probationary period. The resident must be assessed, in writing, weekly, during the probation period by the preceptor(s) who are providing the training. Information verbal feedback should be provided daily, and residents must receive copies of their assessments;
- v. Probation supervisor identified and responsibilities outlined;
- vi. An outline of all suspended program requirements. A resident who is on probation is expected to focus their learning on the identified objectives/competencies to be achieved during the probationary period. To that end, other program requirements will be suspended during the probationary period;

- vii. Consequences of the successful or unsuccessful completion of the probationary program;
- viii. Expected plans upon return to the program if the probationary program is successful.

- Meeting Documentation

The resident must meet with the preceptor, or the program director (or delegate) to review each written evaluation. The meeting may be set up by video conference, web conference or teleconference when the parties are not located in the same city. The meeting must be documented.

- Final Outcome

The outcome of the probation must be communicated in writing within ten (10) working days of the conclusion of the probation period and include the following information:

- i. The dates of the probationary period
- ii. A copy of the final summative evaluation
- iv. Final outcome and consequences of the probationary program

4.3.3 Probation Outcomes and Consequences

The final outcome of the probation will be decided by the RPC and the Program Director based on the weekly assessments and the final summative assessment of the probation period.

Progress to the next level of training will depend upon successful completion of the entire probationary period.

If the probation is unsuccessful, the resident will be dismissed from the program. If the probation is successful, then the resident will return to the program as a resident in good standing.

4.4 Suspension and Dismissal

4.4.1 Suspension: Implementation and Process

4.4.1.1 Implementation

Residents are licensed physicians and as such are bound by a professional code of conduct and the policies of the licensing and credentialing bodies. Violation of any of these may constitute improper conduct. In cases of improper conduct, negligence, criminal activity or when the safety of patients, staff, colleagues or the public is jeopardized, a resident may be immediately suspended from the program.

4.4.1.2 Process

The Program Director or delegate may suspend a resident immediately in cases of improper conduct, negligence, criminal activity or safety risk and remove the resident from clinical care. A formal written letter must be sent (either hand-delivered or by registered mail) to the resident within two (2) working days outlining the reasons for the suspension, anticipated duration, next steps in the process and the right to appeal the decision outlined. The resident will continue to be paid during the suspension pending the formal review but may be denied access to hospital and/or educational facilities.

Once the resident has been suspended, the Program Director or delegate must notify the Associate Dean of PGME and relevant hospital/clinic administrators immediately and document in writing within two (2) working days of the incident. Such documentation must include the reasons for and recommended duration of the suspension.

A formal review by the RPC or designated subcommittee must be held within ten (10) working days of the suspension letter communication to determine the appropriate plan, which may consist of reinstatement, remediation, probation or dismissal. The RPC's decision must be communicated to the resident within five (5) working days of the RPC meeting. All documentation must be copied to the Associate Dean and the Postgraduate Office.

4.4.2 Dismissal: Implementation and Process

4.4.2.1 Implementation

Dismissal may occur:

- During a Probation period for lapses related to the reasons for probation
- Following Suspension
- For improper conduct

4.4.2.2 Process

The resident must be advised by the Program Director or Associate Dean Postgraduate Medical Education, in person (face-to-face, by web conference or phone) and in writing of the decision to dismiss him or her from the program and the reasons for this decision. The following must occur:

- A copy of this letter must be sent to the Associate Dean of PGME.
- When a resident is dismissed, he or she must immediately surrender all NOSM University and hospital/clinic property such as ID badges, pagers, etc.
- The resident will be advised of his or her right to appeal this decision and the [appeal process](#).

4.5 Appeals

4.5.1 Pending Disposition of an Appeal

While an appeal is pending related to an ITER/ITAR, remediation or probation program, the RPC will determine if an Appellant will commence remediation, continue with regularly scheduled clinical rotation/education experiences, or if a leave will be arranged. The RPC will determine if academic credit will be granted for activities during the time of the remediation/probation.

