Senate Meeting

Wednesday, April 19, 2023 (4:00 – 6:00 pm)
Via Webinar
Agenda: This meeting will be recorded for minute taking purposes.

VISION - Innovative education and research for a healthier North.

MISSION - To improve the health of Northern Ontarians by being socially accountable in our education and research programs and advocating for health equity.

Rules and Procedures: See Rules of Procedure and Virtual Meeting Protocol for key information

- Please sign on a few minutes early to ensure connection in WebEx.
- Please keep your system on mute unless needing to speak.
- Use the Chat function to send a message to Gina Kennedy or the moderator – Alexandra Curry, please use the chat function for **business only**.
- Guests and members are not required to keep the video on if not speaking.
- Attendance will be taken from the participants, if you are on the phone, please identify yourself and send an email to governance@nosm.ca

This package contains a combination of links and documents – should you have issues with accessing certain reports please request them through governance@nosm.ca

Time	#	ITEM	Page	Decision	Discussion	Information/Presentation
			ACTION REQUIRED			
Open Meeting Agenda						
4:00 pm	**1.0**	**Welcome** – David MacLean, Speaker • Land Acknowledgement and Reflection				X
4:10 pm	**2.0** **2.1**	**Call to Order** Agenda Review • Additions or Edits, Declarations of Conflicts and Approval		**X**		
	CA-3.0	**Consent Agenda**[i]				
4:15 pm	**CA-3.1** **CA-3.2**	Minutes of the Meeting – February 16, 2023 Senate After Meeting Report – February 2023	**1-5**	**X**		X
	CA-3.3	Division/Program Reports for Information (included*) a) Division of Clinical Sciences * b) Division of Medical Sciences * c) PGME *	 **6-8** **9** **10-13**			X
		Regular Agenda				
4:20 pm	**4.0** **4.1** **4.2** **4.3**	**Senate Welcome and Orientation** (Speaker - Senator MacLean) NOSM University Senate Webpage (for information) NOSM University Senate By-Law Meeting Procedures and Rules of Procedure at Senate Meetings				X X X X
4:50 pm	**5.0** **5.1** **5.2**	**Senate Membership 2023 NOSM U** (Gina Kennedy, Univ Secretary) Speaker and Deputy Speaker report and recommendation Senate Executive membership report and recommendation	 **14-15** **16-17**	 **X** **X**		
4:55 pm	**6.0** **6.1**	**Faculty Affairs** (Senator Telang) BN – Motion for Approval	 **18-19**			

	6.2 **6.3** **6.4**	CSD Professionalism and Code of Conduct Policy CSD Professionalism and Code of Conduct Procedure Professional Attributes Guidelines	**20-31** **32-43** **44-49**	**X** **X** **X**		
5:00 pm	**7.0** **7.1**	**Joint and Stipendiary Faculty Promotion** (Senator Telang) Committee Report and Recommendations	 **50-52**	 **X**		
5:05 pm	**8.0** **8.1** **8.2** **8.3** **8.4** **8.5** **8.6**	**Undergraduate Medical Education** (Senator Toner) UME Report Responding to Student Concerns of Mistreatment procedure Phase 3 Interruptions to Student Attendance and Leaves of Absence Policy and Procedure Student Assessment and Promotion Regulations and associated forms (see Briefing Note) UME Academic Appeals Policy and Procedure (see Briefing Note) 2023-2024 P3 Syllabus (see Briefing Note)	 **53-55** **56-58** **59-67** **68-128** **129-150** **151-170**	 **X** **X** **X**	 	 X X X
5:15 pm	**9.0** **9.1** **9.2**	**Registrar's Office** (Senator Cain) Academic Fee Schedule 2023-2024 (revised) Academic Fee and Refund Policy (revised)	 **171-175** **176-181**	 **X** **X**		
5:20 pm	**10.0** **10.1**	**Sexual Violence (First Reading – Waive Requested)** (TBA) Sexual Violence Policy and Procedures (Learner, Staff and Faculty)	 **182-211**	 **X**		
		For Information/Discussion Items				
5:30 pm	**11.0**	**NOSM U Graduate Data** (Dr. Sarah Newbery, Associate Dean, Physician Workforce Strategy)	 **212-224**		X	X
5:40 pm	**12.0** **12.1** **12.2** **12.3** **12.4**	**President's Report** (President Verma) Northern Routes - Planetary health is human health. NOSM University is taking action on climate change. NOSM U Graduation Celebration – Thunder Bay (May 19) and NOSM U Convocation Ceremony – Sudbury (May 26) 2023 NOSM University Achievement Celebration - May 5, 2023 – Thunder Bay Tickets Feature Article - University Affairs - 'Don't just publish another paper. Let's do something,' says scholar-advocate Cindy Blackstock. Dr. Blackstock reflects on the merits of blending academia and activism. February 2, 2023 NOSM U Board After Meeting Report – Next meeting May 17, 2023.	**(linked)**			X
5:50 pm	**13.0**	**Other Business**				
	13.1					
5:55 pm	**14.0** **14.1** **14.2**	**Informational Items** Northern Constellations (May 5 & 6, 2023) Thunder Bay Northern Health Research Conference (June 1 -2, 2023)	 **225**			 X X
6:00 pm	**15.0**	**Adjournment -** Next Regularly scheduled meeting is June 15, 2023 **Meeting Schedule -** 2022-2023 Meeting Schedule Online				

[i] ***Consent Agenda:*** *To allow the Senate to complete several matters and devote more of its attention to major items of business, the agenda has been divided between items that are to be presented individually for discussion and/or information and those that are approved and/or received by consent. A Consent Agenda is not intended to prevent discussion of any matter by Senators, but items listed under the consent sections will not be discussed at the meeting unless a Senator so requests. All Senators are supplied with the appropriate documentation for each item, and all items on the Consent Agenda will be approved by means of one motion.*

NOSM UNIVERSITY

Senate Meeting

Minutes of the Senate Meeting

Date:	**February 16, 2023**
Time:	4:00 PM TO 6:00 PM
Location	Virtual Only

Members in Attendance

Ex-Officio: Sarita Verma (President), Rob Anderson, Doug Boreham, Miriam Cain, Patty Fink, James Goertzen, Céline Larivière (Provost), Joseph LeBlanc, Elizabeth Levin, David Marsh, William McCready, Owen Prowse, Sophie Regalado, Alain Simard, TC Tai, Lee Toner, Harshad Telang, Barb Zelek
Human Sciences: Elaine Hogard, Patricia Smith, Ryan Tonkens, Bruce Weaver
Medical Sciences: Neelam Khaper, Sujeenthar Tharmalingam, David MacLean (Speaker)
Clinical Sciences: Emmanuel Abara, William Hettenhausen, Frances Killbertus, Rayuda Koka, Popuri Krishna, John Lanthier, Sonja Lubbers, Paolo Sanzo, Dave Savage, Britton Sprules
Indigenous Academic: Darrel Manitowabi, Kona Williams
Francophone Academic: Chris Kupsh
MD Students: Camille Ham, Alison Lewis
Postgraduate Trainees: Pascale Brown, Stone Li, Andres Griborio Guzman,
HS Learners: Elizabeth Griffin

Regrets: Ashley Hurley, Rony Atoui, Elaine Innes, Laura Piccinin, Brian Ross, Justin Roy

Administration Attendance:
Gina Kennedy (University Secretary) and Alexandra Curry (Assistant Secretary) (Recorder)

Guests/Observers in Attendance: Anita Arella, Danielle Barbeau-Rodrigue, Simon Lees, (OPSEU 1 Observer), Lyne Aubry Yates (Presenting), Katherine Biasiol (Presenting), Sherry Mongeau, Jessia Pope, Ray Hunt (2 external attendees)

#	ITEM
	Open Meeting Minutes
1.0	**Welcome** – David MacLean, Speaker • Land Acknowledgement and Reflection We at NOSM University recognize that our work, and the work of our community partners take place on traditional Indigenous territories in Northern Ontario, and are thankful to the First Nations, Metis and Inuit people who have cared for these territories across our province. Speaker, Dr. MacLean called the meeting to order.

2.0 **2.1**	**Call to Order** **Agenda Review** The agenda and materials were sent in advance of the meeting. Two additional items were circulated on the 10th and presented as additions to the agenda: • Consent Agenda under Reports: CA 3.3 Library's annual report (2021-2022) for information • Regular Agenda under revised 11.1 - CSD Code of Conduct Policy, Procedures and Professional [First Reading] (Senator Telang) An edit was also noted under the consent agenda, that the * was missing beside the Human Sciences report to indicate that it was also included in the package. ***Moved (Owen Prowse / William Hettenhausen)*** Be it resolved that the agenda along and consent agenda be approved as amended. **CARRIED** Quorum was attained. Before moving into the content of the meeting, Dr. Maclean reminded the members of important procedural matters for the purpose of the meeting.
3.0 **CA-3.1** **CA-3.2** **CA-3.3**	**Consent Agenda**[i] Minutes of the Meeting – December 15,2022 and January 9, 2023 Special Meeting /After Meeting Report Library's annual report (2021-2022)
CA -3.4	Division/Program Reports for Information (included*) a. Academic Indigenous Health Education Committee * b. Division of Clinical Sciences * c. Division of Medical Sciences * d. Division of Human Sciences * e. Health Sciences Report * f. PGME * g. UME Report * o Curriculum Change Abstract o Summative Assessment Policy-Procedure Before moving to the regular agenda items, Speaker, Dr. MacLean welcomed NOSM University Provost, Dr. Céline Larivière and the new Director of the Health Sciences Library, Sophie Regaldo and Elizabeth Griffin (NODIP Learner) to their first meeting as Senators.
	Regular Agenda – Recommendations
4.0	**Senate Membership 2023 NOSM U** (Gina Kennedy) University Secretary, Ms. Kennedy, spoke to the report circulated in advance in the meeting package.
4.1	Elections Report and Confirmation of Membership Senate Election results, identifying by division or category the seats filled and seats vacant. A full report was in the meeting package. Thanks, and congratulations was extended to the current membership as well as the incoming Senators.
4.2	Call for External Appointments (for information)

	This special appointment will be conducted after this meeting. The results will be presented once the requests have been finalized.
4.3	Call for Speaker and Deputy Speaker (for information) A call for interest will be sent out after this meeting and confirmed at the first meeting of Senate in April 2023.
4.4	Call for Senate Executive Committee membership (for information) A call for interest will be sent out after this meeting and confirmed at the first meeting of Senate in April 2023. Questions were answered accordingly. It was noted that the election for the student senators will be held in the Spring 2023.
5.0	**Free Speech Statement (First Reading - Waive Requested)** Senator, Dr. Verma spoke to the Free Speech Statement, the importance it has and how it was developed and reviewed prior to being brought to the Senate.
5.1 **5.2** **5.3**	Presentation and Briefing Note Statement on Free Speech - Recommendation Free Speech Documents/Policies – Framework **Moved (Senator Verma/ Senator McCready)** Moved that the First reading of the Free Speech Statement be waved. **CARRIED** **Moved (Senator Verma/Senator Simard)** Moved that the Senate approve the Free Speech Statement as presented. **CARRIED** It was noted by the Speaker that upon occasion, the Senate has the power to waive the first reading based on circumstances beyond our control. Members were reminded of the importance of the readings and procedures for the Senate.
6.0	**Senate Meetings**
6.1	Date Change – April 19, 2023 University Secretary, Ms. Kennedy, spoke to the date change required for the first meeting of the new Senate scheduled previously for April 20 will now be set for April 19. No objections are noted.
6.2	Rules of Procedure at Senate Meetings Ms. Kennedy also presented the Rules of Procedure at Senate Meetings, a vital document to have in place as the new Senate begins. **Moved (Senator Hettenhausen/ Senator Simard)** Moved that the Rules of Procedure at Senate Meetings be approved as presented. **CARRIED**
7.0	**Registrar 's Office** (Senator Cain)
7.1 **7.2**	Briefing Note Academic Fee Schedule

7.3 **7.4**	Academic Schedule Regulations draft for approval **Moved (Senator Cain / Senator Marsh)** That the Senate approve the following as presented: • Academic Schedule 2023-2024 • Academic Fee Schedule 2023-2024 • University Regulations **CARRIED**
8.0 **8.1**	**Bestowment of Emerita Rank** Senator, Dr. Verma presented the recommendation to bestow the rank of Emerita to Dr. Catherine Cervin. **Moved (Serita Verma/ Harshad Telang)** That the Senate approve the Bestowment Rank of Professor Emerita upon Dr. Catherine Cervin. **CARRIED** The senate acknowledges Dr. Cervin's years of service and dedication for NOSM and now NOSM University.
9.0	**Presentation – Admissions** Senator Prowse, Assistant Dean Admissions and Katherine Biasol, Director Admissions and Leaner Recruitment presented on the Admissions process, the stats for getting accepted to medical school in Ontario and specific to NOSM U. The full presentation can be found in the Portal – Admissions Presentation Feb 2023
10.0 **10.1** **10.2** **10.3**	**President's Report** (Dr. Sarita Verma) President's Report – President's Interim Report / Report — NOSM U Jan 2023 — French NOSM U Strategic Plan Quarterly Report After Meeting Report – Board – February 2, 2023 Dr. Verma gave a verbal report touching on points covered in all the reports that were provided.
11.0 **11.1**	**Other Business** CSD Code of Conduct Policy, Procedures and Professional – First Reading Senator Telang presented the Code of Conduct to the senate and encouraged Senators to provide any feedback prior to it being brought forth for the second reading.
11.2	**Informational Items** • Northern Lights 2023 • Northern Constellations 2023 Before calling the meeting to adjourn, Speaker Dr. Maclean acknowledged the amazing work of the Academic Council and Transition Senate thanking them for the all the work they did for NOSM and helping us become NOSM University.

12.0	**Adjournment** With no further business the meeting adjourned at 5:44 pm

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Report of the Clinical Sciences Division

NEXT DUE DATE: APRIL 3, 2023
By: Dr. Barb Zelek, Division Head
Clinical Sciences Division

Current Activities

1. Membership

The Clinical Sciences Division (CSD) currently has 1808 members.

2. Faculty Appointments

We continue to recruit new faculty as interest in the University expands. Currently, approximately 11 applicants are being considered for appointments.

3. Academic Registrants

An Academic Registrant Peer Network is being led by Dr. Ghazala Basir and has been a useful forum for academic registrants to share experiences, useful tips and advice.
We continue working with the Academic Health Science Centres to ensure our Academic Registrant faculty are well supported to achieve their academic and scholarly deliverables.

9 academic registrants are being considered for appointment.
55 academic registrants are currently at NOSM U.

4. Reappointments for Clinical Faculty

There are nearly 500 CSD faculty with appointments expiring June 30, 2023. Reappointment offers will be sent out in the Spring.

5. Promotions for Clinical Faculty

The Joint and Stipendiary Faculty Promotions Committee has completed its review of the 34 Clinical Sciences promotion applications received in the 2022-23 cycle. The Committee's recommendations have been sent to Senate for final approval.

6. Faculty Wellness

Wellness session on Physician Burnout presented by Dr. Sonal Chandratre is scheduled for April 20, 2023 from 12:00 pm to 1:00 pm EST via WebEx.

7. Faculty Recognition

The NOSM U Faculty Awards of Excellence and Scholarship Committee met on March 7, 2023, to determine the 2022-2023 award recipients. The names of the recipients and letter templates have been given to the Office of the President and Communications to draft recipient letters that will be sent out by Faculty Affairs on March 29, 2023. Recipients will be formally acknowledged at the NOSM U Achievement Celebration as part of Northern constellations 2023.

The Office of Faculty Affairs receives information via faculty and NOSM U Communications regarding nominees/recipients of awards external to NOSM. This information is only shared at the discretion of the faculty or as we come across it. The following is a list of NOSM U faculty members who have won an external award in the last two years.

Titl	First Nan	Last Nam	Division	Section	Award Received	Yea
Dr.	Ranjit	Baboolal	Clinical Sciences	Pediatrics	TBRHSC Professional Staff Award	2022
Dr.	Lisa	Bishop	Clinical Sciences	Health Sciences	2022 Iewirokwas Cape Award for Midwives	2022
Dr.	Teresa	Bruni	Clinical Sciences	Pediatrics	2022 Canadian Pediatric Society's Distinguished Paediatrician Award	2022
Dr.	James	Chau	Clinical Sciences	Family Medicine	Ontario MD - 2022 Luminary Award for Excellent Patient Care	2022
Dr.	Jo-Anne	Clarke	Clinical Sciences	Geriatirics	Ontario MD - 2022 Luminary Award for Excellent Patient Care	2022
Dr.	Kenneth	Foster	Clinical Sciences	Surgery	G. William N. Fitzgerald Award for Excellence in Rural Surgery	2022
Dr.	Pawan	Kumar	Clinical Sciences	Surgery	Golden Heart Award (NBRHC)	2022
Dr.	David	Marsh	Clinical Sciences	Family Medicine	MITACS Accelerated Grant for Research	2022
Dr.	Janet	McElhaney	Clinical Sciences	Internal Medicine	Ronald Cape Distinguished Service Award - Canadian Geriatric Society	2022
Dr.	Adam	Moir	Clinical Sciences	Family Medicine	Community Educator of the Year Award	2022
Dr.	Adam	Moir	Clinical Sciences	Family Medicine	OCFP Community Educator of the Year	2022
Dr.	Adam	Moir	Clinical Sciences	Family Medicine	Ontario College of Family Physicians - Community Educator of the Year	2022
Dr.	Christopher	Mushquash	Clinical Sciences	Psychology	Clinical Section Award for Clinical Excellence - Canadian Psychological Association (CPA)	2022
Dr.	Sarah	Newbery	Clinical Sciences	Family Medicine	Certificate of Merit (CAME)	2022
Dr.	Nisha	Nigil Haroon	Clinical Sciences	Endocrinology	Distinguished Alumni Award - Trivandrum Medical College	2022
Dr.	Anjali	Oberai	Clinical Sciences	Family Medicine	OCFP's Regional Family Physician of the Year Award	2022
Dr.	Anjali	Oberai	Clinical Sciences	Family Medicine	Reg L. Perkin Family Physician of the Year Award (CFPC)	2022
Dr.	Anjali	Oberai	Clinical Sciences	Family Medicine	Ontario College of Family Physicians - Physician of the Year	2022
Dr.	Richard	Painter	Clinical Sciences	Psychiatry	Clinical Teaching Award (PARO)	2022
Dr.	Laura	Power	Clinical Sciences	OB-GYN	Community Votes Thunder Bay - Physicians and Surgeons	2022
Dr.	Sarita	Verma	Clinical Sciences	Family Medicine	Honoured by the Sudbury Multicultural Folk Arts Association	2022
Dr.	Shannon	Wiebe	Clinical Sciences	Emergency Medicine	Canadian Association of Emergency Physicians - Emergency Physician of the Year	2022
Dr.	Barbara	Zelek	Clinical Sciences	Family Medicine	SRPC Rural Long Service Award	2022
Dr.	Claudette	Chase	Clinical Sciences	Family Medicine	CAME Certificate of Merit Award	2023
Dr.	James	Goertzen	Clinical Sciences	Family Medicine	PCTA Physician Leadership Award	2023
Dr.	Eliseo	Orrantia	Clinical Sciences	Family Medicine	NOMINEE_SRPC Rural Community Impact Award	2023
Dr.	Lee	Toner	Clinical Sciences	Emergency Medicine	NOMINEE_OMA Mentorship Award	2023

We also continue to nominate Clinical Faculty for a variety of external awards.

8. Faculty Evaluation

Faculty evaluation is being maintained between two evaluation software programs at present: One45 and Elentra. The goal is to have all Phases of Undergrad education in the Elantra system by September 2024. Postgraduate education programs are currently being evaluated through Elentra.

9. Future Initiatives

We aim to hire a Public Health and Preventative Medicine Section Chair and Project Lead. The role is currently posted on NOSM U's career page on the website.

We are also currently recruiting Section Chairs in Emergency Medicine and Anesthesia.

The Medical Sciences Division actively participates in all areas of the school. Its faculty are actively involved in teaching, governance, serving on committees, and other scholarly activities at the Northern Ontario School of Medicine. Faculty of the Division are also heavily involved in various research projects. The Division currently has **58 appointments**.

1. Membership

a) Full-Time Faculty:	East: 9	West: 6	
b) Joint Faculty (half time appointments):	East: 1		
c) Emeritus Faculty:	East: 1		
d) Honorarius Faculty	East: 1		
e) Stipendiary Faculty	East: 27	West: 8	International: 2
f) Cross-Appointed Faculty:	East: 3	West: 0	

g) Administrative Assistant: Pam Lemieux

2. Hiring and Appointments
We have appointed six new stipendiary faculty members since our last report.

3. Teaching Activities

Dr. Sujeenthar Tharmalingam hired a new post-doctoral fellow (Dr. Karolina Czajka). She is working on the following project: Development and implementation of a rapid point-of-care diagnostic assay for the detection of antifungal resistance.

4. Research and Publications

Dr. Sujeenthar Tharmalingam received a two-year NSERC Alliance grant ($90K) with Bio-mine Ltd. titled "Biomass waste to value".

Dr. Tom Kovala reports a new publication-Butler, P., Pascheto, I., Lizzi, M., St. Onge, R., Lanner, C., Guo, B., Masilamani, T., Pritzker, L.B., Kovala, A.T., and Parissenti, A.M. (2023) RNA disruption is a widespread phenomenon associated with stress-induced cell death in tumour cells. Scientific Reports. 13:1711 https://doi.org/10.1038/s41598-023-28635-8

5. Sabbatical Leaves

Dr. Amadeo Parissenti is on sabbatical leave from July 1, 2022, to June 30, 2023

6. Reappointments

One faculty member has not accepted their reappointment as of this report.

7. Quarterly Divisional Meetings

The last Medical Sciences Quarterly Divisional Meeting took place on February 14th, 2023.

8. Announcements

NOSM UNIVERSITY
Postgraduate Medical Education
Report to NOSM University Senate

To: NOSM University Senate

From: Dr. Robert Anderson - Chair, Postgraduate Medical Education Committee (PGMEC)

Meeting Date: April 19, 2023

POSTGRADUATE MEDICAL EDUCATION COMMITTEE UPDATES

The PGMEC last met on February 9, 2022. Relevant updates since the last submitted report include:

- **Waiver of Training Update (approved)**
  The PGME Office has amended sections 2.8 and 2.9 of the previous set of guidelines to describe the updated practice of approval for time-based and CBD Royal College programs and to delineate between approval processes for RCPSC and CFPC programs. The PGMEC approved these amendments.

  LINK to updated Policy

- NOSM Rotation Schedule 2023-2030 **(approved preliminary draft)**

  LINK to Schedule

ACCREDITATION UPDATE

Public Health and Preventive Medicine Update:

Internal Review Results

- On February 27th, 2023 the PHPM program conducted an internal review (Virtual)
- The review team consisted of: Chair, Dr. Tara Baron (PD Pediatrics), Dr. Jason Cabaj (PHPM PD Calgary), Dr. Maegan Stuart (NOSMU Psych Resident)
- The report provided by the review team found that the program has many strengths including;
  - Well developed policies and curriculum to support resident learning
  - Program Director and administration
  - Well suited to address the Public health physician resource issues by providing training in northern Ontario which is underserviced.
  - Strong document management and organization system
- The report also identified the following areas for improvement;
  - Requirement 2.2.1
  - Requirement 4.1.4
  - Requirement 7.1.1
- The report also identified challenges associated with travel outside of NOSM U home base, including appropriate safe housing that recognized need to accommodate adult learner's families.

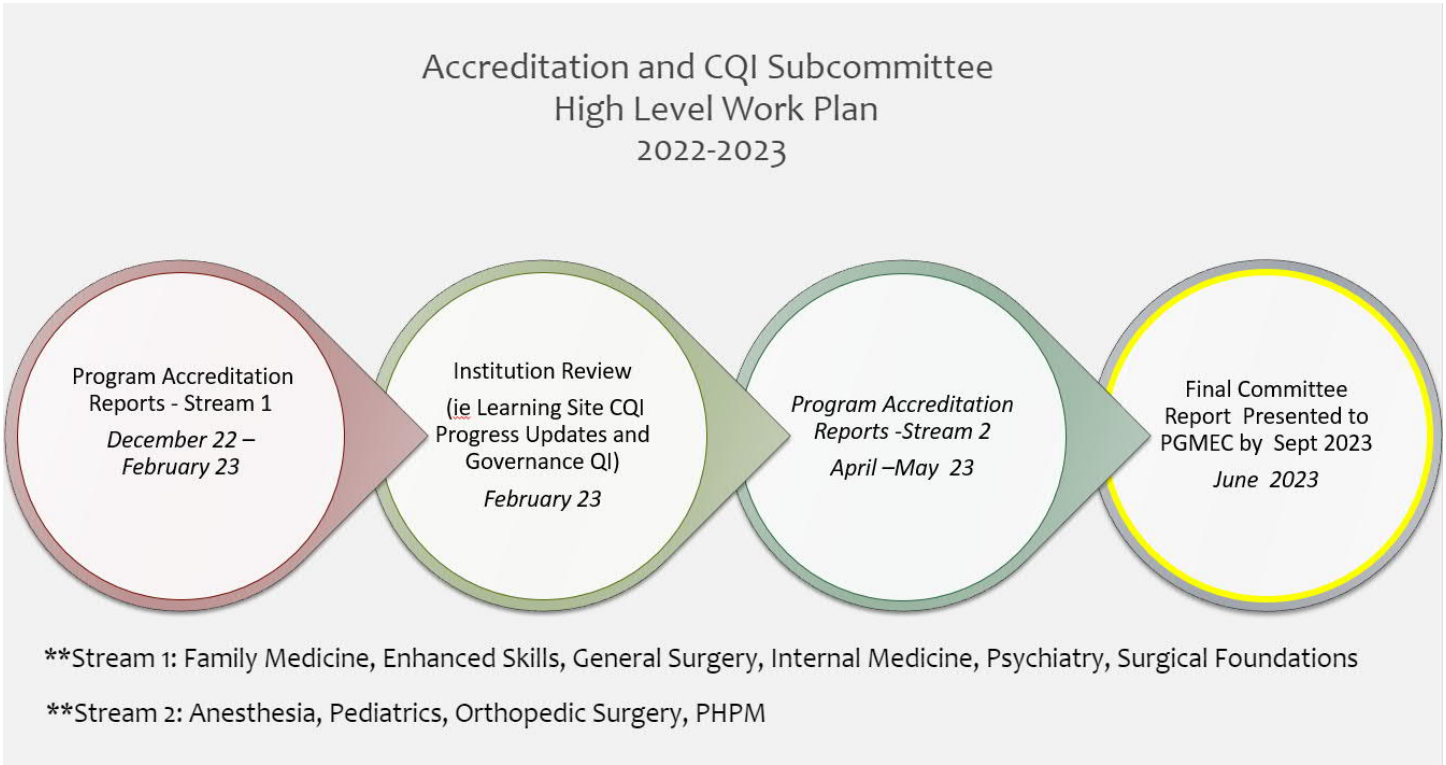
External Review

- The PHPM Program in consultation with the PGME Office and the RCPSC have determined the external review will be held virtually and will take place over two days November 21 and 22, 2023.

- The surveyors for this review will be Dr. Cliff Yaffe (General Surgery, University of Manitoba) and Dr. Paula Brna (Neurology (pediatric), Dalhousie University). A resident representative will be appointed by the Resident of Doctors of Canada (RDoC) and we will advise you once that individual has been appointed. A representative of the Royal College will be accompanying the surveyors as a staff support for this review.

PGME Institution Accreditation Update:

The Accreditation and Quality Improvement Oversight Committee work is now working on phase three of the high-level plan outlined below:



2023 CaRMS R-1 Main Residency Match

Match Day for the First Iteration of the 2023 Canadian Resident Matching Service (CaRMS) R-1 Match took place on **Wednesday, March 22, 2023,** at which time programs and applicants received their complete match results. Programs learned which candidates had successfully matched to their programs and whether or not they had any unfilled positions. Candidates also found out which programs they had matched to or whether they went unmatched in the First Iteration.

Any programs with unfilled positions following the First Iteration of the CaRMS R-1 Match are required to participate in the Second Iteration. The Second Iteration runs from March 23 to April 27, 2023, during which time programs will review applications, conduct interviews and submit their Rank Order List(s). Programs and candidates will then receive their match results on the **Second Iteration Match Day, Thursday, April 27, 2023**.

NOSM will be participating in the Second Iteration of the match with 26 Family Medicine positions. The reason why so many family positions went unfilled is most likely due to the continuing decline in FM nationally as well as an increase of 60 new FM positions across Canada making supply of FM positions continue to exceed current demand. Additionally, NOSM will also participate in the Second Iteration with 2 Public Health and Preventive Medicine, 6 Internal Medicine and 2 Psychiatry Royal College specialty training program positions. This year the Second Iteration is blended, which means any positions participating in the Second Iteration can be applied to by both IMGs and CMGs. Our programs are excited to have this change as we gain earlier access to great IMG candidates for our available positions.

Match Highlights

- Remote First Nations Family Medicine received their first match ever in the 1st iteration
- New OBGYN program fully matched to 2 NOSM UME learners
- Expanded Pediatrics, Anesthesia and General Surgery fully matched

NOSM UME Matches

This year we had a 13% decrease in NOSM UME applications with NOSM PGME over last year's results (63 vs 72). These results seem to be showing that application rates are returning to their pre-COVID levels. A total of 13 UME learners matched with NOSM PGME. This marks a 46% decrease over last year's results. It is not clear at this time what has led to so many NOSM UME learners to rank other PGME programs ahead of ours but further research in to this issue will need to be done.

5yr Trends

The number of applications NOSM PGME received was 10% higher than our 5yr average (2,486 vs 2,261 - 5yr avg). The increase in applications came from an increase in FM IMG applications and adding the new OBGYN program and adding IMG streams to Internal Medicine, Anesthesia and Pediatrics. Also, the number of interviews conducted this year was 3% higher than our 5yr average (1,202 vs 1,164 – 5yr avg.).

The number of NOSM UME learners that matched with NOSM PGME was 48% lower than our 5yr average (13 vs 25 - 5yr avg).

Overall, the PGME programs fill rate this year was 50% which is lower than our 5yr average fill rate of 76%.

NOSM Program/Streams R-1 Main Residency Match	Positions Filled in 1st Iteration	Positions going to 2nd Iteration	# of NOSM UME Interviews	# of NOSM UME Matched	Matched Applicants from Other Universities
FM North Bay	1/4	3	32		McMaster
FM Sault Ste. Marie	0/5	5	32		
FM Sudbury	5/8	3	32	4	Universite de Montreal
FM Thunder Bay	3/8	5	32	2	University of Manitoba
FM Timmins	1/4	3	32	1	
FM Rural	4/8	4	32	2	McMaster, Manitoba
FM Remote First Nations	1/2	1	0		Western
FM Medical Officer Training Program (MOTP)	0/2 *Supernumerary*	2	1		
FM International Medical Graduates (IMG)	3/3		0		Dow Medical Colege, Shahrekord University of Medical Sciences, University of Health
TOTAL Family Medicine:	**18/42 Filled + 0/2 MOTP**	**24 Unfilled + 2 Unfilled**		**9 NOSM**	**9 Matched from Other Universities**

NOSM Program/Streams R-1 Main Residency Match	Positions Filled in 1st Iteration	Positions going to 2nd Iteration	# of NOSM UME Interviews	# of NOSM UME Matched	# of Matched Applicants from Other Universities
Anesthesiology CMG	3/3		3		McMaster, U of Sask, Western
Anesthesiology IMG	1/1				Edinburgh Medical School
General Surgery	3/3		2		Universite Laval, U of Toronto
Internal Medicine IMG	1/1				Medical Academy named after S.I.
Internal Medicine SUD	1/4	3	11	1	
Internal Medicine TBAY	0/3	3	11		
Orthopedic Surgery IMG	1/1				McGill University
Orthopedic Surgery CMG	1/1		1		University of Limerick
Pediatrics IMG	1/1				Universidad Autónoma de Chiapas Facultad de Medicina
Pediatrics EAST	1/1		6	1	
Pediatrics WEST	2/2		6		McMaster, UBC
Psychiatry TBAY	0/1	1	1		
Psychiatry SSM	0/1	1	0		
Psychiatry NBAY	1/1		0		Dalhousie University
Public Health and	0/1	1	0		
Public Health and	0/1	1	0		
OBGYN w/ UofT	2/2		5	2	
TOTAL Royal College:	**18/28 Filled**	**10 Unfilled**		**4 NOSM**	**16 Matched from Other Universities**

NOSM UNIVERSITY

REPORT

To: Senate **Date: April 19, 2023**

From: University Secretary

Subject: Senate Elections - Speaker and Deputy Speaker Recommendation

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

Background: At the February meeting the Senate confirmed the process and next steps for call for nominations in the following categories

Call for Speaker and Deputy Speaker

Open Call on February 28, 2023

- One (1) Speaker of Senate
- One (1) Deputy Speaker of Senate

Section 7.0 NOSM University Senate Bylaw – OFFICERS

7.1 The Senate shall appoint the following Officers: (1) Speaker; and (2) Deputy Speaker.

7.2 The Speaker shall, when present, preside at all Senate meetings and shall represent the Senate as may be required or appropriate.

7.3 In the absence of the Speaker, the Deputy Speaker shall fulfill the duties and responsibilities of the Speaker. In the absence of the Secretary, the Deputy Speaker shall record minutes of a Senate meeting.

7.4 The Speaker and Deputy Speaker shall be elected at a June Senate meeting from among the Teaching Staff members of the Senate, and shall hold office for two academic years, renewable once for a further term of two academic years. **

The University Secretary invites those interested to send their name as well as a short 150-word statement giving their qualifications, discipline and/or the reasons for their interest, by email, to Gina Kennedy gkennedy@nosm.ca before March 8, 2023 at Noon.

RESULTS:

One Nomination for Speaker

Dr. David MacLean, Professor, Physiology, Division of Medical Sciences, NOSM University

I have been a full-time faculty member in the Division of Medical Sciences since 2004 and I am also a strong believer in participating in academic governance. I have been a member of Academic Council (AC) since 2005 and have served three terms as chair of AC and two terms as vice chair. More recently I have been serving as interim speaker of Senate. Since 2004, I have served on various committees associated with academic governance including the Governance and Nominations Committee as well. NOSM U's constitutional review committee. I believe this previous experience along with the leadership that I am currently providing to NOSM U will support my nomination as speaker of NOSM U's senate.

One Nomination for Deputy Speaker

Dr. Alexandre Anawati

B.Sc., MD., CCFP-EM, MD Collaborator SDNPC, ER Physician Health Sciences North, Clinical Lead Social Accountability HSN and the CFSA, Associate Prof, Global Health Coordinator NOSM University

Participation and contributing to the University's governance structure has been a focus of my career in medicine beginning as a member of the NOMSU Student Council, moving onto becoming Associate Professor, spending 8 years on NOSMU's Board of Governors, acting as its Global Health Coordinator and being a member of the executive group getting the Centre for Social Accountability up and running. I currently also sit on the CFPC's Social Accountability Working Group, AMEE's ASPIRE for Social Accountability Panel and am appointed Clinical Lead for Social Accountability at HSN. During my time at NOSMU, I have been an active participant in the most recent strategic plan, helped to select our current Dean and helped to navigate the University through the CCAA insolvency proceedings with Laurentian University. Over the years I have also been module content coordinator for clinical skills sessions, an OSCE examiner, and MCC examiner, facilitator for numerous labs/clinical skills sessions and delivered academic sessions on social accountability, chest pain, sepsis, poverty and health to UME and PGME learners. I believe I can be an active contributor to the senate and fulfill the responsibilities of deputy speaker as the medical school evolves into a University that offers diverse programs.

Recommendation

Moved by Senator Lariviere Seconded by Senator Verma

Moved that Dr. David MacLean be appointed Speaker of Senate for two academic years, with the first term ending June 30, 2025.

Moved that Dr. Alexandre Anawati be appointed Deputy Speaker of Senate for two academic years, with the first term ending June 30, 2025.

NOSM UNIVERSITY

REPORT

To: Senate **Date: April 19, 2023**

From: University Secretary

Subject: Senate Elections - Speaker and Deputy Speaker Recommendation

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

Background: At the February meeting the Senate confirmed the process and next steps for call for nominations in the following categories

Senate Executive Committee

A call out on February 28, 2023 - The term of a member of Senate Executive is coterminous with the term on Senate (3 years Senators/2 years for Student Senators). The Senate will require the following:

- Three Senators appointed from the elected Teaching Staff and
- One Senator appointed from the elected learners.

The University Secretary invited those interested to send their name as well as a short 150-word statement giving their qualifications, discipline and/or the reasons for their interest, by email before March 10, 2023 at Noon.

Senate Executive Committee Terms of Reference

RESULTS:

Last Name	First Name	Position
Verma	Sarita	President
Lariviere	Celine	Provost
MacLean	David	Speaker
Anawati	Alexandre	Deputy Speaker
Cain	Miriam	Registrar
Ross	Brian	Senator

Alabi	Adedayo	Senator
LeBlanc	Joseph	Senator
Lu-Cleary	Destiny	Learner Senator (Resident Learner)
Kennedy	Gina	University Secretary (nonvoting)
Curry	Alexandra	Assistant University Secretary (recorder) (nonvoting)

Recommendation

Moved by Senator Lariviere Seconded by Senator Verma

Moved that the Senate Executive Committee membership nominations report is accepted, and the membership is confirmed.

Note that any vacancies will be filled consistent with the policy and terms of reference.

BRIEFING NOTE

To: NOSM U Senate **Date**: Apr 19 2023

From: Dr. Harshad Telang

Subject: Revised Code of Conduct Policy, Procedures and Professional Attributes

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

Title: Revised Code of Conduct Policy, Procedures and Professional Attributes Guidelines

Executive Summary:

This briefing note aims to advise the Senate of the proposed changes to the Code of Conduct Policy, the associated Procedures and Professional Attributes Guidelines and seek approval of these new documents, which will replace the previous versions.

MOTION OR RESOLUTION: Moved Senator Telang Seconded by Senator Zelek

Moved that the revised Code of Conduct Policy, the associated Procedures and Professional Attributes Guidelines be approved as presented.

Context or Scope of Problem:

A Clinical Sciences Code of Conduct Policy is required to define and promote appropriate professional values, attributes and behaviours, which together set the standards of professionalism; serve as a statement and code of conduct for all NOSM U's Clinical Faculty in clinical and academic settings and set out the mechanisms available to identify and address breaches of professionalism.

Policy Recommendations:

The Code of Conduct Policy and the associated Procedures and Guidelines required updating. The revised Policy is more streamlined, provides greater clarity and reflects NOSM University's status.

Consulted or Recommended Sources:

Vice Dean Clinical Relations

Associate Dean Faculty Affairs

Division Heads

Section Chairs

Physician Clinical Teachers Association

NOSM U Staff and Faculty Association

Communications Strategy:

The new Policy, Procedures and Guidelines will be announced at the divisional meeting and distributed to the faculty.

The new Policy, Procedures and Guidelines will also be sent directly to LEG Leads and Site Liaison Clinicians, advising them of the new documents.

The new Policy, Procedures and Guidelines will replace the old ones in the Faculty Handbook. The Handbook is placed on the internet and distributed to faculty at the time of appointment and reappointment.

NOSM UNIVERSITY

POLICY

Clinical Sciences Division Professionalism and Code of Conduct

Approval Authority: Senate

Established On: June 7, 2012

Amendments:

Category: Academic

1.0 POLICY STATEMENT

The purpose of this Policy is to:

- define and promote appropriate professional values, attributes and behaviours, which set the Clinical Faculty's standards of professionalism.
- serve as a statement and code of conduct for all NOSM U's Clinical Faculty in clinical and academic settings, and
- set out the mechanisms available to identify and address breaches of professionalism.

