



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION  
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## Postgraduate Medical Education

### Assessment of Postgraduate Trainees: Guiding Principles

**Policies and Procedures:**  
**Promotion and deferral of Promotion**  
**Remediation**  
**Probation**  
**Dismissal**  
**Appeal**

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## Introduction

The purpose of this document is to describe:

1. the assessment of postgraduate trainees (residents) in the CFPC and the RCPSC programs and those enrolled in the expanded skills program at the University of Saskatchewan.
2. the principles and processes for promotion, remediation, probation, suspension, withdrawal, dismissal of residents and the appeal mechanisms.

All residents enrolled in programs leading to certification either with the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC) or those enrolled in the expanded skills programs are working in the clinical settings and educational centres. Their training is subject to University of Saskatchewan regulations and those of the Regional Health Authorities (RHAs) and the College of Physicians and Surgeons of Saskatchewan (CPSS). The training of the residents is in a dual relationship format, one being an employer-employee relationship and the other being the teacher-learner relationship. The training of the residents must be in a manner befitting the medical profession as a whole. The partnership between the residents and the teachers / facilitators of learning should be based upon open and honest communication.

**Definitions:**

|  |   |
|--|---|
| Academic Year  | The academic year commences July 1 and finishes June 30. On occasion a resident may be out of phase and have a starting date other than July 1.   |
| Academic Appeals Board                                 | The postgraduate medical education (PGME) appeals will be heard by an Appeal Adjudication Board (AAB) constituted from members of the Standing Committee for Appeals (SCA). A specific AAB will be appointed for each appeal and will include 4 members (including one resident representative from PAIRS, chosen by PAIRS)   |
| Canadian Medical Protective Association                | The Canadian Medical Protective Association (CMPA) provides its physician members with medico-legal advice, risk management education and legal assistance related to their clinical practice. The CMPA's mission is to protect the professional integrity of physicians and to contribute to a high quality health care system by promoting safer medical care in Canada.  |
| Clinical Supervisor                                    | The most responsible staff physician to whom the resident reports during a given period of time for clinical problems (includes the staff physician on call for the service, when resident on call).  |
| College of Family Physicians of Canada                 | The credentialing body for Postgraduate Medical Education for Family Medicine education programs.   |
| Disability Services for Students                       | Disability Services for Students (DSS) of the University of Saskatchewan assists students by offering programs and advocacy services and fostering an accessible and welcoming campus. DSS is guided by the University of Saskatchewan's Academic Accommodation and Access for Students with Disabilities policy – whose purpose is “to foster diversity, inclusiveness, and student success by providing that students with disabilities are not discriminated against; and that they receive equal opportunities for academic success and personal development at the University of Saskatchewan”.<br><a href="http://students.usask.ca/disability/dss/">http://students.usask.ca/disability/dss/</a> |
| Employee Assistance Program                            | The University of Saskatchewan's Employee Assistance Program (EAP) is aimed at helping achieve optimal health and well being. It offers advice, confidential counselling, fact sheets, self-directed resources and lifestyle services. <a href="http://www.usask.ca/eap/">www.usask.ca/eap/</a>   |
| Faculty  | Refers to the Faculty of Medicine, University of Saskatchewan.  |
| Medical Education Vice Dean                            | Appointed by the Board of Governors, University of Saskatchewan and who is responsible for all facets of medical education in the College of Medicine. The Medical Education Vice Dean reports to the Dean, College of Medicine.  |
| Postgraduate Medical Education Committee               | A committee of the Faculty of Medicine, which is responsible for the conduct of postgraduate medical education.   |
| Postgraduate Medical Education (PGME) - Associate Dean | Appointed by the Provost and Vice-President Academic, University of Saskatchewan and who is responsible for all facets of postgraduate medical education in the College of Medicine. The Associate Dean, Postgraduate Medical Education reports to the Vice Dean of Medical Education.  |
| Probation  | Probation refers to modifications to the training program designed to address specific weaknesses identified. Probation is not punitive; rather it is intended to assist a resident who is demonstrating weaknesses of a global or specific nature such that they are not meeting the minimum standard of performance. Probation is different from remediation in that the weaknesses are usually indicative of a resident in academic difficulty to the extent that their ability to continue training is, or is likely to be, significantly compromised.  |
| Program  | An accredited residency training program at the University of Saskatchewan.   |
| Program Director                                       | The faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the Head of the Department and to the Associate Dean, Postgraduate Medical Education at University of Saskatchewan, in accordance with the criteria of the RCPSC and the CFPC. <i>“Program Director” will be used in most instances throughout this document but could also apply to responsibilities of the Site Director (Family Medicine programs) – see definition below.</i>   |
| Program Site Director                                  | In Family Medicine the faculty member most responsible for the activities within their site and accountable to the Program Director and RPC for their activities.   |

|   |   |
|---|---|
| Remediation   | Remediation refers to modifications to the training program designed to address specific weaknesses identified. Remediation is not punitive; rather it is intended to assist a resident who is demonstrating weaknesses of a global or specific nature such that they are not meeting the minimum standard of performance.  |
| Resident  | All postgraduate trainees enrolled in the RCPSC and the CFPC programs and those enrolled in the expanded skills program of the University of Saskatchewan.  |
| Resident Assessment – Family Medicine (RA-FM)                               | The Resident Assessment model for Family Medicine falls within the B Standards for the CFPC and can involve Assessments Committees, Site Directors, Program Director and the Family Medicine RPC in the assessment process.   |
| Resident Assessment Subcommittee (RAS) – specialty programs                 | The Resident Assessment Subcommittee (RAS) is a subcommittee of the Residency Program Committee (syn. Residency Training Committee) whose function is the oversight of assessment processes. The terms of reference for the assessment subcommittee and the structure of the committee should be established and ratified by the RPC.   |
| Residency Training Committee (RTC) [syn. Residency Program Committee (RPC)] | The Residency Program Committee (RPC) oversees the planning for the Residency Program and overall operation of the program to ensure that all requirements as defined by the national certifying college are met; this includes recruitment of residents, evaluation of residents, evaluations of the rotational components of the program including individual clinical supervisors, program evaluation and curriculum development. For the specialty programs these are described in the “B” standards of the RCPSC accreditation standards. For Family Medicine these are described in the “B” standards of CFPC |
| Rotation  | A period of time on a particular service or specialty and includes longitudinal clinical experiences as relevant to Family Medicine or other specialty programs.  |
| Rotation Supervisor / Faculty Advisor                                       | The member of faculty who has direct responsibility for the resident’s clinical academic program during the rotation (may be the Program Director in specialty programs, or Chief of Service for other rotations or delegate)<br>A member of faculty who meets with and oversee’s the resident’s progress with the residency program including quarterly progress reports for the site director and program director in Family Medicine (may be a faculty member or a Site Director in smaller programs)  |
| Royal College of Physicians and Surgeons of Canada                          | The credentialing body for Postgraduate Medical Education for specialty education programs.   |
| Saskatchewan Medical Association’s (SMA) Physician Health Program           | The Physician Health Program (PHP) is a committee of the Saskatchewan Medical Association who assists physicians struggling with physical, mental, personal or financial stress.  |
| Standing Committee for Appeals  | The Standing Committee for Appeals (SCA) will be made up of faculty members from the College of Medicine, and residents representing PAIRS (selected by PAIRS).   |
| Suspension  | Suspension of a resident means that the resident is removed from clinical and educational activities of their training program and training is interrupted.   |