In determining the outcome of any appeal, the decision maker(s) will take into consideration whether any action or omission affecting an Appellant was directly or indirectly related to a protected characteristic under the Ontario Human Rights Code and, if so, whether appropriate accommodation was provided.

4.5.2 Categories of Decisions Being Appealed

A resident may appeal the following:

- i. Any aspect of an ITER/ITAR that clearly indicates progress is not as expected or that there are significant concerns with performance in any domain,
- ii. An end of rotation/educational experience ITER/ITAR designated overall as a "Fail" or leading to remediation/extension on the basis of that assessment,
- iii. An RPC decision that remedial training or probation is required; a decision about the content or terms of the remediation or probation; or that remediation was unsuccessful,
- iv. A Program Director decision not to complete a Final In-Training Evaluation Report (FITER) or Core In-Training Evaluation Report (CITER) where the Program Director indicates that he/she cannot certify that the resident has acquired the competencies of the program, or
- v. A decision by the RPC and/or the AD PGME to dismiss a resident.

4.5.3 Levels of an Appeal

This policy provides for three levels of appeal for resident assessments.

4.5.3.1 Level One PGME Appeal

Level one appeal (as described below) is generally made to the RPC and/or Evaluation/Assessment subcommittee of the RPC or the AD PGME.

4.5.3.2 Level Two PGME Appeal

Level two appeal is made to an ad hoc PGMEAC convened as needed to hear an appeal with the following terms applicable in all scenarios:

- The subcommittee is governed by the PGMEC and is comprised of three Program Directors and the AD PGME.
- The Appellant will be given the choice of having resident representation on the PGMEAC; however, the Appellant cannot choose the specific individual. In this case, the PGMEAC will seek from PARO a resident representative who has not worked with or assessed the Appellant.
- The Appellant's own Program Director and other Program Directors or faculty who have been directly involved in the RPC decision will be excluded from the PGMEAC. The AD PGME will chair unless the appeal involves a review of his/her decision and in that case, an alternate chair will be selected.
- The Appellant has the right to appear before the PGMEAC with or without legal counsel or other advisor; however, only the Appellant may present the case.
- All reports are submitted in confidence to the PGMEAC.
- The PGMEAC reaches decision by majority vote on a formal resolution in a closed session.
- A written report of the decision is supplied to the Appellant with five (5) working days of the conclusion of a hearing and must include:
 - the membership of the PGMEAC,
 - the background of the appeal,
 - a summary of the case,
 - the findings of fact,

- consideration of human rights issues, if applicable, the decision, recommendations (if any) and the reasons for the decision.

4.5.3.3 Level Three Appeal

A level three appeal may be made to the NOSM University Senate Appeals Committee only after the RPC decision regarding dismissal has been ratified by the PGMEAC and the Associate Dean PGME. An appeal of a decision of dismissal must be made to the NOSM University Senate Appeals Committee only after a decision has been reached at the immediately preceding decision and/or level of appeal and communicated to the appellant.

With regards to a level three appeal, the decision of the NOSM University Senate Appeals Committee is final and there is no further right of appeal.

4.5.4 Process

4.5.4.1 An ITER/ITAR that clearly indicates progress is not as expected or that there are significant concerns with performance in any domain

Level One Appeal Procedures – RPC and/or Evaluation/Assessment subcommittee of the RPC

An Appellant may submit in writing on the “[PGME Request for Appeal Form](#)” an appeal to the Postgraduate Office regarding any aspect of an ITER/ITAR that clearly indicates progress is not as expected or that there are significant concerns with performance in any domain

The PGME “Request for Appeal Form” must be received by the PGME Office via postgrad@nosm.ca within ten (10) working days from receipt of the assessment. The appeal request must outline:

- a) the reasons the Appellant disagrees with the assessment,
- b) the desired outcome,
- c) the grounds for the appeal, and
- d) any supporting documentation.