This Policy is not meant to:

- replace legal or ethical standards defined by medical licensing or regulatory organizations or bodies, or
- derogate from responsibilities, requirements or procedures under:
  - applicable health care legislation and regulation.
  - NOSM U's academic regulations.
  - other applicable University policies or procedures.

2.0 SCOPE

This policy applies to all Clinical Faculty members and their interactions, whether at NOSM University, in clinical or other instructional settings, and whether these happen in person, in writing or by electronic means (for example, email, social media, internet).

Allegations related to research misconduct will be dealt with as outlined in the Responsible Conduct of Research Policy.

Anonymous complaints cannot be investigated.

3.0 DEFINITIONS

For this Policy, the following definitions apply:

Faculty Member means all NOSM U Clinical Sciences faculty, including clinicians with academic appointments and staff whose salary or stipend may be paid in whole or part by another organization.

Learning environment encompasses the classroom, the lab or other research settings, the affiliated clinical care setting at affiliated hospitals or other medical care instructional sites, and includes both formal learning activities and informal interactions with learners.

Professionalism concern is a situation whereby a faculty member engages in behaviour that does not meet NOSM U's core values or the professionalism standard of this Policy.

4.0 POLICY TERMS

NOSM U reaffirms its commitment to providing, promoting and maintaining a professional and respectful work and learning environment. The Office of Faculty Affairs is committed to monitoring the learning environment by communicating regularly with hospitals and other instructional sites, identifying positive and negative influences on maintaining professional standards and developing appropriate strategies to enhance the learning environment.

NOSM U recognizes the importance of professionalism in medicine and that it is taught and modelled. NOSM U reaffirms its commitment to identifying and promoting positive role models in professionalism. Professionalism is a condition of obtaining and maintaining an academic appointment and is a required standard for promotion through academic ranks.

NOSM U recognizes that unprofessional behaviour is disruptive and can affect or interfere with the quality of medical education, research, and patient care, as well as the healthy functioning of the learning environment.

NOSM U continues its commitment to provide regular training for faculty members on professionalism in conjunction with appropriate regulatory colleges or other universities, to

address professionalism concerns, and to provide mechanisms and resources to correct recurring professionalism concerns.

Furthermore, it is expected that clinical faculty **must:**

- Uphold the standards of health sciences professionalism, professionally conduct themselves, and **not** engage in disruptive behaviour while using social media.
- Consider their conduct's potential impact on the profession's reputation and public trust.
- Advocate for patients and an improved health care system. While advocacy may sometimes lead to disagreement or conflict with others, health sciences professionals **must** continue to conduct themselves professionally while using social media for advocacy.

5.0 DATABASE

The Office of Faculty Affairs will maintain a database to collect information on professionalism and code of conduct breaches.

The database will contain the following information:

- name of the faculty member,
- status of professionalism/code of conduct concern,
- academic year of occurrence,
- nature of professionalism/code of conduct concern and outcome.

Examples of professionalism concerns are:

- harassment (non-sexual),
- harassment (sexual),
- discrimination,
- racism and reprisal,
- breach of confidentiality,
- disruptive behaviour,
- disrespectful treatment of learners, colleagues, and staff.

Examples of outcomes are:

- "cup of coffee conversation" *
- resolved and no further escalation (Level 1*),
- informal (Level 2*),
- formal (Level 3*),
- legal proceedings, or
- satisfactory resolution (as per the person who brought the professionalism concern forward).

The database will track the amount of professionalism/code of conduct concerns, the nature of the situation, and the outcome, so that the Office of Faculty Affairs may identify patterns and develop appropriate strategies for improving the learning and work environments. The personal information in the database is confidential and treated according to Ontario Freedom of Information and Protection of Privacy Act.

A restricted number of individuals may also use the information in the database to provide "guided" intervention. Information related to concerns will be limited to only those within NOSM U who need to know to be able to carry out their duties.

Upon written request to the Clinical Sciences Division Head, a faculty member shall have the right to examine the contents of their database file. Faculty members have the right to have their database files corrected in the event of an error. In the event of an alleged distortion, faculty members shall have the right to request the removal from their database file of any false or unsubstantiated material. Such requests shall be made to, reviewed, and verified by the Division Head and accompanied by reasons why the material is inaccurate or unsubstantiated. Verified errors will be corrected as necessary.

**Note, Level 1, 2, and 3 definitions can be found in Appendix A.*

6.0 CORE VALUES AND PROFESSIONALISM STANDARDS

NOSM U expects faculty members to demonstrate the values, attributes, and behaviours essential for healthcare professionals, researchers, or professors throughout their academic appointments or employment.

More specifically, the most responsible physician/supervisor provides a model of appropriate and compassionate patient care. In general, regulatory bodies make findings of professional misconduct, and some results may impact the ability of faculty members to supervise learners. Members of the Clinical Sciences Division (CSD) are therefore required to **self-report to the Division Head of CSD any change in their hospital privileges and/or any information that is relevant to a clinical academic appointment,** including but not limited to:

- if they have been convicted of a criminal offence,
- if they have been found guilty of academic misconduct at another university,
- incompetence, negligence or any professional misconduct by a panel of the CPSO's Discipline Committee of Fitness to Practice Committee (or its equivalent in any jurisdiction).

It is expected that the faculty member will make such a report within ten business days of receipt of notification of such a finding in the case of an inquiry by a Discipline Committee or Fitness to Practice Committee. Reporting should conform to CPSO direction and hospital bylaws, especially if such an inquiry were relevant to violating CPSO guidelines for supervising trainees.

All faculty members must adhere to, demonstrate, and promote NOSM U's core values: respect, collaboration, innovation, inclusiveness, and social accountability.

The fundamental core values set the NOSM U professionalism standard and code of conduct in this Policy and the various attributes and behaviours described below. These attributes and behaviours are listed with a core value, are not meant to be exhaustive and may overlap with other core values.

The Professional Attributes and Behaviours Guidelines document provides a more comprehensive definition of the attributes listed below:

- respect,
- collaboration,
- excellence,
- compassion and empathy,
- integrity and honesty,
- equity,
- wellness,
- confidentiality,
- responsibility and accountability,
- dedication and self-improvement.

Harassment or Discrimination. NOSM U's Human Rights, Anti-Discrimination and Harassment Policy and Procedures should be consulted when a concern consists of or is a form of harassment and/or discrimination. Some examples include:

- Making derogatory comments related to an individual's protected grounds; telling or posting discriminatory jokes, slurs, posters, cartoons, etc.; drawing attention to an individual's protected grounds to undermine their role in a professional or business environment; innuendo, taunting or ostracizing a learner or faculty member on the protected grounds.
- Sexual harassment, such as unwanted comments or behaviours related to one's sexual orientation or display of degrading or stereotypical images of a sexual nature.
- Sexual misconduct, which includes physical, sexual relations with a learner, touching of a sexual nature of the learner or behaviour or remarks of a sexual nature toward the learner where:
    i. the act constitutes an offence under the *Criminal Code* (Canada),
    ii. the act infringes the right of the learner under clause 7 (3) (a) of the *Human Rights Code* to be free from sexual solicitation or advance,
    iii. the act constitutes sexual misconduct as defined by the NOSM U employee sexual misconduct policy or contravenes the policy or any other policy, or

iv. any conduct by a faculty member infringes the learner's right under clause 7 (3) (b) of the *Human Rights Code* to be free from reprisal or threat of reprisal for rejecting a sexual solicitation or advance ("inconduite sexuelle").

- Inappropriate forms of communications, whether on social media/ internet, in person or by other means - including antiracism, the use of unacceptable words, images, or actions such as profane or disrespectful language; inappropriate labels or name-calling; patronizing and insulting remarks; shaming others publicly; yelling or screaming; using intimidation tactics to gain compliance from others; insidious verbal intimidation with gossiping, spreading rumours, constant criticism; intimidating gestures by slamming doors or throwing things; or non-verbal gestures such as rolling eyes, exaggerated sighing, making faces, turning away.
- Confidentiality breach of a learner's personal or academic information.
- Retaliation**,** including making threats or acting against someone who reports disruptive behaviour or acts as a witness regarding disruptive behaviour; making threats or acting against those who express a difference of opinion, including involvement in appropriate advocacy or performance management activities.
- Uncooperative behaviours, including intentional, subtle, and/or uncooperative behaviour, disrespecting others and showing up late for meetings.
- Other unethical practices, including attempts to exploit others for personal gains, taking credit for someone else's ideas, or inappropriately accessing information. For example, placing a learner in a conflict between healthcare workers or using care issues to meet one's agenda would be considered unethical practices.
- Academic fraud as a condition to obtain and maintain an appointment and promotion. NOSM U requires Clinical Faculty Members to demonstrate NOSM U's core values and always uphold the professionalism standards throughout their appointment.
- Academic freedom, including free expression, inquiry, and research rights, must be protected.
- Intimidation does not include the good faith exercise of supervisory responsibilities, including, without limitation, assessments and criticisms of the learner's academic efforts, even where the learner does not agree with such assessment(s) or criticism(s) or finds the process uncomfortable or difficult.

- Personnel harassment does not include the regular exercise of academic freedom providing the academic freedom is not exercised in a discriminatory, humiliating or abusive manner that serves no legitimate or academic purpose.

A faculty member risks losing their appointment, losing privileges or being denied promotion if the faculty member fails to adhere to NOSM U's core values and the professionalism standard, has lost their medical privileges at the hospital, or is otherwise no longer permitted to practice medicine within the clinical setting, or no longer permitted to conduct research because of a professionalism concern.

See Procedures for Clinical Faculty Professionalism and Code of Conduct for General Principles on Approach for Concerns and Complaints Process.

7.0 INTERPRETATION

Questions of interpretation or application of this policy or its procedures will be referred to the Clinical Sciences Division at divclinsci@nosm.ca

8.0 RELATED DOCUMENTS

For further information, the reader is referred to the following:

NOSM University: CEPD Protocol on Commercial Support

NOSM University: Clinical Sciences Division Professionalism and Code of Conduct Procedure

NOSM University: Conflict of Interest (COI) with Commercial Entities

NOSM University: Faculty Handbook

NOSM University: Human Rights, Anti-Discrimination and Harassment Policy and Procedure

NOSM University: Mission Statement

NOSM University: Professional Attributes

NOSM University: Responsible Conduct of Research Policy

NOSM University: Statement on Free Speech

The reader is also referred to the following regulations of external organizations:

Canadian Medical Association: Code of Ethics and Professionalism

Canadian Medical Association: Guidelines for Physicians in Interactions with Industry

College of Physicians and Surgeons of Ontario: Physician Behaviour in the Professional Environment

College of Physicians and Surgeons: Physician Relationships with Industry: Practice, Education and Research

College of Physicians and Surgeons of Ontario: Professional Responsibilities in Medical Education

College of Physicians and Surgeons of Ontario: The Practice Guide: Medical Professionalism and College Policies

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018)

References

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Legislative Assembly of Ontario (2022). *Strengthening post-secondary institutions and students act. Retrieved February 16, 2023, from* https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-26

Office of professional affairs. Faculty of Medicine. (2020). Retrieved September 1, 2020, from https://med.uottawa.ca/professional-affairs/policies/professionalism-policy

AUTHORITIES AND OFFICERS

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

a. Approving Authority: Senate

b. Responsible Officer: Associate Dean Faculty Affairs

c. Procedural Authority: Clinical Sciences Division Head

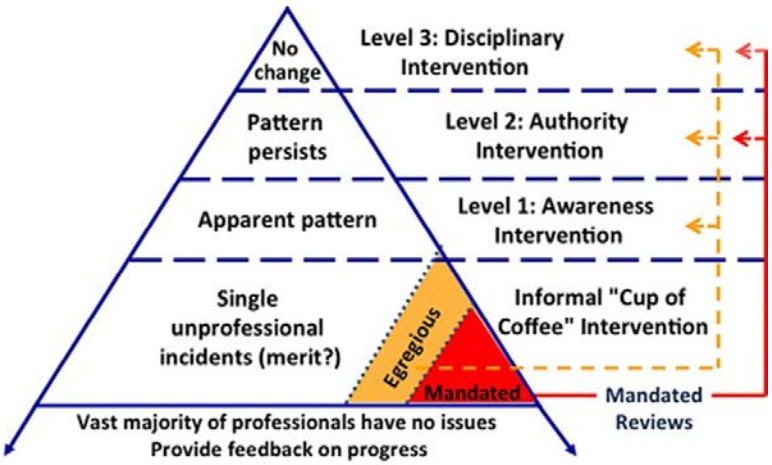
d. Procedural Officer: Clinical Sciences Division Head

Review and Revision History

Review Period: 5 years or as required

Date for Next Review: 2028 04 20

Appendix A – The Vanderbilt Model



This is a pyramid representation of an approach to professionalism by Vanderbilt University. The pyramid does not have a line at the bottom, depicting that most healthcare professionals do not have professionalism issues.

At NOSM U, the "cup of coffee" depicts informal "chats" between colleagues without necessarily any documentation.

Level 1 depicts an informal documented confidential discussion between the individual and one with supervisory responsibilities that aim to provide feedback. Such documentation is shared only in the unit or department as applicable.

Level 2 depicts an informal documented confidential discussion between the individual and one with supervisory roles such as the Dean, the Vice Dean Academic, or the Associate Dean of an Academic Portfolio (Faculty Affairs, Undergraduate Medical Education, Postgraduate Medical Education, etc.) based on the individual reporting lines that aim to provide feedback.

Level 1 or 2 tends to be more informal and aims to provide formative feedback.

Level 3 depicts a formal investigation process stipulated in the Policy and Procedures that may have legal implications.

Crisis intervention is required where there is a mandated review of a sudden appearance of behaviour that is too egregious for a staged approach or where previous responses have failed to correct or stop the unprofessional behaviour. This may be escalated if the Section Chair or Division Head is deemed appropriate.

Developmental History

Date	Action
2012-06-07	Original version (Policy for Clinical Faculty and the Discipline Procedures for Clinical Stipendiary Faculty)
n.d.	Full revision – retired previous policy
n.d.	Approved final version by Academic Council. Added details about access to the database file in Section 5.0 – Database as per Dr. Geoffrey Hudson

NOSM UNIVERSITY

PROCEDURE

Clinical Sciences Division Professionalism and Code of Conduct

Approval Authority: Senate

Established: 2020-12-17

Amendments: 2022-05-05

Category: Academic

Parent Policy: Clinical Sciences Division Professionalism and Code of Conduct Policy

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1.0 PURPOSE

The purpose of the Clinical Sciences Division (CSD) Professionalism and Code of Conduct Procedures is to provide a transparent process for responding to concerns of lapses or breaches in professional behaviour or code of conduct by Clinical "Faculty Members." The Procedures are intended to be consistent with health professional regulatory bodies including but not limited to the College of Physicians and Surgeons of Ontario, the Canadian Medical Association Code of Ethics for Clinical Faculty, and ensure compliance with accreditation requirements.

2.0 SCOPE

These procedures apply to instances where clinical faculty members at NOSM University, irrespective of the geographically distributed site to which they are currently assigned or currently working, engage in behaviour generally recognized as unprofessional or a code of conduct-related concern.

Please note that anonymous complaints cannot be investigated.

Allegations related to research misconduct will be dealt with as outlined in the NOSM University Responsible Conduct of Research Policy. If an allegation is a confirmed breach under the Policy, a report of the findings and ruling will be forwarded to the faculty member's Section Chair, the Clinical Sciences Division Head, and the Associate Dean of Faculty Affairs, who will consider this to a be a Level 3 concern as defined below. In these cases, the Section Chair, in discussion with the Clinical Sciences Division Head and Associate Dean of Faculty Affairs, will make a remediation and/or disciplinary ruling as outlined below.

3.0 PRINCIPLES OF APPROACH

NOSM U adopts what is known as the "Vanderbilt Model" (see Appendix A in the Professionalism and Code of Conduct Policy), which is premised on the notion that the vast majority of faculty members will have no issues with professionalism. Still, when a professionalism concern arises and circumstances permit, the Section Chairs will use a staged approach to correct the behaviour and prevent reoccurrence. The stages or levels, as referred to in the Vanderbilt Model, are described as follows:

- **Level 1:** Interventions are warranted for the first-time lapse and a single incident of low severity. The perceived unprofessional or disruptive behaviour is brought to the attention of the individual concerned. It is clarified why the observed is considered unprofessional or disruptive and the methods of redress to stop the behaviour.

- **Level 2:** Interventions are warranted for the behaviour of moderate severity, where stage one intervention has been ineffective, i.e., repetitive, or when a pattern of behaviour has emerged. The methods of redress established at Level 1 are formalized (if applicable). For example, there may be more monitoring of behaviours or teaching evaluations, a timeframe in which change or progress must be demonstrable will be identified, and notification to the faculty member will indicate that another incident could result in additional consequences.

- **Level 3, Egregious, or Mandated:** Interventions are required for behaviour that has continued despite previous interventions or where there is a significant concern about the quality of teaching, leadership, or conducting of scholarly activity. At this level, discipline or sanctions are considered where appropriate.

Crisis intervention is required where there is the sudden appearance of behaviour that is too egregious for a staged approach or where previous responses have failed to correct or stop the unprofessional behaviour. The Section Chair or Division Head may escalate this if deemed appropriate.

This Model does not derogate the responsibility to report to the CPSO when incidents, as stipulated under the Regulated Health Professions Act, 1991, are reported.

Interim measures may be made at any level during handling a professionalism concern and where appropriate to the circumstances so that the professionalism concern ceases or the reoccurrence is reduced to stabilize the situation, pending the outcome of the disposition by the governing authorities.

3.1 PRINCIPLES AROUND PROCESS

At each level of intervention (except those referred to the Clinical Sciences Division by the Research Investigation Panel), the following steps are recommended:

- Confirm the lapse.
- Understand the context.
- Communicate and discuss in a mutually respectful manner.
- Encourage self-reflection.
- Agree on a remediation plan.
- Document the interventions.
- Construct a follow-up plan.
- Respect the confidentiality of the personal information of those involved. Sharing personal information related to a professionalism/code of conduct concern should be limited to those within the Office of Faculty Affairs who need to know how to carry out their duties and those within the hospital or clinic setting. This can be delegated to the Chief of Staff or equivalent responsible for addressing the professionalism concern.

The Associate Dean of Faculty Affairs or designate will decide if the matter should additionally be referred to the appropriate Program Associate Dean, Provost and Vice President Academic, or President as per the proper procedures related to learners, staff or faculty.

3.2 WHAT IS NOT CONSIDERED A LAPSE OR BREACH OF PROFESSIONALISM?

Examples that are not considered lapses or breaches of professionalism may include the following:

- Providing constructive, objective, respectful feedback to learners or faculty members in general or in the context of performance management.
- Providing an opinion to express a concern regarding patient safety or quality of care.

- Advocating for individuals, communities, and populations, including challenging the status quo when such advocacy is undertaken with respect, within the parameters of this policy, within principles of fairness, and without any conflict of interest.
- Professionalism as a condition for academic appointments.

3.3 POSSIBLE CONSEQUENCES/REMEDIAL ACTIONS

Consequences resulting from a professionalism concern of a faculty member will depend on circumstances, the seriousness of the behaviour, and any mitigating factors. Disciplinary action, if indicated, shall be fair, reasonable, commensurate with the severity of the violations, and based on the principle of progressive discipline. Disciplinary action shall be initiated only after completing a fair and complete preliminary investigation and will not be based on anonymous information.

The following list provides examples of consequences/remedial measures and is not meant to be exhaustive, nor does it necessarily represent a progression of sanctions or measures:

- A letter of apology.
- Attendance at educational sessions on professionalism. *
- Attendance at coaching sessions to improve communication or conflict resolution skills. *
- Prohibited or restricted access to the learning environment.
- Other measures include remediation, probation, and recording on the performance record.
- Failure to attain promotion.
- Termination of the academic appointment.

**Any associated costs are the faculty member's responsibility.*

3.4 EGREGIOUS OR MANDATED REPORTING OF GROSS MISCONDUCT

An incident that appears to constitute gross misconduct is defined as behaviour with direct harmful consequences or an egregious breach of well-recognized standards of professionalism. Examples include but are not limited to:

- Workplace violence.
- Sexual harassment, harassment and bullying or assault.
- Theft.

- Plagiarism.
- Research misconduct, including but not limited to plagiarism, falsification and misuse of research funds (allegations related to these situations are subject to the NOSM University Responsible Conduct of Research Policy).
- Inappropriately accessing or using a co-worker, learner, research participant or patient's personal information.
- Unwelcome and inappropriate verbal, written, graphic or physical conduct, or coercive behaviour, where the behaviour is known, or reasonably ought to be known, to be unwelcome.
- Unauthorized release of confidential information, including identifiable personal data of a research participant; a patient's health information or other breaches of personal information, privacy policy and law Freedom of Information and Protection of Privacy Act (FOIP), the Local Authority Freedom of Information and Protection of Privacy Act (FIPPA), Health Information Privacy Act (HIPA).

If the incident is considered egregious or gross misconduct and has the potential to significantly affect the safety or well-being of others, particularly patients or learners, the Associate Dean of Faculty Affairs or designate will be notified. It may interrupt the participation of teaching, or clinical activities of the faculty member, pending investigation of the allegations. Referral to the appropriate regulatory body may also be required. In such cases, the Professionalism Panel would proceed as quickly as possible. As soon as a safe return to teaching or clinical activities is established, the panel would communicate a plan for the faculty member to resume supervision of learners (if applicable).

In the circumstances above, the faculty member will be offered a meeting with the Professionalism Panel, which will consist of three NOSM U faculty members at the level of assistant professor or higher who are in good standing with their regulatory body and within NOSM U. The fourth member and Chair of the Panel will be chosen by the Associate Dean of Faculty Affairs. The names of the panel members will be shared with the respondent, and the respondent will be given forty-eight (48) hours to declare any conflicts of interest with any of the panel members.

The Panel is to receive the evidence, determine the validity of the allegation, and, if warranted, determine, implement, and monitor appropriate remedial action. The Panel will meet within twenty (20) working days from receipt of the professionalism notification.

The faculty member will be able to present evidence that relates directly to the alleged misconduct. The faculty member may bring an academic colleague to the Panel meeting. Suppose the faculty member brings an academic colleague or another representative to the meeting. In that case, they must disclose the name of the colleague/representative to the Chair of the Professionalism Panel seven (7) days before the meeting. It is inappropriate for the colleague or/representative to act as the faculty member's spokesperson.

The Panel will consider the nature of the information presented and will submit a written report to the faculty member detailing the reasons for the finding and the disciplinary actions to be imposed (if applicable) within twenty (20) business days of the meeting.

Disciplinary actions include, but are not limited to:

- A letter of warning or reprimand.
- Attendance at educational sessions on professionalism. *
- Attendance at coaching sessions to improve communication or conflict resolution skills. *
- Prohibited or restricted access to the learning environment.
- Other measures include remediation, probation, and recording on the performance record.
- Failure to attain promotion.
- Suspension of an academic appointment for a defined period.
- Termination of the academic appointment with cause.

**Any associated costs are the faculty member's responsibility.*

3.5 PROCEDURES FOR DISCIPLINE

The Clinical Sciences Division Head addresses professionalism and code of conduct concerns involving Clinical Faculty.

- **Level 1:** If a faculty member is engaging, in a manner that does not meet NOSM U's core values or NOSM U's professionalism standards and policies, the professionalism concern is reported to the Section Chair. The Section Chair will:
    - Bring the professionalism concern to the Faculty Member's attention.
    - Allow the faculty member to provide additional information or clarification.
    - Explain to the faculty member why the observed behaviour is considered unprofessional or disruptive, and
    - Establish and convey to the faculty member the response format and methods of redress to stop the behaviour.

- **Level 2:** If the faculty member continues to engage in a manner that does not meet NOSM U's core values, or the faculty's professionalism standard and policies, after a Level 1 type of intervention, the Section Chair will inform the Clinical Sciences Division Head in writing of the professionalism concern, the steps already taken to bring the professionalism concern to the attention of the faculty member, the method of redress, and any other relevant circumstances.

  The Clinical Sciences Division Head will share information related to the professionalism concern with the medical school, hospital, research institute or clinic based on the following criteria:
    - Potential or actual harm to the learner(s) or the learning environment.
    - Potential or actual threat to NOSM U's accreditation.
    - Potential or actual violations of NOSM U's policies or procedures.
    - Potential or actual impact on promotion requirements at NOSM U.
    - Potential or actual impact on any show-casing activities at NOSM U or the respective hospital(s).
    - Potential or actual reputational risk to NOSM U.

The Clinical Sciences Division Head or designate will communicate with the faculty member and seek clarification or additional information if required. It will be decided whether the circumstances permit another opportunity for the faculty member to correct the behaviour with further monitoring, timeframes within which to change or progress, or whether the

circumstances are such that the matter is referred to Level 3. Informal notice will be provided to the Associate Dean of Faculty Affairs and the University President.

- **Level 3, Egregious, or Mandated:** If other levels of intervention have not addressed the professionalism or code of conduct concern, the Clinical Sciences Division Head or designate will review the case based on a summary of the professionalism concern and the steps already taken to the attention of the faculty member, along with the method of redress, and any other relevant circumstances or documentation.

The Clinical Sciences Division Head or designate will notify the Associate Dean of Faculty Affairs and meet to review the case. It will determine whether the professionalism concern raises matters that must be addressed within the appointment and jurisdiction of NOSM U or impacts safeguarding the quality of care provided within the hospital or clinical setting. In such case, the Associate Dean or designate will contact in writing the Chief of Staff of the hospital or clinical setting with authority over the faculty member's permission to practice medicine or conduct medical research.

In the case of Level 3 incidents or incidents of gross misconduct (except for those referred to the Clinical Sciences Division per the Responsible Conduct of Research Policy), the faculty member will meet with a Professionalism Panel, which will consist of three NOSM U faculty members at the level of assistant professor or higher who are in good standing with their regulatory body and within NOSM U. The fourth member and Chair of the Panel will be chosen by the Associate Dean of Faculty Affairs. The names of the panel members will be shared with the respondent, and the respondent will be given forty-eight (48) hours to declare any conflicts of interest with any of the panel members.

The Panel is to receive the evidence, determine the validity of the allegation and, if warranted, determine, implement and monitor appropriate remedial action. The Panel will also determine whether there should be further repercussions. The Panel will meet within twenty (20) working days from receipt of the professionalism notification.

The faculty member should present evidence that relates directly to the alleged misconduct. The faculty member may bring an academic colleague to the meeting. Suppose the faculty member

brings an academic colleague or another representative to the meeting. In that case, they must disclose the name of the colleague/representative to the Chair of the Professionalism Panel seven (7) days before the meeting. It is inappropriate for the colleague or/representative to act as the faculty member's spokesperson.

The Panel will consider the nature of the information presented and will submit a written report to the faculty member detailing the reasons for the finding and the penalty to be imposed (if applicable) within ten (10) business days of the meeting.

Disciplinary actions include but are not limited to the following:

- A letter of warning or reprimand.
- Suspension from the faculty of NOSM U for a defined period.
- Dismissal from the faculty of NOSM U with cause.

4.0 APPEALS

The faculty member shall have the right to appeal the decision of the Professionalism Panel related to Level 3 investigations to the University President (this excludes referrals per the Responsible Conduct of Research Policy as those are subject to the appeals process in said Policy).

4.1 GROUNDS FOR AN APPEAL

An appeal will be considered only where a faculty member can establish the following:

1. There is evidence of a factual error or procedural irregularity in the previous level of decision-making; or
2. That the previous Panel did not adhere to the principles of natural justice.

An appeal must be filed in writing to the University President within ten (10) working days of receipt of the Professionalism Panel's decision and notice.

The University President or designate may establish an appeal committee within twenty (20) working days of the receipt of the written intention to appeal by the faculty member. The faculty member (appellant), committee, Associate Dean of Faculty Affairs, and all other related

individuals shall be notified in writing of the process, location, and date/time of the appeal hearing.

The appeal committee's decision is considered final and may not be further appealed.

5.0 RELATED DOCUMENTS

NOSM University: Clinical Sciences Division Professionalism and Code of Conduct Policy

NOSM University: Human Rights, Anti-Discrimination and Harassment Policy and Procedure

NOSM University: Professional Attributes

NOSM University: Responsible Conduct of Research Policy

References:

Buchanan, A. O., Stallworth, J., Christy, C., Garfunkel, L. C., & Hanson, J. L. (2012). Professionalism in practice: Strategies for assessment, Remediation, and promotion. *Pediatrics*, *129*(3), 407–409. https://doi.org/10.1542/peds.2011-3716

Hickson, G. B., Pichert, J. W., Webb, L. E., & Gabbe, S. G. (2007). A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Academic Medicine*, *82*(11), 1040–1048. https://doi.org/10.1097/acm.0b013e31815761ee

Office of professional affairs. Faculty of Medicine. (2020). Retrieved September 1, 2020, from https://med.uottawa.ca/professional-affairs/policies/professionalism-policy

6.0 GETTING HELP

Queries regarding interpretations of this document should be directed to:

Associate Dean of Faculty Affairs
Faculty Affairs, NOSM University
6th Floor ATAC Building
Thunder Bay, ON
P7B 5E1
Email: associatedeanfa@nosm.ca

AUTHORITIES AND OFFICERS

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

a. Approving Authority: Senate

b. Responsible Officer: Associate Dean Faculty Affairs

c. Procedural Authority: Clinical Sciences Division Head

d. Procedural Officer: Clinical Sciences Division Head

Review and Revision History

Review Period: 5 years or as required.

Date for Next Review: 2028/04/20

Development History – this section will be deleted when the policy is finalized and ready for review/approval.

Date	Action
2022/05/09	Moved to NOSM U Template

NOSM UNIVERSITY

GUIDELINES

Professional Attributes

Approval Authority: Senate

Established: 2020/12/17

Amendments: 2022/04/26

Category: Academic

Parent Policy: CSD Professionalism and Code of Conduct Policy

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1.0 Purpose

To further define and explain the core values that Clinical Faculty members must adhere to. The attributes and behaviours listed are not meant to be exhaustive and may overlap with NOSM U's core values.

2.0 Scope

This guideline applies to all Clinical Faculty members and their interactions, whether at NOSM U, in clinical, research or other instructional settings, in person, in writing or by electronic means (for example, email, social media, and the internet).

3.0 Definitions

For the purposes of the Clinical Sciences Division Professionalism and Code of Conduct Policy and supporting Procedures, faculty and staff are expected to adhere to, demonstrate and promote the Professional Attributes that consist of but are not limited to the following:

3.1 Professional Attributes

Respect:

- show consideration for others and their rights and choices,
- avoid behaviour that is deliberately harmful, degrading, insulting, or unjustly discredits the reputation of others,
- recognize human diversity, sexual orientation, different viewpoints, beliefs, religion, gender, lifestyle, ethnic origin, and physical ability,
- show respect for other people's privacy, physical space and belongings,
- retain professional boundaries,
- allow the expression of disagreement without fear of punishment, reprisals or retribution,

- work effectively and respectfully with others in a collegial, safe and supportive atmosphere free from discrimination and harassment and conducive to learning and dispute resolution rather than confrontation,
- be present and punctual for activities of the learning experience and patient care,
- adhere to faculty regulations, policies/procedures, respect deadlines, complete learner assessments in a timely fashion and honouring requests for information as it pertains to the efficient administration of student files,
- assume responsibility to notify others in advance whenever possible when unavoidable absence or tardiness occurs,
- treat patients and their families with respect and dignity both in their presence and in discussions with other members of the allied healthcare team,
- place the rights, needs and interests of the patient foremost while respecting the professional obligations to society to participate in matters related to health care planning and resource allocation,
- respect patient autonomy at all times by discussing treatment options with the patient or surrogate,
- respect academic freedom, including not infringing on colleagues' academic freedom.

Collaboration:

- view oneself as a member of a team,
- contribute to a common goal,
- offer one's expertise,
- share in the responsibility for outcomes,
- acknowledge the contribution of other members of the group,
- identify common interests, define common problems and seek solutions,
- be reasonable and fair in expectations of others and attempt to resolve conflicts in an appropriate manner,
- provide fair, respectful, objective, timely, frequent and constructive evaluations of others,
- demonstrate a willingness and ability to identify and discuss one's own problematic behaviours and those involving colleagues.

Excellence:

- display commitment to continuously improve one's knowledge and skills through life-long learning (for example, participating in continuing medical education activities as approved by the department),
- recognize and accept limitations in one's knowledge and skills,
- be aware of one's responsibilities,
- demonstrate initiative and a commitment to ensure the job gets done well,

- handle challenges, conflicts, and ambiguities inherent in professional health care at appropriate training levels,
- pursue fruitful avenues of inquiry and engage in a free and full discussion of ideas.

Compassion and Empathy:

- demonstrate deep awareness of the suffering of another and the desire to relieve it,
- recognize or understand another's state of mind or emotion,
- experience the outlook or emotions of another being by “putting one’s self in another’s shoes.”

Integrity and Honesty:

- demonstrate consistent regard for the highest standards of behaviour and the refusal to violate one’s professional codes,
- be fair, be truthful, keep one’s word, meet commitments, and be straightforward,
- avoid misrepresentation or falsification,
- avoid real, potential or perceived conflicts of interest and disclose conflicts of interest as they arise, whether such a conflict of interest is financial or any other circumstance that might influence an individual’s judgment or commitment,
- conduct research responsibly,
- credit ideas developed and work done by others,
- record accurate history and physical findings, test results, and other information pertinent to the care of the patient,
- communicate with honesty and compassion,
- recognize one’s own limitations in terms of the level of training, experience, skills, and competence.

Equity:

- recognize a fair opportunity to attain full potential in health, as well as in work and career,
- reject discrimination based on age, physical characteristics, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, or social standing,
- advocate for those who cannot advocate for themselves.

Wellness:

- adopt a multidimensional state of being, describing the existence of positive health in an individual as exemplified by quality of life and a sense of well-being as per the NOSM U definition of wellness,

- the goal is for NOSM U learners, faculty, and staff to work and learn in a culture of respect, kindness, professional collegiality and civility across NOSM U's entire campus of Northern Ontario.

Confidentiality:

- protect the confidentiality of personal information of others,
- limit discussions of patient health or learner issues to appropriate settings for clinical or educational purposes and avoid disclosure of details in conversation, other settings and in social media or on the internet,
- respect the patient and their family and observe the need for consent and confidentiality in all dealings with patients and their families,
- respect the confidentiality of information related to research participants.

Responsibility and Accountability:

- ensure that patient and learner well-being is one's main focus and primary obligation,
- develop an awareness and respect for the ethical and medical-legal standards in accordance with the guidelines of the relevant professional bodies,
- demonstrate an ability to work independently while accepting direction from those charged with supervision,
- acknowledge and recognize one's strengths and limitations and will seek assistance as necessary,
- demonstrate accessibility, attendance, punctuality and trustworthiness,
- present and conduct oneself in a dignified, respectful and professional manner while functioning in an official capacity,
- promote the dignity of the medical profession in all settings.

Dedication and Self-improvement:

- strive continuously to develop knowledge, skills and competence,
- promote and uphold the educational standards of NOSM U as well as the academic principles,
- assess one's own educational progress and determine one's own learning needs,
- pursue self-education through the use of appropriate resources and prepare oneself for all learning sessions.

4.0 Related Documents

Clinical Sciences Division Professionalism and Code of Conduct Policy

Clinical Sciences Division Professionalism and Code of Conduct Procedures

NOSM Human Rights, Anti-Discrimination and Harassment Policy and Procedures

References

Buchanan, A. O., Stallworth, J., Christy, C., Garfunkel, L. C., & Hanson, J. L. (2012). Professionalism in practice: Strategies for assessment, Remediation, and promotion. *Pediatrics*, *129*(3), 407–409. https://doi.org/10.1542/peds.2011-3716

Hickson, G. B., Pichert, J. W., Webb, L. E., & Gabbe, S. G. (2007). A complementary approach to promoting professionalism: Identifying, measuring, and addressing unprofessional behaviors. *Academic Medicine*, *82*(11), 1040–1048. https://doi.org/10.1097/acm.0b013e31815761ee

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AUTHORITIES AND OFFICERS

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a. Approving Authority: Senate

b. Responsible Officer: Associate Dean Faculty Affairs

c. Procedural Authority: Clinical Sciences Division Head

d. Procedural Officer: Clinical Sciences Division Head

Review and Revision History

Review Period: 5 years or as required

Date for Next Review: 2028/04/19

Development History – this section will be deleted when the policy is finalized and ready for review/approval

Date	Action
May 9, 2022	Moved to NOSM U template

Report

To: NOSM U Senate **Date:** Apr 19, 2023

From: Dr. Anil Joseph

Subject: Joint and Stipendiary Faculty Promotion Committee Report

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

In accordance with the Joint and Stipendiary Promotion Committee of NOSM University, this report outlines the promotion recommendations confirmed by the President from the Joint and Stipendiary Promotion Committee.

Recommendation:

MOTION

Moved by Dr. Harshad Telang Seconded by Dr. William McCready
Moved that the Joint and Stipendiary Faculty Promotion Committee Report be accepted as presented and appended to the minutes.

One of NOSM University's key strategic goals is rewarding and recognizing our faculty. Promotion through the ranks is a well known and respected mechanism that acknowledges the outstanding efforts made by our faculty.

The NOSM U Joint and Stipendiary Faculty Promotions Committee (JSFPC) has completed its review of the promotion applications for the 2022 academic year.

The following applicants have met the criteria for promotion, as outlined in the NOSM U Policy and Procedures Governing Joint and Stipendiary Faculty Promotions, confirmed by the President that they be promoted to the promoted rank indicated below, effective July 1, 2023. This report is submitted to the Senate and to the Board at the next available meeting for information.

Title	First Name	Last Name	Promoted Rank	Division
Dr.	Rony	Atoui	Full Professor	Clinical Sciences
Dr.	Lee	Toner	Full Professor	Clinical Sciences
Dr.	Barbara	Zelek	Full Professor	Clinical Sciences
Dr.	Dominique	Ansell	Associate Professor	Clinical Sciences

Dr.	Lakyntiew	Aulakh	Associate Professor	Clinical Sciences
Dr.	Linda	Bakovic	Associate Professor	Clinical Sciences
Dr.	Ghazala	Basir	Associate Professor	Clinical Sciences
Dr.	Pankaj	Bhatia	Associate Professor	Clinical Sciences
Dr.	Rya	Boscariol	Associate Professor	Clinical Sciences
Dr.	Teresa	Bruni	Associate Professor	Clinical Sciences
Dr.	Scott	Cassie	Associate Professor	Clinical Sciences
Dr.	Cheryl	Clayton	Associate Professor	Clinical Sciences
Dr.	Mike	Franklyn	Associate Professor	Clinical Sciences
Dr.	Meghan	Garnett	Associate Professor	Clinical Sciences
Dr.	Mohammad Reza	Golrokhian Sani	Associate Professor	Clinical Sciences
Dr.	Emily	Groot	Associate Professor	Clinical Sciences
Dr.	Mohammed Fawsi Khalil	Ibrahim	Associate Professor	Clinical Sciences
Dr.	Justin	Jagger	Associate Professor	Clinical Sciences
Dr.	Ahmed	Kotb	Associate Professor	Clinical Sciences
Dr.	Sarah	McIsaac	Associate Professor	Clinical Sciences
Dr.	Sean	Moore	Associate Professor	Clinical Sciences
Dr.	Diana	Noseworthy	Associate Professor	Clinical Sciences
Dr.	Robert	Ohle	Associate Professor	Clinical Sciences
Dr.	Elrasheed	Osman	Associate Professor	Clinical Sciences
Dr.	Atoosheh	Rohani	Associate Professor	Clinical Sciences
Dr.	Hadi	Shojaei	Associate Professor	Clinical Sciences
Dr.	Mohammed	Shurrab	Associate Professor	Clinical Sciences
Dr.	Sean	Sullivan	Associate Professor	Clinical Sciences
Dr.	Jason	Sutherland	Associate Professor	Clinical Sciences
Dr.	Petros	Zezos	Associate Professor	Clinical Sciences

In this review there were 3 applicants that were not recommended for promotion. That letter has been forwarded to the President.