## Requirements for assessments

### **CanMEDS / CanMEDS-Family Medicine (FM)**

The CanMEDS roles define the spectrum of medical education for specialist trainees in Canada by categorizing essential competencies into 7 key roles: Medical Expert, Communicator, Collaborator, Manager, Scholar, Health Advocate and Professional, each of which is necessary for achieving full competence as a specialist physician. As part of its Triple C Competency Based Curriculum, the College of Family Physicians of Canada has adapted the CanMEDS framework to guide curriculum development for residency training. It has further developed Evaluation Objectives to guide assessment in family medicine training. The evaluation objectives are grounded in a process of continuous reflective assessment in the workplace. Formal educational strategies to teach and assess competencies in each of the domains should be incorporated into training programs and residents must demonstrate progress in the attainment of these competencies for successful promotion to the next level of training.

Residents must demonstrate progressive attainment of competencies in a longitudinal (progressive) manner. Failure to achieve adequate competency across the various components of the RCPSC or CFPC frameworks may result in recommendations for non-promotion, remediation, probation or termination.

Progress in developing competency in the non-Medical Expert roles may be less easily defined within the context of individual rotations as competency in the Medical Expert domain.

Failure to demonstrate such progress may result in recommendations for non-promotion, remediation, probation or termination despite satisfactory assessment within the context of individual rotations if it is demonstrated that there is a lack of overall progress.

Programs must develop mechanisms to assess the longitudinal (progressive) acquisition of competencies in all CanMEDS roles for RCPSC training programs and in accordance with CFPC Competency Framework.

## Part A: Assessment of Postgraduate Trainees: Guiding Principles

### Introduction

Regular and timely assessments are integral to ensure that the residents progressing through the programs acquire the necessary competencies (knowledge, skills, attitudes and behaviors), which will enable them to practice as independent medical practitioners upon successful completion of their training programs.

Assessment data are useful to:

1. the residency training committee (syn. residency program committee) and the program directors to provide timely feedback, determine progress of the residents and modify the learning goals and strategies to assist residents.
2. the residents to modify their learning goals and strategies to address identified weaknesses and capitalize on strengths.
  - 2.1. The majority of residents will not experience significant academic or clinical difficulties during training; the assessment process should serve these residents effectively in achieving not just competence, but excellence.
  - 2.2. A small number of trainees will experience difficulties of varying severity during training. Assessment policies and procedures must serve these trainees equally well by assisting them in recognizing their deficiencies, accurately identifying the required standard of knowledge and performance, and facilitating appropriate corrective action.

## Key principles of assessment

1. As postgraduate trainees and learners, residents require an assessment system that is timely, accurate, precise and valid, systematic, informative, and fair and transparent.
2. Precise assessment processes will differ from program to program, and even from rotation to rotation, because of the unique aspects of each program and rotation. However, some general principles should guide assessment policies in all contexts to develop a strong foundation for effective assessment across all disciplines and locations in Postgraduate Medical Education (PGME).

| SNo. | Principle                   | Comments  |
|------|-----------------------------|---|
| 1    | Timely                      | Assessments need to be completed in appropriate and reasonable time frames to be; <ol style="list-style-type: none"> <li>a) meaningful to the residents and not to their detriment and</li> <li>b) to meet reporting requirements of the program, PGME and the RCPSC or the CFPC</li> </ol>   |
| 2    | Accurate, Precise and Valid | Assessment processes need to include sufficient number of appropriate observations to provide reliable and accurate information about performance.<br><br>Assessments should identify specific areas of competency, excellence and weakness.<br><br>Assessments should use tools and methods that are appropriate to the domains assessed and that have good face validity.   |
| 3    | Systematic                  | Assessment systems must reflect the CanMEDS competency framework for RCPSC programs or the CFPC competency framework for Family Medicine programs.  |
| 4    | Fair and Transparent        | Assessments must be conducted in a fair and transparent manner without any bias.  |
| 5    | Confidential                | Assessment documents are confidential with access normally restricted to the Program Director (or delegate), the RPC, the Associate Dean, PGME and the resident herself or himself, except in the case of appeals, RCPSC or CFPC proceedings or appeals, CPSS proceedings or if required pursuant to legal processes. External certification and licensing bodies may access the files upon request with the consent of the resident and the Associate Dean, PGME (or delegate). Under normal circumstances assessment information will not be transmitted from one supervisor to another with the exception of "feed forward" (see 6.2 below). Under certain circumstances that relate to patient safety or significant concerns about resident performance, assessment information may be disclosed by the Program Director in consultation with the Associate Dean, PGME (or delegate) and discussed with rotation supervisors / faculty advisors to ensure ongoing assessment of improvement and progress in the identified area(s) of concern. |
| 6    | Informative                 | Assessments should provide effective formative feedback to assist the resident in improving their performance. Day-to-day feedback, formal and informal midpoint assessments are all important aspects of rotation-based feedback.<br><br>The summative feedback in the form of final rotation assessments (ITERS) and other formats is a critical piece of information for recording residents' progress.  |
| 6.1  | Formative                   | The assessment process should provide residents opportunities to address any deficiencies prior to the end of each rotation by providing timely informal feedback and formal interim (midpoint or otherwise) assessments.<br><br>Formal interim assessments are critical for residents whose performance is borderline, but is also helpful for strong residents by assisting them in achieving mastery and excellence.   |
| 6.2  | Summative                   | Assessment processes should result in effective summative feedback at the end of each rotation and at various benchmark points in the resident's training.<br><br>"Feed forward": Where there are weaknesses or deficiencies in a resident's performance that are not isolated to a particular rotation-specific competency, 'forward feeding' of information may be necessary to ensure steady progress can be made over time. The resident should take an active role in establishing goals for improvement and in communicating these with subsequent supervisors.   |



## **Types of Assessment Reports**

The following is a list of common types of assessment reports used in postgraduate medical training. It is not an exhaustive list but covers the most frequently used and mandated reports.