An Appellant may dispute process matters related to the accuracy of the rating, the fairness of the evaluation process, or raise compassionate or extenuating circumstances (including any circumstances related to a protected characteristic under the Ontario Human Rights Code).

If the rotation/educational experience occurred outside of the home discipline, the review will be conducted by the home Program Director and RPC and/or Evaluation/Assessment subcommittee of the RPC in consultation with the preceptor and potentially the NOSM University Program Director of the relevant discipline.

The Program Director will table the request at the next RPC and/or Evaluation/Assessment subcommittee of the RPC meeting, giving the Appellant the opportunity to attend and provide an oral report. The Appellant may be accompanied by legal counsel or another advisor; however, only the Appellant may give the oral presentation.

The RPC and/or Evaluation/Assessment subcommittee of the RPC will review all relevant documentation and may request a follow up meeting with the clinical preceptor if deemed necessary before rendering a decision.

The RPC and/or Evaluation/Assessment subcommittee of the RPC will issue a decision in writing and copy the AD PGME within five (5) working days.

For a decision regarding 4.5.4.1: an ITER/ITAR that clearly indicates progress is not as expected or that there are significant concerns with performance in any domain, the decision of the RPC and/or Evaluation/Assessment subcommittee of the RPC is final and cannot be appealed to the next level two or three.

4.5.4.2 End of Rotation/Educational Experience ITER/ITAR with an Overall 'Fail' Designation or Leading to Remediation/Extension on the Basis of that Assessment

The Appellant shall first follow the level one appeal procedures to the RPC and/or Evaluation/Assessment subcommittee of the RPC as described in section 4.5.4.1.

Level Two Appeal Procedures – PGMEAC

An appeal of an RPC and/or Evaluation/Assessment subcommittee of the RPC decision to uphold a failed ITER/ITAR decision to the PGMEAC may be made on the following grounds:

- a) the RPC and/or Evaluation/Assessment subcommittee of the RPC did not take into consideration relevant information when it reached a decision (including any information related to a

- protected characteristic under the Ontario Human Rights Code), or
- b) the Appellant was denied natural justice and/or the RPC failed to follow this policy and such failure could cast doubt on the validity of the decision.

The PGMEAC cannot assess the accuracy of the clinical assessment but rather will judge whether the process followed by the RPC and/or Evaluation/Assessment subcommittee of the RPC was according to policy and supports the decision.

The Appellant must submit a PGME "Request for Appeal" form to the PGME Office via postgrad@nosm.ca within ten (10) working days of the issuance of the RPC's decision and include:

- a) a copy of the ITER/ITAR and RPC decision,
- b) the grounds for appeal and desired outcome, and
- c) a statement supporting the grounds for appeal and any supporting documents.

The PGME Office shall forward the documentation to the Program Director who shall provide a written reply with relevant documentation within ten (10) working days of the filed appeal. A copy of the reply will be provided to the Appellant.

The Appellant and Program Director will be invited to attend the meeting of the PGMEAC, along with any other appropriate individuals as determined by the PGMEAC such as the preceptor who completed the ITER/ITAR.

The PGMEAC will hear the appeal within ten (10) working days of the Program Director's reply to the Appellant.

The decision of the PGMEAC shall:

- a) state that there are no grounds for altering the decision of the RPC and/or Evaluation/Assessment subcommittee of the RPC and that the decision of the RPC and/or Evaluation/Assessment subcommittee of the RPC shall stand, or
- b) grant the appeal if it is found that the RPC and/or Evaluation/Assessment subcommittee of the RPC's decision cannot be supported by the information that was before the RPC and/or Evaluation/Assessment subcommittee of the RPC and direct that the ITER/ITAR be corrected, removed from file, or that there may be another evaluation of the Appellant under such terms as the

