

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 – Competency Based Medical Education Programs

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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 patient care. Residents are observed frequently and given specific timely feedback to ensure that their trajectory of developing competence is appropriate, residents achieve the program goals and objectives, all milestones are met, and residents are competent in all Entrustable Professional Activities (EPAs), in order 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 who are in Competence by Design postgraduate programs at NOSM University.

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 registered in Competency Based Medical Education residency programs inclusive of the NOSM University Royal College of Physicians and Surgeons (RCPSC) programs with Competency by Design cohorts and Family Medicine PGY3 programs with competence committees. All matters fall within the jurisdiction of the Postgraduate Medical Education Office and the NOSM University Senate. A companion policy governs residents who remain in traditional time-based RCPSC and in the core College of Family Physicians of Canada (CFPC) program. 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.

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 *Academic Advisor*

Academic Advising is a decision-making process by which residents realize their maximum educational potential through communication and information exchanges with an advisor. It is ongoing, multifaceted, and the responsibility of both the resident and the advisor. The advisor reviews and provides feedback to residents on personal learning plans. This role could also take on the role of remediation coach should that be necessary.

3.3 *Appellant*

The postgraduate resident who appeals a decision.

3.4 *Associate Dean Postgraduate Medical Education (AD PGME)*

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

3.5 *Block/module*

Timed intervals within the academic year for the purpose of scheduling clinical activities for residents to have the opportunity to program requirements

3.6 *Certification*

The formal recognition of completion of all necessary components of training.

3.7 *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. The coach is focused on the enhancement of learning and development through increasing self-awareness and a sense of personal responsibility, where the coach facilitates the self-directed learning of the resident through questioning, active listening, and appropriate challenge in a supportive and encouraging climate.

3.8 *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

3.9 *Competencies*

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

3.10 *Competence Committee*

The committee responsible for assessing the progress of residents in achieving program-specific requirements based on each stage of training. Their goal is to ensure all learners achieve the requirements through synthesis and review of qualitative and quantitative assessment data. The committee reports to the Residency Program Committee.

3.11 *Competence Continuum*

Developmental stages of professional practice each with its own set of milestones that programs determine. The stages are:

1. Transition to discipline
2. Foundations of discipline
3. Core of discipline
4. Transition to practice

3.12 *Conflict of Interest*

Impartiality during Appeals is considered crucial. Examples of conflict of interest that may arise but are not limited to:

1. where a member has any emotional or financial interest in the outcome of the appeal hearing,
2. where a member has any affiliation with either party of such as nature or proximity as to give rise a reasonable apprehension of bias, and
3. where a member has been privy to information about an appeal obtained by means other than through the presentation of evidence at the appeal hearing or in documents filed by the parties.

3.13 *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

^{1 2} Takahashi et al; 2015 *CanMEDS Teaching and Assessment Tools Guide*

3.14 *Dismissal*

The permanent termination of a resident from their residency program.

3.15 *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.

3.16 *Entrustable Professional Activities (EPA)*

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

3.17 *Enhanced Learning Plan*

An Enhanced Learning Plan (ELP) is a focused curricular intervention to address a pattern of performance that does not meet the standard expected of a resident at his or her stage of training. It is specific and focused to the particular area of concern; this focus is represented in the defined learning objectives of the plan. It adopts learning strategies that align with the stated learning objectives. It has a clear outcome to be achieved by the resident. It includes an assessment strategy to measure that performance outcome. Further, an ELP occurs concurrently with training and does not put a resident off-cycle. When mandated by RPC, the ELP is a required learning plan for the resident. Failure to progress through the learning plan as laid out in the ELP will trigger formal remediation. ELPs are primarily formative. They will not appear on reports or references coming from the program (e.g., Program Director Letter for CaRMS).

Individualized Learning Plan

The resident will maintain an individualized learning plan with faculty guidance. This opportunity is intended to guide a resident towards successful attainment of competencies and will be forwarded to the competence committee for review and discussion.