Dr. Anil Joseph, Chair, JSF Promotion Committee

Associate Professor, NOSM University

REPORT TO NOSM University Senate

Date: March 31, 2023

Committee Name: Undergraduate Medical Education Committee (UMEC)

Submitted by: Lee Toner, MD, Associate Dean UME
for the April 19, 2023 NOSM University Senate meeting

The UMEC has met twice (February 14 and March 14) and the UMECC has met twice (February 2 and March 2) since UMEC submitted its previous regular report to the Senate.

Highlights since the previous report:

At the February 2 UMECC meeting:

- Centralized Complementary Studies Committee (CCSC) Committee Terms of Reference approved and forwarded to UMEC.
    - This committee was established as the governance committee for the "Complementary Studies" (Indigenous Peoples' Health and Wellness, Rural Generalism and Francophone Curricular Initiative).
    - Course descriptions and requirements will be established at this committee and ultimately brought to Senate.
- Curriculum Renewal and Content Monitoring (gaps and redundancies) Update
    - Feedback was received on the Curriculum Review and Change form.
    - Update from Phase 1 Basic Medical Sciences/Integrated Medical Sciences team.
    - Program Evaluation Engagement and Tracking Tool (PEETT) was presented as tool to help with quality improvement and closing CQI loop for feedback received and changes made to curriculum.

At the February 14 UMEC meeting:

- Accreditation Update
    - The exit report from the site visit team was reviewed by UME leaders for content and factual errors.
    - Final report will come to NOSM U in late May or early June after the CACMS conducts its assessment.
- 2022 NOSM University UME program AFMC Graduate Questionnaire (GQ) results were shared with committee.
    - Highlights included the high ratings for Phase 2 clinical experience, professionalism, and communications.
    - Improving scores were seen in some of the areas of the curriculum already being targeted.
    - Some possible gaps and redundancies identified.
    - Significant decrease in average student debt load during pandemic probably associated with visiting electives restrictions and switch to virtual interview format for CaRMS residency program selection process.

- The Responding to Student Concerns of Mistreatment procedure (attached) was approved to align with NOSM U's Human Rights, Anti-Discrimination and Harassment Policy and Procedure.
- The Program Evaluation Committee (PEC) Terms of Reference was approved.
    - Membership now includes leaders from Complementary Studies.
- The Maximum Time for Completion of the NOSM U UME program document was retired.
    - Content of the document was incorporated into the new Student Assessment and Promotions Regulations.

At the March 2 UMECC meeting:

- Planetary Health Update from the NOSM U Action Committee on Climate Change
    - Proposal to incorporate climate change into UME curriculum to come to UME CC in October 2023.
    - Planetary Health Curriculum Development Lead will work with Themes on the proposal.
- Curriculum Renewal Steering Committee update
    - Looking at ways to incorporate and communicate ongoing changes being made to the curriculum as part of this process.

At the March 14 UMEC meeting:

- Update on UME Program expansion
    - Program will be taking in 5 additional learners* in 2023 as part of previously announced UME Expansion. (*On March 31st it was announced we would take 8 additional learners in 2023-24.)
- Undergraduate Medical Education Program Terms of Reference was approved
    - Added to voting membership: Provost and Vice-President, Academic, NOSM University (Ex Officio) and Associate Dean, Equity, Diversity, and Inclusion or designate.
    - Added to non-voting invited guests: NOSM U Registrar and UME Accreditation Officer
- Centralized Complementary Studies Committee (CCSC) Committee Terms of Reference was ratified (linked)
- The revised Phase 3 Interruptions to Student Attendance and Leaves of Absence Policy and Procedure was approved (attached)
    - Includes a new definition of "flex days" to distinguish from "personal leave" and "academic leave".
    - Increase to the number of "flex days" from 2 to 4 based on student feedback.
    - New procedure that involves online tool for requesting and tracking leaves.
- The revised Student Assessment and Promotion regulations was approved (For Senate vote -see separate Briefing Note)
    - The regulations underwent a regular annual review by the Student Assessment and Promotions Committee (SAPC) and UMEC and were subjected to a rigorous external legal review.
    - There are now two forms associated with the document and procedure:
        - SAPC Promotion Decision Objection Submission form
        - SAPC Withdrawal Objection Submission form
- The revised Academic Appeals Policy along with associated forms were approved (For Senate vote - see separate Briefing Note)
    - The policy underwent significant faculty and external legal review.
    - It has been amended to align more closely with NOSM U Senate Appeals Policy.

- It ensures that the appeals process is conducted in an impartial and unbiased manner by independent decision-makers.
- The policy includes provisions for record-keeping and specifies the information that must be included in the decision letter.

Documents being submitted with this report for Senate information or vote on approval:

For Information:

- Responding to Student Concerns of Mistreatment procedure
- Phase 3 Interruptions to Student Attendance and Leaves of Absence Policy and Procedure

For vote on approval:

- Student Assessment and Promotion Regulations and associated forms (see Briefing Note)
- UME Academic Appeals Policy and Procedure (see Briefing Note)
- 2023-2024 P3 Syllabus (see Briefing Note)

NOSM UNIVERSITY UNIVERSITÉ EMNO

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Procedure

Responding to Student Concerns of Mistreatment					Class: B
Approved By:	Undergraduate Medical Education Committee (UMEC)				
Approval Date: yyyy mm dd	2023 02 14	**Effective Date:**	2023 02 14	**Review Date:**	2026 01 15
Responsible Portfolio:	UME				
Responsible Officer(s):	Associate Dean, UME				

1.0 Purpose

NOSM University (NOSM U) is committed to excellence in teaching, learning, and research and to the maintenance of a learning and work environment which promotes the understanding and respect for dignity of the persons as part of the NOSM U community and that is free from harassment and discrimination while protecting academic freedom including the rights of freedom of expression and inquiry.

The goal of this procedure is to create a climate of understanding and mutual respect where every medical student feels part of the NOSM U community and can contribute fully to the development and well-being of NOSM U. NOSM U does not tolerate harassment or discrimination which includes any behaviours related to intimidation, mistreatment, or other offensive conduct. When a breach of this procedure is suspected, NOSM U will respond promptly and will strive to achieve a fair and timely resolution.

In seeking to prevent mistreatment of medical students, this procedure is guided by the *Ontario Human Rights Code*, the *Occupational Health and Safety Act*, and the *Canadian Standard on Psychological Health & Safety* as well as by other legislation, policies, and collective agreements.

This procedure is to be used in conjunction with NOSM U's Human Rights, Anti-Discrimination and Harassment Policy and Procedure.

2.0 Scope

This procedure applies to the Undergraduate Medical Education program and includes all learners of NOSM University, faculty, health professionals, administrators and support staff.

3.0 Definitions

Definitions for academic leader, mistreatment, intimidation, discrimination, harassment, sexual or gender-based harassment, personal (non-Code based) harassment are detailed in the Human Rights, Anti-Discrimination and Harassment Policy and Procedure and can be found in this Procedure's Appendix A.

4.0 Procedure

UME students with mistreatment concerns can report mistreatment online or via the NOSM U Well App to access the mistreatment submission form or by emailing the Director of Learner Support Services (directorlearnersupportservices@nosm.ca).

5.0 Resources available to medical students:

a) Learner Support Services
b) Homewood Health
c) OMA Physician Health Program
d) Professional Association of Residents of Ontario (PARO) Helpline

6.0 Related Documents

The following documents support this procedure:

- Human Rights, Anti-Discrimination and Harassment Policy and Procedure

7.0 Getting Help

Queries regarding interpretations of this document should be directed to:

Associate Dean, UME or
UME Director, Curriculum & Learning Environment or
Director, Learner Support Services

Version	Date	Authors/Comments
		Document history before 2023 01 03 can be found on archived versions.
6.0	2023 01 03	Significant revision by with UME Associate Dean, UME Director, Curriculum & Learning Environment, and Director, Learner Support Services.
	2023 02 14	Approved by UMEC

Phase 3 Interruptions to Student Attendance, Absences, and Leaves Policy and Procedure					Class: B
Approved By:	Undergraduate Medical Education Committee (UMEC)				
Approval Date: yyyy mm dd	2023 03 21	**Effective Date:**	2023 04 17	**Review Date:**	2026 03 01
Responsible Portfolio/Unit/ Committee:	UME / Phase 3 Committee				
Responsible Officer(s):	Associate Dean, UME / Assistant Dean, Clinical Education				

1.0 Purpose

Students in Phase 3 are required to take on clinical responsibilities during their four-week clinical rotations and become important members of the health care team. Student attendance at all clinical placements (Clerkship Core Rotations, Electives, associated orientations and academic teaching) and all Phase 3 program elements (e.g., Orientation, Transition and Academic weeks) is mandatory. The UME program recognizes there are times that may require a student to take time away from their mandatory activities both unplanned and planned. Unplanned absences must be reported as soon as possible and absences for other reasons other than illness requires pre-arranged approval.

The purpose of this policy and procedure is to outline the different absences and leaves available to students and how to apply for these leaves.

2.0 Scope

This policy and procedure is applicable to Phase 3 students who are requesting a leave or absence from their mandatory sessions or placements. This document also details how UME staff are to process the leave requests and which UME faculty leaders are needed to approve different requests.

Other parts of NOSM University that are impacted are the Registrar's Office, Learner Support Services and the Community Relations Unit.

3.0 Definitions

3.1 **Absence**: An absence is where a medical student is not attending their clinical or academic sessions for one day or less. There are two types of absences recognized in this policy: Unanticipated Absences and Flex Days.

3.1.1 *Unanticipated Absence*: This is where a medical student unexpectedly is unable to attend for one day or less due to reasons such as sudden illness, traffic accident, etc. If more than 1 day, the Unanticipated Absence becomes a short-term Personal Leave. Students must follow the process for short-term Personal Leaves at that point (see 3.2.3).

3.1.2 *Flex Day*: During Phase 3, students are permitted to take up to four Flex Days per academic year during their clinical rotations to attend to personal matters. Flex Days provide learners with the flexibility to partake in important day-to-day activities (e.g., catch up day, banking, conference attendance, etc.) and tend to wellness needs (e.g., family functions, fitness events, attending courses or training of interest, spiritual or cultural events, etc.). Students do not need to disclose the reason for the Flex Day.

- General Limitations:
    - Maximum of 4 Flex Days for duration of Phase 3
    - Maximum of 2 Flex Days in total for all core rotations, and the other 2 Flex Days can be used during Electives.
    - Maximum of one flex day per four-week rotation.
    - Flex Days cannot be used if an academic leave is also requested during the same block
    - Flex Days must be requested at least 2 weeks in advance (there are some periods where this does not apply, e.g. after the first day of the rotation where students self-schedule call and clinic)
    - Flex Days cannot be used during a scheduled Phase 3 element during Orientation, Academic or Transition weeks.
    - Flex Days cannot be used during a scheduled Clerkship Rotation orientation session, certain academic sessions or simulations sessions (depending on the Clerkship Rotation), scheduled call day or assessment
    - The Flex Day request cannot overlap with another student's request in the same Clerkship rotation unless specifically approved by the Clerkship Lead. The student may need to check with the Hospital Coordinator and/or Clerkship Lead before submitting. In the case of 2 requests, the first one received will be approved.
    - Flex Days cannot be used during the rotation that includes CaRMS match day
- Specific Limitations by site:
    - Clerkship Rotations may have additional constraints, for example: Pediatrics Sudbury timing of advance request is

limited to on or before 1st day of rotation and not on pediatric academic days
- Unique circumstances are to be reviewed with Clerkship Lead
- Students must communicate with the Clerkship Lead, Preceptor or Phase 3 Co-Director about required make up time

3.2 **Leave**: A leave is where a medical student is not attending their clinical or academic sessions for more than one day. There are two types of leaves recognized in this policy: *Academic Leaves* and *Personal Leaves*.

3.2.1 *Academic Leave*: An interruption to student attendance that may be requested for educational commitments that meet the following specific criteria:
- a scientific/research presentation at a conference
- an official invitation to a conference
- a NOSM University related extracurricular representation on a committee or at conference.
- General attendance at a conference or course **does not** meet the criteria of an Academic Leave and will not be approved.
- The decision on approval of academic leaves is final and is not subject to appeal.
- In general, Academic Leaves approvals would be limited to the day of the presentation or day(s) of the required representation, plus one day on each side for travel.

3.2.2 *Academic Leave Limitations*: Academic Leaves are subject to Phase 3 specific limitations.
- Request is submitted at least 3 weeks in advance
- Student cannot be on academic probation
- Student has not taken a Flex Day during the rotation

3.2.3 *Personal Leave* (Short-term and Long-term): There are short-term (1-4 days) and long-term (5 days or more) Personal Leaves. All personal leaves require approval by the Assistant Dean, Learner Affairs.
- *Short-term Personal Leaves* are when students have a circumstance which may require an interruption of less than 5 days.
- *Long-term Personal Leaves* are when students have a circumstance which may require an extended interruption (5 days or more) or withdrawal from the UME program.

4.0 Procedure

4.1 General Guidelines:

4.1.1 Students who miss any Core rotation time, Phase 3 program element (academic, transition, orientation weeks, assessments) or Elective rotations are required to make up the missed time to successfully meet the objectives of each rotation, program element or elective.

- For core rotations, the student must discuss this with the Rotation Clerkship Lead. The Rotation Clerkship Lead, with support from the Phase 3 Co-Directors as required, will determine the extra time required for successful completion of the rotation.
- For electives, the student must discuss this with their elective preceptor.
- For any other program elements, the student must discuss this with the Phase 3 Co-Directors.

4.1.2 Students, although excused from attendance, remain responsible for learning the content that is missed during their absence.

4.1.3 Make up time is the responsibility of the student and will be considered complete once the applicable student assessment form is completed.

4.1.4 Students not following this procedure or who submit false information may be referred to the Committee to Support Student Professionalism (CSSP).

4.2 Electronic Leave form

4.2.1 All absences and leaves require the student to fill out the electronic leave form as soon as possible. In case of an emergency (Unanticipated Absence), the student can fill out the form retroactively. The form will be used to log any time spent away from clinic or academic sessions.

4.2.2 The electronic form can be found at this link.

4.3 Unanticipated Absence:

4.3.1 In the case of an emergency situation, students who are unable to attend to their clinical duties and/or academic sessions due to an unanticipated absence during Phase 3 of the UME Program of one day or less are required to fill out the electronic form and let the following people know:

- Hospital Coordinator (if during Phase 3 core rotation)
- Clerkship Lead (if during Phase 3 core rotation)
- Preceptor (if during Phase 3 core rotation or elective rotation)
- Phase 3 Co-director (if during orientation, academic, transition or boot camp weeks)
- Student Records and Electives Coordinator (in all cases)

4.4 Flex Days, Academic Leaves and Short-term Personal Leaves

4.4.1 Academic Leaves require prior approval of the appropriate Phase 3 Co-Director. The Co-Director will consult with the Clerkship Lead as needed. Electronic Form procedure:

- The medical student will use the form to give name, student ID number and details of progress through the program (i.e. year of study, campus/site, module/rotation) as well as the relevant facilitators and/or preceptors. The requested dates are also indicated in the form.
- The student will be able to select which absence or leave they are requesting and will then attest that their request will not exceed the limitations outlined above.
- Once the form is submitted it will go to the appropriate UME Student Records and Electives Coordinator and any appropriate approving faculty leader.

4.4.2 Approvals for absence and leave forms are as follows:

- Unanticipated Absence: no approval required
- Flex Days: no approval required
- Academic Leave: East/West Co-Director as appropriate
- Short-term Personal Leave: Assistant Dean, Learner Affairs

4.4.3 If students need to confirm the number of absences or leaves taken they must email the UME Student Records and Electives Coordinator (records@nosm.ca)

4.4.4 Faculty are encouraged to email records@nosm.ca if they have questions about the request or its approval.

4.4.5 Submissions will be audited regularly to ensure appropriate approvals were obtained.

4.5 Long-term Personal Leaves (5 days or more)

4.5.1 When students have a circumstance which may require an extended interruption (5 days or more) or withdrawal from the UME program, they should complete the Phase 3 Student Absences and Leave Electronic Form as soon as possible. This will be directed to the Assistant Dean, Learner Affairs. Note, supporting documentation must be provided, e.g., medical certificate, etc.

4.5.2 Students who are considering an application for leave should meet with their NOSM University Learner Affairs Support Services Officer. Students should also meet with the NOSM University Financial Aid Officer to discuss matters relating to access to financial assistance.

4.5.3 The Assistant Dean, Learner Affairs, in consultation with the Associate Dean, UME and the Phase 3 Co-Director(s) will review the request. A meeting with the student will be required as part of the review of the application to discuss academic and career implications.

4.5.4 The Assistant Dean, Learner Affairs will inform the student of the decision in writing. If approved, the letter will summarize the conditions under which the leave is to take place and the expected re-entry date. The letter will be copied to Learner Support Services, the NOSM Registrar's Office, the Assessment Office, the Phase 3 Co-Directors, the UME Student Records & Electives Coordinator, and to the appropriate NOSM administrators. If not approved, the letter will explain the reason why the request was not granted.

4.5.5 Students who are granted a leave of absence for a significant period of time will be deregistered from their courses. The Academic Fees and Refund Policy will apply.

4.5.6 Students taking extended leaves of absence will be subject to the constraints noted in the Student Assessment and Promotions (SAP) Regulations document, which stipulates limits on the total duration of Undergraduate Medical Education program.

4.6 In deciding whether to approve a leave or absence from the Undergraduate Medical Education program, those tasked with providing approval are welcome to consult with other agencies within the University (e.g., Learner Support Services, Registrar's Office, UME Student Records and Electives Coordinator, preceptors etc.). Approval considerations may include but are not limited to the following:

4.6.1 Previous absences from this rotation

4.6.2 Cumulative absences to date this academic year (the UME Student Records and Electives Coordinator will provide this if relevant)

4.6.3 Standing on completion of program requirements (e.g., up to date with all essays, forms, and other submissions)

4.6.4 Impact on other students, of the absence of this individual

4.6.5 Impact on patient care, of the absence of this individual

4.6.6 The student's academic standing (are they already at risk of failing?)

4.6.7 Ability to make alternative arrangements to fulfill academic requirements missed by the absence

4.7 Students whose absence request is denied may appeal to the UME Associate Dean for review of their request.

5.0 Roles and Responsibilities

5.1 Medical students are responsible for:

- Filling out the electronic UME Absence and Leave request form themselves. Aside for extenuating circumstances, no one can be delegated to fill out the form on behalf of a student.
- Ensuring that they meet all the limitations of each absence/leave and must attest that they do so in the form. Falsifying information may be considered a professionalism issue.
- Reaching out to the UME Student Records and Electives Coordinator with any questions about the process or absences and leave days already used.

5.2 UME Student Records and Electives Coordinator (SREC) is responsible for:

- Coordinating all absence and leave requests and tracking the absence/leave days taken by each student.
- Advising the Faculty Leaders about student standing and provide access to the tracking sheet.
- Replying to student requests for information about absences and leaves.

5.3 Phase 3 Co-Directors are responsible for:

- Responding to student requests for Academic Leaves in a timely manner.
- Collaborating with the SREC when seeking more information about student requests.
- Consulting with the Clerkship Rotation Lead where appropriate.

5.4 Assistant Dean, Learner Affairs is responsible for:

- Responding to student requests for Personal Leaves in a timely manner.
- Collaborating with the SREC when seeking more information about student requests.

6.0 Related Documents

The following documents support this policy:

Student Assessment and Promotions Regulations: LINK

7.0 Getting Help

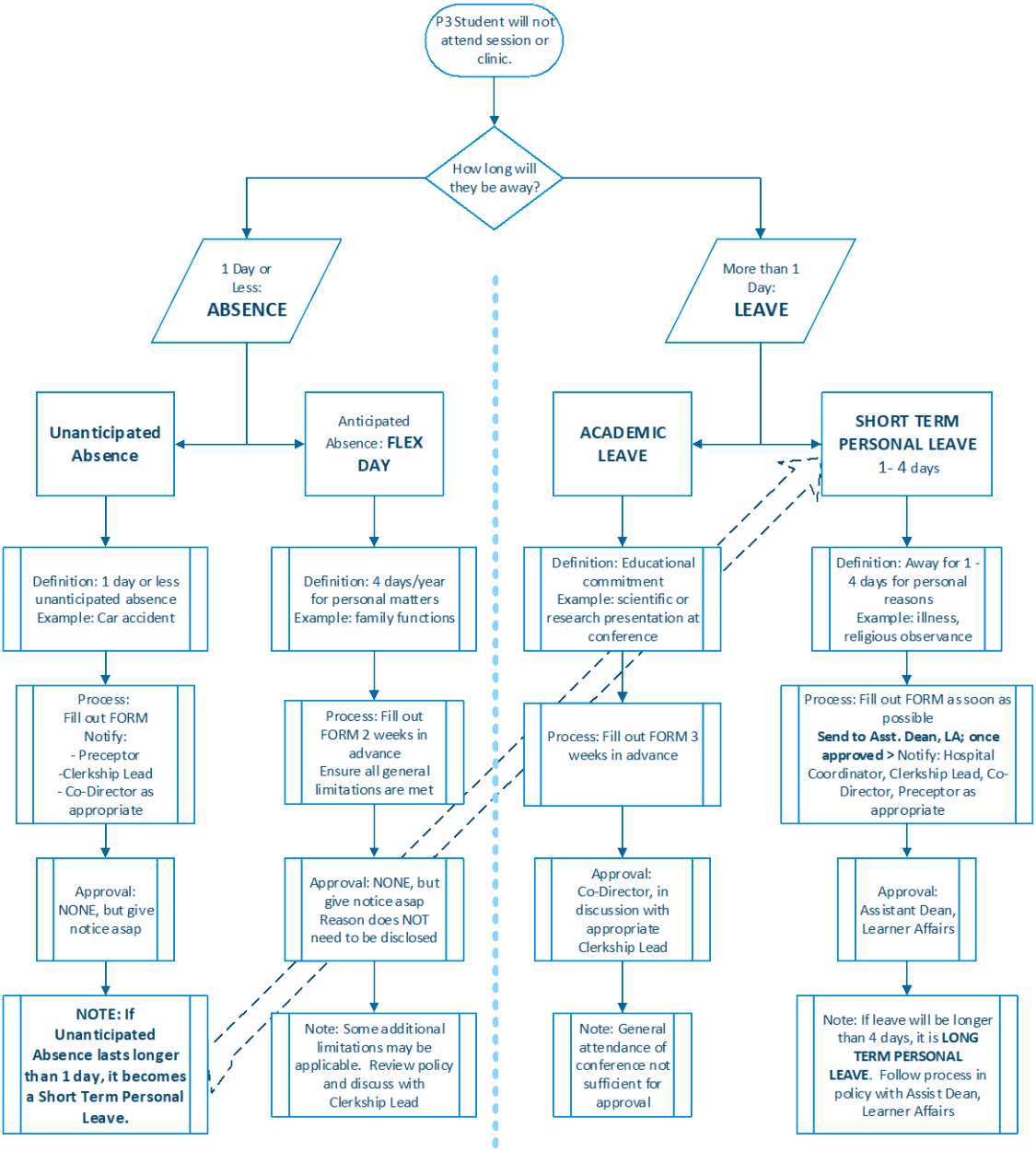
Queries regarding interpretations of this document should be directed to:

UME Administrative Director, Curriculum & Learning Environment at ume@nosm.ca

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	**Date** yyyy mm dd	**Authors/Comments**
		Version history previous to this can be found on archived versions
6.0	2022 12 15	Major revisions from Assistant Dean, Clinical Education and UME Administrative Director, Curriculum & Learning Environment. Changed to new template, reorganized content, added “absences”, etc.
6.0	2023 02 06	Approved at Phase 3 Committee
6.1	2023 02 22	Phase 3 Co-Directors Chairs Action - approved small change to the number of weeks required to submit academic leaves
6.2	2023 03 15	Edited by UME Administrative Director, Curriculum & Learning Environment based on discussion at 2023 03 14 UMEC meeting
	2023 03 16	Emailed to UMEC members for vote on approval
	2023 03 21	Approved by UMEC via email vote
6.3	2023 03 30	Minor clerical changes made to section 3.2.3

Appendix A

Phase 3 Interruptions to Student Attendance, Absences and Leaves Policy Flow Chart



BRIEFING NOTE

To: NOSM U Senate **Date: April 20, 2023**

From: Dr. Lee Toner, Associate Dean UME

Subject: Student Assessment and Promotion Regulations and associated forms, request for Senate vote on approval

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

Title: Student Assessment and Promotion Regulations and associated forms, request for Senate vote on approval

Executive Summary:

The Student Assessment and Promotion Regulations (SAP Regs) underwent a regular annual review by the Student Assessment and Promotions Committee (SAPC) and UMEC and were subjected to a rigorous external legal review.

There are now two forms associated with the document:

(i) SAPC Promotion Decision Objection Submission form
(ii) SAPC Withdrawal Objection Submission form

New SAP Regulation sections:

1. Section 9.11 (**Notice of Withdrawal**) and section 10.4 (**Notice for not meeting the requirements for promotion or graduation**). In the previous reiteration of the SAP Regs, students who received a notice of withdrawal or failure to be promoted/graduated would appeal directly to the NOSM U Senate. In the revised document students, who receive a notice of withdrawal or not meeting the requirements for promotion/graduation, are given the opportunity, prior to the Student Assessment and Promotion Committee (SAPC) making it's final decision, to submit an SAPC Withdrawal Objection Submission Form or an SAPC Promotion Objection Submission Form, setting out why the student believes they should not be withdrawn from the Program or meet the requirements of promotion/graduation, respectively. Also, students may be invited to appear before a meeting of the SAPC to answer questions and/or make further submissions.

2. **Length of the UME program**: Section 10.2.3. The UME program is a four-year full-time program. Students, under specific circumstances, may be granted approved leaves of absence while enrolled in the UME program. The UME program must be completed in no more than eight consecutive full years from the date of initial registration. This restriction is in place to ensure cohesion and continuity within the context of the professional education program. A student who fails to complete the Program in eight years, will be withdrawn from the Program in accordance with the procedure set out in section 9.11.

3. Assessment of Students with Accommodations: The SAP Regs (section 11) are aligned with the most recent approved "Academic Accommodations including in the Clinical Environment Policy".

Consulted or Recommended Sources:

The Student Assessment and Promotions Committee (SAPC) and the UME Committee reviewed the Student Assessment and Promotion Regulations and objection forms with input from faculty, students, and operations. In addition, the Regulations underwent a thorough legal review.

MOTION OR RESOLUTION:

Moved by Senator Toner Seconded by Senator Suntres

Moved that the NOSM University Senate approve the Student Assessment and Promotion Regulations, the SAPC Promotion Decision Objection Submission form and the SAPC Withdrawal Objection Submission form, as presented.

Communications Strategy:

The target audience includes students, faculty, administration, or other relevant stakeholders.

The current approved version of this document can always be found on the UME Records Center>SAPC library (accessible to all UMEC/UMECC members, all UME portfolio staff), and linked from there to the UME Most Requested site including students) accessible to everyone with an @nosm.ca email account and the NOSM.ca>Education>MD Program>Policies and

Procedures site (public site), myCurriculum pages for access by students in the three phases, Assessment Resource Center (ARC).

Attachments

clean.Student Assessment and Promotion Regulations.UMEC app 2023 03 21

trchg.Student Assessment and Promotion Regulations.UMEC app 2023 03 21

SAPC Promotion Decision Objection form

SAPC Withdrawn Objection form

Regulations V13.1

Student Assessment and Promotion (SAP) Regulations					Class: A
Approved By:	~~NOSM University Senate~~ pending				
Approval Date: yyyy-mm-dd	TBD 2023	Effective Date:	TBD 2023	Next Review by:	TBD
Responsible Portfolio / Committee:	UME / Student Assessment and Promotion Committee (SAPC)				
Responsible Officer(s):	Associate Dean, UME / Chair Student Assessment and Promotion Committee (SAPC)				

These Regulations are subject to change

Student Assessment and Promotion Regulations

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Student Assessment and Promotion Regulations

1.0 Purpose

The purpose of the Student Assessment and Promotion Regulations is to provide students with guidelines regarding their academic progress throughout the Undergraduate Medical Education program (UME program) at NOSM University (NOSM U).

2.0 Scope

These Regulations apply to all students registered in the UME program at NOSM U, irrespective of the geographically distributed campus or site they are currently assigned to.

3.0 Guiding Principles

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

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

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

i) Student assessment is primarily for the benefit of the students themselves, consistent with the principle of student-centered education;

ii) Student assessment is performance-based. As much as possible, assessment modalities are realistic and practice focused, and should reflect the process and context in which learning took place;

iii) Just as integration is a central principle in curriculum, so it is in assessment. Students are assessed on their mastery of learning objectives and competencies from all six (6) curriculum Themes, across the full range of behaviours in line with the University's' vision, mission, and values;

iv) Assessment and curriculum are not discrete entities as assessment is explicitly tied to learning objectives and competencies, which set the target for student learning and performance assessment. The University will strive to ensure that the assessment of students in the UME program is consistent with curricular goals and the educational philosophy;

v) Assessment tools and criteria are explicit, and the methods for determining academic standing should be explicitly documented and disseminated to students;

vi) Assessment is comprehensive, with a balance between formative and summative assessment;

vii) The frequency of assessment is sufficient such that faculty and students have a sense of progress towards, and achievement of, the required standards;

viii) The assessment program includes the development of self- and peer-assessment, and life-long learning skills;

ix) The methods of assessment are equivalent across all learning sites;

x) Assessment tools, standards, and processes will draw from institutional, national, and international sources and standards, including the Licentiate of the Medical Council of Canada (LMCC), the National Board of Medical Examiners (NBME), the Royal College of Physicians and Surgeons (RCPS) and the Liaison Committee on Medical Education (LCME);

xi) The assessment program will be continuously evaluated to ensure that student assessment is responsive to student needs and consistent with NOSM U's academic principles;

xii) The outcome of assessment in the UME program is Pass/Fail. Numeric grades will not become part of the student's academic record;

xiii) The assessment program should strive to achieve continuity and consistency in assessment across the entirety of the UME program;

xiv) The assessment program will endeavor to work with students and faculty to ensure an assessment environment that can accommodate students with special needs while preserving the academic integrity and fairness of the assessment process. An ideal assessment program will not simply be a collection of discrete assessment methods but will embody an effective and comprehensive program that accurately reflects the NOSM University's educational values, supports the growth of students, sets out expectations clearly, and enables consistent, transparent decision-making.

4.0 Roles and Responsibilities

Subject to the approval of the NOSM University Senate, the overall policy on student assessment and the planning of the programs of study leading to the MD degree are the responsibility of the Undergraduate Medical Education Committee (UMEC).

4.1 UMEC Sub-Committee Responsibilities for Assessment

4.1.1 Responsibilities of SAPC

The UME Committee (UMEC), via its UME Curriculum Committee subcommittee (UMECC), has the primary authority to set consistent standards across the entire UME p~~P~~rogram. The SAPC shall advise the UMECC in terms of setting the parameters for assessment in the UME program (such as the types of assessment methods that can be used, the passing standard, and other elements as described in Sections 5, 6, and 7 of the SAP~~C~~ Regulations and the procedures for monitoring, reassessment, remediation, academic probation, promotion, and accommodation as described in Sections 8, 9, 10 and 11 of the SAP~~C~~ Regulations), to ensure compliance with approved University policies and procedures with regards to assessment and promotion of students. The SAPC shall also act to promote integration, consistency, and continuity in assessment across the entirety of the UME p~~P~~rogram. The SAPC determines if students have met the criteria for promotion and graduation.

4.1.2 Responsibilities of the Theme Committees

The Theme committees shall have the responsibility to define the Promotion, Reassessment and Remediation Plan and to provide assessment items for its Theme for each year of the UME program, based on its approved learning objectives; within the parameters set by the SAPC (see 4.1.1, above). The Promotion, Reassessment and Remediation Plan shall describe all the requirements for students to pass the Theme (MEDS Courses) on a year-to-year basis, define how such a 'pass' will be determined, and indicate how required elements would be reassessed and remediated in general. The Promotion, Reassessment and Remediation Plan shall be reviewed annually by the Theme Committees, submitted for approval by the Phase Committees and reviewed by the SAPC to ensure compliance with it's Regulations, and communicated to the students as they enter each phase of the Program.

Theme 1: Northern and Rural Health

Theme 2: Personal and Professional Aspects of Medical Practice

Theme 3: Social and Population Health

Theme 4: The Foundations of Medicine

Theme 5: Clinical Skills in Health Care

Theme 6: Medical Career

4.1.3 Responsibilities of the Phase Committees

The Phase Committees shall be responsible to coordinate and promote integration of the elements of assessment across the Themes. The Phase Committees are responsible for the scheduling of assessment activities, the approval of the entire Phase Promotion, Reassessment and Remediation Plan as submitted to SAPC, and for defining written

examination formats within the parameters set by the SAPC (see 4.1.1, above). The Phase Committees may also define the Promotion, Reassessment and Remediation Plan for the Phase, including “Program requirements” for promotions that do not fall under the purview of any Theme committee (and indicate how such required elements would be remediated); such Program requirements must also be approved by the SAPC and UMECC.

4.2 Annual Review of SAP~~C~~ Regulations

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

4.2.1

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

5.0 Assessment Tools and Methodologies

5.1

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

i) Tutor/facilitator/preceptor assessments of professionalism. Assessment of professionalism covers not only the skills, knowledge, behaviours, and attitudes expected of the student, but also personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, as well as attendance and punctuality.

ii) Tutor/facilitator/preceptor assessments of learning performance.

iii) Clinical skills evaluations, including Objective Structured Clinical Examinations (OSCE), direct observation of clinical skills, interactions with standardized patients, and other similar evaluations of clinical skills. Assessment of clinical performance is performed by those qualified and trained to assess specific behaviours.

iv) Learning portfolios.

v) Reflective exercises.

vi) Research exercises and assignments.

vii) Written examinations, which may include essay assignments or questions, multiple choice questions, short answer questions, fill in the blank, extended matching questions, script concordance questions, and bell-ringers.

viii) Lab reports, case reports.

ix) Class presentations.

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

5.2 Forms and Assessment rubrics

Forms and assessment rubrics must be developed and approved by the Theme and Phase Committees and reviewed by the SAPC before use to ensure consistency and compliance with these Regulations.

6.0 Assessment Standards

6.1

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

6.2

All assessments must be aligned with the approved learning objectives and competencies, consistent with Guiding Principles Section 3.0 (iv) and (v). Students are responsible for mastering the learning objectives and competencies communicated to them and demonstrating this mastery when assessed. Thus, assessment practices must test the mastery of learning objectives or competencies at the same level of skill, knowledge, or attitude expressed in the approved learning objective or competency.

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

6.3.1

All items must pose a clear question, consistent with Guiding Principles Section 3.0 (v) and contain all the information and instructions required for a competent student to answer the question.

6.3.2

For multiple choice questions, all questions must have an appropriate number of distinct answer options. Multiple selection question formats are also an appropriate type of multiple-choice question.

6.3.3

For other forms of written examinations (such as short answer or essay), questions posed must clearly indicate the allocation of marks, consistent with Guiding Principles Section 3.0 (v). For example, if a student must provide four examples to receive full marks, this must be specified in the question.

6.4 Frequency of Assessments

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

6.4.1

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

6.4.2

Formal formative feedback occurs at least at the mid-point of a rotation. For rotations of four weeks (or longer) students shall receive feedback by at least the mid-point of the required learning experience. For longer learning experiences (half year, year- long or longitudinal integrated clerkship) students shall receive formative feedback at least every six weeks

6.5 Written Assessments

Written examinations are no more than six hours in length (but this may vary) with appropriate breaks being given.

6.5.1

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

6.6 Assessment in the Clinical Setting

In the clinical setting, students will be evaluated using a rubric that assesses both the student’s clinical skills and professionalism. Student assessment in the clinical setting will be pass/fail. As described in Section 10.1.2, students may receive a ‘fail’ for a clinical experience based on professional behaviour even if all other requirements are met.

6.7 Return of assessment results to students

In order to ensure that results can be provided to students in a timely fashion (but no longer than a 6-week period post-assessment), Theme committees or their designate(s) must respond to requests from the Assessment Office to review and confirm examination results within the specified timelines (which shall not normally be less than five business days). When no response is received from the Theme Committee designate within the specified

time frame, the Director of Assessment and Program Evaluation shall have the authority to render these decisions. The Office of Assessment will release the students' examination results from Monday to Thursday in order to ensure students with the opportunity to seek clarification, advice, and support.

6.8 Conflict of Interest

A conflict of interest is defined as a relationship in which an individual has competing interests or loyalties that have the potential to undermine their ability to act in an impartial manner. Example relationships that may cause a conflict of interest include but are not limited to: those involving a family member, partner or a friend; an individual involved in teaching a preparatory course relating to a particular assessment; a health professional who provides, or has provided, health services to a student; or those relationships involving financial interests. A prior assessment, whether positive or negative, by a faculty member does not constitute a conflict of interest.

Faculty members who identify a potential, perceived or actual conflict of interest while assessing or advancing a medical student shall cease the assessment immediately and inform the Director of Assessment and Program Evaluation, Assistant Dean, Learner Affairs, or the Associate Dean, UME. Students who identify a potential, perceived or actual conflict of interest while being academically assessed or advanced shall inform the faculty member who in turn shall cease the assessment and inform one of: Director of Assessment and Program Evaluation, Assistant Dean-Learner Affairs, or the Associate Dean, UME. All disclosures will remain confidential.

In cases where there may be potential for subjectivity in the assessment(s), the academic lead(s) for the corresponding assessment(s) shall arrange for an alternate assessment(s).

Students who identify a potential, perceived or actual conflict of interest after having already been academically assessed will be assigned the grade submitted by the faculty member. In this instance, the SAPC will review the case on an individual basis; the medical student may also access the appeal mechanisms pursuant to the UME Appeals Policy. Medical students who do not report an actual conflict of interest relating to their assessment or promotion decisions will be referred to the appropriate professionalism review process.

7.0 Grading System

7.1 Formative vs. Summative Assessment

7.1.1 Formative Assessment

Formative assessments are used to monitor learning progress and to provide feedback to students and faculty with respect to learning. Formative assessment results do not become part of the permanent student record and are not used in decision-making regarding student progress or promotion, except where formative assessments document concerns regarding professional behaviour. Formative assessment emphasizes the provision of timely, constructive feedback.

7.1.2 Summative Assessments

Summative assessments are used to determine the extent to which instructional goals have been achieved, and are recorded as part of the student record, are used for determining grades, and are used for decision-making regarding student progress or promotion.

7.2 Mandatory vs. Optional Assessments

Instances of assessment may be mandatory or optional. 'Mandatory' indicates that the successful completion of the task is a requirement for promotion or graduation. 'Optional' assessments or activities may be undertaken at the discretion of the student. All written examinations are mandatory.

7.3 Program vs. Theme requirements:

The undergraduate medical curriculum includes requirements for each Theme, as well as those that are not associated with a particular Theme but must be completed satisfactorily to meet the Program requirements. As an example of a Program requirement, students are required to undertake specific placements to be promoted to the next year.

7.4 Passing Standard

For Program or Theme requirements that are assigned a numeric mark, the passing standard is 60%; OSCE stations may define the requirements for a 'minimally competent candidate', which may vary from station to station and exam to exam. For Program or Theme requirements that are not given a numeric mark, the expectations for students to achieve a "Pass" will be explicitly defined in advance and communicated to students.

7.5 Determination of Grades

Grades for each Theme will be calculated as prescribed in the approved Promotion, Reassessment and Remediation Plan for the Theme for that academic year. Any numeric grade will be rounded to a whole number (up from 0.50 or above, otherwise rounding down) and converted to a final "Pass" or "Fail" determination for reporting on the academic transcript for the course code corresponding to each Theme in each year of the Program.