- RPC and/or Evaluation/Assessment subcommittee of the RPC may require, or
- c) grant the appeal if it is found that the RPC and/or relevant subcommittee of the RPC's decision did not take into account relevant information related to a protected characteristic under the Ontario Human Rights Code, and direct that the ITER/ITAR be corrected, removed from file, or that there may be another evaluation of the Appellant under such terms as the RPC and/or Evaluation/Assessment subcommittee of the RPC may require (including directing that appropriate accommodation be provided to the Appellant), or
 - d) grant the appeal if it was found that the Appellant was able to establish that:
 - i. there is evidence of a factual error or procedural irregularity in the consideration of the appeal at a previous level of decision; and/or
 - ii. that the previous body did not adhere to the principles of natural justice during the process.

Within five (5) working days of the conclusion of the hearing, the Chair of the PGMEAC shall supply a written report of its decision to the Appellant, the Respondent, the AD PGME, the Dean of NOSM University and to other individuals as the PGMEAC deems appropriate and/or necessary.

4.5.4.3 RPC Decisions on Remedial Training and Probation

Appeals of these decisions are first heard at level two.

Level Two Appeal Procedures – PGMEAC

The following decisions of the RPC may be appealed to the PGMEAC:

- a) that remedial training is required,
- b) that probation is required,
- c) the terms or content of the remediation or probation, and
- d) that remediation was unsuccessful.

An Appellant may appeal the decision of the RPC to the PGMEAC on the following grounds:

- a) the RPC did not take into consideration relevant information when it reached a decision (including any information related to a protected characteristic under the Ontario Human Rights Code), or
- b) the Appellant was denied natural justice and/or the RPC failed to follow this policy and such failure could cast doubt on the validity of the decision.

The Appellant must submit a PGME “Request for Appeal Form” to the PGME Office within (10) working days of the issuance of the RPC’s decision and include:

- a) a copy of relevant evaluations, remedial plan and the RPC decision,
- b) the grounds for appeal and desired outcome, and
- c) a statement supporting the grounds for appeal and any supporting documents.

The PGME Office shall forward the documentation to the Program Director who shall provide a written reply with relevant documentation within ten (10) working days of filing the appeal. A copy of the reply will be provided to the Appellant.

The Appellant and Program Director will be invited to attend the meeting of the PGMEAC, along with any other appropriate individuals as determined by PGMEAC.

The PGMEAC will hear the appeal within ten (10) working days of the Program Director’s reply to the Appellant.

The decision of the PGMEAC shall:

- a) state that there are no grounds for altering the decision of the RPC and that the decision of the RPC shall stand, or
- b) grant the appeal if it is found that the RPC’s decision cannot be supported by the information that was before the RPC and in the case of an appeal against a decision that remediation was unsuccessful, it may direct that an evaluation be corrected, removed from the file or that another evaluation of the Appellant be undertaken under such terms as RPC may require, or
- c) grant the appeal if it is found that the RPC’s decision did not take into account relevant information related to a protected characteristic under the Ontario Human Rights Code, and in the case of an appeal against a decision that remediation was unsuccessful, it may direct that an

- evaluation be corrected, removed from the file or that another evaluation of the Appellant be undertaken under such terms as RPC may require (including directing that appropriate accommodation be provided to the Appellant), or
- d) grant the appeal if it was found that the Appellant was able to establish that:
- i. there is evidence of a factual error or procedural irregularity in the consideration of the appeal at a previous level of decision; and/or
 - ii. that the previous body did not adhere to the principles of natural justice during the process

Within five (5) working days of the conclusion of the hearing the Chair of the PGMEAC shall supply a written report of its decision to the Appellant, the Respondent, the AD PGME, the Dean of NOSM University and to other individuals as the PGMEAC deems appropriate and/or necessary.