### **1. Rotation specific ITERs**

- 1.1. In-training evaluation reports (ITERs) are not assessments in and of themselves but are reports of the results of assessments conducted during the course of each rotation. Each rotation should employ a variety of assessment strategies as appropriate to the specifics of the rotation. ITERs should include a description of the assessment methodologies used to obtain the information included in the ITER.
- 1.2. The specific format of the ITER and methods of assessment are to be determined by the program.
- 1.3. Rotation-specific ITERs must reflect the objectives of the rotation
- 1.4. Rotation-specific ITERs must be completed at the end of each rotation and reviewed with the resident.
- 1.5. ITERs must be organized in the CanMEDS format and provide information on each of the CanMEDS roles (RCPSC programs) or CFPC Competency Framework (Family Medicine programs).

### **2. Semi-annual reports**

- 2.1. Each 6 months, a summative report must be submitted by the assessment subcommittee to the Associate Dean, PGME. The RAS should review all available information regarding resident performance over the preceding 6 months, including but not limited to: ITERs, examination reports, and other information provided to the program.
- 2.2. Semi-annual reports must be reviewed with the resident and signed by the resident prior to submission to the PGME office. If any of the documentation used in the preparation of the semi-annual report has not previously been brought to the attention of the resident, this should be done at this time to ensure that the resident is aware of all the information that contributed to the assessment.
- 2.3. The source for all information included in the semi-annual report should be clearly identified.

### **3. Promotion status certification**

- 3.1. Annual certification of promotion must be provided to the PGME office within one month of the commencement of the new academic year in order for the resident to be promoted to the next academic year. In the event that a failing assessment that would have otherwise resulted in deferral of promotion is received after promotion to the next academic year, the resident's status will be adjusted accordingly.

### **4. FITER**

- 4.1. The FITER is a unique document required by the Royal College in order for the resident to be assessed for eligibility to sit the FRCP / FRCS examinations. The FITER should be a summative report reflecting the competence of the resident during the final year of training. FITERS must be completed and approved by the RAS with the program director and should take into consideration all available information pertaining to resident performance in the final year of training. Since FITERS must be submitted well in advance and prior to completion of the final year of training, documented, significant changes in resident performance require the submission of a revised FITER which may affect exam eligibility.

### **5. Certification of Completion of Training**

- 5.1. RCPSC Programs: The Certification of Completion of training is a form required by the Royal College during the final year of a resident's training. It is submitted prior to the FITER and attests that the resident will complete training by the expected date. Where such information changes, the Royal College must immediately be informed that the expected completion date has changed.
- 5.2. CFPC Programs: Residents are eligible to sit the examination in the last six months of their training program. Residents are recommended to the CFPC by the Associate Dean, PGME and program director based on their completion of training date and clinical performance to date by completing a Recommendation for the Certification Examination in Family Medicine form. Following the examination a Confirmation of Completion of Training form is completed by the Associate Dean, PGME and program director confirming successful completion of training and before certification is awarded by the CFPC.

## Time of Assessments

| Time point during the residency                          | Type of assessment                             | Time frame for completing the assessment  |
|--|--|---|
| At the beginning of rotation                             | No assessment as such.                         |   |
| At the mid-point of rotation and during the rotation     | Mid-point assessment and Interim assessments * | In addition to informal feedback, a mid-point assessment (for any rotation equal to or longer than one month) or an interim assessment at another time point during the rotation (for rotations of any length) should be completed in a timely manner.<br>For serious shortcomings and borderline performance, formal interim assessments should be in an ITER-like or a narrative note describing the concerns) and a copy provided to the resident along with a verbal face-to-face discussions. The written documentation should be provided to the resident and the program director within 7-10 calendar days of discussion with the resident. |
| At the end of rotation                                   | ITER   | Rotation-specific ITERs must be completed at the end of each rotation and reviewed with the resident. These should be completed within two weeks of commencement of the next rotation.  |
| At the end of each six-month period of the academic year | Semi-annual report                             | Semi-annual reports (six-month assessments) must be completed twice a year and submitted to the PGME office within one to three months of the commencement of the next six-month period.  |
| At the end of the academic year                          | Annual promotion decision                      | Annual certification of promotion or deferral of promotion must be completed and provided to the PGME office within one month of the commencement of the new academic year.   |
| During the final year of training                        | CCT  | The certification of completion of training (CCT) is provided to the RCPSC, prior to submitting the FITER, and attests that the resident will complete training by the expected date. The submission date is provided by the RCPSC.   |
| During the final year of training                        | FITER  | The FITER is to be completed and submitted to the RCPSC well in advance and prior to completion of the training in the final year. A revised FITER will need to be submitted if there are significant changes in resident performance. The submission date is provided by the RCPSC.  |

\* **Interim assessments:** The assessment process should provide residents opportunities to address any deficiencies prior to the end of each rotation by providing timely informal feedback and formal interim (midpoint or otherwise) assessments.

1. **Formal interim assessments** are critical for residents whose performance is borderline but is also helpful for strong residents by assisting them in achieving mastery and excellence.
  - 1.1. The format of an interim assessment will be determined by the nature of any concerns.
    - 1.1.1. When there are serious shortcomings, the interim assessment should be in writing (either as a completed "ITER-like" form or a narrative note describing the concerns) and a copy provided to the resident along with a verbal, face-to-face discussion of the concerns.
  - 1.2. Documentation should include a specific description of the concerns or deficiencies, recommendations for how these can be addressed, and a description of how future performance will be assessed.
  - 1.3. Interim assessments involving significant concerns should be immediately forwarded to the Program Director.
2. **Limitations** of interim assessments: Several important limitations of interim assessments must be considered.
  - 2.1. During the early stages of a rotation, when residents are becoming familiar with the expectations of a rotation and when faculty are still seeking to identify the level of performance of the resident, performance deficiencies may not always be evident.
  - 2.2. The length of rotations is highly variable across, and even within, programs and some rotations are sufficiently short that the midpoint comes at a point where faculty resident contact is still in the initial 'discovery' phase. Patterns of behaviour may only be evident after the midpoint.
  - 2.3. Services with short faculty rotations, that are asynchronous with resident rotations, are particularly vulnerable to challenges in identifying weaknesses at an early stage of the rotation.
  - 2.4. These limitations preclude a rigid approach to midpoint or interim assessments and the lack of a formal midpoint assessment cannot preclude the resident being assigned an overall unsuccessful performance in a rotation.