7.6 Missed examinations

At the beginning of each academic year, each student will receive a copy of the schedule of assessments taking place during the academic year. It will be the responsibility of each student to ensure that no conferences, meetings, appointments, or other events are scheduled during these assessment time-periods. For excused absences from specific sets of sessions and/or fifty percent (50%) or more of a module, the Student Assessment and Promotion Committee will require that the student engage in 'make-up' activities prior to undertaking any required assessments. Make-up activities may include repeating all or part of a missed component of the curriculum or engaging in an experience deemed equivalent to that which was missed.

7.6.1 Late assignments

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

7.6.2 Illness or medical emergencies

In circumstances involving illness or other medically- related issues that prevent a student from completing a mandatory assessment, he or she must provide notification as outlined in the appropriate Phase document “Interruptions to learner Attendance and leaves of Absence” and complete the form” Request for Approval of Absence from the UME Program”

7.6.3 Academic events

In circumstances involving individual arrangements for a student to attend academically relevant events, the student must provide notification as outlined in the UMEC or appropriate Phase document “Interruptions to Learner Attendance and Leaves of Absence” and complete the form “Request for Approval of Absence from the UME Program”.

7.6.4 Adjustment for missing or partially completed assessments

In the case of valid absences, cancelled assessments or when students miss part of an assessment, the Director of Assessment and Program Evaluation will determine which one of the options (i or ii) will be exercised, in order to ensure that the student has sufficient mastery of the required material prior to moving further in the promotion cycle. In doing so the Director of Assessment and Program Evaluation will act in a manner consistent with the Student Assessment and Promotion Regulations and will consider the academic performance and academic need of the student and the operational feasibility (including but not limited to logistical and resource considerations) of each option. The decision of the Director of Assessment and Program Evaluation is final and binding and will be communicated to the student via the assessment email within five (5) business days after the date of the cancelled, missed, or incomplete assessment.

i) the student will write the same, or an equivalent[1] assessment to the missed assessment either no earlier than two (2) days prior the regular assessment date, or within ten (10) working days following the end of the original, missed assessment: or,

ii) the student will write the same, or an *equivalent assessment to the missed assessment, during a subsequent exam cycle e.g., the reassessment exam period in Phase 1.

8.0 Monitoring of Student Progress and Academic Assistance

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

8.1

The SAPC will monitor student progress toward promotion on an ongoing basis to support students, fully address any deficits formally and in keeping with the SAPC Terms of Reference. When the Committee is undertaking work that requires disclosure of personally identifiable information regarding individual students or groups of students such work will be carried out in an in-camera session.

8.2

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

8.2.1

When a student has not met the passing standard for two or more assessments or appears to be at risk for not achieving the passing standard, the Director of Assessment and Program Evaluation will refer the student to the Learner Support Services (via the Assistant Dean, Learner Affairs)for guidance, advising and support, placing emphasis on existing resources (e.g. recommending faculty advisor/coach) and possibly participation in learning strategies and/or courses (e.g. effective study strategies and techniques).

8.3 Student responsibilities and academic performance

Notwithstanding the recommendations outlined in 8.2.1, where appropriate, it is the responsibility of the student to consult with the appropriate faculty member(s) or staff regarding any performance concerns or learning difficulties. These may include Theme Chairs, Module Coordinators, Content Coordinators, Phase Directors, Assistant Dean-UME, Learner Affairs, or any other faculty members.

8.3.1

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

8.3.2

Students who require assistance for learning issues related to classroom instruction, such as study approaches or learning styles, may access the services provided by the NOSM U Student Support Services.

8.3.3

Students experiencing personal issues that are interfering with their learning should contact the NOSM U Learner Support Services officers, for support and referral to other resources as appropriate.

8.4 Tracking of Clinical Encounters in Phases 2 and 3

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

9.0 Reassessment, Remediation, Academic Probation and Withdrawal from the UME Program

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

It is important to note that the decision to require either re-assessment or remediation is entirely at the discretion of the SAPC, which may choose to offer neither. This decision by the SAPC is not appealable.

9.1 Reassessment

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

9.2 Remediation

Remediation is a process that requires a student to undertake additional instruction, the purpose of which is to assist the student in satisfying any promotion or graduation requirement for which they have not received a passing grade. The additional instruction may include (i) repeating elements of the UME program already undertaken (including repeat of a year), (ii) completing new instruction requirements which are in addition to the regular requirements of the UME program, or a combination of (i) and (ii), as determined and required by the SAPC.

9.2.1

Students should note that they may be required to disclose all remediation to licensing bodies.

9.3 Eligibility for reassessment or remediation

Eligibility for reassessment or remediation is not automatic and may be denied by the Student Assessment and Promotion Committee (SAPC). This decision by SAPC is not appealable.

9.3.1

Where students have failed to meet the passing standard for three or more Themes or Program requirements in a given year, they will be placed on academic probation and will be asked to remediate by repeating the year or they will be withdrawn from the Program.

9.3.2

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

9.3.3

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

9.4

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

9.5

When the SAPC has ordered remediation of a mandatory, summative element, a grade of “Fail” (F) will be immediately assigned to the element’s grade and, if the element is associated with a Theme (course), a Fail will be assigned to the Theme (course) and entered into the student’s academic record, and which will appear on the student’s transcript, and the student’s Medical School Performance Record.

9.6

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

9.7

A general reassessment or remediation plan for each mandatory, summative element will be defined in the annual Promotion, Reassessment and Remediation Plans for each Phase and Theme. When a student has failed more than one Theme and/or Program requirement, the corresponding Theme Chairs and/or Phase Directors must collaborate in the preparation of the reassessment/remediation plans.

9.8

Where a student has not met the passing standard for a mandatory element of the curriculum, and the SAPC determines that reassessment or remediation is required, a Responsible Faculty Member (RFM) responsible for the writing and acquiring approval of the plan will be identified by the Director of Assessment and Program Evaluation. This will normally be the Chair of the Theme or Phase Committee overseeing the failed Theme or Program requirement, or a designate of this person.

9.8.1

The Responsible Faculty Member (RFM) must prepare, have fully approved, and submit to the Director of Assessment and Program Evaluation a tailored Remediation or Reassessment Plan ("the Plan") no later than 10 business days prior to the start of the remediation or reassessment.

9.8.2

The Plan must include all details necessary for the plan's execution, including, but not limited to the following Plan Components, (i) the Theme (course) or Program requirement being remediated or reassessed (as described in the PaRRP); (ii) the educational activities to be completed e.g., assessments, classes to attend; (iii) where these activities will occur; and (iv) when these activities will occur.

9.8.3

In addition to the details described in 9.8.2, if the Plan includes a requirement that the student participate in educational activities and/or assessments which are not part of the regularly scheduled UME curriculum, then the Plan will also include (v) the name of the faculty member(s) that the student will be taught and/or supervised by; (vi) the name of the faculty member that will provide formative assessment of the student as part of the Plan (if any); and (vii) the name of the faculty member who will provide reports and/or summative assessment grades or grade recommendations to the responsible faculty member during execution or following completion, of the Plan.

9.8.4

For Remediation or Reassessment Plans which last longer than one academic year it is permissible for any of the Components 9.8.2 (iii}-(vii) to be declared 'To Be Determined' but these details must be determined not less than 10 business days prior to the start of the academic year to which they will occur within.

9.8.5

The RFM is expected to work collaboratively with other faculty, UME managers, UME staff or others deemed necessary by the RFM to ensure all the required Plan Components are completed. If such collaboration is necessary, this will be facilitated and supported by the Director of Assessment and Program Evaluation and/or the Director of UME Administration depending on need.

9.8.6

For Reassessment Plans: The draft Plan will be reviewed and given approval by (i) the Chair of the appropriate Theme or Phase Committee (if this person differs from the RFM) to verify that the Plan will allow the student to successfully remediate the Failed element, (ii) the Chair of the Student Assessment and Promotion Committee to ensure that the Plan is compliant with the SAP~~C~~ R~~r~~egulations, and (iii) UME Administrative Director, Curriculum and Learning Environment who will verify that all resources and facilities required by the Plan will be made available as needed for the student to complete the Plan.- The Reassessment Plan will then be communicated to Director of Assessment and Program Evaluation who will send the Plan to the student, and all others who will be involved in the governance and implementation of the Plan, by email.

9.8.7

For Remediation Plans: The draft Plan will initially be given preliminary approval only by the same persons as described in 9.8.6. The preliminary Plan will be communicated to the Director of Assessment and Program Evaluation who will send the preliminary Plan to the student by email. Either the student or the Director of Assessment and Program Evaluation may request a meeting to discuss the Plan. The meeting will occur within 10 business days following the date on which the Plan is sent to the student by email. At the meeting, the student, the RFM, the Director of Assessment and Program Evaluation (and any others deemed necessary by the RFM or the Director of Assessment and Program Evaluation) will discuss the contents of the plan. Based on this discussion the RFM may choose to alter the preliminary plan. The RFM will then obtain final approval for the Plan by the same persons who gave preliminary approval. The approved Remediation Plan will be communicated to the Director of Assessment and Program Evaluation who will send the plan to the student and all others who will be involved in the governance and implementation of the Plan, by email.

9.8.8

Reassessment or Remediation Plans are not subject to Appeal.

9.8.9

Once approved, the Theme Chair(s) shall be responsible for implementation of the reassessment or remediation plan. Implementation shall occur by the usual academic and operational processes appropriate to the educational activities contained in the Plan.

9.8.10

Upon completion of the required reassessment or remediation, the SAPC will review the outcome and make a determination regarding the student's promotion.

9.8.11

Students who successfully complete reassessment will have the IP designation removed from the transcript and replaced by a Pass. Students who successfully complete a remediation will have a Pass grade entered into their academic record for the promotion requirement, but the Fail grade and record of the remediation will remain. For both successful remediation or reassessment the student may continue in the Program. Where progress has been delayed relative to their class, a plan for re-integration will be determined by the Associate Dean, UME. The re-integration plan is not subject to appeal.

9.8.12

Students who do not successfully complete all elements and pass all summative assessments described in a reassessment plan assigned to them will have a Fail grade entered into their academic record and will either be required to remediate (including a repeat of year) or be withdrawn from the Program.

9.8.13

Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan will not be offered reassessment.

9.8.14

Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan and are repeating a year or have already repeated a year will not be offered further remediation and will be withdrawn from the Program.

9.8.15

Students must participate fully in the remediation or reassessment plan assigned to them; failure to do so will be viewed as professional misconduct and be reported to the Committee to Support Student Professionalism and/or result in their withdrawal from the Program.

9.8.16

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

9.9

Students who pass a reassessment or remediation will, when a numerical grade is required, receive the minimum Pass (P) mark for the reassessed or remediated element.

9.10 Academic Probation

At any time during the UME program, if the SAPC deems that the progress of a student is unsatisfactory, the student will be placed on Academic Probation. Probationary status may be used when a student's progress is presently described in our R~~r~~egulations as 'showing a failure to demonstrate satisfactory progress at any point which may be grounds for recommendation of remediation or withdrawal from the program' [Reg 8.2]. The goal of academic probation would be to signal to the student the severity of their underperformance in relation to the required standards of the UME program. The category of Academic Probation would focus the student and faculty on the nature of the failure and what is needed to remediate it. The failure to successfully remediate, or the incurring of any other additional failure whilst on academic probation, will lead to the student being automatically dismissed from the UME program.

9.10.1 Placement on Academic Probation:

A student who has been directed by SAPC to repeat an academic year due to poor academic performance will be automatically placed on academic probation.

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

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

i) Has failed to maintain acceptable ethics or professional behavior that does not result in immediate withdrawal from the program.

ii) Has failed a Theme summative OSCE, Integrated Community Experience, Clerkship or Elective.

iii) Has failed a re-assessment in a Theme, summative OSCE, Integrated Community Experience, Clerkship, or Elective.

iv) Has failed to successfully complete or comply with a Reassessment Plan or other limitations or conditions imposed by SAPC.

v) Has failed to improve following feedback from themes, clerkships, or electives when he/she is noted for borderline performance on repeated feedbacks.

Academic probation is not subject to appeal.

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

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

9.10.2 Status whilst on Probation

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

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

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

A student remediating a program requirement must receive permission from the Associate Dean, UME to take electives and can no longer serve on appointed committees of the university or program or related provincial or national committees nor should they participate in program or university affiliated extra-curricular activities including research nor should they be granted an absence or leave of absence for other than medical or compassionate reasons. Academic Probation is a formal designation that will be permanently recorded on the students Official Transcript of Academic Record.

9.10.3 Removal from Probation

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

i) satisfactory remediation of all identified academic deficiencies

ii) absence of any other issues of concern being considered by the SAPC.

9.11 Notice of Withdrawal

Prior to deciding that a student be withdrawn from the UME program as authorized by 9.0 iv) (including as provided in 10.1.2, 10.2, 10.2.2 and 10.2.3), the SAPC shall provide the student with written notice setting out the reasons why the SAPC intends to withdraw the student from the Program.

9.11.1 Right to make Submissions

Where a student has received notice from the SAPC under 9.11, the student may, within 10 Working Days[1] of receipt of such notice, submit a completed SAPC Withdrawal Objection Submission Form setting out why the student believes that they should not be withdrawn from the program. The student may not request and the SAPC will not consider, a request by a student to reverse or alter a Remediation or Academic Probation decision made under section 9. At the discretion of the Chair of SAPC, a student who submits an SAPC Withdrawal Objection Submission Form under 9.11.1 may be invited to appear before a meeting of the SAPC to answer questions and/or make further submissions. In the event that a student is invited to appear before the SAPC, the student is permitted to receive support from an advisor or any other person and for paying the costs associated with their appearance before the Committee.

9.11.2 Final SAPC Decision

After hearing from the student either in writing and/or orally or if the student does submit a SAPC Withdrawal Objection Submission Form within the time specified in 9.11.21, the SAPC shall make a final decision with respect to withdrawal and shall provide the students with written reasons for its decision. The SAPC shall inform the student of its decision, preferably within a period of 10 working days of the time specified in 9.11.1 or, if possible, 10 working days after their meeting.

9.11.3 Record

The SAPC shall maintain a record of the decision made in 9.11.2, which record shall include:

(i) The notice referred to in 9.11, together with all documents referred to therein;
(ii) Any written response received from the student as referred to in 9.11.1, together with any documents referred to therein;
(iii) Any transcript of any oral submissions made to the SAPC as referred to in 9.11.1, together with any documents referred to therein;
(iv) The final decision and written reasons therefore referred to in 9.11.2, together with any documents relied on in reaching that decision.

10.0 Promotion and Graduation

10.1

The SAPC shall determine if students have met the criteria for promotion. Students are expected to successfully complete all required components of the Undergraduate Medical Education program curriculum for each year in order to be promoted to the next year of the Program. This includes achieving a pass (P) for each of the six Themes, as well as

[1] Capitalized terms have the same meaning as they have in the UME Academic Appeals Policy and Procedure.

completing all other Program requirements satisfactorily, as defined in the Promotion, Reassessment, and Remediation Plan for that academic year.

10.1.1

Students not meeting the promotion criteria must complete reassessment/remediation requirements before being reviewed again for promotion. As per 9.0 eligibility for reassessment or remediation is not automatic and may be denied by the SAPC.

10.1.2

A student who fails to meet the standards of professional behaviour as set out in the Code of Student Conduct, or as recommended to the SAPC by the Committee to Support Student Professionalism (CSSP), may be withdrawn from the Program in accordance with the procedure set out in 9.11, even though all other Theme and Program requirements are met. Guidelines and policies for dealing with inappropriate or unprofessional behaviour are defined in the NOSM U Code of Student Conduct and CSSP documentation. This includes personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, or conduct at any time while undertaking NOSM University placements or electives.

10.2

In cases where students have not successfully completed all Theme and Program requirements, the SAPC shall determine whether the student will carry out reassessment, remediation (including repeat the year or portion thereof), academic probation, or be withdrawn from the Program, in accordance with the procedure set out in 9.11.

10.2.1

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

10.2.2

Students will only be allowed to repeat one year during their program due to academic failure. Where a student fails a second year, the student will be withdrawn from the Program by the SAPC in accordance with the procedure set out in 9.11.

10.2.3

The UME program is a four-year full-time program. Students under specific circumstances may be granted approved leaves of absence while enrolled in the UME program. The UME program must be completed in no more than eight consecutive full years from the date of initial registration. This restriction is in place to ensure cohesion and continuity within the context of the professional education program. A student who fails to complete the program in eight years, will be withdrawn from the medical program in accordance with the procedure set out in 9.11.

With the approval of SAPC, students who participated in the first and second iterations of the CaRMS match and failed to match to a residency during Year 4 of the Program will be permitted to enroll into a Year 5 of the Program.

10.3

Students in Phase 2 will be registered in Phase 3 once they have successfully completed their final clinical performance review (CPR). Students will be required to pass any remaining outstanding Phase 2 elements in order to meet the graduation requirements; if not, they will need to reassess or remediate the failed assessments during Phase 3, repeat the year, or withdraw from the program.

10.4

If the SAPC is of the view that a student is not meeting the requirements for promotion or graduation, it shall prepare a notice to the student setting out the particulars and relevant details of why the student is not meeting the requirements for promotion.

10.4.1

Where a student has received notice from the SAPC that the student is not meeting the requirements for promotion or graduation, the student may, within 10 Working Days[2] of receipt of such notice, submit a completed SAPC Promotion Objection Submission Form setting out why the student believes they should meet the requirements of promotion. The student may not request, and the SAPC will not consider, a request by a student to change a grade or assessment, if an appeal under section 3 of the UME Academic Appeals Policy and Procedure was available to the student at the time the grade or assessment was originally provided. At the discretion of the Chair of SAPC, a student who submits an SAPC Promotion Objection Submission Form may be invited to appear before a meeting of the SAPC to answer questions and/or make further submissions. In the event that a student is invited to appear before the SAPC, the student is permitted to receive support from an advisor or any other person and for paying the costs associated with their appearance before the Committee.

10.4.2

After hearing from the student either in writing and/or orally or, if no SAPC Promotion Objection Submission Form has been received within the time specified in 10.4.1, the SAPC shall make a final decision with respect to the promotion or graduation and shall provide the student with written reasons for its decision. The SAPC shall inform the student of its decision, preferably within a period of 10 working days of the time specified in 10.4.1 or if possible, 10 working days after their meeting.

10.4.3

[2] Capitalized terms have the same meaning as they have in the UME Academic Appeals Policy and Procedure.

The SAPC shall maintain a record of the decision made in 10.4.2, which record shall include:

(i) The notice of failure to meet the requirements for promotion or graduation referred to in 10.4, together with all documents referred to therein;
(ii) Any written response received from the student as referred to in 10.4.1, together with all documents referred to therein;
(iii) A transcript of any oral submissions made to the SAPC as referred to in 10.4.1, together with any documents referred to in such oral submissions; and
(iv) The final decision and written reasons therefore referred to in 10.4.2, together with any documents relied on in reaching that decision.

11.0 Assessment of Students with Accommodations.

11.1

Accommodations are provided to ensure that all individuals are treated fairly on all examinations. Under the Ontario Human Rights Code (Code), NOSM University's Human Rights and Anti Harassment/ Discrimination Policy and the Accessibility for Ontarians with Disabilities Act (AODA), organizations are required to prevent and remove barriers and provide accommodation to students with the right to reasonable academic accommodations including in the clinical environment in post-secondary education. NOSM University has a legal obligation to eliminate barriers to equal access for students with disabilities. Accordingly, the purpose of this policy is to provide guidelines for the provision of reasonable academic accommodations including in the clinical environment for students at the NOSM University.

The requirement to provide accommodations is described in the "Academic Accommodations including in the Clinical Environment Policy (https://www.nosm.ca/wp-content/uploads/2022/05/NOSM-U-Academic-Accommodations-including-in-the-Clinical-Environment-Policy.pdf).

11.2

Accommodation cannot compromise patient safety or well-being. The student with a disability must be able to demonstrate the knowledge and perform the essential skills independently and within a reasonable time. There are a few circumstances in which an intermediary may be appropriate. However, no disability can be accommodated if the intermediary has to provide cognitive support, substitute for cognitive skills, perform a physical examination, or in any way supplement clinical judgement; these are de facto requirements for the occupational role of physician.

11.3

Students with disabilities seeking an academic accommodation including in the clinical environment are expected to begin the process through a confidential meeting with a

Learner Affairs Officer (LAO), the Assistant Dean, Learner Affairs or the Assistant Dean, Resident Affairs, who will discuss the Student's individual situation and answer questions.

To proceed with a formal request for accommodation a meeting with the Accessibility Advisor in the Registrar's Office will be arranged. The process and procedure for assessing formal requests for accommodations is set out in the Procedure for Academic Accommodations including those in the Clinical Environment (https://www.nosm.ca/wp-content/uploads/2022/06/NOSM-University-Procedure-for-Academic-Accommodations-including-in-the-Clinical-Environment-SM.pdf)

To proceed with a formal request for accommodation, a meeting with the Accessibility Advisor will be arranged. The student may bring a support person of their choice to the meeting(s) with the Accessibility Advisor.

11.4

Following the approval of an accommodation plan, students will not be asked to participate in an assessment without the approved accommodation having been implemented. This may result in deferral of assessments in which case Section 7.6.4 will apply.

12.0 Appeals

12.1

Students have the right to appeal failing Theme grades, other assessments (or components thereof) or program requirements outlined in the Promotion Reassessment and Remediation plan according to the provisions of the UME Academic Appeals Policy and Procedure.

Students have the right to appeal decision of the SAPC that the student (i) shall be withdrawn from the UME program under section 9 or 10., or (ii) has not met the requirements for promotion or graduation (under 10.4), to the Senate Appeals Committee on the grounds and by following the procedures set out in the Senate Appeals Policy. Any such appeal must be commenced within 10 Working Days of receipt of the reasons referred to in 9.11.2 and 10.4.2, respectively.

12.2

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

13.0 Documentation

The SAPC will maintain minutes for the proceedings carried out during the open segment of the Committee meeting. Academic progress of individual students will be monitored in the in-camera segment of the Committee meeting, and decisions are recorded in the minutes.

14.0 Appendices

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

•Promotion, Reassessment and Remediation Plans: Theme and Program requirements for each year of the program

15.0 Getting Help

Queries regarding interpretations of this document should be directed to:

ume.sapcommittee@nosm.ca

*Definition: An equivalent assessment is one that tests the same curriculum objectives as the original assessment. The Director of Assessment and Program Evaluation will determine if an assessment is equivalent; their decision is final and binding.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date yyyy-mm-dd	Authors/Comments
		See previous edits and approvals on previous iterations
12.0		Annual review including a legal review. Edits to many sections & subsections; updated document template, addition and revision of subtitles; changes made new language and responsible bodies for NOSM U, Student Support Services (for LA), GAC Guidance and Advising Committee, academic probation, appeals.
	2021 12 10	Legal Review
	2022 02 10	Approved by SAPC
	2022 03 09	Approved at UMEC
	2022 04 07	Approved by NOSM University Senate

12.1	2022 08 22	Edits from ZSuntres SAPC Chair in consultation with ADUME LToner and Director of Assessment EHogard; Replaced GAC with Learner Support Services; replace ACAC with NOSM U Senate; updated approval table to include UMEC; changes approved by Chair's action on 2022Aug22
12.1	2022 08 22	Approved at SAPC Chair's Action
	2022 08 29	Received by UMEC Admin Support
	2022 08 30	Sent to ADUME requesting they take UMEC Chair's action to approve revisions
12.2	2022 09 06	Changes received from ADUME and Learner Affairs; Approved by section revised; updates to NOSM U references; updated language; minor edits made to several sections; updated references to other policies; 7.6 update/revisions to Make-up activities; section 11 assessment of students with accommodations extensive revisions; Section 12 appeals revisions.
12.2	2022 09 07	Approved at SAPC Chair's action following consultation with Committee
12.3		2022 09 13 Presented to UMEC for vote on approval. Approved with the caveat that further specific revisions be made
		2022 09 13 Revised to reflect above.
	2022 10 06	Approved by NOSM University Senate
13	2023 02 23	Changes received from lawyer and reviewed by SAPC Chair, Director of Assessment and PE, etc, Presented to SAP Committee
	2023 03 09	Updated 10.3 section from QCPR to CPR
	2023 03 09	Approved at SAPC after second reading.
	2023 03 14	Presented to UMEC for vote on approval; revisions requested
13.1	2023 03 15	UMEC requested revisions applied by SAPC Chair
	2023 03 16	Sent to UMEC members for email vote on approval
	2023 03 21	Approved by UMEC via email vote

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Regulations V13.1

~~Undergraduate Medical Education (UME) Program~~ Student Assessment and Promotion (~~SAPC~~SAP) Regulations					Class: A
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Inserted Cells

These Regulations are subject to change

Student Assessment and Promotion Regulations

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Student Assessment and Promotion Regulations

1.0 Purpose

The purpose of the Student Assessment and Promotion Regulations is to provide students with guidelines regarding their academic progress throughout the Undergraduate Medical Education program (UME program) at ~~the~~ NOSM University (NOSM U).

2.0 Scope

These Regulations apply to all students registered in the ~~Undergraduate Medical Education~~UME program at NOSM U, irrespective of the geographically distributed campus or site they are currently assigned to.

3.0 Guiding Principles

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

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

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

i) Student assessment is primarily for the benefit of the students themselves, consistent with the principle of student-centered education;

ii) Student assessment is performance-based. As much as possible, assessment modalities are realistic and practice focused, and should reflect the process and context in which learning took place;

iii) Just as integration is a central principle in curriculum, so it is in assessment. Students are assessed on their mastery of learning objectives and competencies from all six (6) curriculum Themes, across the full range of behaviours~~,~~ in line with the ~~University's~~University's' vision, mission, and values;

iv) Assessment and curriculum are not discrete entities as assessment is explicitly tied to learning objectives and competencies, which set the target for student learning and performance assessment. The University will strive to ensure that the assessment of

students in the UME program is consistent with curricular goals and the educational philosophy;

v) Assessment tools and criteria are explicit, and the methods for determining academic standing should be explicitly documented and disseminated to students;

vi) Assessment is comprehensive, with a balance between formative and summative assessment;

vii) The frequency of assessment is sufficient such that faculty and students have a sense of progress towards, and achievement of, the required standards;

viii) The assessment program includes the development of self- and peer-assessment, and life-long learning skills;

ix) The methods of assessment are equivalent across all learning sites;

x) Assessment tools, standards, and processes will draw from institutional, national, and international sources and standards, including the Licentiate of the Medical Council of Canada (LMCC), the National Board of Medical Examiners (NBME), the Royal College of Physicians and Surgeons (RCPS) and the Liaison Committee on Medical Education (LCME);

xi) The assessment program will be continuously evaluated to ensure that student assessment is responsive to student needs and consistent with NOSM U's academic principles;

xii) The outcome of assessment in the ~~Undergraduate Medical Education~~UME program is Pass/Fail. Numeric grades will not become part of the student's academic record;

xiii) The assessment program should strive to achieve continuity and consistency in assessment across the entirety of the UME program;

xiv) The assessment program will endeavor to work with students and faculty to ensure an assessment environment that can accommodate students with special needs while preserving the academic integrity and fairness of the assessment process. An ideal assessment program will not simply be a collection of discrete assessment methods but will embody an effective and comprehensive program that accurately reflects the NOSM ~~University~~ University's educational values, supports the growth of students, sets out expectations clearly, and enables consistent, transparent decision-making.

4.0 Roles and Responsibilities

Subject to the approval of the NOSM University Senate, the overall policy on student assessment and the planning of the programs of study leading to the MD degree are the responsibility of the Undergraduate Medical Education Committee (UMEC).

4.1 UMEC Sub-Committee Responsibilities for Assessment

4.1.1 Responsibilities of SAPC

The UME Committee (UMEC), via ~~it's~~its UME Curriculum Committee subcommittee (UMECC), has the primary authority to set consistent standards across the entire UME program. The SAPC shall advise the ~~UME Curriculum Committee~~UMECC in terms of setting the parameters for assessment in the UME program (such as the types of assessment methods that can be used, the passing standard, and other elements as described in Sections 5, 6, and 7 of the ~~SAPC~~SAP Regulations and the procedures for monitoring, reassessment, remediation, academic probation, promotion, and accommodation as described in Sections 8, 9, 10 and 11 of the ~~SAPC~~SAP Regulations), to ensure compliance with approved University policies and procedures with regards to assessment and promotion of students. The SAPC shall also act to promote integration, consistency, and continuity in assessment across the entirety of the UME program. The SAPC determines if students have met the criteria for promotion and graduation.

4.1.2 Responsibilities of the Theme Committees

The Theme committees shall have the responsibility to define the Promotion, Reassessment and Remediation Plan and to provide assessment items for its Theme for each year of the UME program, based on its approved learning objectives; within the parameters set by the SAPC (see 4.1.1, above). The Promotion, Reassessment and Remediation Plan shall describe all the requirements for students to pass the Theme (MEDS Courses) on a year-to-year basis, define how such a 'pass' will be determined, and indicate how required elements would be reassessed and remediated in general. The Promotion, Reassessment and Remediation Plan shall be reviewed annually by the Theme Committees, submitted for approval by the Phase Committees and reviewed by the SAPC to ensure compliance with it's Regulations, and communicated to the students as they enter each phase of the Program.

Theme 1: Northern and Rural Health

Theme 2: Personal and Professional Aspects of Medical Practice

Theme 3: Social and Population Health

Theme 4: The Foundations of Medicine

Theme 5: Clinical Skills in Health Care

Theme 6: Medical Career

4.1.3 Responsibilities of the Phase Committees

The Phase Committees shall be responsible to coordinate and promote integration of the elements of assessment across the Themes. The Phase Committees are responsible for the scheduling of assessment activities, the approval of the entire Phase Promotion, Reassessment and Remediation Plan as submitted to SAPC, and for defining written

examination formats within the parameters set by the SAPC (see 4.1.1, above). The Phase Committees may also define the Promotion, Reassessment and Remediation Plan for the Phase, including "Program requirements" for promotions that do not fall under the purview of any Theme committee (and indicate how such required elements would be remediated); such Program requirements must also be approved by the SAPC and UMECC.

4.2 Annual Review of ~~SAPC~~SAP Regulations

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

4.2.1

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

5.0 Assessment Tools and Methodologies

5.1

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

i) Tutor/facilitator/preceptor assessments of professionalism. Assessment of professionalism covers not only the skills, knowledge, behaviours, and attitudes expected of the student, but also personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, as well as attendance and punctuality.

ii) Tutor/facilitator/preceptor assessments of learning performance.

iii) Clinical skills evaluations, including Objective Structured Clinical Examinations (OSCE), direct observation of clinical skills, interactions with standardized patients, and other similar evaluations of clinical skills. Assessment of clinical performance is performed by those qualified and trained to assess specific behaviours.

iv) Learning portfolios.

v) Reflective exercises.

vi) Research exercises and assignments.

vii) Written examinations, which may include essay assignments or questions, multiple choice questions, short answer questions, fill in the blank, extended matching questions, script concordance questions, and bell-ringers.

viii) Lab reports, case reports.

ix) Class presentations.

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

5.2 Forms and Assessment rubrics

Forms and assessment rubrics must be developed and approved by the Theme and Phase Committees and reviewed by the SAPC before use to ensure consistency and compliance with these Regulations.

6.0 Assessment Standards

6.1

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

6.2

All assessments must be aligned with the approved learning objectives and competencies, consistent with Guiding Principles Section 3.0 (iv) and (v). Students are responsible for mastering the learning objectives and competencies communicated to them and demonstrating this mastery when assessed. Thus, assessment practices must test the mastery of learning objectives or competencies at the same level of skill, knowledge, or attitude expressed in the approved learning objective or competency.

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

6.3.1

All items must pose a clear question, consistent with Guiding ~~Principle~~Principles Section 3.0 (v) and contain all the information and instructions required for a competent student to answer the question.

6.3.2

For multiple choice questions, all questions must have an appropriate number of distinct answer options. Multiple selection question formats are also an appropriate type of multiple-choice question.

6.3.3

For other forms of written examinations (such as short answer or essay), questions posed must clearly indicate the allocation of marks, consistent with Guiding ~~Principle~~Principles Section 3.0 (v). For example, if a student must provide four examples to receive full marks, this must be specified in the question.

6.4 Frequency of Assessments

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

6.4.1

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

6.4.2

Formal formative feedback occurs at least at the mid-point of a rotation. For rotations of four weeks (or longer) students shall receive feedback by at least the mid-point of the required learning experience. For longer learning experiences (half year, year- long or longitudinal integrated clerkship) students shall receive formative feedback at least every six weeks

6.5 Written Assessments

Written examinations are no more than six hours in length (but this may vary) with appropriate breaks being given.

6.5.1

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

6.6 Assessment in the Clinical Setting

In the clinical setting, students will be evaluated using a rubric that assesses both the student’s clinical skills and professionalism. Student assessment in the clinical setting will be pass/fail. As described in Section 10.1.2, students may receive a ‘fail’ for a clinical experience based on professional behaviour even if all other requirements are met.

6.7 Return of assessment results to students

In order to ensure that results can be provided to students in a timely fashion (but no longer than a 6-week period post-assessment), Theme committees or their designate(s) must respond to requests from the Assessment Office to review and confirm examination results within the specified timelines (which shall not normally be less than five business days). When no response is received from the Theme Committee designate within the specified

time frame, the Director of Assessment and Program Evaluation shall have the authority to render these decisions. The Office of Assessment will release the students' examination results from Monday to Thursday in order to ensure students with the opportunity to seek clarification, advice, and support.

6.8 Conflict of Interest

A conflict of interest is defined as a relationship in which an individual has competing interests or loyalties that have the potential to undermine their ability to act in an impartial manner. Example relationships that may cause a conflict of interest include but are not limited to: those involving a family member, partner or a friend; an individual involved in teaching a preparatory course relating to a particular assessment; a health professional who provides, or has provided, health services to a student; or those relationships involving financial interests. A prior assessment, whether positive or negative, by a faculty member does not constitute a conflict of interest.

Faculty members who identify a potential, perceived or actual conflict of interest while assessing or advancing a medical student shall cease the assessment immediately and inform the Director of Assessment and Program Evaluation, Assistant Dean, Learner Affairs, or the Associate Dean, UME. Students who identify a potential, perceived or actual conflict of interest while being academically assessed or advanced shall inform the faculty member who in turn shall cease the assessment and inform one of: Director of Assessment and Program Evaluation, Assistant Dean-Learner Affairs, or the Associate Dean, UME. All disclosures will remain confidential.

In cases where there may be potential for subjectivity in the assessment(s), the academic lead(s) for the corresponding assessment(s) shall arrange for an alternate assessment(s).

Students who identify a potential, perceived or actual conflict of interest after having already been academically assessed will be assigned the grade submitted by the faculty member. In this instance, the SAPC will review the case on an individual basis; the medical student may also access the appeal mechanisms pursuant to the UME Appeals Policy. Medical students who do not report an actual conflict of interest relating to their assessment or promotion decisions will be referred to the appropriate professionalism review process.

7.0 Grading System

7.1 Formative vs. Summative Assessment

7.1.1 Formative Assessment

~~:~~*Formative assessments are used to monitor learning progress and to provide feedback to students and faculty with respect to learning.* ~~*7.1.1 Formative Assessment Results*~~

Formative assessment results do not become part of the permanent student record and are not used in decision-making ~~with regard to~~regarding student progress or promotion, except

where formative assessments document concerns regarding professional behaviour. Formative assessment emphasizes the provision of timely, constructive feedback.

7.1.2 Summative Assessments

Summative assessments are used to determine the extent to which instructional goals have been achieved, and are recorded as part of the student record, are used for determining grades, and are used for decision-making regarding student progress or promotion.

7.2 Mandatory vs. Optional Assessments

Instances of assessment may be mandatory or optional. 'Mandatory' indicates that the successful completion of the task is a requirement for promotion or graduation. 'Optional' assessments or activities may be undertaken at the discretion of the student. All written examinations are ~~considered to be~~ mandatory.

7.3 Program vs. Theme requirements:

The undergraduate medical curriculum includes requirements for each Theme, as well as those that are not associated with a particular Theme but must be completed satisfactorily ~~in order~~ to meet the Program requirements. As an example of a Program requirement, students are required to undertake specific placements ~~in order~~ to be promoted to the next year.

7.4 Passing Standard

For Program or Theme requirements that are assigned a numeric mark, the passing standard is 60%; OSCE stations may define the requirements for a 'minimally competent candidate', which may vary from station to station and exam to exam. For Program or Theme requirements that are not given a numeric mark, the expectations for students to achieve a "Pass" will be explicitly defined in advance and communicated to students.

7.5 Determination of Grades

Grades for each Theme will be calculated as prescribed in the approved Promotion, Reassessment and Remediation Plan for the Theme for that academic year. Any numeric grade will be rounded to a whole number (up from 0.50 or above, otherwise rounding down) and converted to a final "Pass" or "Fail" determination for reporting on the academic transcript for the course code corresponding to each Theme in each year of the Program.

7.6 Missed examinations

At the beginning of each academic year, each student will receive a copy of the schedule of assessments taking place during the academic year. It will be the responsibility of each student to ensure that no conferences, meetings, appointments, or other events are scheduled during these assessment time-periods. For excused absences from specific sets of sessions and/or fifty percent (50%) or more of a module, the Student Assessment and Promotion Committee will require that the student engage in 'make-up' activities prior to undertaking any required assessments. Make-up activities may include repeating all or part

of a missed component of the curriculum or engaging in an experience deemed equivalent to that which was missed.

7.6.1 Late assignments

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

7.6.2 Illness or medical emergencies

In circumstances involving illness or other medically- related issues that prevent a student from completing a mandatory assessment, he or she must provide notification as outlined in the appropriate Phase document "Interruptions to learner Attendance and leaves of Absence" and complete the form" Request for Approval of Absence from the UME Program"

7.6.3 Academic events

In circumstances involving individual arrangements for a student to attend academically relevant events, the student must provide notification as outlined in the UMEC or appropriate Phase document "Interruptions to Learner Attendance and Leaves of Absence" and complete the form "Request for Approval of Absence from the UME Program".

7.6.4 Adjustment for missing or partially completed assessments

In the case of valid absences, cancelled assessments or when students miss part of an assessment, the Director of Assessment and Program Evaluation will determine which one of the options (i or ii) will be exercised, in order to ensure that the student has sufficient mastery of the required material prior to moving further in the promotion cycle. In doing so the Director of Assessment and Program Evaluation will act in a manner consistent with the Student Assessment and Promotion Regulations and will consider the academic performance and academic need of the student and the operational feasibility (including but not limited to logistical and resource considerations) of each option. The decision of the Director of Assessment and Program Evaluation is final and binding and will be communicated to the student via the assessment email within five (5) business days after the date of the cancelled, missed, or incomplete assessment.

i) the student will write the same, or an equivalent[1] assessment to the missed assessment either no earlier than two (2) days prior the regular assessment date, or within ten (10) working days following the end of the original, missed assessment: or,

ii) the student will write the same, or an *equivalent assessment to the missed assessment, during a subsequent exam cycle e.g., the reassessment exam period in Phase 1.

8.0 Monitoring of Student Progress and Academic Assistance

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

8.1

The SAPC will monitor student progress toward promotion on an ongoing basis to support students, fully address any deficits formally and in keeping with the SAPC Terms of Reference. When the Committee is undertaking work that requires disclosure of personally identifiable information regarding individual students or groups of students such work will be carried out in an in-camera session.

8.2

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

8.2.1

When a student has not met the passing standard for two or more assessments or appears to be at risk for not achieving the passing standard, the Director of Assessment and Program Evaluation will refer the student to the Learner Support Services (via the Assistant Dean, Learner Affairs)for guidance, advising and support, placing emphasis on existing resources (e.g. recommending faculty advisor/coach) and possibly participation in learning strategies and/or courses (e.g. effective study strategies and techniques).

8.3 Student responsibilities and academic performance

Notwithstanding the recommendations outlined in 8.2.1, where appropriate, it is the responsibility of the student to consult with the appropriate faculty member(s) or staff regarding any performance concerns or learning difficulties. These may include Theme Chairs, Module Coordinators, Content Coordinators, Phase Directors, Assistant Dean-UME, Learner Affairs, or any other faculty members.