3.18

ITER/ITAR

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

3.19 *Milestone*

Is a defined, observable marker of a trainee's ability along the developmental continuum of training. Residency-specific EPAs are comprised of multiple milestones. They are used for teaching and assessment.

3.20 *Narrative Feedback*

Written descriptions of a resident's performance, organized in logical order, to illustrate the "story" or account of a resident's progress and performance, including strengths and areas for improvement to guide future efforts.

3.21 *Natural Justice*

The basic components of natural justice include: a duty to act fairly where individuals receive notice of decisions and rationale for such decisions, are provided with specific aspects of the case under consideration to provide opportunity for responses. Decision-makers will be unbiased, understand what bias is, will be free to make own decisions, and can be objective and impartial about the matter under consideration. A well-informed decision maker with access to information on the matter is not biased if she or he has an open mind and is open to persuasion by the information provided during the decision-making process.

Natural Justice is also the requirement to duly follow processes and policies fairly and consistently. It also entails that individuals need have clearly defined competencies to achieve and be given feedback and opportunity to improve.

3.22 *Postgraduate Medical Education Appeals Subcommittee (PGMEAC)*

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

3.23 *Postgraduate Medical Education Committee (PGMEC)*

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

3.24 *Postgraduate Medical Education Office*

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

3.25 *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.

3.26 *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.

3.27 *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.

3.28 *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.

3.29 *Remediation*

A period of formal increased 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.

3.30 *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.

3.31 *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.

3.32 *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.

3.33 *Suspension*

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

3.34 *Workplace Based Assessments*

The assessment of a resident's professional skills and attitudes. These should provide evidence of appropriate everyday clinical competencies, and can include multiple-source assessment tools such as Observed Structural Clinical Exams (OSCEs) Surgical

Competency Assessment of the Residents (SCARs), Point of Care Clinical Exams (POCCE's), and Structured Assessments of a Clinical Encounter (STACER's) etc.

3.35 *Working Days*

The days on which NOSM University's 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.

Competence by Design residencies must be structured to allow for monitoring of resident achievement of EPAs through competence continuum stages. Learning experiences will be organized with a hybrid model of competence-based and timed rotation blocks.

Assessment must be based on the goals and objectives of the program, individual block and/or module descriptions, 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.

Preceptors must document milestones and EPAs regularly. Narrative, actionable, and timely feedback on EPA's is required. Residents are responsible to ensure form distribution, observation, and documentation is happening in real time. The milestones and EPAs to be completed and number of observations required must be clearly outlined to residents and faculty for every clinical block and/or module description.

Clinical skills including communication skills must be assessed by direct observation of patient interactions, physical exam, procedures, and must be documented by such methods as daily/weekly assessment forms, Mini CEX, etc. Written communication skills (chart notes, consult/referral letters,) 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 competencies related to the resident's ability to consider age, gender, culture, and ethnicity when treating and managing patients.

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

Feedback sessions with 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 by the Competence Committee), or self-identification of residents in difficulty. Residents must be informed when serious concerns exist and given opportunity to correct their performance before Remediation occurs.

Decisions regarding promotion and progression of residents are determined by a Competence Committee responsible for regular review of integrated data from multiple EPAs and observations as well as other assessment data.

4.1.2 *Administrative Requirements of EPAs*

Programs must have a clear assessment strategy for each EPA. These expectations must be clearly communicated to the residents and preceptors for the block/module.

- EPAS are marked as 'achieved' when all of the key milestones related to that EPA are considered complete by the competence committee.
- When an EPA has not been achieved, it is listed as "in progress" and individual milestones must be reviewed to identify particular challenges

and develop feedback and learning activities to assist the resident to complete more WBAs if required.

- Competence Committees can both award an EPA as achieved with less than the defined number of successful WBAs or they may determine an EPA incomplete despite more than the suggested number of WBAs being performed, based on feedback evidence and exceptional circumstances.