## Program Responsibilities

### 1. Development and application of appropriate educational policies and strategies.

- 1.1. Individual programs must develop and implement program-specific assessment and promotion policies. Program directors must ensure that residents and preceptors are aware of the policies, the specific assessment methodologies used in the program and the timing of formal assessments within the program.
- 1.2. The assessment process should be described in the orientation material for each rotation. This includes discussion of the tools for assessment, the timing of assessments, identification of contributors to assessment, and the procedure for review of final assessments with residents.
- 1.3. Programs MUST have an assessment subcommittee (Resident Assessment Subcommittee: RAS) of the Residency Program Committee to participate in oversight of assessment processes. (For Family Medicine please refer to the definition – Resident Assessment – Family Medicine – Page 5.) The terms of reference for the assessment subcommittee and the structure of the committee should be established and ratified by the RPC. Responsibilities of the RAS include:
  - 1.3.1. Review of resident performance on a semi-annual basis
  - 1.3.2. Review each resident's progress annually, prior to the promotion recommendation deadline in May
  - 1.3.3. Promotion, remediation, probation and termination decisions
  - 1.3.4. Approval of the FITER for Royal College residents
  - 1.3.5. Regular review of program-specific assessment policies and procedures
  - 1.3.6. Regular review of program-specific appeal policies for appeals of rotational assessments
  - 1.3.7. Review of complaints or concerns about resident performance
  - 1.3.8. Review of resident concerns about rotational assessments
  - 1.3.9. Provide a summative annual report to the RTC as part of the annual program review

### 2. Compliance with relevant accreditations standards.

- 2.1. Programs must ensure that their assessment processes and tools comply with applicable accreditation standards.

### 3. The assessment process must be linked to objectives

- 3.1. Rotation-specific objectives must be provided to each resident before the commencement of each rotation. Essential competencies must be clearly identified. The process that determines how achievement of these competencies will be assessed should be described.
- 3.2. In light of the complex nature of postgraduate medical training, it is assumed that a variety of assessment strategies, both formal and informal, will be adopted to capture a broad assessment of each resident's performance, knowledge and skill. This may involve collecting information from a wide range of sources, including, but not limited to, the following:
  - 3.2.1. Standardized written examinations (e.g.: large specialty specific exams produced by Specialty organizations).
  - 3.2.2. Unstandardized written examinations (e.g. in house exams, short quizzes etc.)
  - 3.2.3. Practical examinations, orals, OSCEs, mini-CEXs
  - 3.2.4. Use of external examiners
  - 3.2.5. Direct observations of clinical activities with or without formal rating scales
  - 3.2.6. Assessments of clinical performance by attending faculty
  - 3.2.7. Feedback from non-physician members of the health care team (including multi-source feedback / 360° assessments)
  - 3.2.8. Portfolios.
- 3.3. Assessment should reflect rotation specific objectives:
- 3.4. Rotation-specific assessment report forms are highly desirable and should be in the appropriate format (RCPSC – CanMEDS or CFPC Competency Framework).

### 4. Timely assessment and feedback

- 4.1. There must be written and oral feedback at the end of each rotation. This feedback should provide residents with guidance in identifying and resolving weaknesses, and building upon strengths.
- 4.2. Where difficulties are noted, particularly if they are of such severity so as to potentially compromise achievement of the objectives of the rotation, they should be communicated promptly to the resident and program director. The resident should be advised of the specific nature and extent of the concerns and provided recommendations for remedying the deficiencies. A document outlining the content of the discussion with the resident should be provided to the resident and placed on the resident's file.

- 4.3. The final rotational assessment should be reviewed with the resident individually, and in person, to provide opportunity for reflection, discussion and elaboration. This review should happen as close to the end of the rotation as possible.
- 4.4. Final rotational assessments with a less than satisfactory performance **must** be reviewed in person with the resident.
  - 4.4.1. The program director should review all unsatisfactory assessments both with the assessor(s) submitting the report and with the resident.
  - 4.4.2. Programs using electronic assessment systems must have a clearly documented strategy to ensure that the face-to-face component of assessments is not compromised and should track compliance with face-to-face end-of-rotation feedback.

## 5. Status reports

- 5.1. Program directors are required to submit semi-annual progress reports on each resident to the PGME office.
- 5.2. This report should be reviewed with the resident before submission and should serve as an opportunity for reflection on the past 6 months and development of goals for the next 6 month period.
- 5.3. Semi-annual reports **MUST** be signed by the resident and program director. Unsigned reports will be returned to the Program office for the necessary signatures. For residents in their final year and leaving the institution, programs must ensure that semi-annual reports are completed, reviewed and signed prior to the departure of the resident. It is essential that residents are aware of the content of the semi-annual reports kept on file in the PGME office.

## 6. Identification of the resident in difficulty:

- 6.1. Each program should develop approaches to early identification and remediation of residents in difficulty.
- 6.2. Except where problems are very minor and respond promptly to simple, informal interventions, consultation should be held with the PGME office to ensure that remediation or probationary procedures are followed (refer to Part B) and that an educationally sound program of remediation is planned and implemented, and that appropriate resources are made available to the program and the resident.
- 6.3. Program directors must ensure that residents are aware of their right, and the process, to appeal unsatisfactory assessments.
- 6.4. The RAS should consider only written documentation in making decisions about resident status. Program directors must ensure that residents have been given all information to be considered by the Resident Assessment Subcommittee and have had an opportunity to respond should they choose to do so.

## 7. Systematic review

- 7.1. Programs should track compliance with assessment policies by rotations and faculty members.
- 7.2. Programs must regularly review and update assessment procedures.

## Resident Responsibilities

1. Residents should familiarize themselves with the assessment approaches, policies and procedures of their program and with the overall College of Medicine policies and procedures.
2. Residents are responsible for completing all examinations and assessments as required by the program.
3. For programs requiring documentation of procedures (procedure logs etc.) it is the resident's responsibility to complete and submit logs according to the timelines established by the training program. Residents must be aware that this information is essential in ensuring the PGME office is able to provide documentation of procedural experience to official bodies requesting verification of training and experience. Failure to complete and submit such logs may result in the PGME office being unable to complete requests for Verification of Training. This may result in delays in licensure or privileging in the future.
4. Residents should take a proactive role in facilitating performance reviews with their attending faculty by:
  - 4.1. Soliciting and demonstrating receptivity to informal feedback throughout each rotation
  - 4.2. Alerting preceptors to impending assessment points (midpoints, end of rotations)
  - 4.3. Requesting a designated time to review end-of-rotation assessments if one is not automatically provided
  - 4.4. Attending scheduled appointments to review performance
5. Residents should promptly bring concerns about the assessment processes or any of their personal assessments to the attention of their program director, or the PGME office.
6. Residents must sign and date assessment reports to indicate that they have read the document. Their signature does not indicate agreement with the content of the report – merely that they have reviewed the report and are aware of the content. For electronic assessment reports, the date that a resident reviews the report is recorded on the system and will be taken as the date the resident has read the report. Residents should review assessment reports promptly once notified they have been posted.
7. Residents with disabilities who feel their performance is or may be adversely affected by their disability and who wish an accommodation plan will not have to disclose the disability to the PGME office or their programs. To seek accommodation for learning it will need to be disclosed:
  - 7.1. to the Disability Services for Students (DSS) at the University of Saskatchewan and an accommodation plan will be developed, or
  - 7.2. to the Resident Resource Office, College of Medicine who can refer to and work with DSS.
  - 7.3. It will be left up to the residents to determine in consultation with DSS if they want to disclose their disability to the program director or someone else to see if this might be advantageous to develop a learning plan.