8.3.1

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

8.3.2

Students who require assistance for learning issues related to classroom instruction, such as study approaches or learning styles, may access the services provided by the NOSM U Student Support Services.

8.3.3

Students experiencing personal issues that are interfering with their learning should contact the NOSM U Learner Support Services officers, for support and referral to other resources as appropriate.

8.4 Tracking of Clinical Encounters in Phases 2 and 3

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

9.0 Reassessment, Remediation, Academic Probation and Withdrawal from the UME Program

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

It is important to note that the decision to require either re-assessment or remediation is entirely at the discretion of the SAPC, which may choose to offer neither. This decision by the SAPC is not appealable.

9.1 Reassessment

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

9.2 Remediation

Remediation is a process that requires a student to undertake additional instruction, the purpose of which is to assist the student in satisfying any promotion or graduation requirement for which they have not received a passing grade. The additional instruction may include (i) repeating elements of the UME program already undertaken (including repeat of a year), (ii) completing new instruction requirements which are in addition to the regular requirements of the UME program, or a combination of (i) and (ii), as determined and required by the SAPC.

9.2.1

Students should note that they may be required to disclose all remediation to licensing bodies.

9.3 Eligibility for reassessment or remediation

Eligibility for reassessment or remediation is not automatic and may be denied by the Student Assessment and Promotion Committee (SAPC). This decision by SAPC is not appealable.

9.3.1

Where students have failed to meet the passing standard for three or more Themes or Program requirements in a given year, they will be placed on academic probation and will be asked to remediate by repeating the year or they will be ~~asked to withdraw~~withdrawn from the Program.

9.3.2

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

9.3.3

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

9.4

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

9.5

When the SAPC has ordered remediation of a mandatory, summative element, a grade of “Fail” (F) will be immediately assigned to the element’s grade and, if the element is associated with a Theme (course), a Fail will be assigned to the Theme (course) and entered into the student’s academic record, and which will appear on the student’s transcript, and the student’s Medical School Performance Record.

9.6

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

9.7

A general reassessment or remediation plan for each mandatory, summative element will be defined in the annual Promotion, Reassessment and Remediation Plans for each Phase and Theme. When a student has failed more than one Theme and/or Program requirement, the corresponding Theme Chairs and/or Phase Directors must collaborate in the preparation of the reassessment/remediation plans.

9.8

Where a student has not met the passing standard for a mandatory element of the curriculum, and the SAPC determines that reassessment or remediation is required, a Responsible Faculty Member (RFM) responsible for the writing and acquiring approval of the plan will be identified by the Director of Assessment and Program Evaluation. This will normally be the Chair of the Theme or Phase Committee overseeing the failed Theme or Program requirement, or a designate of this person.

9.8.1

The Responsible Faculty Member (RFM) must prepare, have fully approved, and submit to the Director of Assessment and Program Evaluation a tailored Remediation or Reassessment Plan ("the Plan") no later than 10 business days prior to the start of the remediation or reassessment.

9.8.2

The Plan must include all details necessary for the plan's execution, including, but not limited to the following Plan Components, (i) the Theme (course) or Program requirement being remediated or reassessed (as described in the PaRRP); (ii) the educational activities to be completed e.g., assessments, classes to attend; (iii) where these activities will occur; and (iv) when these activities will occur.

9.8.3

In addition to the details described in 9.8.2, if the Plan includes a requirement that the student participate in educational activities and/or assessments which are not part of the regularly scheduled UME curriculum, then the Plan will also include (v) the name of the faculty member(s) that the student will be taught and/or supervised by; (vi) the name of the faculty member that will provide formative assessment of the student as part of the Plan (if any); and (vii) the name of the faculty member who will provide reports and/or summative assessment grades or grade recommendations to the responsible faculty member during execution or following completion, of the Plan.

9.8.4

For Remediation or Reassessment Plans which last longer than one academic year it is permissible for any of the Components 9.8.2 (iii}-(vii) to be declared 'To Be Determined' but these details must be determined not less than 10 business days prior to the start of the academic year to which they will occur within.

9.8.5

The RFM is expected to work collaboratively with other faculty, UME managers, UME staff or others deemed necessary by the RFM to ensure all the required Plan Components are completed. If such collaboration is necessary, this will be facilitated and supported by the Director of Assessment and Program Evaluation and/or the Director of UME Administration depending on need.

9.8.6

For Reassessment Plans: The draft Plan will be reviewed and given approval by (i) the Chair of the appropriate Theme or Phase Committee (if this person differs from the RFM) to verify that the Plan will allow the student to successfully remediate the Failed element, (ii) the Chair of the Student Assessment and Promotion Committee to ensure that the Plan is compliant with the ~~SAPC~~SAP Regulations, and (iii) UME Administrative Director, Curriculum and Learning Environment who will verify that all resources and facilities required by the Plan will be made available as needed for the student to complete the Plan.- The Reassessment Plan will then be communicated to Director of Assessment and Program Evaluation who will send the Plan to the student, and all others who will be involved in the governance and implementation of the Plan, by email.

9.8.7

For Remediation Plans: The draft Plan will initially be given preliminary approval only by the same persons as described in 9.8.6. The preliminary Plan will be communicated to the Director of Assessment and Program Evaluation who will send the preliminary Plan to the student by email. Either the student or the Director of Assessment and Program Evaluation may request a meeting to discuss the Plan. The meeting will occur within 10 business days following the date on which the Plan is sent to the student by email. At the meeting, the student, the RFM, the Director of Assessment and Program Evaluation (and any others deemed necessary by the RFM or the Director of Assessment and Program Evaluation) will discuss the contents of the plan. Based on this discussion the RFM may choose to alter the preliminary plan. The RFM will then obtain final approval for the Plan by the same persons who gave preliminary approval. The approved Remediation Plan will be communicated to the Director of Assessment and Program Evaluation who will send the plan to the student and all others who will be involved in the governance and implementation of the Plan, by email.

9.8.8

Reassessment or Remediation Plans are not subject to Appeal.

9.8.9

Once approved, the Theme Chair(s) shall be responsible for implementation of the reassessment or remediation plan. Implementation shall occur by the usual academic and operational processes appropriate to the educational activities contained in the Plan.

9.8.10

Upon completion of the required reassessment or remediation, the SAPC will review the outcome and make a determination regarding the student's promotion.

9.8.11

Students who successfully complete reassessment will have the IP designation removed from the transcript and replaced by a Pass. Students who successfully complete a remediation will have a Pass grade entered into their academic record for the promotion requirement, but the Fail grade and record of the remediation will remain. For both successful remediation or reassessment the student may continue in the Program. Where progress has been delayed relative to their class, a plan for re-integration will be determined by the Associate Dean, UME. The re-integration plan is not subject to appeal.

9.8.12

Students who do not successfully complete all elements and pass all summative assessments described in a reassessment plan assigned to them will have a Fail grade entered into their academic record and will either be required to remediate (including a repeat of year) or be withdrawn from the Program.

9.8.13

Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan will not be offered reassessment.

9.8.14

Students who do not successfully complete all elements and pass all summative assessments described in the remediation plan and are repeating a year or have already repeated a year will not be offered further remediation and will be withdrawn from the Program.

9.8.15

Students must participate fully in the remediation or reassessment plan assigned to them; failure to do so will be viewed as professional misconduct and be reported to the Committee to Support Student Professionalism and/or result in their withdrawal from the Program.

9.8.16

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

9.9

Students who pass a reassessment or remediation will, when a numerical grade is required, receive the minimum Pass (P) mark for the reassessed or remediated element.

9.10 Academic Probation

At any time during ~~the course of~~ the UME program, if the SAPC deems that the progress of a student is unsatisfactory, the student will be placed on Academic Probation. Probationary status may be used when a student's progress is presently described in our Regulations as 'showing a failure to demonstrate satisfactory progress at any point which may be grounds for recommendation of remediation or withdrawal from the program' [Reg 8.2]. The goal of academic probation would be to signal to the student the severity of their underperformance in relation to the required standards of the UME program. The category of Academic Probation would focus the student and faculty on the nature of the failure and what is needed to remediate it. The failure to successfully remediate, or the incurring of any other additional failure whilst on academic probation, will lead to the student being automatically dismissed from the UME program.

9.10.1 Placement on Academic Probation:

A student who has been ~~asked~~directed by SAPC to repeat an academic year due to poor academic performance will be automatically placed on academic probation.

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

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

i) Has failed to maintain acceptable ethics or professional behavior that does not result in immediate withdrawal from the program.

ii) Has failed a Theme summative OSCE, Integrated Community Experience, Clerkship or Elective.

iii) Has failed a re-assessment in a Theme, summative OSCE, Integrated Community Experience, Clerkship, or Elective.

iv) Has failed to successfully complete or comply with a Reassessment Plan or other limitations or conditions imposed by SAPC.

v) Has failed to improve following feedback from themes, clerkships, or electives when he/she is noted for borderline performance on repeated feedbacks.

Academic probation is not subject to appeal.

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

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

9.10.2 Status whilst on Probation

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

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

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

A student remediating a program requirement must receive permission from the Associate Dean, UME to take electives and can no longer serve on appointed committees of the university or program or related provincial or national committees nor should they participate in program or university affiliated extra-curricular activities including research nor should they be granted an absence or leave of absence for other than medical or compassionate reasons. Academic Probation is a formal designation that will be permanently recorded on the students Official Transcript of Academic Record.

9.10.3 Removal from Probation

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

i) satisfactory remediation of all identified academic deficiencies

ii) absence of any other issues of concern being considered by the SAPC.

9.11 Notice of Withdrawal

Prior to deciding that a student be withdrawn from the UME program as authorized by 9.0 iv) (including as provided in 10.1.2, 10.2, 10.2.2 and 10.2.3), the SAPC shall provide the student with written notice setting out the reasons why the SAPC intends to withdraw the student from the Program.

9.11.1 Right to make Submissions

Where a student has received notice from the SAPC under 9.11, the student may, within 10 Working Days[1] of receipt of such notice, submit a completed SAPC Withdrawal Objection Submission Form setting out why the student believes that they should not be withdrawn from the program. The student may not request and the SAPC will not consider, a request by a student to reverse or alter a Remediation or Academic Probation decision made under section 9. At the discretion of the Chair of SAPC, a student who submits an SAPC Withdrawal Objection Submission Form under 9.11.1 may be invited to appear before a meeting of the SAPC to answer questions and/or make further submissions. In the event that a student is invited to appear before the SAPC, the student is permitted to receive support from an advisor or any other person and for paying the costs associated with their appearance before the Committee.9.11.2 Final SAPC Decision

After hearing from the student either in writing and/or orally or if the student does submit a SAPC Withdrawal Objection Submission Form within the time specified in 9.11.1, the SAPC shall make a final decision with respect to withdrawal and shall provide the student with written reasons for its decision. The SAPC shall inform the student of its decision, preferably within a period of 10 working days of the time specified in 9.11.1 or, if possible, 10 working days after their meeting.

9.11.3 Record

The SAPC shall maintain a record of the decision made in 9.11.2, which record shall include:

(i) The notice referred to in 9.11, together with all documents referred to therein;
(ii) Any written response received from the student as referred to in 9.11.1, together with any documents referred to therein;
(iii) Any transcript of any oral submissions made to the SAPC as referred to in 9.11.1, together with any documents referred to therein;
(iv) The final decision and written reasons therefore referred to in 9.11.2, together with any documents relied on in reaching that decision.

10.0 Promotion and Graduation

10.1

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

[1] Capitalized terms have the same meaning as they have in the UME Academic Appeals Policy and Procedure.

10.1.1

Students not meeting the promotion criteria must complete reassessment/remediation requirements before being reviewed again for promotion. As per 9.0 eligibility for reassessment or remediation is not automatic and may be denied by the SAPC.

10.1.2

A student who fails to meet the standards of professional behaviour as set out in the Code of Student Conduct, or as recommended to the SAPC by the Committee to Support Student Professionalism (CSSP), may be withdrawn from the Program in accordance with the procedure set out in 9.11, even though all other Theme and Program requirements are met. Guidelines and policies for dealing with inappropriate or unprofessional behaviour are defined in the NOSM U Code of Student Conduct and CSSP documentation. This includes personal conduct and relationships with peers, patients, hospital personnel, faculty, and staff, or conduct at any time while undertaking NOSM University placements or electives.

10.2

In cases where students have not successfully completed all Theme and Program requirements, the SAPC shall determine whether the student will carry out reassessment, remediation (including repeat the year or portion thereof), academic probation, or be withdrawn from the Program, in accordance with the procedure set out in 9.11.

10.2.1

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

10.2.2

Students will only be allowed to repeat one year during their program due to academic failure. Where a student fails a second year, the student will be ~~automatically~~ withdrawn from the Program by the SAPC~~. Such a decision for withdrawal can be appealed under~~ in accordance with the ~~Senate Policy Regarding Academic Appeals.~~procedure set out in 9.11.

10.2.3

The UME program is a four-year full-time program. Students under specific circumstances may be granted approved leaves of absence while enrolled in the UME program. The UME program must be completed in no more than eight consecutive full years from the date of initial registration. This restriction is in place to ensure cohesion and continuity within the context of the professional education program. A student who fails to complete the program in eight years, will be withdrawn from the medical program in accordance with the procedure set out in 9.11.

With the approval of SAPC, students who participated in the first and second iterations of the CaRMS match and failed to match to a residency during Year 4 of the Program will be permitted to enroll into a Year 5 of the Program.

10.3

Students in Phase 2 will be registered in Phase 3 once they have successfully completed their final ~~quarterly~~ clinical performance review (~~QCPR~~CPR). Students will be required to pass any remaining outstanding Phase 2 elements in order to meet the graduation requirements; if not, they will need to reassess or remediate the failed assessments during Phase 3, repeat the year, or withdraw from the program.

10.4

If the SAPC is of the view that a student is not meeting the requirements for promotion or graduation, it shall prepare a notice to the student setting out the particulars and relevant details of why the student is not meeting the requirements for promotion.

10.4.1

Where a student has received notice from the SAPC that the student is not meeting the requirements for promotion or graduation, the student may, within 10 Working Days[2] of receipt of such notice, submit a completed SAPC Promotion Objection Submission Form setting out why the student believes they should meet the requirements of promotion. The student may not request, and the SAPC will not consider, a request by a student to change a grade or assessment, if an appeal under section 3 of the UME Academic Appeals Policy and Procedure was available to the student at the time the grade or assessment was originally provided. At the discretion of the Chair of SAPC, a student who submits an SAPC Promotion Objection Submission Form may be invited to appear before a meeting of the SAPC to answer questions and/or make further submissions. In the event that a student is invited to appear before the SAPC, the student is permitted to receive support from an advisor or any other person and for paying the costs associated with their appearance before the Committee.10.4.2

After hearing from the student either in writing and/or orally or, if no SAPC Promotion Objection Submission Form has been received within the time specified in 10.4.1, the SAPC shall make a final decision with respect to the promotion or graduation and shall provide the student with written reasons for its decision. The SAPC shall inform the student of its decision, preferably within a period of 10 working days of the time specified in 10.4.1 or if possible, 10 working days after their meeting.

10.4.3

The SAPC shall maintain a record of the decision made in 10.4.2, which record shall include:

(i) The notice of failure to meet the requirements for promotion or graduation referred to in 10.4, together with all documents referred to therein;

[2] Capitalized terms have the same meaning as they have in the UME Academic Appeals Policy and Procedure.

(ii) Any written response received from the student as referred to in 10.4.1, together with all documents referred to therein;
(iii) A transcript of any oral submissions made to the SAPC as referred to in 10.4.1, together with any documents referred to in such oral submissions; and
(iv) The final decision and written reasons therefore referred to in 10.4.2, together with any documents relied on in reaching that decision.

11.0 Assessment of Students with Accommodations.

11.1

Accommodations are provided to ensure that all individuals are treated fairly on all examinations. Under the Ontario Human Rights Code (Code), ~~NOSM's~~NOSM University's Human Rights and Anti Harassment/ Discrimination Policy and the Accessibility for Ontarians with Disabilities Act (AODA), organizations are required to prevent and remove barriers and provide accommodation to students with the right to reasonable academic accommodations including in the clinical environment in post-secondary education. NOSM University has a legal obligation to eliminate barriers to equal access for students with disabilities. Accordingly, the purpose of this policy is to provide guidelines for the provision of reasonable academic accommodations including in the clinical environment for students at the NOSM University.

The requirement to provide accommodations is described in the "Academic Accommodations including in the Clinical Environment Policy (https://www.nosm.ca/wp-content/uploads/2022/05/NOSM-U-Academic-Accommodations-including-in-the-Clinical-Environment-Policy.pdf).

11.2

Accommodation cannot compromise patient safety or well-being. The student with a disability must be able to demonstrate the knowledge and perform the essential skills independently and within a reasonable time. There are a few circumstances in which an intermediary may be appropriate. However, no disability can be accommodated if the intermediary has to provide cognitive support, substitute for cognitive skills, perform a physical examination, or in any way supplement clinical judgement; these are de facto requirements for the occupational role of physician.

11.3

Students with disabilities seeking an academic accommodation including in the clinical environment are expected to begin the process through a confidential meeting with a Learner Affairs Officer (LAO), the Assistant Dean, Learner Affairs or the Assistant Dean, Resident Affairs, who will discuss the Student's individual situation and answer questions.

To proceed with a formal request for accommodation a meeting with the Accessibility Advisor in the Registrar's Office will be arranged. The process and procedure for assessing

formal requests for accommodations is set out in the Procedure for Academic Accommodations including those in the Clinical Environment (https://www.nosm.ca/wp-content/uploads/2022/06/NOSM-University-Procedure-for-Academic-Accommodations-including-in-the-Clinical-Environment-SM.pdf)

To proceed with a formal request for accommodation, a meeting with the Accessibility Advisor will be arranged. The student may bring a support person of their choice to the meeting(s) with the Accessibility Advisor.

11.4

Following the approval of an accommodation plan, students will not be asked to participate in an assessment without the approved accommodation having been implemented. This may result in deferral of assessments in which case Section 7.6.4 will apply.

12.0 Appeals

12.1

Students have the right to appeal failing Theme grades, other assessments (or components thereof) or program requirements outlined in the Promotion Reassessment and Remediation plan according to the provisions of the UME Academic Appeals Policy and ~~the appeal must be filed in writing in the allotted time outlined in the policy~~Procedure.

Students have the right to appeal ~~a failure to promote, withdrawal~~decision of the SAPC that the student (i) shall be withdrawn from the UME program under section 9 or ~~professionalism~~10., or (ii) has not met the requirements for promotion or graduation (under 10.4), to the Senate~~, after all previous reviews~~ Appeals Committee on the grounds and ~~appeals have been exhausted. The~~by following the procedures set out in the Senate Appeals Policy. Any such appeal must be ~~submitted in accordance with the Senate Policy Regarding Academic Appeals in writing~~commenced within 10 ~~(ten)~~ Working Days of receipt of the ~~notice at the previous level~~reasons referred to in 9.11.2 and 10.4.2, respectively.

12.2

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

13.0 Documentation

The SAPC will maintain minutes for the proceedings carried out during the open segment of the Committee meeting. Academic progress of individual students will be monitored in the in-camera segment of the Committee meeting, and decisions are recorded in the minutes.

14.0 Appendices

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

•Promotion, Reassessment and Remediation Plans: Theme and Program requirements for each year of the program

15.0 Getting Help

Queries regarding interpretations of this document should be directed to:

ume.sapcommittee@nosm.ca

*Definition: An equivalent assessment is one that tests the same curriculum objectives as the original assessment. The Director of Assessment and Program Evaluation will determine if an assessment is equivalent; their decision is final and binding.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	Date yyyy-mm-dd	Authors/Comments
		See previous edits and approvals on previous iterations
12.0		Annual review including a legal review. Edits to many sections & subsections; updated document template, addition and revision of subtitles; changes made new language and responsible bodies for NOSM U, Student Support Services (for LA), GAC Guidance and Advising Committee, academic probation, appeals.
	2021 12 10	Legal Review
	2022 02 10	Approved by SAPC
	2022 03 09	Approved at UMEC
	2022 04 07	Approved by NOSM University Senate

12.1	2022 08 22	Edits from ZSuntres SAPC Chair in consultation with ADUME LToner and Director of Assessment EHogard; Replaced GAC with Learner Support Services; replace ACAC with NOSM ~~University~~U Senate; updated approval table to include UMEC; changes approved by Chair's action on 2022Aug22
12.1	2022 08 22	Approved at SAPC Chair's Action
	2022 08 29	Received by UMEC Admin Support
	2022 08 30	Sent to ADUME requesting they take UMEC Chair's action to approve revisions
12.2	2022 09 06	Changes received from ADUME and Learner Affairs; Approved by section revised; updates to NOSM U references; updated language; minor edits made to several sections; updated references to other policies; 7.6 update/revisions to Make-up activities; section 11 assessment of students with accommodations extensive revisions; Section 12 appeals revisions.
12.2	2022 09 07	Approved at SAPC Chair's action following consultation with Committee
12.3	~~2022 09 13~~	2022 09 13 Presented to UMEC for vote on approval. Approved with the caveat that further specific revisions be made
~~12.3~~	~~2022 09 13~~	2022 09 13 Revised to reflect above.
	2022 10 06	Approved by NOSM University Senate
13	2023 02 23	Changes received from lawyer and reviewed by SAPC Chair, Director of Assessment and PE, etc, Presented to SAP Committee
	2023 03 09	Updated 10.3 section from QCPR to CPR
	2023 03 09	Approved at SAPC after second reading.
	2023 03 14	Presented to UMEC for vote on approval; revisions requested
13.1	2023 03 15	UMEC requested revisions applied by SAPC Chair
	2023 03 16	Sent to UMEC members for email vote on approval
	2023 03 21	Approved by UMEC via email vote

SAPC Withdrawal Objection Submission Form

Submissions in response to a notice from the Student Assessment and Promotion Committee (SAPC) under 9.11 of the NOSM University Student Assessment and Promotion (SAP) Regulations that the SAPC intends to withdraw the student from the UME program must be made on this SAPC Withdrawal Objection Submission Form.

NOTE: A student may not request, and the SAPC will not consider submissions by a student, to reverse or alter a remediation or academic probation decision made under section 9 of the SAP Regulations.

A. CONTACT INFORMATION		
Full Name		
Program/Year		
NOSM U Email		
Local Postal Address		
Telephone Number	Home	
	Cell	
Other Email		

B. NATURE OF SUBMISSIONS
Date of SAPC Notice:
What aspect(s) of the reasons set out in the SAPC Notice does the student object to:
1.
2.
3.

C. DOCUMENTATION

The following documents must be appended to this form:

1. A copy of the notice from SAPC notifying the student that the SAPC intends to withdraw the student from the UME program.
2. A statement in typed format succinctly setting out why the student believes they should not be withdrawn from the Program. Note: A student may not request, and the SAPC will not consider submissions by a student, to reverse or alter a remediation or academic Probation decision made under section 9 of the SAP Regulations.
3. All documentary evidence supporting the student's submissions.

D. SUBMISSION OF COMPLETED FORM

This SAPC Withdrawal Objection Submission Form and any supporting documentation will be emailed to: ume.sapcommittee@nosm.ca

E. MEETING

Students do not have the right to make oral submissions to the SAPC. However, at the discretion of the SAPC Chair, a student may be invited to appear, in person, before the SAPC to answer questions and/or make further submissions.

F. APPLICANT'S DECLARATION

I certify that the documents I have submitted are authentic and that the statements I have made are true.

Name (typed/signature)	Dated

This form will not be processed unless it is signed and dated, and all information is submitted.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	**Date**	**Authors/Comments**
	2023Jan30	Drafted and presented to SAP Committee
	2023Mar9	Approved at SAPC after second reading
	2023Mar14	On UMEC agenda for vote on approval. Deferred
	2023Mar15	Minor editorial changes
	2023Mar16	Emailed to UMEC members for vote on approval
	2023Mar21	Approved by UMEC via email vote

SAPC Promotion Decision Objection Submission Form

Submissions in response to a notice from the Student Assessment and Promotion Committee (SAPC) under 10.4 of the UME Student Assessment and Promotion (SAP) Regulations that a student is not meeting the requirements for promotion must be made on this SAPC Promotion Decision Objection Submission Form.

NOTE: A student may not request, and the SAPC will not consider submissions by a student, to change a grade or assessment if an appeal under Section 3 of the UME Academic Appeals Policy and Procedure was available to the student at the time that grade or assessment was originally provided.

A. CONTACT INFORMATION		
Full Name		
Program/Year		
NOSM U Email		
Local Postal Address		
Telephone Number	Home	
	Cell	
Other Email		

B. NATURE OF SUBMISSIONS
Date of SAPC notice:
What aspect(s) of the reasons set out in the SAPC notice does the student object to:
1.
2.
3.

C. DOCUMENTATION

The following documents must be appended to this form:

1. A copy of the notice from SAPC notifying the student that they are not meeting the requirements for promotion.
2. A statement in typed format succinctly setting out why the student believes they should meet the requirements of promotion including a summary of any evidence in support. Note: The SAPC will not consider submissions in respect of a grade or assessment, if an appeal of the grade or assessment was available to the student at the time that it was originally made.
3. All documentary evidence supporting the student's submissions.

D. SUBMISSION OF COMPLETED FORM

This SAPC Promotion Decision Objection Submission Form and any supporting documentation will be emailed to ume.sapcommittee@nosm.ca

E. MEETING

Students do not have the right to make oral submissions to the SAPC. However, at the discretion of the SAPC Chair, a student may be invited to appear, in person, before the SAPC to answer questions and/or make further submissions.

F. APPLICANT'S DECLARATION

I certify that the documents I have submitted are authentic and that the statements I have made are true.

Name (typed/signature)	Dated

This form will not be processed unless it is signed and dated and all information is submitted.

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	**Date**	**Authors/Comments**
	2023Jan30	Drafted and presented to SAP Committee
	2023Mar9	Approved at SAPC after second reading.
	2023Mar14	On UMEC agenda for vote on approval. Deferred
	2023Mar15	Minor editorial changes

	2023Mar16	Emailed to UMEC members for vote on approval
	20230321	Approved by UMEC via email vote

BRIEFING NOTE

To: NOSM U Senate **Date: April 20, 2023**

From: Dr. Lee Toner, Associate Dean UME

Subject: UME Academic Appeals Policy and Procedure, request for Senate vote on approval

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

Title: UME Academic Appeals Policy and Procedure, request for Senate vote on approval

Executive Summary:

The UME Academic Policy and Procedure document has undergone regular faculty review as well as and external legal review which had led to significant revision. The policy has been amended to align more closely with the NOSM U Senate Appeals Policy. A UME Academic Appeals Request form has been incorporated into the UME academic appeals procedure.

The revised UME Academic Appeals Policy and Procedure clearly outlines the procedures for filing an appeal, the timeline for resolution, and the grounds of the appeal. It ensures that the appeals process is conducted in an impartial and unbiased manner by independent decision-makers. The policy includes provisions for record-keeping and specifies the information that must be included in the decision letter.

The Student Assessment and Promotion Committee (SAPC) and the UME Committee reviewed the UME Appeals Policy and Procedure with input from faculty, students, and operations. In addition, the policy underwent a thorough external legal review. It has been approved by both Committees.

MOTION OR RESOLUTION:

Moved by Lee Toner Seconded by: Zacharias Suntres

Moved that the NOSM University Senate approve the UME Academic Appeals Policy and Procedure and UME Academic Appeal Request Form, as presented.

Communications Strategy:

The target audience includes students, faculty, administration, or other relevant stakeholders.

The current approved version of this document can always be found on the UME Records Center>SAPC library (accessible to all UMEC/UMECC members, all UME portfolio staff), and linked from there to the UME Most Requested site including students) accessible to everyone with an @nosm.ca email account and the NOSM.ca>Education>MD Program>Policies and Procedures site (public site), myCurriculum pages for access by students in the three phases, Assessment Resource Center (ARC).

Attachments

clean.UME Academic Appeals Policy and Procedure

trchg. UME Academic Appeals Policy and Procedure

UME Academic Appeal Request Form.UMEC app 2023 03 14

UME Academic Appeals Policy and Procedure V9					Class: A
Approved By:	~~NOSM University Senate~~ pending				
Approval Date:	Pending 2023	**Effective Date:**	Pending 2023	**Review Date:**	2025 02 01
Responsible Portfolio/ Committee:	UME Portfolio / Student Assessment and Promotion Committee (SAPC)				
Responsible Officer(s):	Associate Dean UME Chair, Student Assessment and Promotion Committee (SAPC)				

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1.0 Purpose and Definitions

1.1 Purpose

The UME Academic Appeals Policy and Procedure describes the appeal processes for academic assessments and grades within the Undergraduate Medical Education (UME) program.

1.2 This policy and procedure does not govern appeals related to:

1.2.1 Promotion and graduation decisions made by the SAPC (see Undergraduate Medical Education Program Student Assessment and Promotion Regulations and Senate Appeals Policy;

1.2.2 the contents of a Medical Student's Performance Record (MSPR): or

1.2.3 accommodation decisions made pursuant to the Accommodations Policy.

1.3 Definitions

- **"Appellant"** means a Student who appeals an academic assessment or grade as provided in this Policy;
- **"NOSM U"** means the Northern Ontario School of Medicine University.
- **"SAPC"** means the NOSM U Student Assessment and Promotion Committee;
- **"Senate Appeal Committee"** means the appeal committee referred to in the Senate Appeals Policy;
- **"Student"** means any student registered in the Undergraduate Medical Education (UME) program at NOSM U;
- **"UME Appeals Adjudicator(s)"** means the adjudicator(s) who hear a specific appeal as set out in section 3.2 of this Policy;
- **"Working Day"** means between 8:30 a.m. and 4:30 p.m. (Eastern) on a day in which the NOSM U offices are open for business from Monday to Friday and excludes statutory holidays and any other day that the university is closed.

2.0 Scope

This policy and procedure applies to all Students irrespective of the geographically distributed campus or site they are assigned to.

3.0 Procedures for Appeals of a Component of a Theme Grade or Other Assessment

3.1 Grounds for Appeal

3.1.1 A Student may appeal a failing grade or other failing assessment decision that is:

3.1.1.1 incorrect; or
3.1.1.2 otherwise unreasonable taking into account all of the circumstances.

3.2 Commencement of Appeal and Appointment of UME Appeal Adjudicator(s)

3.2.1 A Student requesting a review of a grade or other assessment decision covered by this policy must initiate the request for review by submitting an UME Appeal Form, together with all documentation specified in the form to the email address below within 10 Working Days of receiving the initial result regarding the grade or assessment by the Student Assessment and Promotion Committee (SAPC).

3.2.2 The UME Appeal Form and all supporting documentation should be sent via email to the following email address: UMEappeals@nosm.ca.

3.2.3 Where the grade or assessment being appealed is:

3.2.3.1 listed as part of the Theme Requirements in the Promotion, Reassessment/Remediation Plan, the UME Appeal Form should be addressed to the Director of Assessment and Program Evaluation;

3.2.3.2 listed as part of the Program Requirements in the Promotion, Reassessment/Remediation Plan, the UME Appeal Form should be addressed to the Assistant Dean/Director of the appropriate Phase Committee.

3.2.4 If the Assistant Dean or Director of the appropriate Phase Committee is the faculty member who provided the grade or assessment that is being appealed, the UME Appeal Form should be addressed to the Director of Assessment and Program Evaluation. If the Director of Assessment and Program Evaluation provided the grade or assessment that is being appealed, the UME Appeal Form should be addressed to the SAPC Chair or Associate Dean UME.

3.2.5 Unless already provided to them pursuant to section 3.2.2, a copy of the UME Appeal Form and supporting documentation will be forwarded to the Director of Assessment and Program Evaluation, the Chair of SAPC, and the Associate Dean UME.

3.2.6 The person to whom the appeal is directed in section 3.2.2 may propose to:

3.2.6.1 hear the appeal themselves;

3.2.6.2 delegate the hearing of the appeal to one or more members of the appropriate Theme/Phase Committee; or

3.2.6.3 if the appeal is associated with the assessment of professionalism, the Director of Assessment and Program Evaluation will establish, as the UME Appeal Adjudicator(s), an ad-hoc committee, consisting of three faculty members (one member must be a Clinical faculty member) to hear the appeal as provided in section 3.3.

3.2.7 If the person to whom the appeal is directed proposes that the appeal be heard by more than one person, that person shall appoint one of the proposed adjudicators as the Chair of the proposed panel of UME Appeal Adjudicators.

3.2.8 No person shall participate in a UME Appeal as an adjudicator if that person has been previously involved in a decision-making process directly relating to the matter under appeal.

3.2.9 The Director of Assessment and Program Evaluation shall communicate the name(s) of the proposed adjudicator(s) to the Appellant via email as soon as possible. The Appellant will, within 2 Working Days, inform the Director of Assessment and Program Evaluation via email if there is objection to a proposed adjudicator(s) and provide reasons why the Appellant believes a the proposed adjudicator(s) should be

disqualified. Such reasons may include assertions that the proposed adjudicator has a conflict of interest or raises a reasonable apprehension of bias.

3.2.10 Any objection shall be assessed by the Director of Assessment and Program Evaluation and if the Director of Assessment and Program valuation is of the view that the proposed adjudicator(s) should be disqualified, they shall appoint another adjudicator(s). The decision of the Director of Assessment and Program Evaluation regarding the objection shall be final, but the Appellant's objection may be raised in any appeal pursuant to section 3.6.

3.3 UME Appeal Process

3.3.1 Upon receipt of the UME Appeal Form and supporting documentation the UME Appeal Adjudicator(s) shall request the faculty member(s) responsible for the grade or assessment being appealed to provide any additional relevant documentation (e.g., minutes of any meetings regarding the faculty member(s) deliberations). If such documentation is obtained the UME Appeal Adjudicator(s) shall provide it to the Appellant.

3.3.2 The UME Appeal Adjudicator(s) shall meet with the Appellant to hear any concerns with respect to the grade or assessment being appealed. This meeting will allow dialogue between the UME Appeal Adjudicator(s) members and the Appellant concerning the Appellant's fulfillment of the Theme or Program requirements.

3.3.3 The UME Appeal Adjudicator(s) will also typically meet with the faculty member(s) responsible for the grade or assessment being appealed, to convey the concerns raised by the Appellant and to hear the faculty member(s)'s reply to the Appellant's concerns.

3.3.4 If necessary to ensure that both the Appellant's and the faculty member(s)' perspectives can be more fully determined, multiple meetings may be arranged by the UME Appeal Adjudicator(s).

3.4 UME Appeal Adjudicators Decision Making Authority

3.4.1 After reviewing the UME Appeal Form and the documents submitted by the Appellant and the faculty member(s) who made the decision being appealed, conferring with the Appellant and faculty member (where applicable) as provided in section 3.3, and taking into consideration the grounds for appeal as set out in section 3.1, the UME Appeal Adjudicator(s) shall make one of the following determinations:

3.4.1.1 The original assessment of the Appellant shall stand;
3.4.1.2 The assessment of the Appellant shall be altered in some way (for example, a specific comment stricken) without overturning the pass/fail determination;
3.4.1.3 The pass/fail determination shall be altered; or
3.4.1.4 The assessment of the Appellant shall be altered in some way (for example, a specific comment stricken) and the pass/fail determination shall be altered.

3.4.2 In circumstances where an issue of accommodation arises, the UME Appeal Adjudicators may suggest that the Appellant raise the matter with the NOSM U Accommodations Committee as provided in the Accommodations Policy.

3.5 Decision, Reasons and Record

3.5.1 The UME Appeal Adjudicator(s) shall advise the Appellant in writing as to the change, if any, in the grade or assessment, if possible within 10 working days of their meeting, with copies to the Director of Assessment and Program Evaluation, the Chair of SAPC, the Associate Dean UME, the Assistant Dean Learner Affairs, and other responsible parties as appropriate. The decision letter must include a fulsome description of the following:

3.5.1.1 the identity of the UME Appeal Adjudicator(s);
3.5.1.2 the background of the appeal;
3.5.1.3 the UME Appeal Adjudicator(s)' findings of fact, including identification of the source of those facts (e.g., meeting with the Appellant and/or faculty);
3.5.1.4 the UME Appeal Adjudicator(s)'s decision and the reasons for decision.

3.5.2 The UME Appeal Adjudicator(s) shall maintain a record of their decision, which Record shall include:

3.5.2.1 the decision and the reasons for the decision;
3.5.2.2 the decision and reasons for the decision of the original decision maker, together with any documents provided by such original decision maker; and
3.5.2.3 all evidence and documents referred to in the decision and reasons for decision of the UME Appeal Adjudicator(s).

3.6 Further Appeal

3.6.1 A Student may appeal a decision of a UME Appeal Adjudicator(s) under Section 3.5 to the Senate Appeal Committee within 10 working days of receiving notice of the decision on the grounds and by following the procedures set out in the Senate Appeals Policy.

3.6.2 The decision of the UME Appeal Adjudicator(s) made under Section 3.5 shall prevail and remain in effect unless and until altered by any decision of the Senate Appeals Committee.

4.0 Miscellaneous

4.1 Subject to section 3.2.1, any notice to be sent by any party under this policy to another party shall be sufficiently given if sent by email as follows:

4.1.1 in the case of notice to an Appellant, to the Appellant's email address assigned by NOSM U;

4.1.2 in the case of notice to any other person associated with NOSM U, to that person's email address as assigned by NOSM U;

4.1.3 in the case of a committee associated with NOSM U, to the email address assigned by NOSM U to the Chair of that committee; or

4.1.4 in the case of notice to any other person not directly associated with NOSM U, to that person's email address as provided by the person.

4.2 Following the conclusion of any proceedings under this UME Academic Appeals Policy, all evidence, documentation, and information provided by the Appellant to the UME Appeal Adjudicator(s) will be forwarded to the Chair of SAPC for filing and shall be kept confidential.

4.3 To accommodate the requirements of the Appellant, faculty, or others, any process provided for under this UME Academic Appeals Policy can be conducted by video or teleconferencing utilizing the video or teleconferencing facilities available at NOSM U in Sudbury and NOSM U in Thunder Bay or other NOSM U sites, subject to the discretion of the UME Appeal Adjudicator(s).

4.4 Appellants making an appeal to a UME Appeal Adjudicator(s) under this UME Academic Appeals Policy have the right to the presence of legal counsel in the proceedings, but Appellants are responsible for presenting and arguing their own case to the UME Appeal Adjudicator(s). Appellants are responsible for paying their own costs associated with any such representation or consultation. The University also has the right to the presence of legal counsel during the proceedings.

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

5.0 Related Documents

5.1 The following documents are relevant to this Policy and Procedure:

- UME Appeal Form
- Appeals Process Overview Chart
- Student Assessment and Promotion Regulations
- Accommodations Policy and Procedure

6.0 Getting Help

6.1 Students are encouraged to contact the Learner Affairs office at learneraffairs@nosm.ca or the Office of UME at ume@nosm.ca.

6.2 Queries regarding interpretation of this document should be directed to: Chair, SAPC at sapccommittee@nosm.ca

DO NOT REMOVE THIS DOCUMENT HISTORY RECORD		
Version	**Date**	**Authors/Comments/Amendments/Approvals**
		Previous document history will be found on archived versions
V8.0	2021 10 14 to 2022 02 10	Annual review including a legal review. Changes made : new language and responsible bodies for NOSM U, addition Accommodations Policy, changes to process to initiate an appeal, distribution of documentation, new and detailed process based on appeal type (professionalism), naming of adjudicator, request for documentation, addition of UME Appeal Committee and member process and deadline, decision letter content/sections.
	2021 12 10	Legal Review
	2022 02 10	Approved by SAPC
	2022 03 09	Approved by UMEC
	2022 04 07	Approved by NOSM University Senate
V9.0	2023 01 30	Annual review
	2023 03 09	Approved at SAPC after second reading.
	2023 03 14	Approved by UMEC
	2023 04 20	Provided to NOSM U Senate for vote on approval

Policy and Procedure

UME Academic Appeals Policy and Procedure					Class: A
Approved By:	~~NOSM University Senate~~ **pending**				
Approval Date:	2023 ~~2022 04 07~~	**Effective Date:**	2023~~2022 04 07~~	**Review Date:**	2025 02 01
Responsible Portfolio/ Committee:	UME Portfolio / Student Assessment and Promotion Committee (SAPC)				
Responsible Officer(s):	Associate Dean UME Chair, Student Assessment and Promotion Committee (SAPC)				

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1.0 Purpose and Definitions

1.1 Purpose

1.0 Purpose

The UME Academic Appeals Policy and Procedure describes the appeal processes for academic assessments and grades, grades, promotion decisions, and graduation decisions within the Undergraduate Medical Education (UME) program.