4.1.3 *Administrative Requirements of Blocks/Modules*

Face-to-face meetings between the resident and supervising preceptor must occur at minimum:

- **First meeting:** near the beginning of the block/module, to review EPAs and associated milestones associated with the clinical learning experience and there must be a learning plan for the block/module.
- Preceptors are required to have multiple meetings and observations with residents throughout the assessment period. Assessments must be immediately documented by observers in the resident's electronic portfolio
- **Final meeting:** before the end of the clinical block and/or module to review and discuss progress.

The programs must employ a variety of methods to assess resident performance (e.g., ITARs, OSCEs, etc.). The Competence Committee must review the resident twice yearly and synthesize all assessment data.

Both the preceptor and resident must confirm that they have seen the end of block/module summary 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 block/module. Residents must ensure the timely submission of all assessments once they are completed by faculty. Assessments are reviewed by the Program Director or designate.

All NOSM University resident assessments are confidential and retained indefinitely.

Academic Advisor/Competency Coach Requirements

The program must ensure an academic advisor/competence coach or other dedicated faculty provide academic guidance to residents at least semi-annually. During these meetings the faculty and resident must review individual resident assessments and portfolios.

The advisor/coach must meet formally with the resident semi-annually, either face-to-face or virtually to:

- Conduct a comprehensive review of progress in their portfolio.
- Review the residents Individualized Learning Plan to ensure it aligns with the training schedule and EPAs.

More frequent meetings may be scheduled as required. The resident must formally document details of the meeting and send them to the advisor/coach for review and approval. The advisor/coach liaises directly with the Program Director or Competence Committee to help inform progress decisions and may be required to attend meetings or submit reports as determined by the Program.

4.1.4 *Assessments and Competence Committee Decisions Regarding Progress*

Each residency program has its own Competence Committee, which is responsible for group decisions on learner achievement of EPAs and progression through the Competence Continuum stages. The Competence Committee reports to the Residency Program Committee, which is the body that ratifies all progress decisions. Competence Committee Procedures are Outlined in [Appendix A](#).

The Competence Committee must discuss each resident at least semi-annually and trainees may be selected for review based on the following:

1. Regularly timed review
2. Concerns flagged on assessments
3. Completion of stage of training and eligible for promotion
4. Determine readiness for RCPSC examination
5. Significant concerns about academic performance, or delay in attainment of progress.

The Competence Committee will make decisions regarding successful completion of all requirements based upon all available documentation and aggregate evidence. EPAs not successfully completed by the end of Competence Continuum stage may require remediation, or other appropriate modifications to a resident's education, supervision, and assessment, and may

require continued clinical educational experiences at the same stage of the competence continuum. The resident will receive notice regarding the need for remediation or other alteration in the education program within four (4) weeks or 20 NOSM University working days of the RPC ratification of the CC decision.

Notwithstanding the above, when the Competence Committee outlines areas of concern but has not designated progress 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 modules and EPAs
- An enhanced learning plan

Decisions of the Competence Committee regarding progress to the next stage are appealable however individual EPAs and end of block/module assessments are not eligible for appeal.

4.1.5 *Promotion*

A resident will be promoted to the next stage of the Competence Continuum when the stage specific milestones and EPAs have been met to the satisfaction of the Competence Committee, including any remedial training that may have been required. Residents may be reviewed more often than twice annually, should the Competence Committee deem this to be necessary. Promotion decisions shall be made by the RPC, based on the recommendation of the Competence Committee, and communicated to the Associate Dean PGME.

4.2 **Remediation**

4.2.1 *Expectations and Decision Making*

- A resident may be placed on remediation when they are failing to progress in their training despite completion of enhanced learning plans to facilitate attainment of specific competencies or to improve professional conduct.
- Remediation may also be triggered by a single egregious event involving the resident or when there are serious concerns that performance is significantly below acceptable standards.
- The RPC is responsible for reviewing and ratifying decisions about successful completion of all educational experiences based upon all available documentation.