The need for accommodation may delay development of the remediation/ probation plan and extend the duration and / or delay the start of the remedial /probationary period. There will be no discrimination of any resident for any reason, including residents requiring an accommodation plan or those who have chosen to disclose their disability to improve learning strategies and outcomes.

**Residents who choose not to develop an accommodation plan may not subsequently claim failure to accommodate for disability as a process irregularity in any appeal of the outcome of the remedial/probationary period.**

### **Postgraduate Medical Education Office Responsibilities**

1. Develop, review and apply general policies for assessment, promotion, remediation, probation and termination of residents.
2. Provide information to all residents on the process for appealing an unsatisfactory assessment or decisions regarding remedial / probationary periods. This information will be provided to all residents at the commencement of training in the resident manual and posted and available on the College of Medicine, PGME website, and will be provided verbally to residents seeking advice in the event of an unsatisfactory assessment.
3. Assist residents who wish to appeal an assessment or educational decision in reviewing the situation and determining the next step.
4. Ensure that there is support and guidance to programs and residents in the development and conduct of remedial / probationary periods.
5. Provide information and resources to program directors, faculty and residents on support services for residents in difficulty.
6. Develop, review and apply policies that provide for immediate suspension of residents from clinical duties when risk to patients (or others) is identified and is likely to be of sufficient magnitude to require immediate removal of the resident from contact with patients (or others).
7. These activities may be delegated, where appropriate, so that the resources can be provided at arm's length.

## Part B: Policies and Procedures for the Assessment of Postgraduate Trainees

### Promotion policies:

1. Residents must demonstrate appropriate progress / adequate performance in all 7 CanMEDS roles (RCPSC programs) and all competencies in the CFPC Competency Framework in order to be promoted.
2. Resident promotions must be approved annually by the Resident Assessment Subcommittee of the Residency Program Committee for each program. (Family Medicine will follow the structure as relevant to CFPC programs.)
3. Successful completion of each rotation may not be enough to promote to the next level if competencies at the year-end are not met at the aggregate.
4. The program director must provide (in writing to the PGME office) a promotion certification for each resident at least one month prior to the expected promotion date.
5. **Deferral of promotion:** Promotion is based on demonstration that the resident has attained the level of performance required to enter the next phase of training. This includes knowledge, skills, attitudes and professional behaviours.
6. **Criteria for deferred promotion:** Promotion may be deferred if there are deficiencies in any one or more of these areas as identified by:
  - 6.1. Failing rotational assessments - or by -
  - 6.2. Deficiencies (in one or multiple areas) noted on multiple rotational assessments (even when those assessments are graded as overall passes) – this should be of a magnitude that clearly demonstrates a failure to make appropriate progress in attainment of expected competencies - or by -
  - 6.3. Results on examinations (written, OSCE, Oral, practical etc.) indicating that the resident has failed to achieve the expected knowledge and competencies for that year of training or has failed to demonstrate appropriate progress
7. When a decision is made to defer promotion, the RAS must ensure that the resident is aware of the sources of all information used in reaching a deferred promotion decision and has seen all evaluative material. Deferral decisions must be based on written documentation.
8. When a decision is made to defer promotion, residents must be provided explicit guidance in resolving the deficiencies that resulted in the deferral. This should be outlined in an educational plan which includes a description of the deficiencies, the level of performance to be attained before promotion, anticipated methods and the timing of assessment of progress and resources that will be made available to the resident to assist them in meeting the standards of promotion.
9. A resident has a right to appeal a deferral of promotion (See Part D: Appeals section). Residents challenging deferred promotion decisions will remain at the original pay scale and level of responsibility until the appeal is completed. If the resident is promoted based on the appeal, he / she will receive the back pay appropriate to the pay scale at the promoted level and the original promotion date.

### Residents in Difficulty:

Focused interventions may be required for residents who are in difficulty due to weaknesses of a global or specific nature such that they are not meeting the minimum standard of performance. The interventions to assist the residents include: a) a modification in duties and assistance in learning / acquisition of competencies while continuing regular rotations, b) remediation and c) probation. These three interventions reflect the seriousness and persistence of deficiencies and the likely outcomes of these interventions.

**The major differences in remediation and probation are that probation is used to address more serious deficiencies and dismissal is a distinct possibility when probation is unsuccessful.**

| <b>Modified duties and assistance in learning</b> (examples of situations that would require this intervention – a rough guide – not a comprehensive list) | <b>Remediation</b> (examples of situations that would require remediation – a rough guide – not a comprehensive list)  | <b>Probation</b> (examples of situations that would require probation – a rough guide – not a comprehensive list)               |
|--|--|---|
| Deficiencies identified through formal comments or numerical scale data in ITERs or through letters of concern during one or two rotations.                | Resident fails a clinical rotation or longitudinal clinical experience.  | Multiple failed rotations.  |
|  | Repeated deficiencies are noted in one or more competencies across several (more than two) rotations, whether or not the individual rotations are deemed overall failures.                           | Systematic deficiencies identified over the course of several rotations <b>and</b> failed rotations.                            |
|  | Summative assessment examination (e.g.; six month examinations – not the end of rotation examinations) show a failure to meet the required standard of knowledge or skills during one PGY (FMR) year | Failures in multiple summative assessment examinations over more than one PGY (FMR) year.                                       |
|  | A newly recognized, serious problem in professional behaviour  | Attitudinal problems  |
|  |  | An egregious or repetitive problem in professional behaviour or a critical incident related to a lapse in professional behavior |
|  |  | A newly recognized, serious problem in clinical competency affecting patient care (egregious error)                             |
|  |  | Failure of remediation  |
|  |  | A recurrence of problems thought to have been addressed through prior remediation (i.e.; unsustained improvement)               |

### Impact of leaves on rotations and their outcomes:

1. When a resident fails to meet the objectives of a rotation because of legitimate, and duly approved, absences from the program, the rotation may be extended or a supplemental rotation required. This will not be designated nor reported as a remedial rotation but will be recorded as an **incomplete rotation** until the resident has demonstrated that they have met the objectives of the rotation.
2. When a resident fails to meet the objectives of a rotation because of unsanctioned absences (absences not approved through appropriate channels) this will be addressed as a failure of professional behaviour and may lead to **remedial or probationary recommendations**.



**Modified duties and assistance in learning / acquisition of competencies while continuing regular rotations.**

Modification of duties and assistance is a relatively informal intervention to help residents improve their performance when they are barely passing and are considered weak residents compared to peers. This is a judgment call and must be based on written comments in ITERS and numerical scale data that is borderline satisfactory. Ordinarily this informal intervention will not exceed more than three months while the residents continue regular rotations. If residents are passing their rotations and are being promoted the modified duties and learning plans will not be used as justifications for remediation.