4.5.4.4 Decision Not to Complete a FITER/CITER

Level One Appeal Procedures – AD PGME

If the Program Director refuses to complete a FITER or CITER certifying that an Appellant has acquired the competencies of the specialty, the Appellant may request a review of that decision by the AD PGME. Given the time-sensitive nature of completing a FITER or CITER, every effort is made to handle this in a timely fashion.

The Appellant must file a PGME “Request for an Appeal” form with the PGME Office via postgrad@nosm.ca within ten (10) working days of the issuance of the RPC’s decision.

The AD PGME will meet with the Appellant to hear an oral submission and any additional documentation. The AD PGME will review all of the relevant documentation and may meet with the Program Director or other individuals as he/she deems necessary before making a decision.

The AD PGME will issue a decision in writing with reasons. If the AD PGME determines that the RPC decision was incorrect, he/she will refer the matter back to the RPC for reconsideration with recommendations.

If the AD PGME confirms the RPC decision, the Appellant may appeal the decision to the PGMEAC on the following grounds:

- a) the AD PGME did not take into consideration relevant information when he/she reached a decision (including any information related to a protected characteristic under the Ontario Human Rights Code),
- b) the AD PGME's decision cannot be supported on the information before him/her at the time of the decision,
- c) the Appellant was denied natural justice and/or the AD PGME failed to follow this policy and such failure could cast doubt on the validity of the decision.

Level Two Appeal Procedures – PGMEAC

The Appellant must submit an appeal of the AD PGME's decision to the PGME Office via postgrad@nosm.ca on the PGME "Request for Appeal" form within ten (10) working days of the issuance of his/her decision and include:

- a) a copy of the AD PGME's decision,
- b) the grounds for appeal and desired outcome, and
- c) a statement supporting the grounds for appeal and any supporting documents.

The PGME Office shall forward the documentation to the AD PGME who shall provide a written reply with relevant documentation within ten (10) working days of the filing the appeal. A copy of the reply will be provided to the Appellant.

The PGMEAC will hear the appeal within ten (10) working days of the written reply to the Appellant.

The decision of the PGMEAC shall:

- a) state that there are no grounds for altering the decision of the AD PGME and that the decision of the AD PGME shall stand, or
- b) grant the appeal if it is found that the AD PGME decision did not take into account relevant information related to a protected characteristic under the Ontario Human Rights Code, or
- c) grant the appeal if it was found that the Appellant was able to establish that:

- i. there is evidence of a factual error or procedural irregularity in the consideration of the appeal at a previous level of decision; and/or
- ii. that the previous body did not adhere to the principles of natural justice during the process.

Within five (5) working days of the conclusion of the hearing the Chair of the PGMEAC shall supply a written report of the decision to the Appellant, the Respondent, the AD PGME, the Dean of NOSM University and to other individuals as the PGMEAC deems appropriate and/or necessary.

4.5.4.5 Decision of Dismissal

Appeals of these decisions are first heard at level two.

Level Two Appeal Procedures – PGMEAC

An Appellant may appeal a dismissal arising from an unsuccessful probation or decision made by the Residency Program Director, the RPC or the AD PGME to dismiss the Appellant to the PGMEAC on the following grounds:

- a) the Residency Program Director, the RPC or the AD PGME did not take into consideration relevant information when he/she reached a decision (including any information related to a protected characteristic under the Ontario Human Rights Code),
- b) the Residency Program Director, the RPC or the AD PGME's decision cannot be supported on the information before him/her at the time of the decision, or
- c) the Appellant was denied natural justice and/or the Residency Program Director, the RPC or the AD PGME failed to follow this policy and such failure could cast doubt on the validity of the decision.

The Appellant must submit an appeal on the PGME "Request for Appeal" form within ten (10) working days of the issuance of the decision and include the following:

- a) a copy of the relevant evaluations (as applicable),
- b) a copy of the Residency Program Director, the RPC or the AD PGME's decision,
- c) the grounds for appeal and outcome sought, and

- d) a full statement supporting the grounds for appeal and any relevant documentation.