- Remediation plans will be developed and approved by the RPC in conjunction with the Program Director and based on the recommendations of the Competence Committee. 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 all available sources of data in the decision-making process.
- As part of developing the remediation plan, the Program Director or designate must refer the resident to 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, or learning issues.
- The Program Director or designate and/or the resident must ask for assistance from the EAB in the development of the remediation program.
- The length of the remediation will vary dependent upon the nature of the concerns and the proposed remediation strategy.
- 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 and this 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*

- Remediation is a formal custom-designed plan intended to assist a resident towards successful attainment of clinical, academic, or professional competencies.
- Remediation may be required for an entire stage or for an individual competency or series of competencies as deemed necessary for the observed deficiency.

4.2.2.1 The competence committee may propose to the RPC that a resident be placed on remediation in the following circumstances:

- The resident has not met the competencies by the suggested maximum amount of time allocated by the specialty committee for a given stage of training.
- The resident has not met the requirements of the modified/enhanced learning plan.

- Significant professionalism or patient safety concerns have arisen.
- Repeated pattern of concern about performance in a particular domain or CanMEDS role has been documented.

4.2.2.2 Documentation and Timing

- Remediation Status
 - The Program Director or designate must contact the resident within four (4) weeks of a Competence Committee Decision that determines that progress is not as expected or that competence for progression to the next Stage has not been achieved 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 meetings 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 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, based on recommendations of the Competence Committee, 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 additional 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, EPAs, 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 by the RPC or designated subcommittee to the resident 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. (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 for exceptional circumstances must be made up but it is strongly advised that the entire probation period be completed as a single intensive educational experience.
- 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 on 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 include:

- Unsatisfactory evaluations in a remedial program.
- Upon recommendation of the Competence Committee, the RPC and/or the Program Director may initiate probation 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 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 and 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 additional 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. Verbal feedback should be provided daily, and residents must receive copies of their assessments,
- v.* A Probation supervisor must be 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 supervisor, 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 by the RPC or designated subcommittee to the resident 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
- iii. 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 (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 (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, directly (face-to-face, by web-conference or phone) as well as 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 Northern Ontario School of Medicine 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 a 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. A decision on resident's failure to progress through any stage of training including readiness for certification examination and the final transition to independent practise ratified by the RPC.
- ii. 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,
- iii. A decision by the RPC and/or the AD PGME to dismiss a resident.

4.5.3 *Level of Appeal Bodies*

4.5.3.1 Appeals to Postgraduate Medical Education Appeals Committee (PGMEAC)

An appeal is made to an ad hoc PGMEAC convened 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.
- Where a member of the PGMEAC has a conflict of interest they will be replaced on the Committee per the specific case
- The Appellant has the right to appear before the PGMEAC with or without legal counsel or other advisor at his or her own cost; 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.

4.5.3.2 Appeals to Senate– Decisions of Dismissal

An appeal may be made to the Senate 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 Senate only after a decision has been reached at the immediately preceding appeal and has been communicated to the appellant.

The decision of the Senate is final and there is no further right of appeal

4.5.4 *Appeal Procedure – PGMEC*

4.5.4.1 RPC Decisions on Competence Continuum Progression, Remedial Training and Probation

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

- i. that remedial training is required,
- ii. that progression is delayed at any stage, including exam readiness and transition to practice,
- iii. that probation is required,
- iv. the terms or content of the remediation or probation, and
- v. that remediation was unsuccessful.

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

- i. 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

- ii. 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:

- i. a copy of relevant assessment data and decisions, remedial plan and the RPC decision,
- ii. the grounds for appeal and desired outcome, and
- iii. a statement supporting the grounds for appeal and any supporting documents.