The Postgraduate Medical Education office needs to be informed when this intervention is used. However, no approval is required from the postgraduate office.

## Remediation and Probation (Clauses Applicable to Both Interventions)

1. **What constitutes remediation / probation?** Simply repeating a failed rotation does NOT constitute remediation / probation. Remediation / Probation requires a remediation plan / probation plan respectively designed to meet the specific needs of the resident. It may include repeating a rotation in a modified format, with enhanced supervision, mentoring or other supports, but may also include a variety of other elements (clinical or otherwise) as indicated by the situation and the needs of the resident.
2. **Assessment to help identify issues that may require accommodations:** Residents requiring remediation / probation, will be advised that they have the benefit of undergoing an educational assessment, at the expense of the College of Medicine, to determine if there are any undetermined learning disabilities which can be assisted by special learning tools which may aid both the resident and her/his teachers in collaborating towards a successful outcome and achieving a passing grade on a remediation / probation status. The right to this benefit will be at the sole discretion of the resident, with no penalties to the resident if they choose to decline. Residents may seek guidance from the SMA Physician Health Program (PHP), the Employee Assistance Program (EAP), Disability Services for Students (DSS), Resident Resource Office, College of Medicine, PAIRS and the PGME office so that they are fully informed of the consequences or benefits, prior to making their decision. The findings of the assessment will be the property of the resident and sharing of the findings will be at the discretion of the resident.
3. **Resident responsibilities and options:**
  - 3.1. Residents with disabilities who feel their performance is or may be adversely affected by their disability should refer to #7 in the earlier section on Resident Responsibilities (page 13, #7).
  - 3.2. Residents may **appeal** a decision to place them on remediation / probation (see Part D: Appeals section). If they wish to appeal the remediation / probation decision, they must notify the program director and Associate Dean, PGME **within 30 calendar days** of receiving written notification of the requirement for a remediation / probation period.
4. **Timing:** The remediation / probation period shall be implemented as soon as the resident has been notified of the decision.
5. **Location:** Except in extenuating circumstances, and as agreed by the RAS, remedial / probationary periods that are invoked because of deficient performance in a particular rotation, the repeat rotation will be undertaken in the same setting as the original failed rotation. If the resident feels there are grounds to request an alternate venue and alternate supervisors, this request should be made to the RAS along with the rationale for requesting an alternate training site or supervisors. The RAS will review the request and make a determination.
6. **Impact on the duration of residency training:** When a resident requires remediation / probation, the training program will normally be extended by the time required for remediation / probation.
  - 6.1. As a general rule, remediation / probation should not be taken from time allocated for electives. In some cases, a portion of the elective time MAY be used for remediation / probation time at the discretion of the RAS and program director but this must not result in the resident losing all elective time.
  - 6.2. Residents who have required remediation / probation training will not be eligible for a waiver of training time regardless of other existing waiver policies at the time of request.
  - 6.3. Credit towards completion of time based training requirements will not normally be earned during a remediation / probation period therefore remediation / probation periods will usually result in an extension of training. No academic credit will be given to the resident for successful completion of the remediation / probation period and the resident will continue in the residency program out of phase. This means that successful completion of the remediation / probation period will allow the resident to satisfactorily complete the original rotation or meet other competency requirements, which would otherwise have been completed in a normally expected time frame. Under exceptional circumstances, the residency program committee may recommend that credit be given for the remediation / probation period. This means that the extended duration of the residency may be shortened; however it is highly unlikely that the resident will complete the residency within the normally expected time frame (example: under this clause the residency, instead of being extended by six months, is now extended by only 4 months). **This must be approved by the Associate Dean, Postgraduate Medical Education.**
  - 6.4. Elective rotations will not normally be approved during the remediation / probation period.
  - 6.5. The resident will not be promoted during a remediation / probation period.
  - 6.6. The PGME office must be notified immediately whenever a situation arises that may require extension of the remedial / probationary training period.

7. **Leaves during remediation / probation period:**
  - 7.1. **Vacation** may be permitted during remediation / probation periods but may not be used to significantly decrease the overall time spent on remedial / probationary rotations or to interfere with appropriate assessment of performance. The program director may elect to extend the remedial / probationary period if necessary to ensure that there is adequate time for the resident to demonstrate that they have met all of the objectives of the remedial / probationary period. Vacation must be approved by the remediation / probation supervisors and the program director and must not interfere with assessment of the resident's performance during the remediation / probation period.
  - 7.2. **Educational leave** may be taken during a remediation / probation period only if it is felt to be specifically beneficial to the resident's learning needs and recommended by remediation / probation supervisors and the program director. The resident may be required to make up any such time missed from remedial / probationary rotations if the absence interferes with assessment of the resident's performance or with their ability to demonstrate they have achieved required competencies.
  - 7.3. **Other leaves** taken during the remediation / probation period must be discussed with the program director and remediation / probation supervisors and may require make-up time.
8. **Moonlighting** will not be permitted during a remedial / probationary period. The resident will be given the opportunity to voluntarily terminate his / her moonlighting license so that this will not appear on their College of Physicians and Surgeons record as a suspension of license. Program directors will not suspend the moonlighting license without first providing the resident with the opportunity to do this voluntarily.
9. **Remediation / Probation can only be conducted** during the course of a residency training program – if a resident has been successfully passed through all rotations of the program, remediation / probation cannot be deemed necessary, nor undertaken after the completion of the last year of training except where the final rotation or assessment period is deemed a failure (i.e. a remediation / probation decision cannot be made on the basis of failure of the RCPS or CFPC certification examinations).
10. **Status of the resident while the remediation / probation plan is being developed:**
  - 10.1. During the period necessary to plan and organize remediation / probation plans, residents must remain available to participate in assessments, meetings, interviews etc. as necessary for the timely development of the plan, even if they are not assigned clinical duties during this period.
  - 10.2. It is intended that residents continue with clinical and educational activities during the period of time required for the development of the remediation / probation plan.
    - 10.2.1. Remediation: In most cases this will be possible and appropriate.
    - 10.2.2. Probation: This may not be possible in some cases depending upon the reasons for probation.
  - 10.3. Sometimes the resident may require modification of duties pending the final remediation / probation plan. In such cases, the program director will prepare an "interim training plan" with interim restrictions and modified duties to ensure that the resident and supervising faculty are aware of any expectations or limitations.
    - 10.3.1. In the event that an interim training plan is not feasible, and it is felt that the resident cannot continue training until a final plan is developed, the resident may be placed on a "leave of absence" until a remediation / probation plan can be developed and implemented. **The decision to place a resident on a leave of absence must be made by the RAS and approved by the Associate Dean, PGME.** Such a decision and reasons will be conveyed to the resident in writing. A leave of absence with pay will not be invoked simply in order to provide time to prepare the remediation / probation plan. While a resident is on leave, he/she is responsible to make her/him-self available for any activities or processes necessary to timely completion of the final training plan. Ordinarily, such leave would be "with pay." In the event that delays in development of the remediation / probation plan are due to failure of the resident to be available for an extended period of time, the Associate Dean, PGME (designate) may **recommend and impose** that the leave be converted to "without pay".
  - 10.4. If the resident has appealed the remediation / probation or any decisions that would have led to remediation / probation, the remediation / probation plan will not be developed while the appeal process is ongoing. Under these circumstances, the resident will continue with his/her residency under clauses 10.2 through 10.4 above, (and for probation under clause 5 – page 22 below), and as determined by the program.