This policy and procedure does not govern appeals related to:

1.1.1 Promotion and graduation decisions made by the SAPC (see Undergraduate Medical Education Program Student Assessment and Promotion Regulations and Senate Appeals Policy;

(i) the contents of a Medical Student's Performance Record (MSPR): or
(ii) accommodation decisions made pursuant to the Accommodations Policy.

1.2 Definitions

- **"Appellant" means a Student who appeals an academic assessment or grade as provided in this Policy;**
- **"NOSM U" means the Northern Ontario School of Medicine University.**
- **"SAPC" means the NOSM U Student Assessment and Promotion Committee;**
- **"Senate Appeal Committee" means the appeal committee referred to in the Senate Appeals Policy;**
- **"Student" means any student registered in the Undergraduate Medical Education (UME) program at NOSM U;**
- **"UME Appeals Adjudicator(s)" means the adjudicator(s) who hear a specific appeal as set out in section 3.2 of this Policy;**
- **"Working Day" means between 8:30 a.m. and 4:30 p.m. (Eastern) on a day in which the NOSM U offices are open for business from Monday to Friday and excludes statutory holidays and any other day that the university is closed.**

2.0 Scope

2.0 Scope

This policy and procedure applies to all Students students registered in the UME program at NOSM University (NOSM U), irrespective of the geographically distributed campus or site they are currently assigned to.

3.0 Procedures for Appeals of a Component of a Theme Grade or Other Assessment

3.1 Grounds for Appeal

3.1.1 A Student may appeal a failing grade or other failing assessment decision that is:

3.1.1.1 incorrect; or
3.1.1.2 otherwise unreasonable taking into account all of the circumstances.

3.0 Procedures

3.1 APPEALS OF A COMPONENT OF A THEME GRADE OR OTHER ASSESSMENT

3.1.1 ***Commencement of Appeal and*** Appointment***determination*** ***of UME Appeal*** Adjudicator(s)***Committee***

A Student

3.1.1 (i) A student requesting a review of a grade or other assessment decision covered by this policy must initiate the request for informal review by submitting an UME Appeal Form, together with all documentation specified in the forma written appeal letter to the email address below within 10 Working Daysworking days of receiving the initial result regarding the grade or assessment by the Student Assessment and Promotion Committee (SAPC).

The UME Appeal Form**appeal letter and all supporting documentation should be sent via email to the following email address: UMEappeals@nosm.ca.**

3.1.1 (ii) Where the grade or assessment being appealed is:

(a) listed as part of the Theme Requirements in the Promotion, Reassessment/Remediation Plan, the UME Appeal Formrequest for appeal should be addressed to the Director of Assessment and Program EvaluationChair of the appropriate Theme Committee;

(b) listed as part of the Program Requirements in the Promotion, Reassessment/Remediation Plan, the UME Appeal Formrequest for appeal should be addressed to the Assistant Dean/Director of the appropriate Phase Committee.

If the Assistant DeanTheme Chair or Assistant Dean/Director of the appropriate Phase Committee is the faculty member who provided the grade or assessment that is being appealed, the UME Appeal Formrequest for appeal should be addressed to the Director of Assessment and Program Evaluation. If the Director of Assessment and Program Evaluation provided the grade or assessment that is being appealed, the UME Appeal Form should be addressed to the SAPC Chair or Associate Dean UME.

Unless already provided to them pursuant to section 3.2.2, a
3.1.1(iii) A copy of the UME Appeal Formappeal letter and supporting documentation will be forwarded to the Director of Assessment and Program Evaluation, the Chair of SAPC, and the Associate Dean UME.

3.1.2 3.1.1(iv) The person to whom the appeal is directed in section 3.2.21.1(ii) may propose to:

3.1.2.1 hear the appeal themselves;
delegate the hearingadjudication of the appeal to one or more members of the appropriate Theme/Phase Committee; or.
if
When the appeal is associated with the assessment of professionalism, the DirectorChair of Assessment and Program Evaluationthe appropriate Committee will establish, as the UME Appeal Adjudicator(s), an ad-hoc committee, consisting of three faculty members (one member must be a Clinical faculty member) to hear the appeal as provided in section 3.3. and arrive at a decision by following the process outlined in 3.1.2 (a Chair of the ad hoc Committee shall be chosen from among the members).

3.1.3 If the person to whom the appeal is directed proposes that the appeal be heard by more than one person, that person shall appoint one of the proposed adjudicators as the Chair of the proposed panel of UME Appeal Adjudicators.

No person shall participate in a UME Appeal as an adjudicator on an appeal if that person has been previously involved in a decision-making process directly relating to the matter under appeal.

The Director of Assessment and Program Evaluation shallwill communicate the name(s) of the proposed adjudicator(s) to the Appellantstudent via email as soon as possible. The Appellant will, within 2 Working Days, after the adjudicators have been identified. Within 48 hours, the student will inform the Director of Assessment and Program Evaluation via email if there is objection to a proposedparticular adjudicator(s) and provide reasons why the Appellantstudent believes a the proposedan adjudicator(s) should be disqualified. Such reasons may include assertions that the proposed adjudicator has a conflict of interest or raises a reasonable apprehension of bias.

Any
The objection shall be assessed by the Director of Assessment and Program Evaluation and if the Director of Assessment and Program valuation is of the viewEvaluation agrees that the proposed adjudicator(s) should be disqualified, they shall appoint another adjudicator(s). The decision of the Director of Assessment and Program Evaluation regarding the objection shall be final, but the Appellant'sstudent's objection may be raised in any appeal pursuant to section 3.61.5.

The adjudicator(s) identified pursuant to the process set out in 3.1.1 are referred to as the UME Appeal Committee.

3.1.2 ***UME Appeal Process***

3.1.2 (i) Upon receipt of the UME Appeal Formappeal letter and supporting documentation the UME Appeal Adjudicator(s)Committee shall request the faculty member(s) responsible for the grade or assessment being appealed to provide any additional relevant documentation (e.g., minutes of any meetings regarding the faculty member(s) deliberations). If such documentation is obtained the UME Appeal Adjudicator(s)Committee shall provide it to the Appellantstudent.

3.1.2 (ii) The UME Appeal Adjudicator(s)Committee shall meet with the Appellantstudent to hear and respond to any concerns raised by the student with respect to the grade or assessment being appealed. This meeting will allow dialogue between the UME Appeal Adjudicator(s)Committee members and the Appellantstudent concerning the Appellant'sstudent's fulfillment of the Theme or Program requirements.

3.1.2 (iii) The UME Appeal Adjudicator(s)Committee will also typically meet with the faculty member(s) responsible for the grade or assessment being appealed, to convey the concerns raised by the Appellantstudent and to hear the faculty member(s)'s reply to the Appellant's concernsstudent's concern.

If necessary to ensure that both the Appellant'sstudent's and the faculty member(s)' perspectives can be more fully determined, multiple meetings may be arranged by the UME Appeal Adjudicator(s).Committee.

3.1.3 ***UME Appeal*** Adjudicators***Committee Decision Making Authority***

3.1.3 (i) After reviewing the UME Appeal Form and the documents submitted by the Appellant and the faculty member(s) who made the decision being appealed, conferring with the Appellantstudent and faculty member (where applicable) as provided in section 3.3, and taking into consideration the grounds for appeal as set out in section 3.1.2, the UME Appeal Adjudicator(s)Committee shall make one of the following determinations:

(a) The original assessment of the Appellantstudent shall stand;

(b) The assessment of the Appellantstudent shall be altered in some way (for example, a specific comment stricken) without overturning the pass/fail determination;

(c) The pass/fail determination shall be altered; or

(d) The assessment of the Appellantstudent shall be altered in some way (for example, a specific comment stricken) and the pass/fail determination shall be altered.

3.1.4 In circumstances where an issue of accommodation arises, the UME Appeal Adjudicators may suggest that the Appellant raise the matter with the NOSM U Accommodations Committee as provided in the Accommodations Policy.

3.1.4 ***Decision*, *and* Reasons** and Record

3.1.4 (i) The UME Appeal Adjudicator(s)Committee shall advise the Appellantstudent in writing as to the change, if any, in its decision concerning the grade or assessment, if possible within 10 working days of their meeting, with copies to the Director of Assessment and Program Evaluation, the Chair of SAPC, the Associate Dean UME, the Assistant Dean Learner Affairs, and other responsible parties as appropriate. The decision letter must include a fulsome description of the following sections:

i. the identitymembership of the UME Appeal Adjudicator(s);Committee;

ii. the background of the appeal;

iii. the UME Appeal Adjudicator(s)'Committee's findings of fact, including identification of the source of those facts (e.g., meeting with the Appellantstudent and/or faculty);

iv. the UME Appeal Adjudicator(s)'sCommittee's decision and the reasons for its decision.

3.1.5 The UME Appeal Adjudicator(s) shall maintain a record of their decision, which Record shall include:

3.1.5.1 the decision and the reasons for the decision;

3.1.5.2 the decision and reasons for the decision of the original decision maker, together with any documents provided by such original decision maker; and

3.1.5.3 all evidence and documents referred to in the decision and reasons for decision of the UME Appeal Adjudicator(s).

3.1.5 ***Further Appeal***

3.1.5 (i) A Student may appeal student wishing to challenge a decision of a UME Appeal Adjudicator(s) made following an appeal under Section 3.5 to1 shall have the Senate Appeal Committeeright, within 10 working days of receiving notice of the decision on, to request a review of the grounds anddecision by following the procedures set out in the SenateAcademic Council Appeals Committee (ACAC) in a formal hearing as per the NOSM U Policy. Regarding Academic Appeals. When submitting the request to the Chair of the ACAC, the student shall specify the grounds for the review and shall provide the ACAC with all necessary supporting documents.

The grounds for such review are limited to the following:

(a) There is evidence of a factual error or procedural irregularity in the consideration of the appeal at a previous level of decision; and/or

(b) that the previous body did not adhere to the principles of natural justice during the process.

3.1.6 The decision of the UME Appeal Adjudicator(s)Committee made under Section 3.51 shall prevail and remain in effect unless and until altered by any decision of the Senate Appeals CommitteeACAC in its review.

4.0 Miscellaneous

3.2 APPEALS OF A PROMOTION DECISION

3.2.1 For promotion at the end of the academic year, a student must have:

a) completed the course/theme work as described in the Promotion and Reassessment/Remediation Plan for the relevant year of the Program and passed all prescribed academic and professional examinations; and

b) exhibited a strong sense of professionalism in personal conduct in relationships with peers, patients, hospital personnel, faculty, and staff.

The SAPC will decide if a student has met these requirements for promotion as defined in the Student Assessment and Promotion Regulations and communicate the decision to the student.

3.2.2 Where a student has received notice from the SAPC that the student has failed to meet the requirements for promotion, the student shall have the right to meet with the Associate Dean UME and the Associate Dean Learner Affairs, to discuss the decision of the SAPC with respect to promotion. These individuals are not empowered to overturn SAPC decisions.

3.2.3 The SAPC will not hear appeals of its own promotion decisions; as such, a student wishing to appeal a promotion decision must do so in writing to the ACAC within 10 working days of receiving the SAPC decision regarding promotion, according to the terms of the NOSM U Policy Regarding Academic Appeals. Any decision of the SAPC made under Section 3.2 shall prevail and remain in effect until altered by the decision of the ACAC in its review.

3.3 MISCELLANEOUS

3.3.1 Where the time limited by this policy for a proceeding or for doing anything under its provisions expires on a holiday, the time so limited extends to and the thing may be done on the day next following that is not a holiday. "Holiday" shall be deemed to include Saturday, Sunday, the NOSM U Winter Recess, and any other day specified as a holiday under the *Interpretation Act* (Ontario).

3.3.2 Subject to section 3.2.1,.1 (i), any notice to be sent by any party under this policy to another party shall be sufficiently given if sent by email as follows:

i. in the case of notice to an Appellanta student, to the Appellant'sstudent's email address assigned by NOSM U; to the student while at NOSM U;

ii. in the case of notice to any other person associated with NOSM U, to that person's email address as assigned by NOSM U;

iii. in the case of a committee associated with NOSM U, to the email address assigned by NOSM U to the Chair of that committee; or

iv. in the case of notice to any other person not directly associated with NOSM U, to that person's email address as provided by the person.

Any notice duly sent in this manner shall be deemed delivered on the day next following the date of the sending of the email.

3.3.3 Following the conclusion of any proceedings under this UME Academic Appeals Policy, all evidence, documentation, and information provided by the Appellantstudent to the UME Appeal Adjudicator(s)Committee will be forwarded to the Chair of SAPC for filing and shall be kept confidential.

3.3.4 To accommodate the requirements of the Appellantstudent, faculty, or others, any process provided for under this UME Academic Appeals Policy can be conducted by video or teleconferencing utilizing the video or teleconferencing facilities available at NOSM U in Sudbury and NOSM U in Thunder Bay or other NOSM U sites, subject to the discretion of the UME Appeal Adjudicator(s).Committee.

Appellants3.3.5 Students making an appeal to a UME Appeal Adjudicator(s)Committee under this UME Academic Appeals Policy have the right to the presence of legal counsel in the proceedings, but Appellantsstudents are responsible for presenting and arguing their own case to the UME Appeal Adjudicator(s).Committee. Appellants are responsible for paying their own costs associated with any such representation or consultation. The University also has the right to the presence of legal counsel during the proceedings.

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

4.0 Related Documents

The following documents are relevant to this Policy and Procedure:

- **UME Appeal Form**
- Appeals Process Overview Chart
- Student Assessment and Promotion Regulations
- Accommodations Policy and Procedure

5.0 Getting Help

Students are encouraged to contact the Learner Affairs office at learneraffairs@nosm.calearneraffairs@nosm.ca or the Office of UME at ume@nosm.ca.ume@nosm.ca.

Queries regarding interpretation of this document should be directed to:
Chair, SAPC at sapccommittee@nosm.ca sapccommittee@nosm.ca

DO NOT REMOVE THIS DOCUMENT HISTORY RECORD		
Version	**Date**	**Authors/Comments/Amendments/Approvals**
		Previous document history will be found on archived versions
V8.0	2021 10 14 to 2022 02 10	Annual review including a legal review. Changes made : new language and responsible bodies for NOSM U, addition Accommodations Policy, changes to process to initiate an appeal, distribution of documentation, new and detailed process based on appeal type (professionalism), naming of adjudicator, request for documentation, addition of UME Appeal Committee and member process and deadline, decision letter content/sections.
	2021-12-10	Legal Review
	2022-02-10	Approved by SAPC
	2022-03-09	Approved by UMEC
	2022-04-07	Approved by NOSM University Senate
V9.0	2023 01 30	Annual review
	2023 03 09	Approved at SAPC after second reading.
	2023 03 14	Approved by UMEC

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UME Academic Appeal Request Form

A request for appeal under the UME Academic Appeals Policy and Procedure (the "Policy") must be made on this "UME Academic Appeal Request Form" and sent to the individual(s) identified in the Policy at UMEappeals@nosm.ca. Please refer to the Policy for specific timing and required documentation.

All communication related to the appeal will be sent to UMEappeals@nosm.ca unless the student is directed, in writing, to send communication to a different appeals body at a different email account.

A. CONTACT INFORMATION		
Full Name		
Program/Year		
NOSM U Email		
Local Postal Address		
Telephone Number	Home	
	Cell	
Other Email		

B. DECISION BEING APPEALED
Decision Date:

C. NATURE OF APPEAL - I make application to request the appeal of an academic decision: [choose one of the following]	
	☐ **1) A grade or other assessment decision listed as part of the Program Requirements in the Promotion, Reassessment/Remediation Plan.** ☐ **2) An assessment of Professionalism**

	Note that a student wishing to make submissions to the SAPC in response to a notice that the student has likely failed to meet the requirements for promotion, shall make those submissions directly to the SAPC as set out in section 10.4 of the Student Assessment and Promotion (SAP) Regulations. Appeals of final decisions by the SAPC that a student has failed to meet the requirements for promotion may be made to the Senate Appeals Committee as set out in section 12.0 of the SAP Regulations.

D. GROUNDS FOR APPEAL

- ☐ **1) The decision was incorrect;**
- ☐ **2) The decision is otherwise unreasonable taking into account all of the circumstances including the procedures followed by the original decision maker(s).**

Note: As set out in the Policy, a student may only appeal a failing grade or other failing assessment.

E. DOCUMENTATION

The following documentation **must be appended** to this form:

1. A copy of the grade or assessment being appealed together with any reasons received for why the grade or assessment was granted.
2. A statement in typed format setting out:

   2.1 The precise nature of remedy being sought. As set out in section 3.1.4 of the Policy, the UME Academic Appeals Committee is only empowered to provide one of the following remedies:

   2.1.1 The original assessment of the student shall stand;

   2.1.2 The assessment of the student shall be altered in some way (for example, a specific comment stricken) without overturning the pass/fail determination;

   2.1.3 The pass/fail determination shall be altered; or

   2.1.4 The assessment of the student shall be altered in some way (for example, a specific comment stricken) and the pass/fail determination shall be altered.

   2.2 The specific grounds on which the appeal is being made.

   2.3 A summary of the evidence in support of these grounds.

3. Documentary evidence to support your appeal, if any.

F. REPRESENTATION Fill out the following if you have you retained a lawyer or if someone else will be present with you:	
Name:	Relationship:
Phone Number:	Email Address:

G. APPLICANT'S DECLARATION

I have read and understood the UME Academic Appeals Policy and Procedure and the Theme Requirements and Program Requirements in the applicable Promotion, Reassessment/Remediation Plan.

I certify that the documents I have submitted are authentic and that the statements I have made are true.

I understand that other than material presented by me, the original decision maker, and any relevant academic records, no other materials will be considered by the UME Academic Appeals Committee without the consent of all parties.

Name (typed/signature)	**Date**

This form will not be processed unless it is signed and dated, and all information is submitted.

H. SUBMIT YOUR COMPLETED FORM

Submit your completed UME Academic Appeal Request Form together with supporting documentation to UMEappeals@nosm.ca

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	**Date yyyy mm dd**	**Authors/Comments**
	2023 01 30	Draft reviewed by Legal Counsel, ADUME, Chair SAPC, Director of Assessment and Program Evaluation, Theme 4 Chair.
	2023 02 23	Presented to SAPC
	2023 03 09	Approved at SAPC after second reading.
	2023 03 14	Approved by UMEC
	2023 04 20	Provided to NOSM U Senate for vote on approval

BRIEFING NOTE

To: NOSM U Senate **Date: April 19, 2023**

From: Dr. Lee Toner, Associate Dean UME

Subject: 2023-2024 Phase 3 Syllabus, request for Senate vote on approval

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

Title: 2023-2024 Phase 3 Syllabus, request for Senate vote on approval.

Executive Summary:

The 2023-2024 Phase 3 Syllabus has been developed by stakeholders performing a review and minor revisions to the 2022-2023 Phase 3 Syllabus. The version submitted for the April 19 Senate meeting has been approved by both the Phase 3 Committee and the Undergraduate Medical Education Curriculum Committee (UMECC).

Changes from the 2022-2023 iteration:

Children's Health changed to Pediatrics; Women's Health changed to Obstetrics and Gynecology; and Mental Health changed to Psychiatry (these changes were approved by UMECC and the NOSM U Senate in 2022). Minor changes were made to Theme 6 Committee (Medical Career); removal of service-learning from Theme 6 as this topic is supported by other Themes.

MOTION OR RESOLUTION:

Moved by Lee Toner **Seconded by:**

Moved that the NOSM University Senate approve the 2023-2024 Phase 3 Syllabus as presented.

Attachments:

trchg.2023-2024 Phase 3 Syllabus (linked)

clean.2023-2024 Phase 3 Syllabus

NOSM UNIVERSITY
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UNIVERSITÉ EMNO

Phase 3 Syllabus
2023-2024

See approvals history on last page

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Instructional Model

NOSM University (NOSM U) curriculum provides a framework which outlines the Undergraduate Medical Education (UME) program outcomes, learning objectives, the educational methods, and curriculum content, as well as a system of formative and summative assessments of student performance.

An expert team skilled in medical education, curriculum development, instructional design, and health information resources collaborated in the development of the curriculum. Much of the curriculum draws on materials available from established medical schools, both North American and international. In addition, the NOSM U UME program includes a rural and northern value-added component, developed through the contribution of local physicians, university faculty, Indigenous groups, health professionals, and members of communities across Northern Ontario. Student input on a variety of curriculum committees and work groups has provided valuable insight as well.

The development and implementation of the curriculum for Phase 3 is consistent with the academic principles which are the foundation of NOSM U.

It is presumed that all students promoted to Phase 3 will have successfully mastered the content of Phase 2. The Phase 3 outcomes that follow are a continuation of the outcomes of Phase 2 at a higher level of performance and competence. Specifically, within the six core clerkship rotations, students will continue to develop and deepen an awareness and understanding of the CanMEDS roles, including:

- Medical Expert
- Communicator
- Collaborator
- Health Advocate
- Leader
- Scholar
- Professional

Each of the six core clerkships in Phase 3 and the Course Themes are led by experienced physicians and academicians who are responsible for the identification of learning objectives, creating methods of delivery, and determining assessment methods. Learning is focused on medical specialties in Phase 3 and thus students will usually be assigned to a hospital service unit or team. Orientation to hospitals and services will occur during the first week of the Clerkship rotation.

Theme 1 - Northern and Rural Health

Phase 3 Outcomes

By the end of Phase 3, students should be able to:

Concept 1: The Setting for Practice in a Northern and Rural Setting

T1-P3-C1-A
Demonstrate in their history taking and case presentations, the incorporation of their knowledge of the geography of Northern Ontario and its health care resource distribution to diagnostic assessment and case management planning.
T1-P3-C1-B
Apply knowledge of the geography of Northern Ontario and its health care resource distribution to research and health system planning.

Geography and History

- T1-P3-C1-C
  Apply knowledge of the geography of Northern Ontario in patient management planning to help patient's access appropriate diagnostic testing, specialty treatment, and support services.

Health Care Resource Distribution

T1-P3-C1-D
Critically discuss health policy affecting northern and rural regions.
T1-P3-C1-E
Identify ways that northern and rural communities have adapted local systems of care to meet their needs, including the use of various forms of information and communication technologies and other relevant technologies, agency partnerships, and shared care models.
T1-P3-C1-F
Apply knowledge of distribution of regional services (e.g., cardiac care, renal services, cancer care, and rehabilitative services) to find and refer to the best resources available for individual patients.

Concept 2: The Delivery of Primary Health Care in Northern Ontario

- Identify the factors that affect recruitment and retention of health professionals in urban and rural communities in Northern Ontario.
- Discuss factors that affect recruitment and retention of health professionals in Northern Ontario communities.

Concept 3: Access to Diagnostic, Treatment, Specialist Expertise and Supportive Social Services

- Apply knowledge of geography and health care resources to assist with the management and potential transfer of patients under the clinical team's care.
- Facilitate patient transfer to smaller centres recognizing the care provision limitations that such centres have.
- Demonstrate the process of discharge planning from an interdisciplinary standpoint, as well as to broaden their understanding of transfer decisions.
- Demonstrate the ability, while interviewing patients, to find common ground with patients who choose not to seek screening, diagnostic testing, and or treatment services if they perceive geographic and other barriers to be too great.
- Provide appropriate referral for patients to agencies such as Community Access Care Centre and Northern Diabetes Network.

Concept 4: Priority Populations

- Demonstrate, in their role as advocates, an understanding of the impact of policy decisions on priority populations in Northern Ontario.
- Use knowledge regarding resource limitations in care planning for priority populations in Northern Ontario.
- Use knowledge regarding the limitations of resources in northern and rural communities in planning for the delivery of care for priority populations – women, the elderly, children, and the differently-abled, and in advocating for improved access.
- Discuss the impact of regionalization and or closure of obstetrical and or other services accessed by women on individual women, newborns, families and communities.

Concept 5: The Interprofessional Health Team in Northern Ontario

- Demonstrate the ability to collaborate with members of an interprofessional health care team.
- Demonstrate an understanding of the roles of all members of an interprofessional team as required to optimally achieve goals related to patient care.
- Develop a care plan for a patient who an individual student has assessed, including investigation, treatment and continuing care, in collaboration with the members of an interprofessional team.

- Participate within interprofessional team discussions, while demonstrating the ability to accept, consider and respect the opinions of other team members, and while contributing an appropriate level of expertise to patient care.

Concept 6: The Role of Technology in the Delivery of Health Care

- Communicate effectively and safely employ technological resources in both the delivery of care and education for patients and families in their developing roles of scholar, leader and communicator.
- Choose and utilize appropriate technologies for their own professional learning needs related to the competencies of scholar and medical expert.
- Participate effectively in a telehealth or telemedicine consultation at both the consulting and the referring provider end of the consultation.
- Choose appropriate technological applications for physician consultations, diagnoses, planning patient management, and follow-up.
- Describe the impact and application of e-health policies and programs such as Ontario's eHealth Strategy and the work of agencies such as eHealth Ontario, Canada Health Infoway and the Ontario Telemedicine Network.
- Suggest ways in which system processes, etc. can be modified to better meet the needs of all stakeholders including processes related to improved workflow, better use or representation of information and innovative use of new and emerging technologies.

Concept 7: Culture

- Explain the influences of culture on a patient's interactions with the health care system.
- Demonstrate cultural competence including awareness, sensitivity, and safety with patients and their families.

Concept 8: Indigenous Peoples Health

- Demonstrate the ability to work with Indigenous peoples in clinical settings in a culturally safe and appropriate manner.
- Demonstrate how to appropriately inquire whether an Indigenous patient is taking traditional herbs or medicines to treat an ailment and how to integrate that knowledge into the patient's care.
- Demonstrate the ability to establish a positive therapeutic relationship with Indigenous patients and their families, characterized by understanding, trust, respect, honesty and empathy.

Concept 9: The Health of Francophones

- Apply acquired knowledge, skills, and attitudes to demonstrate cultural competence with Francophone patients.
- Demonstrate sensitivity and responsiveness to the health care needs of Francophone communities and people.
- Provide culturally and linguistically appropriate health care services, including the active offer of French language services.

Concept 10: Health in Northern Ontario

- Demonstrate their developing competence as medical expert, scholar and advocate through their ability to apply knowledge of demographics as well as incidence and prevalence of disease to manage community health issues in Northern Ontario.
- Use demographic information to understand illness, access to care resources, and practice patterns in Northern Ontario.
- Research local illness burden and factors that contribute to observed health outcomes such as health policy, access to specialists, access to primary health care, prevention services, chronic illness management and episodic care, and observed local lifestyles.

Concept 11: Health Research in Northern Ontario

- Access information for management of clinical problems in northern and rural settings.
- Translate research information for the provision of patient information and use in northern and rural settings.
- Translate current clinical research into lay language for patients and families in northern and rural settings.
- Demonstrate skill in accessing and retrieving high quality information resources and in evaluating resources.
- Explore reflection and research as a method of professional exploration and growth.
- Employ professional strategies that support lifelong and self-directed learning.

Theme 2 - Personal and Professional Aspects of Medical Practice

Phase 3 Outcomes

1. The Development of the Medical Specialties

Outcome 1-A: Formative Development of Medical Specialization
Students will be able to outline the forces that gave rise to medical specialties and continue to shape them, including the needs of medical research and education, the expanding role of government as an engine in providing and rationing health care resources, the politics of regulating new and existing specialties, and the internationalization of training, research, and practice.

Outcome 1-B: Development of Structures and Functions of Medical Specialties
Students will be able to describe the developing structures and functions of the medical specialties, including the development of standardized training, certification, and the role of professional self-regulation and state regulation.

Outcome 1-C: Development of particular Medical Specialties
Students will be able to demonstrate an understanding of the historical developments in surgery, obstetrics and gynecology, pediatrics, and family medicine.

2. Medical - Legal Framework for the Practice of Medicine in Ontario and Canada

Outcome 2-A: Basic Principles of Law
Students will be able to demonstrate an understanding that the Charter of Rights, statutes, regulations, by-laws, and the rulings of courts are applicable in various ways to the practice of medicine and are binding on physicians.

Outcome 2-B: The Patient as a Person with Human and other Legal Rights
Students will be able to recognize the patient as a key focus and central subject of medical practice, and understand that the patient is a person with certain fundamental human and legal rights that the physician is required to respect and uphold.

Outcome 2-C: Legal Aspects of Consent
Students will be able to demonstrate an understanding that any medical investigation, treatment, or research can only proceed if the patient or patient's surrogate provided freely given and informed consent, in keeping with provincial legislation which may define exception to this rule. The students will further demonstrate an understanding that such consent can be expressed or implied and that the patient has the right to refuse or withdraw consent at any time.

Outcome 2-D: Legal Aspects of Confidentiality
Students will be able to understand and apply principles and rules provided by federal and provincial laws pertaining to confidentiality and access to personal health records, particularly the principle that all personal records are confidential and can only be released to third parties with authorization of the patient or surrogate or when the law permits or requires other disclosure.

Outcome 2-E: Physician's Legal Liability for Negligence

Students will be able to demonstrate an understanding that physicians are legally liable to their patients for causing harm and expose themselves to patients' legal action for negligence if they fail to meet the standard of care or fail to exercise reasonable care, skill, and judgment from the moment of accepting the patient until the termination of the patient-physician relationship by an appropriate process.

Outcome 2-F: Legal Aspects of Physician Competence and Conduct
Students will be able to demonstrate an understanding that physicians are legally required to be licensed with the appropriate authority and that they are legally and ethically accountable to that authority for their competence and conduct, and that a particular concern is that they never abandon their patients and avoid strictly any sexual relationship with them.

3. The Law, Medical Records, and Hospitals

Outcome 3-A: The Law and Medical Records
Students will be able to demonstrate an understanding that the law obliges the physician to maintain an adequate medical record sufficient for a variety of circumstances, the legal restrictions on third party access, the obligations to give patient access, and the requirements concerning the furnishing of medical records to others.

Outcome 3-B: The Law, Hospitals, and Physicians
Students will be able to demonstrate an awareness that medical practice in hospitals is governed by legal requirements and what they need to do to comply with them, the ways in which practice privileges are granted, how best to cooperate with other physicians, and how to maintain and use hospital records in the care of patients.

4. Advocacy

Outcome 4-A: Advocacy as Professionals
Students will develop a set of skills that enhance their ability to communicate effectively as physicians in their professional life in the clinic and community.

5. Ethics, Law, and Patient Safety Incidents

Outcome 5-A: Patient Safety
Students will be able to demonstrate an understanding of patient safety including the impact of adverse events in healthcare, the ethical and legal frameworks for dealing with disclosure of adverse events including how best to communicate adverse events to patients and other relevant individuals and bodies, and strategies for reducing adverse events and improving patient safety.

6. Professional Practice

Outcome 6-A
Students will be able to demonstrate an increasing understanding during their specialty rotations of professional and ethical issues, including how best to practice altruism, accountability, duty, integrity, and respect in their professional lives as future physicians, with patients and other health care practitioners.

*For an appendix of Objectives related to the Outcomes contact the Theme 2 chair.

Theme 3 - Social and Population Health

Overview
Students continue to engage in self-directed learning about the social and cultural perspectives on individual and population health, community and public health, occupational health and the social determinants of health through their clinical specialty rotations.
Formal teaching in Theme 3 in Phase 3 concentrates on reviewing, discussing and applying common epidemiological study designs and statistics. Skills in critical appraisal and evidence-based medical practice continue to be developed through background reading and applying evidence-based medicine methods to patients and populations.

Basis
The Theme 3 syllabus for Phase 3 is built around the Medical Council of Canada's Objectives for the Qualifying Examination for the seven aspects of population health:

- 78-1 Concepts of Health and Its Determinants
- 78-2 Assessing and Measuring Health Status at the Population Level
- 78-3 Interventions at the Population Level
- 78-4 Administration of Effective Health Programs at the Population Level
- 78-5 Outbreak Management
- 78-6 Environment
- 78-7 Health of Special Populations
- 78-8 Work-related Heath Issues

Each section of the Theme 3 Phase 3 syllabus quotes the Rationale from the relevant MCC objective before outlining the outcomes for Phase 3 under each heading.

Phase 3 Outcomes

1: CONCEPTS OF HEALTH AND ITS DETERMINANTS
Rationale: "*Concepts of health, illness, disease and the socially defined sick role are fundamental to understanding the health of a community and to applying that knowledge to the patients that a physician serves. With advances in care, the aspirations of patients for good health have expanded and this has placed new demands on physicians to address issues that are not strictly biomedical in nature. These concepts are also important if the physician is to understand health and illness behaviour*."

By the end of Phase 3, students will be able to:

1. Apply and continue to develop their knowledge of the concepts of health, wellness, illness, disease and sickness.
2. Apply and continue to develop their knowledge of the determinants of health and how they affect the health of a population and the individuals it comprises.

2: ASSESSING AND MEASURING HEALTH STATUS AT THE POPULATION LEVEL
Rationale: "*Knowing the health status of the population allows for better planning and evaluation of health programs and tailoring interventions to meet patient/community needs. Physicians are*

also active participants in disease surveillance programs, encouraging them to address health needs in the population and not merely health demands."

By the end of Phase 3, students will be able to:

1. Apply and continue to develop their knowledge of the health status of a defined population.
2. Apply and continue to develop their knowledge of the factors that affect the health status of a population with respect to the principles of causation.

More specifically, by the end of Phase 3, students will be able to:

1. Apply the principles of epidemiology in analyzing common office and community health situations.
2. Describe the concepts of, and be able to calculate, incidence, prevalence, attack rates, case fatality rates and to understand the principles of standardization.
3. Discuss different measures of association including relative risk, odds ratios, attributable risk and correlations.
4. Explain the appropriate use of different graphical presentations of data.
5. Describe criteria for assessing causation.
6. Demonstrate an ability to critically appraise and incorporate research findings with particular reference to the following elements:
    a. characteristics of study designs (RCT, cohort, case-control, cross sectional);
    b. measurement issues (validity, sensitivity, specificity, positive predictive value, negative predictive value, bias, confounding, error, reliability);
    c. measures of health and disease (incidence and prevalence rates, distributions; measures of central tendency) and sampling.

3: INTERVENTIONS AT THE POPULATION LEVEL

Rationale: "*Many interventions at the individual level must be supported by actions at the community level. Physicians will be expected to advocate for community wide interventions and to address issues that occur to many patients across their practice*."

By the end of Phase 3, students will be able to:

1. Apply and continue to develop their knowledge of the three levels of prevention (primary, secondary and tertiary).
2. Apply and continue to develop their knowledge of strategies for community needs assessments, health education, community engagement and health promotion.
3. Apply and continue to develop their knowledge of the role that physicians can play (including that of advocate) in promoting health and preventing diseases at the individual and community level (e.g., prevention of low birth weight, immunization, diabetes, obesity prevention, smoking cessation, cancer screening, etc.).
4. Apply and continue to develop their knowledge of how public policy can influence population-wide patterns of behaviour and affect the health of a population.

4: ADMINISTRATION OF EFFECTIVE HEALTH PROGRAMS AT THE POPULATION LEVEL

Rationale: "*Knowing the organization of the health care and public health systems in Canada as well as how to determine the most cost-effective interventions are becoming key elements of clinical practice. Physicians also must work well in multidisciplinary teams within the current system in order to achieve the maximum health benefit for all patients and residents*."

By the end of Phase 3, students will:

1. Apply and continue to develop their knowledge of the pertinent history, structure and operations of the Canadian health care system.
2. Apply and continue to develop their knowledge of economic evaluations such as cost-benefit / cost effectiveness analyses as well as issues involved with resource allocation.
3. Apply and continue to develop their knowledge of the approaches to assessing quality of care and methods of quality improvement.

5: OUTBREAK MANAGEMENT

Rationale: "*Physicians are crucial participants in the control of outbreaks of disease. They must be able to diagnose cases, recognize outbreaks, report these to public health authorities and work with authorities to limit the spread of the outbreak. A common example includes physicians working in nursing homes and being asked to assist in the control of an outbreak of influenza or diarrhea*."

By the end of Phase 3, students will be able to:

1. Apply and continue to develop their knowledge of the characteristics of an outbreak and know how to recognize one when it occurs.
2. Apply and continue to develop their knowledge of essential skills involved in controlling an outbreak and its impact on the public, in collaboration with public health authorities as appropriate.

6: ENVIRONMENT

Rationale: "*Environmental issues are important in medical practice because exposures may be causally linked to a patient's clinical presentation and the health of the exposed population. A physician is expected to work with regulatory agencies to help implement the necessary interventions to prevent future illness. Physician involvement is important in the promotion of global environmental health*."

By the end of Phase 3, students will be able to:

1. Apply and continue to develop their knowledge of the implications of environmental hazards at both the individual and population level.
2. Apply and continue to develop their knowledge of how to respond to patients' concerns through appropriate information gathering and treatment.
3. Apply and continue to develop their knowledge of how to work collaboratively with local, provincial and national agencies/governments as appropriate to address the concerns at a population level.

4. Apply and continue to develop their knowledge of appropriate recommendations for patients and exposed populations so as to minimize their health risks and maximize their overall function.

7: HEALTH OF SPECIAL POPULATIONS

Rationale: *"Health equity is defined as each person in society having an equal opportunity for health. Each community is composed of diverse groups of individuals and sub-populations. Due to variations in factors such as physical location, culture, behaviours, age and gender structure, populations have different health risks and needs that must be addressed in order to achieve health equity. Hence physicians need to be aware of the differing needs of population groups and must be able to adjust service provision to ensure culturally safe communications and care*."

By the end of Phase 3, students will be able to:

1. Apply and continue to develop their knowledge of how variation in the determinants of health in different populations promotes or harms their health status.
2. Apply and continue to develop their knowledge of how populations may have challenges with respect to access to health services, and how members of the population may rely on traditional or alternative sources of health services that are not commonly used by society as a whole.
3. Apply and continue to develop their knowledge of the implications of the different cultural perspective and how this affects the planning, delivery and evaluation of services (both preventive and curative).
4. Apply and continue to develop their knowledge of how to provide culturally safe care with different populations.
5. Apply and continue to develop their knowledge of the unique roles provided by government, social agencies, or special groups in providing services to the population (e.g., elderly, differently-abled).

8: WORK-RELATED HEALTH ISSUES

Rationale*: "Workplace health and safety hazards can contribute to many different health problems. Physicians play an important role in the prevention and management of occupational injury, illness and disability."*

By the end of Phase 3, students will be able to do the following in the context of a patient with a work-related health problem:

1. Identify hazards in a workplace that could have an impact on health, illness, or injuries, including work and exposure, and recommend preventative measures.
2. Identify and interpret critical clinical findings.
3. Identify and interpret critical investigations.

Theme 4 - Foundations of Medicine

Introduction:

Theme 4 is responsible for teaching and assessing the basic sciences aspects of the NOSM U UME program including physiology, embryology, biochemistry, genetics, cell biology, anatomy, histology, immunology, microbiology, pharmacology, and pathology. Theme 4 curriculum is delivered throughout the 6 core rotations via academic sessions and clinical experiences.

Overarching Principles in Theme 4:

1) The effective practice of medicine requires a solid grounding in scientific principles and knowledge. It further requires a solid understanding of how current scientific and medical knowledge is justified, validated and obtained and that this knowledge is constantly evolving and being updated.