The PGME Office shall forward the documentation to the Program Director within (2) working days who shall provide a written reply with relevant documentation within ten (10) working days of receiving the appeal from the PGME Office. 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:

- i. state that there are no grounds for altering the decision of the RPC and that the decision of the RPC shall stand, or
- ii. approve the appeal if it is found that the RPC’s decision was made without complete and thorough/relevant information and in the case of an appeal against a decision where remediation was unsuccessful, it may direct the program to engage in another evaluation process of the Appellant under such terms as RPC may require (including directing that appropriate accommodation be provided to the Appellant), or
- iii. approve 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 where remediation was unsuccessful, it may direct the program to engage in another evaluation process of the Appellant under such terms as RPC may require (including directing that appropriate accommodation be provided to the Appellant), or

- iv. approve the appeal if it was found that the Appellant was able to establish that:
 - a. there is evidence of a factual error or procedural irregularity in the consideration of a previous decision; and/or
 - b. 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.

4.5.4.2 Decision of Dismissal

Dismissal 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:

- i. 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),
- ii. 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
- iii. 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:

- i. a copy of the relevant Competence Committee documentation and assessments (as applicable),
- ii. a copy of the Residency Program Director, the RPC or the AD PGME's decision,

- iii. the grounds for appeal and outcome sought, and
- iv. 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:

- i. 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
- ii. approve 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
- iii. approve the appeal if it is found that the Appellant is able to establish that:
 - a. there is evidence of a factual error or procedural irregularity in the consideration of a previous decision; and
 - b. that the previous body did not adhere to the principles of natural justice during the process.
- iv. In the case of dismissal based on an unsuccessful probation, it may direct the program to engage in another evaluation process of the Appellant under such terms as RPC may require (including directing that appropriate accommodation be provided to the Appellant)
- v. 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.

NOSM University Senate Appeal Procedures – Dismissal Decisions
As outlined in section 4.5.4.2, an appeal of a decision of dismissal may be made to the Senate only after a decision has been reached at the immediately preceding decision and/or appeal and communicated to the appellant. The preceding decision must be included in any appeal to the ACAC.

With regard to an appeal, the decision of the Senate Appeals Committee 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.cpsso.on.ca/Physicians/Your-Practice/Quality-in-Practice/CPGs-Other-Guidelines/Guidelines-for-College-Directed-Supervision>
- <https://www.cpsso.on.ca/Physicians/Policies-Guidance/Policies>
- <http://www.canera.ca/canrac/canrac/documents/general-standards-accreditation-for-residency-programs-e.pdf>
- <https://www.royalcollege.ca/rcsite/cbd/assessment/committees/competence-committees-status-recommendations-e>
- <https://www.royalcollege.ca/rcsite/cbd/assessment/competence-committees-e>

6.0 Getting Help

Queries regarding interpretations of this document should be directed to:

NOSM University
Director of Postgraduate Medical Education
postgrad@nosm.ca

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	2018 06 18	Procedure created for first review.
4.0	2018 06 27	Postgraduate Competency Based Education Subcommittee (PCAS) Edits
5.0	2022 06 09	Edits following PGMEC 2021 06 10 meeting and further program director review in 2022; presented to PGMEC for further feedback 2022-04-14

APPENDIX A

COMPETENCE COMMITTEE PROCEDURES – PROGRESSION/PROMOTION

Purpose: This procedure document was created to ensure the procedures of Competence Committees across all of the Northern Ontario School of Medicine Postgraduate Medical Education (PGME) programs are consistent, fair and equitable.

- 1.0 Residents are selected for a planned Competence Committee meeting by the Chair, the Program Director or their delegate
 - 1.1 Each resident **must** be discussed at least semi-annually
 - 1.2 Residents may be selected for review based on any one of the following criteria:
 - Regularly timed review
 - A concern has been flagged on completed assessment(s)
 - Completion of stage requirements and eligible for promotion or completion of training
 - Requirement to determine readiness for the RCPSC examination
 - Concern regarding a significant delay in the resident's progress or academic performance
 - Decision required regarding possible significant acceleration of the resident's progress
- 2.0 Each resident selected for the discussion at the Competence Committee meeting is assigned to a designated **primary reviewer** who completes a detailed summary review of each active EPA, program defined expectations, and of overall resident performance based on observations and other assessments or reflections included within the resident's portfolio.
 - 2.1 Program defined expectations may include:
 - Periodic performance assessments or other summary assessment of resident performance
 - Examinations
 - Research project completions
 - Residents as Teacher requirements
 - Other as deemed required by program and clearly articulated to residents
- 3.0 The primary reviewer **must** consider the resident's recent numerical data, comments and any other valid sources of information (OSCE; in-training examination performance; other).
- 4.0 The primary reviewer will prepare and provide a succinct synthesis and impression of the resident's progress to the Competence Committee
- 5.0 The primary reviewer proposes a resolution on the resident's status going forward during the Competence Committee meetings, the following apply for each active resident:

- 5.1 The primary reviewer presents relevant synthesis of information pertaining to each EPA and program defined expectation, including reports from the electronic portfolio, important quotes from any observational comments about the resident and concludes by proposing the following:
- Recommended action on each active EPA
 - Recommended action on each program defined expectation
 - **Global assessment** of the resident's status with respect to the current stage/phase of training and recommended action for the resident going forward in the Residency Program.
- 5.2 All Competence Committee members provide a secondary review of the data presented by the file primary file reviewer at the time of the Competence Committee meeting and discuss the resident's performance. Members must have access to the raw data in the resident's portfolio for ad hoc review.
- 5.3 Deliberations of the Competence Committee for each active EPA, including the summary assessment by the primary reviewer and Committee recommendations will be documented in the resident's electronic portfolio and might include the following:
- 5.3.1 Resident has "*completed the EPA*"
- Recommendation is for removal from the active EPA list
- 5.3.2 Resident's "*progress is accelerated*". Possible recommendations for action might include the following:
- Modify Learning Plan
 - Continue without modification
- 5.3.3 Resident is "*progressing as expected*". Possible recommendations for action might include the following:
- Monitor learning
 - Modify Learning Plan
 - Continue learning the EPA without modification
- 5.3.4 Resident is "*not progressing as expected*". Possible recommendations for action might include the following:
- Modify Learning Plan
 - Remediation of EPA
- 5.3.5 Resident has demonstrated "*failure to progress*". Possible recommendations for action might include the following:
- Remediation of EPA
 - Probation of EPA
 - Dismissal/Withdrawal from the Residency Program
- 5.4 Deliberations of the Competence Committee for each active program defined expectation, including the summary assessment by the primary reviewer and

Committee recommendations will be documented in the resident's electronic portfolio and might include the following wording. Note the Competency Committee may identify other specific wording provided it clearly identifies progress as per program defined expectations:

- 5.4.1 Resident has "*completed program defined expectation*"
 - Recommendation is for program defined expectation to be marked as complete in resident record
- 5.4.2 Resident's "*progress is accelerated*". Possible recommendations for action might include the following:
 - Modify Learning Plan
 - Continue without modification
- 5.4.3 Resident is "*progressing as expected*". Possible recommendations for action might include the following:
 - Monitor learning
 - Modify Learning Plan
 - Continue working toward program defined expectation without modification
- 5.4.4 Resident is "*not progressing as expected*". Possible recommendations for action might include the following:
 - Modify Learning Plan
 - Remediation of program defined expectation
- 5.4.5 Resident has demonstrated "*failure to progress*". Possible recommendations for action might include the following:
 - Remediation of program defined expectation
 - Probation of program defined expectation
 - Dismissal/Withdrawal from the Residency Program
- 5.5 Deliberations of the Competence Committee for **global assessment** of the resident's status with respect to the current stage/phase of training and recommended action going forward in the Residency Program, including the summary assessment by the primary reviewer, the resolution of the Committee on the resident's status and associated progress recommendations are documented in the resident's electronic portfolio and might include the following:
 - 5.5.1 Resident has "*completed the current stage/phase*"
 - Recommendation is for advancement to the next stage/phase at the earliest appropriate opportunity
 - 5.5.2 Resident's "*progress is accelerated*". Possible recommendations for action might include the following:
 - Modify Learning Plan
 - Continue in current stage/phase without modification