**Remediation Policies** (Please also refer to Clauses applicable to both Remediation / Probation above – pages 18 & 19)

Remediation is designed to address specific weaknesses identified. Remediation is not punitive; rather it is intended to assist a resident who is demonstrating weaknesses of a global or specific nature such that they are not meeting the minimum standard of performance. Unsuccessful remediation carries a remote possibility of dismissal, e.g., if serious unremediable deficiencies are uncovered. See Remediation flowchart (Appendix 1).

1. Remediation may be recommended under any or all of the following situations:
  - 1.1. A resident fails a clinical rotation, or
  - 1.2. Repeated deficiencies are noted in one or more competencies across several rotations, whether or not the individual rotations are deemed overall failures,
  - 1.3. Summative assessment examination (e.g.; six-month examination – not the end of rotation examination) shows a failure to meet the required standard of knowledge or skills during one PGY (FMR) year.
  - 1.4. A newly recognized, serious problem in professional behaviour
2. **Remediation decisions** should be made by the RAS based on review of rotational assessment reports and other information that forms part of the usual assessment process of the program. In some cases other information may be considered, such as letters of concern. In all cases, the resident must be aware of, and have an opportunity to review, all material that is considered in making a decision. The sources of all material must be identified and residents must have an opportunity to respond to such material.
  - 2.1. The Associate Dean, Postgraduate Medical Education must be notified when a resident is to be placed on remediation.
3. **Remediation Plan:**
  - 3.1. A remediation plan must be developed and reviewed by the RAS (or applicable Family Medicine structure).
  - 3.2. The Associate Dean, PGME must approve the plan prior to implementation.
  - 3.3. The approved remediation plan must be reviewed (in writing and verbally) with the resident.
  - 3.4. A copy of the final signed remediation plan must be forwarded to the PGME office.
  - 3.5. Remediation plans should outline the following (the template is available through the PGME office / website at <http://medicine.usask.ca/policies/postgraduate-medical-education-assessment-of-postgraduate-trainees-guiding-principles.php> .
    - 3.5.1. The specific deficiencies to be remediated
    - 3.5.2. The objectives of remediation
    - 3.5.3. The expected standard of performance at the end of the remediation period
    - 3.5.4. Assessment timelines and methodology (how, who, when)
    - 3.5.5. A framework for formative feedback during the remediation period
    - 3.5.6. Supervisors of the remediation period
    - 3.5.7. A mentor is strongly recommended for all residents completing a remediation period. The mentor should not be directly involved in clinical assessment of the resident but should provide feedback to the resident and RAS. The designated mentor should be acceptable to the resident and RAS and must agree to meet with the resident on a regular (frequent) basis throughout the remediation period. In some cases more than one mentor may be assigned.
    - 3.5.8. Possible outcomes of remediation period. This should include that if other deficiencies are identified during the remediation period, the program will address this by modifying the plan or developing an additional plan, as appropriate.
4. **Duration of remediation:**
  - 4.1. The resident may be placed on remediation on more than one occasion as long as the total amount of remediation does not exceed 12 months during the entire residency in one program.
  - 4.2. Any single remediation period will not be for more than 6 months. In exceptional circumstances, the RPC may recommend remediation for up to two more months.
5. At the end of a period of remediation, a final report will be provided in writing to the resident and to the Associate Dean, Postgraduate Medical Education. This report must be reviewed with the resident and should indicate the outcome of the remediation period. Following successful completion of a remediation period, the resident will normally be expected to return to normal status within the program. In many situations, it is desirable and helpful to continue to provide additional support to the resident and this is encouraged but this will be voluntary (per mutual agreement between the resident and RAS / mentors) and does not constitute a less than satisfactory result for the remedial period. Where the outcome of the remedial period is not satisfactory, the RAS may elect to extend the remedial period, recommend probation or in rare situations, termination.

**Probation Policies** (Please also refer to Clauses applicable to both Remediation / Probation above – pages 18 & 19)

Probation is designed to address specific weaknesses identified. Probation is not punitive; rather it is intended to assist a resident who is demonstrating weaknesses of a global or specific nature such that they are not meeting the minimum standard of performance. The weaknesses are usually indicative of a resident in academic difficulty to the extent that their ability to continue training is, or is likely to be, significantly compromised. See Probation flowchart (Appendix 2).

Probationary periods may be required for a variety of reasons and may be triggered by substantial deficiencies in attitudes, knowledge, skills or professional behaviours in any one or more of the CanMEDS roles or CFPC Competency Framework.

1. Residents may be placed on probation because of:
  - 1.1. Multiple failed rotations
  - 1.2. Systematic deficiencies identified over the course of several rotations **and** failed rotations.
  - 1.3. Failures in multiple summative assessment examinations over more than one PGY (FMR) year.
  - 1.4. Attitudinal problems
  - 1.5. An egregious or repetitive problem in professional behaviour or a critical incident related to a lapse in professional behaviour
  - 1.6. A newly recognized, serious problem in clinical competency affecting patient care (egregious error)
  - 1.7. Failure of a remedial rotation
  - 1.8. A recurrence of problems thought to have been addressed in a prior remedial rotation (i.e.: unsustained improvement).
2. **Probation decisions:** The decision to place a resident on probation must be made by the RAS of the Residency Program committee after review of all available written documentation of the resident's performance. This decision and the reasons for the decision shall be conveyed in writing to the resident. This documentation should also inform the resident of the right to appeal and the timeline for submission of an appeal request. In all cases, the resident must be aware of, and have an opportunity to review, all material that is considered in making a probation decision. The sources of all material must be identified and residents must have an opportunity to respond to such material.
  - 2.1. The Associate Dean, Postgraduate Medical Education must be notified when a resident is to be placed on probation.
3. **Probation Plan:**
  - 3.1. A probation plan must be developed and reviewed by the RAS (the template is available through the PGME office / website at <http://medicine.usask.ca/policies/postgraduate-medical-education-assessment-of-postgraduate-trainees-guiding-principles.php> .
  - 3.2. The Associate Dean, PGME must approve the plan prior to implementation.
  - 3.3. The approved probation plan must be reviewed (in writing and verbally) with the resident.
  - 3.4. A copy of the final signed probation plan must be forwarded to the PGME office.
  - 3.5. The probationary plan must include the following:
    - 3.5.1. The specific deficiencies triggering the probation decision
    - 3.5.2. The objectives for the probation period
    - 3.5.3. The expected standard of performance for the probationary period to be deemed successful
    - 3.5.4. Assessment timelines and methodology (how, who, when)
    - 3.5.5. A framework for formative feedback during the probationary period (timing, who is responsible)
    - 3.5.6. Supervisors for the probationary period
    - 3.5.7. A mentor is required for all residents completing a probation period. The mentor should not be directly involved in clinical assessment of the resident but should provide feedback to the resident and RAS. The designated mentor should be acceptable to the resident (and is selected in consultation with the resident) and RAS and must agree to meet with the resident on a regular (frequent) basis throughout the probation period (the role of the mentor and expected minimum frequency of meetings should be clearly outlined). In some cases more than one mentor may be assigned.
    - 3.5.8. Possible outcomes of probation period. This should include that if other deficiencies are identified during the probation period, the program will address this by modifying the plan or developing an additional plan, as appropriate.