2) At the completion of the basic sciences program students will possess the knowledge to be able to understand the normal body system functions as well as the pathophysiology of disease processes and prepare them successfully complete the MCC exam, and to proceed to further training in residency.

Phase 3 Outcomes:

1. Demonstrate and understanding of the normal structures and functions of the human body, at levels from molecules to cells, to organs, to the whole organism.
2. Describe important pathological processes related to the six core disciplines, including infection, inflammation, genetic, developmental, or metabolic abnormalities, ischemia, hypertension, neoplasia, and anatomical derangement.
3. Identify and explain diagnostic examinations relevant to the six core disciplines, which would be useful to define the diagnosis or detection of disease.
4. Identify pharmacological treatments and other modalities for the amelioration of disease and explain the mechanism of action.
5. Integrate basic science with clinical reasoning.

Theme 5 – Clinical Medicine and Therapeutics II

The CMT II Phase 3 outcomes will be achieved through the completion of 6 core rotations in:

1. Emergency Medicine
2. Pediatrics
3. Internal Medicine
4. Psychiatry
5. Surgery
6. Obstetrics and Gynecology

Each rotations contains a set of discipline specific learning outcomes consisting of knowledge-based outcomes and clinical competencies. These discipline specific outcomes support the achievement of the outcomes listed below, which are aligned with the outcomes described in Phase 1 and 2, and also with the overall Medical Education Program Outcomes.

Phase 3 Outcomes

P3.T5.1	Independently complete a patient's medical history and perform a physical examination of the various body systems and various patients, in an indirectly supervised clinical setting in the core disciplines.
P3.T5.2	Formulate and explain an appropriate differential based on patient findings from history and physical in the core disciplines.
P3.T5.3	Propose an investigational plan which could include performing (or arranging) and interpreting appropriate diagnostic tests relevant to an established differential diagnosis for conditions and clinical presentations as represented in the Standard 6.2 Clinical list for each core discipline.
P3.T5.4	Independently identify the clinical features and presentation for both acute and chronic conditions across the age spectrum.
P3.T5.5	Identify 'key clinical problems' that require treatment & management following a comprehensive assessment & diagnosis for both acute and chronic conditions in the core disciplines.
P3.T5.6	Demonstrate the ability to practice evidence-informed medicine and critically appraise medical literature to inform the diagnosis, investigation & management plan of key clinical problems for acute and chronic conditions.
P3.T5.7	Recognize and respond to an acutely ill patient that requires urgent care and activate appropriate assistance.
P3.T5.8	Apply a patient-centred approach to communicating relevant information (including difficult situations) to patients, families, and communities.

P3.T5.9	Document and communicate oral and written information from the findings a patient encounter in supervised clinical setting, to patients, families, health care teams, specialists and third parties included during transitions in care.
P3.T5.10	Apply knowledge of pharmacology to clinical therapeutics, including indications, contraindications, risks, and benefits, to treat key clinical problems for common acute and chronic conditions.
P3.T5.11	Safely perform clinical procedures at the appropriate level of competence (as outlined in Standard 6.2 list for each core discipline) by applying knowledge of indications/contraindications, risk, benefits and patient consent.
P3.T5.12	Contribute and participate in the development and implementation of a patient care plan within a health care team for each of the core disciplines.
P3.T5.13	Establish therapeutic relationships with patients and their families (as appropriate) by applying the concepts of professionalism including trust, respect, empathy, and confidentiality.
P3.T5.14	Apply the principles of preventive care in the setting of the core disciplines.

Theme 6 – Medical Career

The Medical Career Theme is designed to support student learning and skills development to equip them in making good career and practice decisions and becoming socially accountable physicians that are able to maintain a state of wellbeing for their own health and the good of their patients. It exists throughout all three phases of the undergraduate medical education curriculum and is informed by career development theory, relevant aspects of career development, best practice in approaches to wellness and financial and practice management all in the Northern and Rural context.

Phase 3 Outcomes

Label	MEPO	Label	Phase 3 Outcomes
T6.1	Utilize a structured approach to career planning, residency application(s), transitioning to residency and a choosing career in medicine.	P3.T6.1.A	Develop and engage in a structured approach to career planning and transitioning into residency, or alternative career path
		P3.T6.1.B	Complete a residency application(s) or steps to alternative career path.
T6.2	Employ appropriate guidance and support regarding career choices and types of financial and practice management, including electives, special education experiences, , faculty and peer mentors, and residency.	P3.T6.2.A	Employ the support offered by Learner Affairs Officers and of a mentor.
		P3.T6.2.B	Make informed decisions about career options.
		P3.T6.2.C	Seek out appropriate guidance regarding the choice of electives.
		P3.T6.2.D	Take steps in ensuring adequate preparedness for the completion of a residency application or alternative paths
T6.3	Utilize the concepts of wellness in medical training to take responsibility for one's overall well-being (e.g., emotional, physical, financial, intellectual, psychological and spiritual) and incorporate into future practice	P3.T6.3.A	Take steps to learn about the value of stress management strategies (e.g., the practices of mindfulness) and incorporate those into one's training and future professional practice.
		P3.T6.3.B	Incorporate in patient management, when appropriate, strategies they can use to support their overall wellness.
		P3.T6.3.C	Ensure personal financial wellness is evaluated and that additional resources are sought out, as necessary, and gain approaches of addressing the role finances play in the health outcomes of patients.

		P3.T6.3.D	Develop and practice a personal approach to wellness, including but not limited to social support, work-life balance, nutrition, recovery, and stress management.
		P3.T6.3.E	Reflect on one's own overall wellness, including reflection on related topics (e.g. the patient and physician experience with illness, dealing with difficult experiences), and take steps to make improvements where necessary.
T6.4	Explain the key components to financial and practice management including various funding and compensation models, practice models, insurance policies, professional planning, and advisory services in the Northern Ontario context.	P3.T6.4.A	Develop a practice management approach that may be utilized in a future career in medicine during clerkship rotations, such as OHIP billing, staffing needs, financial requirements, legal requirements, etc.
		P3. T6.4.B	Apply an approach to managing debt upon graduation.

Document history table

DO NOT REMOVE THIS VERSION RECORD FROM THIS DOCUMENT		
Version	**Date** yyyy mm dd	**Authors/Comments**
		Document history before the first mention below can be found on archived versions of this document.
		The 2021-2022 Phase 3 Syllabus was the basis for review and revision to create the draft 2022-2023 Phase 3 Syllabus. Revisions were made to Theme 2, Theme 3, and Theme 6.
	2021 02 07	Approved by P3C
	2022 03 03	Approved by UMECC
	2022 04 07	Approved by NOSM University Senate
	2023 03 06	Approved by Phase 3 Committee
	2023 04 06	Approved by UMECC
	2023 04 19	Presented to NOSM U Senate for vote on approval

NOSM UNIVERSITY

Action Briefing Template

To:	Senate	Date of Meeting: April 19, 2023
Submitted By:	Miriam Cain	
Responsible Portfolio:	Registrar's Office	
Subject:	Academic Fee Schedule 2023-2024 (revised)	

◉ For Approval ○ For Recommendation ○ For Discussion

BACKGROUND:

(1) Year 5 for UME program Tuition and Fees

NOSM University's undergraduate medical education program has a year 5 that was created to allow students who do not match during the CARMS to extend their enrollment at NOSM U in the UME program and allows them to continue in medical school and participate in further training and electives experiences with the aim of enhancing their chances of matching to a residency program in the future. If a student is not enrolled in the MD program, they cannot participate in elective training experience aimed at medical students.

The tuition rate list for the Year 5 of the UME program charge fees on a cost recovery basis.

MOTION: Moved by Senator Cain

Move that the revised NOSM University Academic Fee Schedule for 2023-2024 be approved as presented.

SUPPORTING MATERIALS:

- Academic Fee Schedule 2023-2024

Academic Fee Schedule 2023-2024

MD Program Tuition and Ancillary Fees

Fee Description	Year 1	Year 2-4	Year 5
Annual			
Tuition Fees	$23,247.00	$23,247.00	$11, 600.00
Ancillary Fees	$799.48	$719.48	$719.48
Total Annual Fees	**$24,046.48**	**$23,966.48**	**$12,319.48**

MD Program Payment Schedule

Payment	Due Date	Year 1	Year 2-4	Year 5
Deposit		-$1,000.00		
1st Installment (50% Total Fees less Deposit)	August 15, 2023	$11,023.24	$11,983.24	Year 5 students must pay complete tuition and ancillary fees in one installment.
2nd Installment (50% Total Fees)	December 15, 2023	$13,023.24	$11, 983.24	
Total Annual Fees		**$24,046.48**	**$23,966.48**	**$12,319.48**

*First year students pay a deposit of $1000 on admission which credited to their student account

MD Program Ancillary Fee Details

Fee Description	Year 1	Year 2-4	Year 5
NOSM U Ancillary Fees			
Student Health and Wellness Fee	$100.00	$100.00	$100.00
Campus Safety Fee	$50.00	$50.00	$50.00
Subtotal:	**$150.00**	**$150.00**	**$150.00**
NOSM U Student Council Ancillary Fees			
Student Health Plan**	$409.43	$409.43	$409.43
Canadian Federation of Medical Student (CFMS Dues	$80.00	-	-
Administrative Fee	$29.89	$29.89	$29.89
Executive Portfolio Fee	$130.16	$130.16	$130.16
Subtotal:	**$649.48**	**$569.48**	**$569.48**
Total Ancillary Fees:	**$799.48**	**$719.48**	**$719.48**

* opt out options available

Graduate Studies Domestic Tuition and Ancillary Fees

Full-time

Fee Description	All Years
Annual	
Tuition Fees	$11,950.00
Ancillary Fees	$539.32
Total Annual Fees	***$12,489.00**

*Ancillary fees charged once per academic year.

Part-time

Fee Description	All Years
Annual	
Tuition Fees	$5,975.00
Ancillary Fees	$79.89
Total Annual Fees	***$6,054.89**

*Ancillary fees charged once per academic year.

Graduate Studies Domestic Tuition Payment Schedule

Full-time

Payment	Due Date	Amount
Deposit		-$1000.00
Fall Term	August 15, 2023	*$3,983.50
Winter Term	December 15, 2023	$3,983.50
Spring/Summer Term	May 1, 2024	$3,983.00
Total Annual Fees		****$11,950.00**

* Students who begin the program in the winter term will have the ancillary fees charged accordingly.
**Students entering the first term of graduate studies will pay a deposit of $1000 on admission which is credited to their student account.

Part-time

Payment	Due Date	Amount
		-$1000.00
Fall Term	August 15, 2023	*$1991.50
Winter Term	December 15, 2023	$1,991.50
Spring/Summer Term	May 1, 2024	$1,992.00
Total Annual Fees		****$5975.00**

* Students who begin the program in the winter term will have the ancillary fees charged accordingly.
** Students entering the first term of graduate studies will pay a deposit of $1000 on admission which is credited to their student account

Graduate Studies Domestic Ancillary Fee Details

Full-time

Fee Description	All Years
NOSM U Ancillary Fees	
Student Health and Wellness Fee	$100.00
Subtotal:	**$100.00**
NOSM Student Council Ancillary Fees	
Student Health Plan**	$409.43
Administrative Fee	$29.89
Subtotal:	**$439.32**
Total Annual Ancillary Fees:	**$539.32**

* opt out options available

Part-time

Fee Description	All Years
NOSM U Ancillary Fees	
Student Health and Wellness Fee	$50.00
Subtotal:	**$50.00**
NOSM Student Council Ancillary Fees	
Administrative Fee	$29.89
Subtotal:	**$29.89**
Total Annual Ancillary Fees:	**$79.89**

Graduate Studies International Tuition and Ancillary Fees

Full-Time option only

Fee Description	All Years
Annual	
Tuition Fees	$35,000.00
Ancillary Fees	$129.89
Total Annual Fees	**$35,129.89**

Graduate Studies International Tuition Payment Schedule

Full-time

Payment	Due Date	Amount
Deposit		-$1000.00
Fall Term	August 15, 2022	*$11,795.89
Winter Term	December 15, 2022	$11,667.00
Spring/Summer Term	May 1, 2023	$11,667.00
Total Annual Fees		****$35,129.89**

* Students who begin the program in the winter term will have the ancillary fees charged accordingly.
** Students entering the first term of graduate studies will pay a deposit of $1000 on admission which is credited to their student account.

Graduate Studies International Ancillary Fee Details

Full-time

Fee Description	All Years
NOSM U Ancillary Fees	
Student Health and Wellness Fee	$100.00
Subtotal:	**$100.00**
NOSM Student Council Ancillary Fees	
Administrative Fee	$29.89
Subtotal:	**$29.89**
Total Annual Ancillary Fees:	**$129.89**

*Ancillary fees charged once per academic year.

Northern Dietetic Internship Program (NODIP)

Fee Description	
Annual	
Deposit	-$150.00
Tuition Fees	*$2850.00
Ancillary Fees	$489.32
Total Annual Fees	**$3489.32**

* Students will pay a deposit of $150 on admission which is credited to their student account.

NODIP Ancillary Fee Details

Fee Description	Amount
NOSM U Ancillary Fees	
Student Health and Wellness Fee	$50.00
Subtotal:	**$50.00**
NOSM Student Council Ancillary Fees	
Student Health Plan**	$409.43
Administrative Fee	$29.89
Subtotal:	**$439.32**
Total Annual Ancillary Fees:	**$489.32**

* opt out options available

NODIP Payment Schedule

Payment	Due Date	46 weeks
Tuition and Ancillary Fees	August 15, 2023	$3,489.32

NOSM UNIVERSITY

Action Briefing Template

To:	Senate	Date of Meeting: April 19, 2023
Submitted By:	Miriam Cain	
Responsible Portfolio:	Registrar's Office	
Subject:	Academic Fee and Refund Schedule Policy - Revised	

◉ For Approval ○ For Recommendation ○ For Discussion

BACKGROUND:

(1) Academic Fee and Refund Schedule Policy for 2023-24

This is an update of dates for the new academic year along with one addition to the graduate studies fee schedule that refers to the requirement for graduate students to maintain continuous registration. (Page 3)

As per the NOSM University Graduate Studies Student Handbook, a graduate student who is active in their program must be registered in MEDS 5810 in each of the three terms of the academic year. If by the last day to add a course in any one term, the student has not registered in MEDS 5810, the Registrar's office will automatically register that student in MEDS 5810 and all associated tuition and fees will be due by the deadlines noted in the Academic Fee Schedule.

MOTION: Moved by Senator Cain

Move that the revised Academic Fee and Refund Schedule Policy be approved as presented.

SUPPORTING MATERIALS:

- Academic Fee and Refund Schedule Policy - updated

Academic Fee and Refund Schedule Policy

Approved by Senate: April 19, 2023 (updated Version)

Fee payment Deadlines

Due Date		
August 15, 2023	**2023-2024 Fall/Winter Fees**	• Undergraduate students pay their first installments. • Graduate Students Pay their Fall Term fees.
December 15, 2023	**All remaining balances due for 2023-24 Fall/Winter.**	• Undergraduate students pay their second installment. • Graduate Students pay the Winter 2024 Term Fee.
May 1, 2024	**2024 Spring/Summer Term Fees**	• Graduate Students pay the 2024 Spring/Summer Term Fee.

Undergraduate Schedule of Payment

The Schedule of Academic Fees outlines the amount to pay for Tuition and Ancillary fees according to the two options below.

Options	Due Date	Payment Amount

A	August 15, 2023	FULL
B	August 15, 2023	1st Installment
	December 15, 2023	2nd Installment

A late payment fee of $100 will be charged for *each* missed due date.

Note: If no fees are paid by September 21, 2023, course registration is subject to cancellation and all academic records will be frozen.

All graduate students must register and pay per term until graduation. There are 3 terms per year including Fall (September to December), Winter (January to April), Spring/Summer (May to August). Term fees are due as noted in the NOSM U 2023-24 Payment Due Dates Schedule.

REFUND POLICY

It is the responsibility of the student to familiarize themselves with NOSM University Fees and Refund Schedules and Policies and Academic Fee Schedule.

Please note that the Academic and Financial Dates are *different.*

To be eligible for full or partial refund, the student must first drop courses and or withdraw from their program, and there must be a credit balance on the overall account.

All charges and outstanding fees accrued to the drop date or date of withdrawal will remain due and payable on the student's account. The partial or total reimbursement of tuition fees depends on the official date of withdrawal as registered on the student's file. Any eligible refund will be issued to the original payer and to the original method in which it was paid.

If the student is the original payer, and the funds came from a Canadian bank account, the refund will be issued by direct deposit.

No refund of Ancillary Fees will be given after the final date to register in the term. Please see the Schedule of Academic Fees for a list.

All graduate students must be registered in each of the three semesters of the academic year throughout the period of their program until all academic requirements are met and they have been deemed eligible to graduate. There is a minimum fee for all graduate degrees, and this will depend on the semester fees in effect at the time of first registration. Semester fees are subject to review at least annually.

For students enrolled in a Graduate Studies program the amount of the tuition adjustment will be determined by the date on which the course or program has been dropped. The amount will be prorated in accordance with the **Graduate Studies Refund Schedule**. Aside from **withdrawal** from the program, Graduate students must register and pay per term, *until graduation*. Accordingly, there is no adjustment of fees for early completion within the last term of study.

As per the NOSM University Graduate Studies Student Handbook, a graduate student who is active in their program must be registered in MEDS 5810 in each of the three terms of the academic year. If by the last day to add a course in any one term, the student has not registered in MEDS 5810, the Registrar's office will automatically register that student in MEDS 5810 and all associated tuition and fees will be due by the deadlines noted in the Academic Fee Schedule.

Please note that students should not deliberately overpay their student account. In cases where payments exceed the amount of the student's tuition fees for the session, or where no fees are billed, or where payment for student living expenses is made to the University, the University reserves the right to hold the credit on account for (a) subsequent academic session(s), or to return the funds to the original payer, by the original method of payment. Normal Refund Administration and International Wire Transfer fees will apply.

REFUND SCHEDULES:

Please make sure that you have read and understood the Refund Policy prior to reviewing this Refund Schedule.

MD Refund Schedule

WITHDRAWAL PERIOD – 2023/24 Fall/Winter Two Term Course (Sept 2023-July 2024)

From	To	Tuition Adjustment
Initial Registration Date	Sept 18, 2023	100%

Sept 18, 2023	Nov 6, 2023	75%
Nov 6, 2023	Jan 8, 2024	50%
Jan 8, 2024	Feb 12, 2024	25%
Feb 12, 2024		NO REFUND

Graduate Refund Schedule

WITHDRAWAL PERIOD - Fall Term (September to December 2023)

From	To	Tuition Adjustment
Initial Registration Date	Sept 18, 2023	100%
Sept 18, 2023	Oct 2, 2023	75%
Oct 2, 2023	Nov 6, 2023	50%
Nov 6, 2023		NO REFUND

WITHDRAWAL PERIOD - Winter Term (January to April 2024)

From	To	Tuition Adjustment
Initial Registration Date	Jan 22, 2024	100%
Jan 22, 2024a	Feb 5, 2024	75%

Feb 5, 2024	March 12, 2024	50%
March 12, 2024		NO REFUND

WITHDRAWAL PERIOD - Spring-Summer Session (May 6 to July 26, 2024)

From	To	Tuition Adjustment
Initial Registration	May 6, 2024	100%
May 6, 2024	May 17, 2024	75%
May 17, 2024	June 10, 2024	50%
June 21, 2024		NO REFUND

NOSM UNIVERSITY

BRIEFING NOTE

To: Senate **Date: April 11, 2023**

From: Dr. Sherry Mongeau, Director Learner Support Services & Lyne Aubry-Yates, Director HR

Subject: Sexual Violence Policy and Procedures (Learner and Staff and Faculty)

Action Required: ☐ INFORMATION ☒ APPROVAL/DECISION

Summary and Background

The Minister of Colleges and Universities announced on February 28, 2022, regulatory changes to support postsecondary students reporting sexual violence or harassment. **As a result, O. Reg. 131/16 (Sexual Violence at Colleges and Universities)**, made under the Ministry of Training, Colleges and Universities Act, has been amended.

The regulation amendment requires publicly assisted postsecondary institutions to update their sexual violence policies to reflect two new requirements:

1. If students, in good faith, report an incident of, or make a complaint about, sexual violence, they will not be subject to discipline or sanctions for violations of the college's or university's policies relating to drug or alcohol use at the time the alleged sexual violence occurred.
2. Students who disclose their experience of sexual violence through reporting an incident of, making a complaint about, or accessing support and services for sexual violence, will not be asked irrelevant questions during the investigation process by the college's or university's staff or investigators, including irrelevant questions relating to the student's sexual expression or past sexual history.

Legislative Context - Amendment to O. Reg. 131/16 (Sexual Violence at Colleges and Universities) and Annual Reporting

As such, it was necessary for NOSM University to ensure we comply with the Ministry.

Due to the constricted time frame for NOSM University to comply with the Ministry, there is a request to waive the first reading.

MOTION #1: Moved Senator Lariviere Seconded By Senator Cain

Moved that the Senate herein approve the recommendation to waive the first reading.

MOTION #2: Moved Senator Lariviere Seconded By Senator Cain

Moved that the Sexual Violence Policy and Procedures be approved as presented.

Consulted Sources

- University of Saskatchewan
- Lakehead University
- McMaster University

Communications Strategy

- Presentation to the Management Group/Management Steering Group April 2023
- Announcement in the NOSM University Pulse
- Posting to the public website
- Submit for approval to the Board of Governors for May 17, 2023, meeting.
- Submit to various groups within NOSM University for dissemination broadly i.e., NOSM Student Council, programs, and other committees and groups.

Implementation Strategy

This statement will be implemented throughout the University via:

- The communication plan is outlined above.
- Annual reporting to the Ministry of Colleges.
- Inclusion in the University's online Policy Library (in development)
- University's Policy Awareness Online Training Course (in development)
- Information and training sessions provided to learners through Learner Support Services and staff and faculty by a member of Human Resources

Attachments/Appendixes

- NOSM University Sexual Violence Policy
- NOSM University Sexual Violence Procedure (Learners)

- NOSM University Sexual Violence Procedure (Faculty and Staff)

Sexual and Gender-Based Violence Policy					Class: A
Approved By:	Senate & Board of Governrors				
Approval Date:	YYYY MM DD	**Revised Date:**	YYYY MM DD	**Review Date:**	YYYY MM DD
Responsible Portfolio/Unit/ Committee:	Administration and Operational Support – Human Resources and Learner Support Services				
Responsible Officer(s):	Vice President Administration and Chief Operating Officer (COO) and Director, Learner Support Services				

1.0 Purpose

Northern Ontario School of Medicine (NOSM) University is committed to providing an environment to learn and work that is free from sexual and gender-based violence. Sexual and gender-based violence is unacceptable and will not be tolerated at the University. As such, this Policy is intended to:

a) Articulate NOSM University's commitment to sexual and gender-based violence prevention and response;
b) Prevent sexual violence and reduce the risk of sexual violence incidents;
c) Promote a culture of consent in which everyone has a responsibility to prevent sexual violence;
d) Identify resources and supports that are available to the NOSM University community; and
e) Outline the process for making reports or complaints to initiate an investigation for those who experience sexual violence.

2.0 Scope

This Policy applies to all NOSM University community members, including but not limited to, learners, faculty, staff, and visitors to campus.

a) On-campus – the scope includes incidents of sexual violence where the respondent is a member of the NOSM University community and which take place on its land and facilities either rented or owned, or using university-owned or run property or equipment including, but not limited to, telephones, computers, and computer networks.
b) Off-campus – the scope includes incidents of sexual violence that occur off campus where the respondent is a member of the NOSM University community and:
    i. When the incident is part of a NOSM University academic or clinical environment; or
    ii. When the incident is part of a NOSM University-sponsored event that has been defined as such. This includes all University-related activities (authorized and non-authorized) where there is a clear nexus to the working or learning environments.

In certain circumstances, more than one policy or code may apply or may be relevant to the process outlined herein. In the case of conflict in the provisions of this Policy with a binding

contract, collective agreement, or applicable legislation, the binding contract, collective agreement or applicable legislation will prevail. Further, policies or codes of other partner institutions/agencies may also apply in tandem with this Policy as set out in Section 6.0 Supporting Documents. In such circumstances, NOSM University may undertake consultations with the Administrator of the other policy or code before formal proceedings under this Policy are initiated.

3.0 Definitions

TERM	DEFINITION
Accommodations	For the purposes of this Policy, are adjustments to individuals' academic, clinical, workplace, or residence arrangements made to support them and/or enhance their safety (e.g., a change in assignment deadlines or tutorial group, a change in supervisory arrangements, a change in residence location).
Coercion	In the context of sexual assault and sexual misconduct, coercion is unreasonable and persistent pressure for sexual activity. Coercion is the use of emotional manipulation, blackmail, threats to family or friends, or the promise of rewards or special treatment, to persuade someone to do something they do not wish to do, such as being sexual or performing particular sexual acts.
Complaint	A written complaint of sexual or gender-based violence filed by a Complainant in accordance with the procedures associated with this Policy.
Complainant	For the purposes of this Policy, Complainant means an individual who identifies their experience as sexual or gender-based violence through disclosure, report, or complaint.
Community Member	Community members include, but are not limited to, NOSM University learners, residents, faculty, staff, stipendiary faculty, members of the Board of Governors, members of Senate, volunteers, visitors of any kind, and other individuals who are acting in a capacity as defined by their relationship with the University and/or engaging in University-related activities.
Consent	Consent in the context of sexual activity is the voluntary agreement of an individual to engage in the sexual activity in question. It is the responsibility of the person initiating or engaging in a sexual activity to obtain clear and affirmative responses at all stages of sexual engagement. No consent is obtained or implied, where: • The agreement is expressed by the words or conduct of a person other than the individual;

	• The individual is incapable of consenting to the activity; • The person induces the individual to engage in the activity by abusing a position of trust, power, or authority; • The individual expresses, by words or conduct, a lack of agreement to engage in the activity; • The individual, having consented to engage in sexual activity, expresses by words or conduct, a lack of agreement to continue to engage in the activity; • The individual may be bodily harmed or is threatened with bodily harm; or • The individual is under the age of consent. Consent requires that a person is able to freely choose between two options: yes and no. This means that there must be an understandable exchange of affirmative words, which indicates a willingness to participate in mutually agreed upon sexual activity. The fact that consent was given in the past to a sexual or dating relationship does not mean that consent is deemed to exist for all future sexual activity. It is also imperative to understand the following: Silence or non-communication must never be interpreted as consent, and a person in a state of diminished judgment or capacity cannot consent. A person must be sober in order to give consent. In addition, a person is incapable of giving consent if they are asleep, unconscious or otherwise unable to communicate. a person who has been threatened or coerced (i.e., is not agreeing voluntarily) into engaging in the sexual activity is not consenting to it. a person who is drugged is unable to consent.
Disclosure	When an individual tells a University community member they have experienced or witnessed sexual and gender-based violence involving a University community member.
Dispute Resolution	A form of early resolution that may include facilitation, mediation, coaching, or any other dispute resolution method deemed appropriate.
Event	Authorized and unauthorized activities occurring on or off of University premises, including but not limited to public lectures, performances, placements, athletic events, work or study-related conferences/training sessions, and that may include work or study-related travel.

Faculty	Individuals having an academic rank at NOSM University whose responsibilities include any or all of the following: teaching, research, administrative work, committee work, and scholarly activity.
Formal Complaint	A written complaint that sets out the facts the Complainant believes are sufficient to support an allegation under the policy.
Formal Complaint Process	The process is initiated by the submission of a Formal Complaint. The determination of the appropriate process relies on the University having jurisdiction and is determined according to the stakeholders involved.
Interim Measures	Steps taken to safeguard the environments or individuals disclosing sexual and gender-based violence and of individuals whose conduct is being questioned. The interim measure shall not be construed as evidence or either guilt or a finding of sexual and gender-based violence or as an affirmation of innocence or a finding that no sexual violence occurred.
Learner	All individuals registered at NOSM University
Learner Affairs Officer	Individuals who have been given a Professional Staff appointment as a Learner Affairs Officer, including a professional staff rank, who are expected to provide Learner counselling and advising, creation and delivery of related programs, and other duties.
Respondent	For the purposes of this Policy, any person against whom a disclosure, report or complaint of sexual and gender-based violence is made.
Sexual Assault	Any kind of sexual contact without mutual consent. It can include but is not limited to unwanted touching, kissing, fondling, oral or anal sex, intercourse, other forms of penetration, or any other unwanted act of a sexual nature.
Sexual Harassment	Sexual Harassment is included in the definition of sexual violence and means engaging in the course of vexatious comment or conduct based on sex, sexual orientation, gender identity or gender expression that is known or ought reasonably to be known to be unwelcome. This includes implied or expressed rewards or benefits for sexual favours; non-consensual taking or posting of a sexual picture; aggressive or intolerant comment or slur (including cyberbullying or through social media); or uttering any sexual threat.

Sexual and Gender-Based Violence	In this Policy, sexual and gender-based violence means any sexual act or act targeting a person's sexuality, gender identity or gender expression, whether the act is physical or psychological in nature, that is committed, threatened or attempted against a person without the person's consent, and includes sexual assault, sexual harassment, stalking, indecent exposure, voyeurism, and sexual exploitation.
Staff	Includes all union (excluding faculty) and non-union persons who are in an employment relationship with the University. Includes senior administrative leadership, OPSEU Unit 2, management group, and non-management group.
Stalking	Stalking involves behaviours that occur on more than one occasion, which collectively instills fear in the person who has been victimized or threatens a person's safety or mental health. Stalking can also include threats of harm to the friends of the person who has been victimized and/or family. These behaviours include but are not limited to non-consensual communications (face to face, phone, email, social media); threatening or obscene gestures; surveillance; sending unsolicited gifts; "creeping" via social media/cyber-stalking; and uttering threats.
Stipendiary Faculty	Individuals with an academic rank who are remunerated on a contractual or other basis but are not members of the OPSEU Unit 1 collective bargaining unit.
Support	Services and/or programs provided to individuals that are available at the University and in the community.
Support Person	A person of the individual's choice who provides psychological or emotional support during the complaint and investigation process (e.g., friend, family member, union representative, legal counsel) but is not a witness or potential witness in the matter. The Support Person may be present during investigation interviews but may not participate as a representative.

4.0 Policy

4.1 Principles

Once a disclosure is made, regardless of whether a formal complaint is submitted, the University will provide support as appropriate that is sensitive to the circumstances identified by the Complainant. NOSM University is committed to the principles as set out below, and the interpretation of this Policy should be based on the same principles.

a) Ensuring a survivor-centred approach is followed.
b) Recognizing that an individual may not identify with the labels 'victim' or 'survivor' and respecting each individual's preferred term in interactions with that individual.
c) Believing and respecting that individuals who have made a disclosure, report, or complaint are the final decision-makers with respect to their own best interests.
d) Ensuring those who disclose sexual or gender-based violence of any kind are treated with compassion, dignity and respect.
e) Ensuring those who disclose sexual or gender-based violence of any kind are heard and have access to appropriate support and resources as well as the choice in those services they feel will be most beneficial.
f) Informing those who disclose sexual or gender-based violence of any kind about reporting options.
g) Maintaining confidentiality of those who have made a disclosure, report, or complaint of sexual or gender-based violence, to the extent that is legally possible.
h) Ensuring procedural fairness and due process for all parties in the resolution process(es).
i) Providing appropriate accommodations, academic or otherwise, to those affected by sexual and gender-based violence.
j) Providing assistance to those affected by sexual and gender-based violence in the formulation of a personal safety plan.
k) Holding those who have committed sexual or gender-based violence accountable for their actions.
l) Safeguarding University learners, residents, faculty, staff, and visitors to campus against acts of sexual and gender-based violence.
m) Providing education and training opportunities to University community members with respect to responding to disclosures of sexual and gender-based violence.
n) Providing education and training opportunities to University community members with respect to sexual and gender-based violence and how to reduce and prevent these forms of violence and harassment.

4.2 Initial Intake

In the case of learners at NOSM University, an individual wishing to file a complaint of sexual and gender-based violence is encouraged to first contact the Director, Learner Support Services (LSS) for disclosure support, complaint intake, and reporting options.

All learners reporting incidents of sexual and gender-based violence can report through the confidential email: svinfo@nosm.ca.

In the case of other members of the University community (i.e. staff and faculty), an individual may file a complaint with their supervisor or contact the Director, Human Resources.
All staff and faculty reporting of sexual and gender-based violence can be reported through the confidential email: sv.hr@nosm.ca.

Any University community member who is the subject of an allegation under the Policy will be assisted by the Director, Human Resources, who will ensure they receive support, and guidance, and are in receipt of relevant information, services, and supports relating to the policy.

NOSM University recognizes the Complainant may wish to control whether their experience is dealt with under the University's dispute resolution process. Wherever possible, and subject to the University's legal obligations, a Complainant will retain this control. Notwithstanding, the University has the obligation to act on information that suggests an incident or pattern of behaviour occurred that poses a clear and ongoing threat to the Complainant and others.

4.3 Investigation Process

Refer to the accompanying procedure documents for detailed procedural steps.

Sexual Violence Policy – Procedures for Faculty and Staff
Sexual Violence Policy – Procedures for Learners

Nothing in this Policy precludes a Complainant from filing a criminal complaint directly with a police service.

4.4 Interim Measures

In certain circumstances, it may be necessary for the University to institute interim measures in order to protect the Parties, promote a healthy environment, facilitate the Dispute Resolution and Investigation processes and safeguard various interests.

Interim steps that can be implemented during the complaint and investigation process may include limiting contact between Parties and/or temporarily relocating or reassigning a Party pending the outcome of the process. Any steps taken should not penalize the Parties or put them at a disadvantage for participating in the process. In the event of safety concerns, the Policy Administrators will seek the appropriate advice and take all necessary action.

Interim Measures for learners and residents are outlined in the Sexual Violence Procedures document. For employees, such Interim Measures will be consistent with University policies or appropriate collective agreements.

4.5 Right to Withdraw a Formal Complaint

A Complainant has the right to withdraw a Formal Complaint they initiated at any stage of the process; however, the University may continue to act on the issue identified in the Formal Complaint to the extent necessary to comply with its legal obligations.

4.6 Protection from Reprisal, Retaliation, or Threats

NOSM University prohibits reprisal, retaliation, or threats against any individual who sincerely and in good faith makes use of this Policy or participates in any process held under its jurisdiction. No individual shall be subjected to negative treatment for raising sexual and gender-based violence concerns or disclosing, filing a Formal Complaint, providing information related to a complaint, or participating in an Investigation under this Policy. All parties, witnesses, advisors, investigators, and policy administrators are protected from reprisal. Interference with an Investigation under this Policy will constitute a violation of this Policy.

It is a contravention of this Policy for any individual to reprise or take adverse retaliatory action against others for participating in a process under this Policy. Any individual who believes they are subject to reprisal or threat of reprisal shall report this to the Director, Human Resources at NOSM University. Any individual or entity found to be engaging in reprisal will be subject to sanctions under this Policy of the same consequences as complaints of discrimination and harassment.

4.7 Vexatious Complaints

Formal Complaints that are found (following an investigation) to have been made in bad faith may result in sanctions or discipline against the individual who lodged the complaint.

4.8 Multiple Proceedings

Where criminal, civil, or administrative proceedings ("External Proceedings") are commenced in respect of allegations of sexual violence, the University reserves the right to conduct its own independent investigation into such allegations or to defer some or all of its own processes under this Policy. The University will make its own determination in accordance with its policies and procedures.

4.9 Confidentiality

NOSM University understands the importance of maintaining confidentiality to create an environment in which Complainants feel safe to disclose and seek support. Confidentiality is critical to ensure a fair process, protect against reprisal, preserve a respectful environment, and ensure the integrity of the Dispute Resolution and Investigation processes. Administrators of this Policy must refrain from discussing the concerns, allegations, and Investigations with others extraneous to the process. All parties and participants must keep the content of the complaint, response, evidence, findings and outcome in strict confidence. In case of any intentional or careless breach of confidentiality, the individual responsible for the disclosure will be subject to sanctions under this Policy. Confidentiality should therefore be protected to the extent possible; however, the University may be precluded where for example:

a) There are reasonable grounds to believe that one or more University learners, residents, staff, faculty, or individuals in the wider community may be at risk of harm.
b) Reporting is required by law (i.e. mandatory reporting of a minor).
c) An investigation is undertaken.
d) If accommodation or support are needed on a need-to-know basis.
e) The allegations are subject to External Proceedings.

4.10 Reporting and Maintenance of Records

The reporting and maintenance of records shall be in accordance with provincial regulations. An annual report will be provided to Senate by the Office of the Provost and Vice President – Academic.

4.11 Training

The University will provide or make available appropriate training regarding this Policy to University staff, faculty, and learners, including individuals who will be involved in the investigation or decision-making process.

4.12 Sexual Violence Awareness and Education Programs

NOSM University has the responsibility for ensuring ongoing sexual violence awareness and education programs for members of the NOSM University community.

5.0 Responsibility

All members of the NOSM University community:

a) Will make themselves aware of the policy and their responsibilities under the policy.
b) Will participate in the education and training programs made available.
c) Respect the individual's right to confidentiality if an incident of sexual violence is disclosed to them by a survivor, refer them to the appropriate unit (i.e. Director, Learner Support Services or Director, Human Resources) where they can seek support, accommodations (if needed) and advice about reporting options.
d) Make themselves aware of the services available as detailed in this Policy so that they might refer individuals looking for specific assistance and support.

The NOSM University Executive Group (EG) is responsible for:

a) Maintaining and communicating an ongoing commitment to combat the issue of sexual and gender-based violence at NOSM University.
b) Fostering a consent culture.

The Director, Learner Support Services (LSS) will:

a) Regularly monitor the confidential email: svinfo@nosm.ca.
b) Work in close partnership with the Director, Human Resources on the interpretation and application of this Policy.
c) Ensure appropriate supports are in place for survivors who are learners of the University, including through the Student Assistance Program (SAP).
d) Consistent with University policies or appropriate collective agreements, work with the Director, Human Resources to impose interim measures for learners.

The Director, Human Resources will:

a) Work in close partnership with the Director, Learner Support Services on the interpretation and application of this Policy.
b) Ensure appropriate supports are in place for survivors who are employees of the University through human resources programs as well as employee and family assistance program (EFAP).
c) Consistent with University policies or appropriate collective agreements, impose interim measures for staff and faculty.

Faculty Affairs is responsible for the following:

a) Providing reasonable academic accommodations and/or considerations to learners and residents impacted by sexual violence.

6.0 Supporting Documents

Sexual Violence Policy – Procedures for Faculty and Staff
Sexual Violence Policy – Procedures for Learners
Freedom of Information and Protection of Privacy Act
Human Rights, Anti-Discrimination & Harassment Policy and Procedure
Workplace Violence Policy
Responding to Student Concerns of Mistreatment Procedure
Responding to Resident Concerns of Mistreatment Procedure
OPSEU Unit 1 Collective Agreement
OPSEU Unit 2 Collective Agreement
UME Code of Student Conduct
Code of Respect

Bill 132, Sexual Violence and Harassment Plan

7.0 Implementation

This Policy will be communicated throughout the University via:

1. An announcement notice in “The Pulse” directing community members to the website and through the University Policy - ‘Recently Approved Documents’ webpage to alert the University-wide community of the approved Policy.
2. Inclusion in the University’s online Policy Library.
3. Distribution of emails to Portfolio and unit supervisors, executive assistants, and other stakeholder representatives
4. Inclusion as part of the University’s Policy Awareness Online Training Course.
5. Education and information sessions provided by a member of Human Resources or Learner Support Services, whichever is most appropriate for the audience.