The PGME Office will forward copies of the appeal documentation to the AD PGME who will file a reply with relevant documentation within ten (10) working days of the filed appeal. A copy will be provided to the Appellant.

The Appellant, AD PGME and Program Director will be invited to attend the meeting of the PGMEAC, along with any other appropriate individuals as determined by the PGMEAC. The Appellant may be accompanied by a colleague or other individual of his/her choice.

The PGMEAC will hear the appeal within ten (10) working days of the AD PGME's reply to the Appellant. An alternate chair to the AD PGME will be selected.

The decision of the PGMEAC shall:

- a) state that there are no grounds for altering the decision of the Residency Program Director, the RPC or the AD PGME and that the decision shall stand, or
- b) grant the appeal if it is found that the Residency Program Director, the RPC or the AD PGME did not take into account relevant information related to a protected characteristic under the Ontario Human Rights Code, or
- c) grant the appeal if it was found that the Appellant was able to establish that:
 - i. there is evidence of a factual error or procedural irregularity in the consideration of the appeal at a previous level of decision; and
 - ii. that the previous body did not adhere to the principles of natural justice during the process.
- d) In the case of dismissal based on an unsuccessful probation, it may direct that an evaluation(s) be removed, and/or that there be another evaluation(s) under such terms that the RPC may require.
- e) In the case of dismissal by the Residency Program Director, the RPC or the AD PGME, it may reinstate the Appellant in the Program or reinstate with recommendation to the RPC for remediation or probation under such terms as the RPC may

require (including directing that appropriate accommodation be provided to the Appellant).

Within five (5) working days of the conclusion of the hearing the Chair of the PGMEAC shall supply a written report of the decision to the Appellant, the Respondent, the AD PGME, the Dean of NOSM University and to other individuals as the PGMEAC deems appropriate and/or necessary.

Level Three Appeal Procedures – NOSM University Senate Appeals Committee

As outlined in section 4.5.3.3, an appeal of a decision of dismissal may be made to the NOSM University Senate Appeals Committee only after a decision has been reached at the immediately preceding decision and/or level of appeal and communicated to the appellant. The preceding decision must be included in any appeal to the Senate.

Pursuant to the NOSM University Policy Regarding Academic Appeals, the Appellant must make a written submission requesting a hearing by the NOSM University Senate Appeals Committee on the Senate [Request for Appeal Form](#)” to the Chair of the Senate c/o the Secretary of the Senate within ten (10) working days of the Appellant’s receipt of the notice of decision at the previous level.

With regards to a level three appeal, the decision of the is final and there is no further right of appeal.

5.0 RELATED DOCUMENTS

In support of this policy, the following [related policies/documents/companion/forms] are included:

- <https://www.cpso.on.ca/Physicians/Your-Practice/Quality-in-Practice/CPGs-Other-Guidelines/Guidelines-for-College-Directed-Supervision>
- <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies>
- <http://www.canera.ca/canrac/canrac/documents/general-standards-accreditation-for-residency-programs-e.pdf>

6.0 GETTING HELP

Queries regarding interpretations of this document should be directed to:
NOSM University, Director of Postgraduate Education. (807) 766-7503.

AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this procedure:

- a. Approving Authority: Postgraduate Medical Education Committee
- b. Responsible Officer: Associate Dean, PGME & HS
- c. Procedural Authority: Senior Director, PGME & HS
- d. Procedural Officer: Senior Director, PGME & HS

Review and Revision History

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DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date	Authors/Comments
1.0	2016 05 10	PGME Evaluation, Remediation, Probation, Suspension & Dismissal, and Appeals Policies amalgamated into one sequential policy document entitled Postgraduate Medical Education Policy and Procedures for the Evaluation of Resident Performance.
2.0	2017 07 13	Full review and revision of policy. Approved by PGMEC.
3.0	2022 06 09	Full review and revision of policy. Approved by PGMEC.