- 5.5.3 Resident is *“progressing as expected”*. Possible recommendation for action might include the following:
- Monitor learning
 - Modify Learning Plan
 - Continue in the stage/phase without modification
- 5.5.4 Resident is *“not progressing as expected”*. Possible recommendations for action might include the following:
- Modify Learning Plan
 - Remediation
- 5.5.5 Resident has demonstrated *“failure to progress”*. Possible recommendations for action might include the following:
- Remediation
 - Probation
 - Dismissal/Withdrawal from the Residency Program

6.0 The Competence Committee members vote on the recommendations of the primary reviewer

7.0 The competence committee’s decisions must be transparent and defensible. In that regard, the chair must emphasize the consideration of available data and seek documentation if issues seem to be missing.

7.1 Decisions can be deferred if additional information is required, but the deferred decision **must** be revisited within four weeks or 20 NOSM University business days.

7.2 Suggestions on retrieving additional information from faculty that have not been documenting concerns:

7.2.1 Encourage faculty to provide feedback using the narrative form without an entrustment rating

7.2.2 Meet with faculty and learner together to facilitate a conversation then enter a summary of the meeting as a narrative form without an entrustment rating

7.2.3 Email paraphrasing feedback from faculty and ask for confirmation that interpretations are correct, then add to resident file

8.0 A status decision on the resident is recorded in the Competence Committee’s archives stored in the Residency program files

9.0 As soon as possible after the Competence Committee decision, the Academic Advisor, Residency Program Director or other appropriate delegate will discuss the decision of the Competence Committee with the resident

10.0 Changes to the resident’s Learning Plan, assessments or clinical and academic schedule are developed and implemented as soon as feasible

- 11.0** The resident or Primary Reviewer may approach the Competence Committee Chair, Program Ombudsman (where identified), or Program Director if he/she feels a faculty member has included inappropriate commentary regarding resident's personal character or performance.
- 11.1 Competence Committee discusses commentary at the next available meeting date
- 11.2 Competence Committee makes a recommendation to RPC as to whether or not it should be removed or amended from the resident record
- 11.3 The RPC makes final decision and ensures that decision is relayed to the resident in writing
- 12.0** In the event that a resident's performance on a previously attained EPA indicates that "EPA *entrustment is no longer appropriate*", that EPA will be reactivated and added to the ongoing list of EPAs for assessment at the Competence Committee meetings. Possible progression recommendations would depend on the EPA and on the degree of lapse and might include the following:
- 12.1 Reactivation of the EPA with or without Remediation or Probation of the EPA and one of the following:
- Continue in the current stage/phase with a modified Learning Plan
 - Continue in the current stage/phase on Remediation
 - Continue in the current stage/phase on Probation
- 13.0** With respect to the resident whose status is "*inactive*" (Leave of Absence or Suspension), the Competence Committee will discuss the current status of the resident and will document the discussion and related recommendation to the Residency Program Committee in the resident's portfolio as required. Possible recommendations for action might include the following:
- Return to training (re-entry point and conditions will be specified)
 - Monitor learning for expected return from Leave of Absence or Suspension
 - Remediation
 - Probation
 - Dismissal/Withdrawal from the Residency Program
- 14.0** Major progression and promotion decisions, including the resident's final portfolio documenting achievement of competencies and promotion to certification **must** be forwarded by the Competence Committee to the Residency Program Director and on to the Associate Dean, PGME for verification and approval prior to submission to the RCPSC
- 15.0** All RPC decisions leading to Remediation, Probation, Suspension or Dismissal/Withdrawal **must** be forwarded to the Associate Dean for approval and copied to the PGME offices as per the processes outlined in the Postgraduate Medical Education Policy and Procedures for the Assessment of Resident Performance.

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

Review Period: 3 years

Date for Next Review: 2025 06 10