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Version	**Date**	**Authors/Comments**
1.0	YYYY MM DD	

Procedure

Sexual and Gender-Based Violence Procedure					Class: A
Approved By:	Senate and Board of Governors				
Approval Date:	YYYY MM DD	**Effective Date:**	YYYY MM DD	**Review Date:**	YYYY MM DD
Responsible Portfolio/Unit/ Committee:	Learner Support Services				
Responsible Officer(s):	Director, Learner Support Services				

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1.0 Purpose

All members of the NOSM University Community ("Community Members" see clause below) have a right to study, work, and live in an environment that is free of sexual violence.

The purpose of this Procedure is to:

a) articulate NOSM University's commitment to sexual violence prevention and response;
b) identify services and resources related to sexual violence that are available to all members of the NOSM University Community ("University Community"); and
c) explain the complaint and reporting options, supports, and accommodations that are available to all members of the NOSM University community who experience sexual violence.

2.0 Scope

This Procedure applies to all University learners. This Procedure applies to all University Campuses and at all University-sponsored events including all University-related activities, which are activities (authorized and non-authorized) where there is a clear nexus to the working or learning environment at the University (on and off University premises). This Procedure applies if the person affected by sexual violence is a University Learner– irrespective of where the sexual violence occurred and irrespective of whether the person accused of sexual violence is a University Community Member.

This Procedure is applicable to all forms of sexual violence:

a. Acts of Sexual Assault, which fall under the broad definition of sexual violence, are considered a violation of this policy and its procedures shall apply; and
b. Acts of Sexual Harassment which fall under the broad definition of Sexual Violence may be considered a violation of the Human Rights, Anti-Discrimination and Harassment policy and its procedures may apply.

3.0 Procedures

This Procedure Document for learners ("Procedures Document") is part of the University's Sexual Violence Policy ("Policy") available at: (put in link) and provides specific information regarding Disclosure, Interim Measures and Complaint procedures for incidents of sexual violence involving learners.

3.1 Disclosure

a. Anyone can make a Disclosure.
b. Subject to the University's legal obligations, a Disclosure does not normally trigger any of the Resolution Options. Complainants may choose not to participate in any of the Resolution Options.
c. Once a Disclosure is made and regardless of whether any of the Resolution Options are initiated, the University will provide Support, as appropriate
d. Except where the University has an obligation to, no actions will be taken against a Person Accused by the University solely on the basis of a Disclosure.

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3.2 Intake and Initiation of Complaints

In the case of a learner, if an individual wished to file a complaint of sexual violence, they are encouraged to contact the Director, of Learner Support Services for disclosure support, complaint intake, and reporting options through svinfo@nosm.ca.

All Complaint Intake Forms for learners are sent to the Director of Learner Support Services, who will review and assess the Complaint, in consultation with the Director of Human Resources on an immediate and priority basis in order to, as appropriate:

a) confirm that it fits within the scope of the Procedure;
b) consider requirements pursuant to the Occupational Health and Safety Act;
c) consider whether the parties are interested in voluntary resolution and whether it is feasible/appropriate in the circumstances;
d) determine if an investigation is required, and, if so, set parameters accordingly, in consultation with the appropriate Decision-Maker (including, for example, which internal or external investigator; timelines, mandate, and scope for the Investigation);
e) consider and coordinate appropriate accommodations and/or interim measures as they relate to all parties involved in the matter; and
f) as necessary, draw upon representatives of relevant services or departments in order to appropriately respond to the matter.

At any time during proceedings under this Procedure the Director, Learner Support Services or the Director, Human Resources, when convened, may determine it is necessary to disclose identities on a need-to-know basis in order to administer the Procedure.

3.3 Decision to Not Investigate

In some circumstances, a decision may be made to not investigate. The decision will be communicated in writing, with reasons, to the Complainant by the relevant Decision-Maker.

a) The University recognizes that Complainants may wish to control whether their experience will be dealt with under the University's Resolution Processes. Wherever possible, and subject to the University's legal obligations, a Complainant will retain this control.
b) Notwithstanding subsection (a), the University has the obligation to act on information that suggests an incident or a pattern of behaviour that poses a clear and ongoing threat to the Complainant or others. If the University has an obligation to act, these actions may include the imposition of interim measures or the initiation of investigations, and other interventions consistent with University policies. If the University chooses to act in these instances, attempts will be made to first notify the Complainant.

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3.3.1 University Initiated Investigation

The University may become aware of situations where a University-initiated investigation may be warranted, including, but not limited to circumstances where:

a) allegations are made about the conduct of a member of the University Community by an individual who is not, or is no longer, a member of the NOSM University Community;

b) one or more individuals disclose experiences of sexual violence involving one individual or multiple individuals within a group/organizational environment;

c) the University has a duty to investigate pursuant to the Occupational Health and Safety Act;

d) the power differential in the alleged incident indicates the potential for a pattern of repeated sexual violence; and/or

e) situations reveal broader issues to be addressed, including concerns for a poisoned environment.

The Director, Learner Support Services, in collaboration with the Manager, Learner Support Services, will consult with the appropriate Decision-Maker(s) to determine whether an investigation is warranted, on the basis of both the circumstances and nature of the allegations.

Individuals have the right not to participate as a Complainant in any University-Initiated Investigation that may occur.

3.4 Investigation Procedures

a. Respondents have the right to know the case against them, and to produce any relevant documentation, evidence, or other information, and identify witnesses to the Investigator in response to any allegations.

b. The Investigator will impartially collect evidence and interview those witnesses they deem relevant in relation to the Complaint. The Investigator may request that the appropriate authority at the University adjust the scope and the manner in which the investigation will be conducted in order to ensure a thorough and fair investigation process.

c. All NOSM University Community Members are expected to meet with the Investigator if requested to do so and to participate in good faith.

d. Complainants and Respondents have the option of being accompanied by a Support Person or Advisor.

e. All those who meet with an Investigator are required to keep confidential the Investigation and any information shared, to ensure the integrity of the proceedings. Failure to do so could be considered a breach of privacy and could be subject to a sanction under the relevant University policy.

f. An individual who was not previously identified as a Respondent but who, during the course of an Investigation, is identified as a potential Respondent (by the Investigator and with the approval of the University) will be notified and given an opportunity to meet with the Investigator and to respond to any allegations.

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3.5 Resolution Process

A Complainant can elect to pursue an allegation of sexual violence through Dispute Resolution (DR) and/or the Formal Complaint Process.

3.5.1 Dispute Resolution

i) At any time, either party may request DR through Director, Learner Support Services. DR is voluntary and will only be used if the parties agree and the University determines DR is appropriate in the circumstances.

ii) In response to a request for DR, the University will review the allegation(s) to determine if it has jurisdiction.

iii) If it is determined that the University has jurisdiction, an assessment will be made by the University as to whether DR is appropriate in the circumstances. The University will consider factors including but not limited to:

   i. The University's legal responsibility to provide an environment free from sexual violence;
   ii. Other legal procedures that may be initiated to protect statutory rights; and
   iii. The wishes of the parties.
   iv. In order to initiate DR, a written statement of the particulars of the allegation (Statement) will be provided to the Person Accused. However, DR involves no investigation or fact-finding but is an opportunity for the parties to resolve a complaint with the assistance of a trained facilitator.
   v. If DR is not successful or if the parties choose not to undertake DR, the Complainant can choose to proceed to the Formal Complaint Process. The Statement will form part of the materials for the Formal Complaint Process. Other documentation submitted during DR will not automatically be part of the materials for the Formal Complaint Process.
   vi. Individuals involved in facilitating DR will not be a witness in any proceeding related to the subject matter of the complaint unless required by law.
   vii. DR processes under this Procedure are confidential and without prejudice. Information obtained by the Complainant of the Person Accused through DR cannot be introduced as evidence in any internal disciplinary process unless required by law.
   viii. Any tentative settlement reached through DR must be mutually accepted by the parties and approved by the University.

3.5.2 Formal Complaint Process

   i. The Formal Complaint Process is managed by Learner Support Services.
   ii. Under the formal Complaint Process, the term "Complainant" will be used to identify the Survivor and the term "Respondent" will be used to identify the Person Accused.
   iii. A formal complaint is filed in accordance with the appropriate University policies or procedures applicable to the Respondent.
   iv. The Formal Complaint Process involves documentation, investigation and if appropriate, a decision-making process. The

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standard to be used in determining whether a breach has occurred is one of a "balance of "probabilities"

v. If the Respondent is no longer a NOSM University Community Member before a Formal Complaint Process has been completed, the process may be suspended.

vi. Formal complaints which raise a reasonable concern regarding broader public safety may result in information being shared with University staff, faculty, learners or another police service.

vii. If the Director, Learner Support Services determines that the Formal Complaint satisfies subsection a(ii) above, the Director, Learner Support Services will advise the parties as appropriate and initiate the investigation process.

viii. The investigation will include among other things, interviewing the parties and relevant witnesses, and requesting and reviewing the relevant documentation. During the University's investigative process, learners who share their experience of sexual violence through disclosing, accessing support and/or reporting to the University, will not be asked irrelevant questions from the University's staff or investigators, such as those relating to past sexual history or sexual expression. The parties may be accompanied in their interviews by a support person. A support person cannot also act as a witness.

ix. Once the investigation has been concluded, a report will be prepared by the investigator(s) (Report), which will include:

1. The allegations contained in the Formal Complaint
2. The nature of the evidence
3. An analysis of the evidence; and
4. One of the following recommendations:
   i. The Sexual Violence Policy has been breached;
   ii. The Sexual Violence Policy has not been breached; or
   iii. The Sexual Violence Policy has not been breached and the Complaint is vexatious or has been made in bad faith.

ix. The report will be reviewed by the Director, Learner Support Services and forwarded to the Provost and Vice President, Academic for a decision

x. The Provost and Vice President, Academic will consider the Report and may consult with the investigator(s) prior to making a decision. The Provost and Vice President, Academic may meet with one or both of the parties or witnesses prior to rendering a decision.

xi. The Provost and Vice President, Academic will normally make a decision within ten (10) University working days of receipt of the Report or after meeting with the parties, whichever is later. The Provost and Vice President, Academic will provide a written decision with reasons to the parties together with a copy of the Report.

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xii. If there is a finding that there has been a breach of the Sexual Violence Policy, the Respondent may appeal the decision (including penalty) in whole or in part to the Appeals Committee (hyperlink – do we need this or have this)
xiii. If there is a finding that the Formal Complaint was vexatious or made in bad faith, the Complainant may appeal the decision (including penalty) in whole or in part to the Appeal Committee
xiv. Any appeal must be submitted within 15 University working days from the date of the decision.
xv. Any appeal to the Appeals Committee will proceed as a hearing de novo in accordance with the rules of procedural fairness. The appellant has the right to be represented by an advisor or legal counsel at the hearing.
xvi. If either party appeals under subsections v or vi above, the other party will be advised of the outcome.

3.6 Penalties

Upon finding a breach of the Sexual Violence Policy, the Provost and Vice President, Academic may impose one or more of penalties. These include but are not limited to:

a) Warning
b) Non-academic Probation
c) Forbid Entry to Certain Premises
d) Restriction of Computing Privileges
e) Community Service or Educational Program
f) Restricted Access (e.g., restriction of participation in non-academic events or programs)
g) Recommendation of Suspension or Expulsion

3.7 Interim Measures

If a Dispute Resolution or a Formal Complaint Process is initiated, the University may impose Interim Measures.

Interim measures protect the Parties, promote a healthy environment, and facilitate the Investigation and safeguard various interests. Interim steps that can be implemented during the complaint and investigation process may include limiting contact between Parties and/or temporarily relocating or reassigning a Party pending the outcome of the process. Any steps taken should not penalize the Parties or put them at a disadvantage for participating in the process. In the event of safety concerns, the Policy Administrators will seek the appropriate advice and take all necessary action.

3.8 Right to Withdraw a Formal Complaint

A Complainant has the right to withdraw a Formal Complaint that the Complainant initiated at any stage of the process. However, the University may continue to act on the issue identified in the Formal Complaint to the extent necessary to comply with its legal obligations.

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3.9 Protection from Reprisal, Retaliation, or Threats

It is contrary to this Procedure for anyone to retaliate, engage in reprisals or threaten to retaliate for:

a. pursuing rights under this Procedure;
b. participating or cooperating in an investigation under this Procedure;
c. being associated with someone who has pursued rights under this Procedure. Anyone found to have engaged in such conduct will be subject to sanctions or discipline in accordance with the relevant policy or procedures.

NOSM University specifically prohibits reprisal or threats of reprisal against any individual who sincerely and in good faith makes use of this Procedure or participates in any process held under its jurisdiction. No person shall be subjected to negative treatment for raising anti-discrimination and harassment concerns or bringing forward a formal complaint, providing information related to a complaint, or participating in an investigation under this Procedure. All Parties, witnesses, advisors, Investigators, and Procedure administrators are protected from reprisal. Interference with an Investigation under this Procedure will constitute a violation of this Procedure.

It is a contravention of this Procedure for any individual to reprise or take adverse retaliatory action against others for participating in a process under this Policy. Any individual who believes they are subject to reprisal or threat of reprisal shall report this to the Director, Learner Support Services. Any individual or entity found to be engaging in reprisal will be subject to sanctions under this Procedure with the same consequences as complaints of discrimination and harassment.

4.0 Roles and Responsibilities

4.1 Learner Support Services Office

The Director, Learner Support Services, in collaboration with the Manager, Learner Support Services, is responsible for:

a) ensuring that Complainants are aware of the options available to them in seeking a response;

b) assisting Complainants in understanding what may be involved in, and what may result from, each of the options; and

c) assisting a Complainant who wishes to move forward with completing a Complaint Intake Form, which includes a description of what happened; who was involved in the incident; when and where the incident occurred; who (if anyone) saw or heard the incident, or saw or heard something of relevance prior to or after the alleged incident(s) of sexual violence;

d) individuals who contact the Learner Support Services and wish to file a Criminal Report will be assisted in filing the report.

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4.2 Provost and Vice President, Academic

The Provost and Vice President, Academic will review all final investigation reports involving learners of the NOSM University in order to make a finding of violation within the policy; the matter will be referred to the President, Vice-Chancellor, Dean, and CEO to review the final recommendations regarding appropriate remedies, and/or sanctions to ensure that outcomes are consistently applied, and are appropriate to relevant legislation, professional standards and regulations, collective agreements, and licensing bodies.

5.0 Related Documents

- NOSM University Sexual Violence Policy
- NOSM University Sexual Violence Procedure – Faculty and Staff
- Human Rights Anti Discrimination and Harassment Policy
- Workplace Violence Policy
- Occupational Health & Safety Act
- UME Code of Student Conduct
- NOSM University Code of Respect
- PARO Collective Agreement
- Bill 132, Sexual Violence and Harassment Plan

6.0 Additional Resources

Additional resources available outside the University:

Legal Aid Ontario

Sudbury

Greater/Grand Sudbury Police: For an emergency call 9-1-1 for non-emergency visit the sexual assault website

Voices for Women: Telephone: 1-705-671-5495 E-mail: VFW@hsnsudbury.ca

24/7 Helplines Sudbury Crisis Service: 705.675.4760 or Toll free 1.877.841.1101

Talk 4 Healing: 1.855.554.HEAL

Assaulted Women's Helpline: 1.866.863.0511

Ligne Fem'aide: 1.877.336.2433 ATS: 1.866.860.7082

Thunder Bay

Thunder Bay Police Service: For an emergency call 9-1-1, for non-emergency call 807.684.1200

Healing Survivors of Sexual Abuse & Assault

Faye Peterson House: 807.345-0450

Catholic Family Development Centre: 807.345.7323

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Thunder Bay Counselling: 807.684.1880

Alpha Court: 807.683.8200

7.0 Getting Help

Queries regarding interpretations of this document should be directed to:

Provost and Vice President, Academic, provost@nosm.ca and Director, Learner Support Services svinfo@nosm.ca

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Procedure

Sexual and Gender-Based Violence Procedure					Class: A
Approved By:	Senate and Board of Directors				
Approval Date:	YYYY MM DD	**Revised Date:**	YYYY MM DD	**Review Date:**	YYYY MM DD
Responsible Portfolio/Unit/ Committee:	Administration and Operational Support – Human Resources				
Responsible Officer(s):	Vice President Administration and Chief Operating Officer (COO)				

1. Purpose

Northern Ontario School of Medicine (NOSM) University is committed to providing an environment to learn and work that is free from sexual and gender-based violence. Sexual and gender-based violence in any form is unacceptable and will not be tolerated at the University.

2. Scope

This Procedure applies to all members of the NOSM University staff and faculty.

a) On-campus – the scope includes incidents of sexual violence where the respondent is a member of the NOSM University community and which take place on its land and facilities either rented or owned, or using university-owned or run property or equipment including, but not limited to, telephones, computers, and computer networks.
b) Off-campus – the scope includes incidents of sexual violence that occur off campus where the respondent is a member of the NOSM University community and:
    i. When the incident is part of a NOSM University academic or clinical environment; or
    ii. When the incident is part of a NOSM University-sponsored event that has been defined as such. This includes all University-related activities (authorized and non-authorized) where there is a clear nexus to the working or learning environments.

This Procedure is applicable to all forms of sexual violence:

a. Acts of Sexual Assault, which fall under the broad definition of sexual violence, are considered a violation of this policy and its procedures shall apply; and
b. Acts of Sexual Harassment which fall under the broad definition of Sexual

3. Violence may be considered a violation of the Human Rights, Anti-Discrimination and Harassment policy, and its procedures may apply.

4. Procedures

4.1. Disclosure

a. Anyone can make a Disclosure of sexual and/or gender-based violence.
b. Subject to the University's legal obligations, a Disclosure does not trigger Interim Measures. Complainants may choose not to participate in any of the Resolution Options.
c. Once a Disclosure is made, and regardless of whether any of the Interim Measures are initiated, the University will provide appropriate support to the Complainant.
d. With the exception of instances where the University is legally obligated to, no actions will be taken against the Respondent solely on the basis of Disclosure.
e. An individual who has experienced sexual and gender-based violence will retain control over whether a Complaint will be initiated under the Policy. The Complainant may withdraw their Complaint at any time; however, NOSM University may still be required to act on an issue arising from a Complaint.

4.2. Intake and Initiation of Complaints

The following process applies to Complaints made pursuant to the Sexual and Gender-Based Violence Policy. It is important that an individual who reports an incident of sexual and gender-based violence is heard and has access to appropriate support and resources.

In the case of staff and faculty, if an individual chooses to file a Complaint of sexual and/or gender-based violence, they are encouraged to contact the Director, Human Resources for disclosure support, complaint intake, and reporting options.

a) Complaints must be submitted, in writing, to the Director, Human Resources using the Sexual and Gender-Based Violence Form. Complaints can be submitted confidentially to sv.hr@nosm.ca.
b) A Complaint may be filed with the Director, Human Resources if the Respondent is a University Community Member.
c) The Complaint shall set out the name of the Respondent, the nature and details of the sexual and gender-based violence alleged, including facts, specific dates, and names of potential witnesses. The Director, Human Resources will acknowledge receipt of the Complaint, review it, and seek clarification, if needed.
d) The Director, Human Resources will review and assess on an immediate and priority basis in order to:
    - Confirm it is within the scope of the Sexual and Gender-Based Violence Policy.
    - Consider requirements pursuant to the Occupational Health and Safety Act.

- Consider whether it is feasible and appropriate to offer informal Dispute Resolution options. Specific consideration will be given to the severity of the act and any safety or risk factors.
- Determine if an investigation is required, and if so, set parameters accordingly and in consultation with the appropriate decision-maker.
- Consider and coordinate appropriate accommodations and/or interim measures.
- If necessary, include representatives of relevant services or units in order to appropriately respond to the matter.

4.3. Decision to Not Investigate

In some circumstances, a decision may be made to not investigate. The decision will be communicated in writing, with reasons, to the Complainant by the relevant decision-maker. The University reserves the right, at its sole discretion, to initiate a Complaint, even if the person who made the report does not wish to make a complaint, if there are reasonable grounds to believe there is a safety risk, or if the University has a legal duty to investigate the matter. Consideration in this decision will be made to:

a) The allegations are about the conduct of a member of the University Community by an individual who is not or no longer a member of the University Community.
b) The University has a duty to investigate pursuant to the Occupational Health & Safety Act.
c) There is a power differential in the alleged incident that indicates there is potential for a pattern of repeated sexual violence.
d) Situations reveal broader issues to be addressed, including concerns for a poisoned environment.

4.4. Investigation Process

The Director, Human Resources will consult with the appropriate decision-makers to determine whether an investigation is warranted, on the basis of the circumstances and the nature of the allegations. Human Resources will appoint an impartial Investigator who has knowledge, training and experience in sexual violence investigations and related issues, and who has been trained on the terms of the Policy. The Investigator may be internal or external to the University.

a) Respondents have the right to know the case against them and to produce any relevant documentation, evidence, or other information, and identify witnesses to the Investigator in response to any allegations.
b) When an Investigator is appointed, they will impartially collect evidence and interview those witnesses they deem relevant in relation to the Complaint. The Investigator may request that the appropriate authority at the University adjust the scope and the manner in which the investigation will be conducted in order to ensure a thorough and fair investigation process.
c) All NOSM University Community Members are expected to meet with the Investigator if requested to do so and to participate in good faith.

d) Complainants and Respondents have the option of being accompanied by a Support Person or union representative, if applicable.
e) Complainants and Respondents have the right to legal counsel during the interview with the Investigator.
f) All those who meet with an Investigator are required to keep strict confidentiality regarding the investigation, any information shared, and parties involved, in order to ensure the integrity of the proceedings. Failure to do so could be considered a breach of privacy and could be subject to a sanction under the relevant University policy.
g) An individual who was not previously identified as a Respondent but who, during the course of an Investigation, is identified as a potential Respondent (by the Investigator and with the approval of the University) will be notified and given an opportunity to meet with the Investigator and to respond to any allegations.

Once an Investigator is appointed, Human Resources will provide notice of investigation to:

a) The Complainant;
b) The Respondent; and
c) The Investigator

Such notice will include the following information:

a) The name and contact information of the Investigator
b) A written account of the Complaint
c) Confirmation of the right to a Support Person during the investigation
d) Any interim measures to be put in place during the investigation
e) A link to the Sexual and Gender-Based Violence Policy and any other related policies
f) The name and contact information of the University support person designated to support each of them

Once an Investigator is appointed, they will contact the parties within ten (10) business days stating:

a) They have been appointed by Human Resources
b) The role of the Investigator
c) Next steps in the investigation process.

4.5. Dispute Resolution

In appropriate circumstances, Human Resources will follow up with the Complainant and Respondent to determine their willingness to participate in an alternative resolution process and offer options. For it to be meaningful:

a) Participants must engage voluntarily and remain free of reprisal.
b) At any stage, the Complainant may indicate they wish to move to an investigation.
c) Dispute resolution may be requested by the Complainant before an investigation is commenced or completed or before it is referred to a decision-maker.

Examples include, but are not limited to:

- Impact Statement or Letter
- Facilitation

- Education
- Restorative Justice

If the Complainant and Respondent are able to reach a resolution, a written record of the resolution will be prepared by the Director, Human Resources to be signed by both parties. The signed resolution will be securely and confidentially held within Human Resources. A copy of the signed resolution will be provided to the Complainant and Respondent and may be provided to relevant university administrators if it is required to implement the terms of the resolution.

4.6. Investigation Report

Upon completion of the investigation, the Investigator will send a written, confidential report, along with supporting documents and evidence submitted during the investigation, to the Director, Human Resources.

4.7. Penalties

Consequences or measures in response to sexual and gender-based violence will depend on the circumstances, the severity of the conduct and any extenuating factors. Upon finding a breach of the Sexual and Gender-Based Violence Policy, the Director, Human Resources may impose one or more of the penalties, including but not limited to:

a) Warning
b) Forbidden entry to certain premises
c) Restriction of computing privileges
d) Mandatory attendance at an education program on the impact of sexual and gender-based violence
e) Termination of employment

5. Roles and Responsibilities

The Director, Human Resources is responsible for:

a. Ensuring Complainants are aware of the options available to them in seeking a response.
b. Assisting Complainants in understanding all available options and what each entails.
c. Assisting Complainants in the completion of the Sexual and Gender-Based Violence Form
d. Assisting individuals who contact Human Resources in filing a criminal report.
e. Providing support and services throughout the process.

To protect all individual's personal and confidential information, NOSM University will:

- Identify and label such information as confidential.
- Only collect the information deemed necessary for investigation purposes.
- Include confidentiality provisions in supporting documents.
- Store documents securely with limited access on a need-to-know basis.
- Only disclose confidential information with the consent of the parties.

6. Related Documents

In support of this procedure, the following documents are included:

- Human Rights, Anti-Discrimination & Harassment Policy
- Sexual Violence Policy
- Sexual Violence Procedure – Learners
- Occupational Health & Safety Act
- Workplace Violence Policy
- OPSEU Unit 1 Collective Agreement
- OPSEU Unit 2 Collective Agreement
- Bill 132, Sexual Violence and Harassment Plan

7. Additional Resources

Additional resources available outside the University:

Legal Aid Ontario

Sudbury

Greater/Grand Sudbury Police: For an emergency call 9-1-1 for non-emergency visit the sexual assault website

Voices for Women: Telephone: 1-705-671-5495 E-mail: VFW@hsnsudbury.ca

24/7 Helplines Sudbury Crisis Service: 705.675.4760 or Toll free 1.877.841.1101

Talk 4 Healing: 1.855.554.HEAL

Assaulted Women's Helpline: 1.866.863.0511

Ligne Fem'aide: 1.877.336.2433 ATS: 1.866.860.7082

Thunder Bay

Thunder Bay Police Service: For an emergency call 9-1-1, for non-emergency call 807.684.1200

Healing Survivors of Sexual Abuse & Assault

Faye Peterson House: 807.345-0450

Catholic Family Development Centre: 807.345.7323

Thunder Bay Counselling: 807.684.1880

Alpha Court: 807.683.8200

8.0 Getting Help

Queries regarding interpretations of this document should be directed to the Director, Human Resources, via sv.hr@nosm.ca.

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Version	**Date**	**Authors/Comments**

Physician Workforce Strategy and Graduate Data

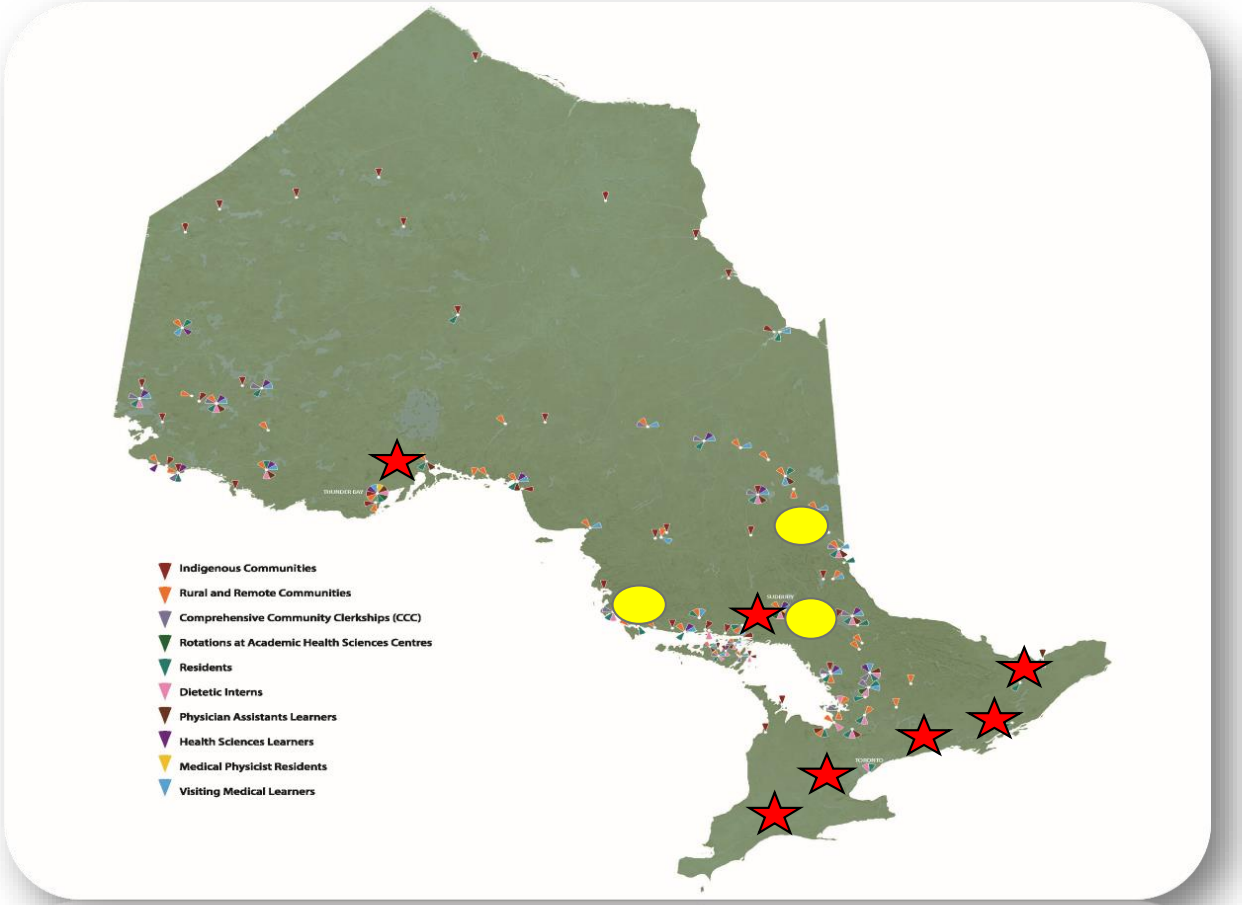
Presentation to Senate

April 2023

Sarah Newbery MD CCFP FCFP

Associate Dean, Physician Workforce Strategy

Geographical Context – Northern Ontario Reality



1800 km East to West

1000 km between the two main campuses

850,000 people

- LESS than the CITY of Ottawa

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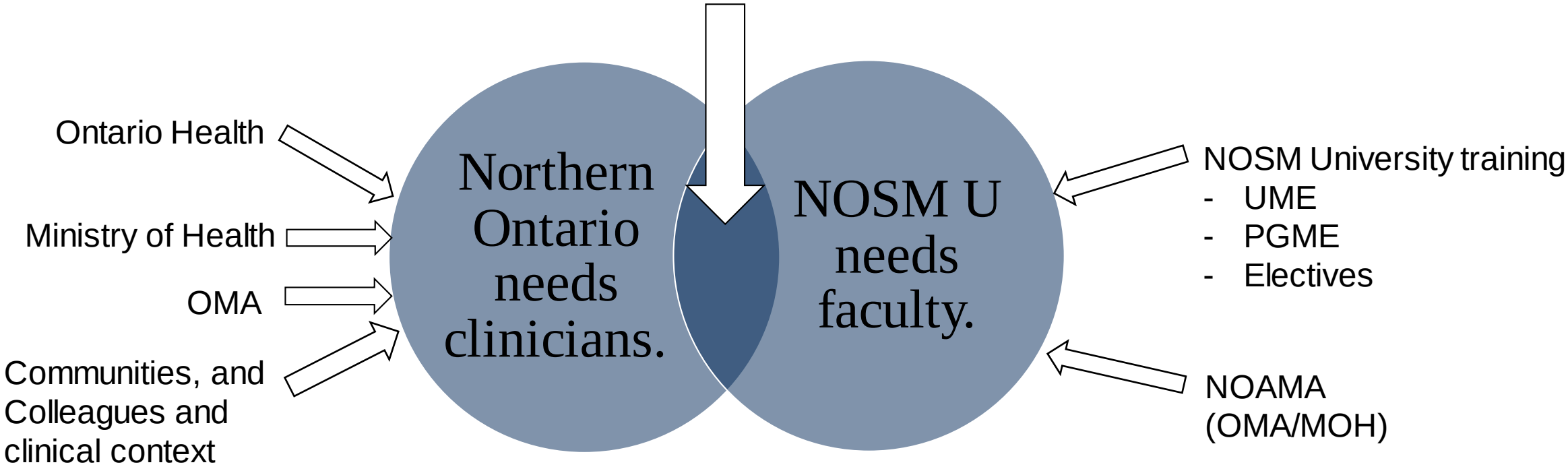
Physician Workforce Strategy



NOSM U Role in Physician Workforce

Education and training of future clinicians

Facilitating the retention of skilled clinical faculty through career and academic opportunities

Collaboration with health system partners (MOH, OMA, OH, OHTs, CPSO) for planning, advocacy and alignment

Collaboration through formal and informal agreements with other Ontario universities to increase clinical placements of core and elective learners in Northern Ontario

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NOSM U Graduate Data

Of the **559** physicians who completed their MD at NOSM University, *

284 practise in Northern Ontario + **11** in the Muskoka Region.

78 in Sudbury

63 in Rural Communities

70 in Thunder Bay

73 in other Urban Communities

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*FOR WHICH WE HAVE PRACTICE LOCATIONS, AS OF NOVEMBER 2022

Of the **689** physicians who completed their Residency at NOSM University, *

390 practise in Northern Ontario + **19** in the Muskoka Region.

111 in Sudbury

94 in Rural Communities

87 in Thunder Bay

98 in other Urban Communities

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*FOR WHICH WE HAVE PRACTICE LOCATIONS, AS OF NOVEMBER 2022

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NOSM U Graduate Data

Of the **239** physicians who completed their MD + Residency at NOSM University, *

207 practise in Northern Ontario + **5** in the Muskoka Region.

66 in Sudbury

48 in Rural Communities

46 in Thunder Bay

47 in other Urban Communities

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*FOR WHICH WE HAVE PRACTICE LOCATIONS, AS OF NOVEMBER 2022

Of the **1011** physicians who completed their MD and/or Residency at NOSM University, *

467 practise in Northern Ontario + **25** in the Muskoka Region.

123 in Sudbury

109 in Rural Communities

111 in Thunder Bay

124 in other Urban Communities

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*FOR WHICH WE HAVE PRACTICE LOCATIONS, AS OF NOVEMBER 2022

More info: https://www.nosm.ca/our-community/nosm-physician-workforce-strategy/northern-ontario-physician-workforce-data/

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Current Recruitment Needs

As of June 2022

364 FTE Physicians

153 Specialists

- Psychiatry- highest need
- Peds, GIM, ER, ana

175 Family Physicians

- 110 Rural Generalist
- 54 urban
- 11.5 with Enhanced Skill

34.5 could be FP or FRCP (ED/hospitalist)

Likely FP

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Data Sound Bite

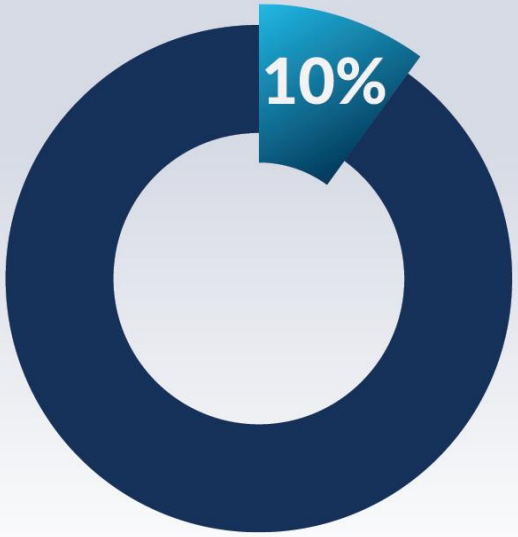
In Northern Ontario, communities are actively recruiting for over

350

PHYSICIANS.

Of these, there is active recruitment for more than 150 specialists, and more than 200 family physicians.

Of the family physicians, we need 110 to be rural generalists in rural communities across the North, and this is an increase of 10% from June of 2021.



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> 350 Physicians

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Data Details

Comparison over 18 months

	Dec 2020	June 2021	June 2022
Total Physician positions	313	326	364.5
Specialists	160	166	153.5
Family physicians	126	135	164
Urban family physicians	39	38	54
Rural family physicians	86	97	110
FP anaesthetists (rural)	4	4	7
Either FP or spec (mainly hospitalist or ED; mainly rural	21	18.5	34.5
Other FP (care of the elderly, FP/ED)		2	5.5

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Recruitment Needs & NOSM U Specialty Programs

- Psychiatry (Child & Adolescent, Forensic) - 24
- General Internal - 21
- Anaesthesia – 10.5
- OB/GYN - 12
- Pediatrics - 9
- General Surgery - 6
- Emergency Medicine - 27

**PHPM - 10

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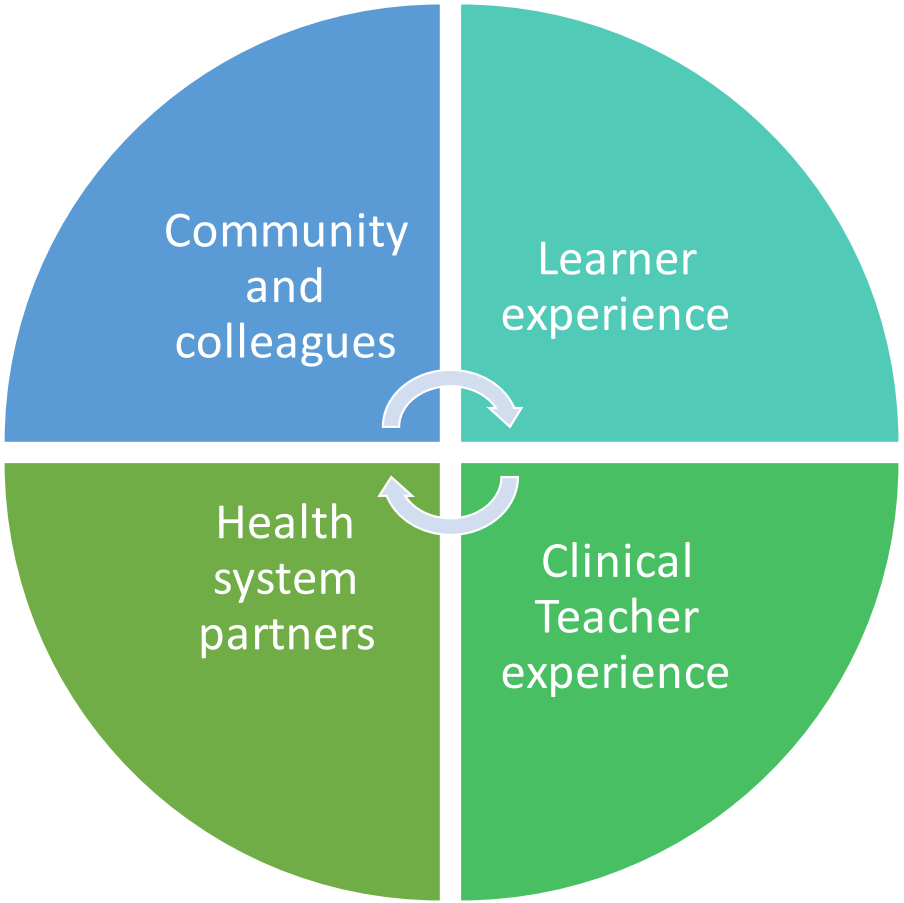
Quadruple Aim

The goal of the NOSM U physician workforce strategy “quadruple aim” is to achieve a high performing “flourishing” physician workforce



Moving Forward

As academic initiatives are considered, ask:

How might that proposal improve the physician workforce in Northern Ontario?

Will that support clinician excellence for Northern citizens?

Are our academic programs preparing our physicians for the future work context (increasing diversity, increasing uncertainty, increasing complexity)?

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2023 Northern Health Research Conference (NHRC) - Call for Abstracts Closing Soon

The NHRC continues to explore research activities within Northern Ontario arising from community-based activities. It will highlight projects underway from students, residents, and community-based researchers. The conference provides opportunities for collaboration and community networking.

To submit an abstract, please visit our Northern Health Research **Conference Website**! Submissions close on March 31, 2023.

The **2023 Northern Health Research Conference** will be held in Thunder Bay from Thursday June 1st to Friday June 2nd, 2023. The conference will be offered in a hybrid format, with the option to attend in-person or on-line. Additional conference details, including keynote speaker and registration will be announced in the coming weeks.