4. **Duration of probation:**

- 4.1. The resident may be placed on probation on only one occasion during his/her residency.
- 4.2. The total duration of probation is not to exceed 12 months during the entire residency. This regulation applies even when a resident transfers from one program to another program.
- 4.3. In most cases the probationary period will not be less than 3 months and more than 6 months. Under exceptional circumstances, the Residency Assessment Subcommittee (RAS)/ Residency Program Committee may recommend probation for more than six months.

5. **Status of the residents while the probation plan is being developed: In addition to clauses applicable to both Remediation and Probation above (page 19 clause 10), the following are applicable:**

- 5.1. Given that a decision to impose a probationary period typically reflects serious concerns with the resident's performance and a need for intensive support and focus on the specific deficiencies, the RAS and program director should consider whether other program activities or requirements should be deferred during the probation period (i.e.: research requirements, mandated courses etc.).
  - 5.2. Where the probationary period is required because of inadequate clinical performance or unprofessional behaviours leading to concern about patients' (or others') safety, residents may be removed from clinical service (suspended) (refer to Page 23 – Suspension) or have their responsibilities limited during the period of time required for development of the probationary plan. Suspension would ordinarily be with pay, until the probation plan has been completed and its terms can be implemented. **A decision to suspend the resident must be made by the RAS and approved by the Associate Dean, PGME.** Such a decision and reasons will be conveyed to the resident in writing. Suspension will not be invoked simply in order to provide time to prepare a probation plan.
6. At the end of a period of probation, the RAS must review all relevant information pertaining to the resident's performance and make a decision as to the outcome of the probationary period. The resident must have reviewed all the information considered in determining the outcome of the probationary period. The final report will be discussed verbally and provided in writing to the resident and the report will be sent to the Associate Dean, Postgraduate Medical Education. This report must be reviewed with the resident and should indicate the outcome of the probation period. As a general rule, the possible outcomes of a probationary period include:
- 6.1. Following successful completion of a probationary period, the resident will normally be reinstated in the training program on normal status. In many situations, it is desirable and helpful to continue to provide additional support to the resident and this is encouraged but this will be voluntary (per mutual agreement between the resident and RAS / mentors) and does not constitute a less than satisfactory result for the probationary period.
  - 6.2. Where the outcome of the probationary period is not satisfactory, the RAS may:
    - 6.2.1. Extend the probationary period
    - 6.2.2. Recommend remediation, (if some improvements have been made but additional modified training is required) or
    - 6.2.3. Termination. The usual outcome of a failed probationary period is dismissal from the program. Failure to comply with the terms of the probationary contract and probation program may constitute failure of the probationary period.

## Part C: Policies and Procedures for Removing a Resident from Clinical Duties, Dismissal

### Complaints against residents:

1. Complaints against residents will be initially assessed to determine if these can be initially addressed informally or whether a formal investigation should be conducted.
2. If the complaints can be addressed informally, the resolution will be considered resolved if both parties are satisfied, if not the complaint will be addressed formally.

### Leave of Absence related to Remediation and Probation

Please see section 10.3 in Clauses applicable to both Remediation / Probation above (page 19).

### Suspension

1. Suspension of a resident means that the resident is removed from clinical and educational activities of their training program and training is interrupted.
  - 1.1. Although, the PGME office is not responsible for the decisions made by the CPSS, relevant Health Region and the CMPA, during periods of suspension, the resident's educational license, credentialing/privileges within the Health Region and CMPA coverage are highly likely to be interrupted; residents should check this with the College of Physicians and Surgeons of Saskatchewan, the Health Region and the CMPA.
  - 1.2. Residents on suspension may not engage in any educational or moonlighting clinical activities.
  - 1.3. No educational credit can be acquired during a period of suspension.
2. Suspension from training **may** be required in the following situations:
  - 2.1. A resident displays serious deficiencies in any of the CanMEDS domains such that harm or a safety risk to patients, the healthcare team, other learners, faculty or staff has either occurred or may reasonably be anticipated.
  - 2.2. A critical incident in which negligence or clinical incompetence is likely to have been a major contributing factor and where there is potential for further risk to patient safety.
  - 2.3. Critical incidents involving unprofessional behaviour
3. Suspension Decisions:
  - 3.1. **Emergency suspension decisions:** The Program Director and Department Head must make these decisions in consultation with the Associate Dean, PGME. The critical incidents that would require suspension may arise from (but are not necessarily limited to) inadequate knowledge or skills of the resident, unethical or unprofessional behaviour, physical or psychiatric illness and / or chemical dependency.
  - 3.2. **Investigations into complaints against the residents may also lead to decisions to suspend a resident.** The purpose of suspension in this context may be:
    - 3.2.1. Unprofessional or Unethical Conduct – typically in the event of flagrant disregard for appropriate professional behaviour.
    - 3.2.2. Remedial - to provide opportunity to address / resolve issues contributing or causing the incident(s) in question.
4. The suspension period would ordinarily be with pay pending a formal review.
5. **Conveying the suspension decision to the resident:** The suspension decision will be communicated to the resident both verbally as well as in writing. Ordinarily this will occur during a meeting between the resident (who may bring a support person with him/her) and the program director (and associate/assistant program director- if available) and the Associate Dean, PGME. The letter notifying the resident of the suspension will be under the Associate Dean, PGME's signature.
6. Suspensions will be pending a formal review by an Investigation Committee (see Investigation Committee).

### Dismissal

1. A resident may be dismissed from his/her training program on the **basis of** any of the following:
  - 1.1. **Dismissal for Probation/ Remediation Deficiencies**
    - 1.1.1. A resident may be dismissed for:
      - 1.1.1.1. Failure of probation and/ or remediation
      - 1.1.1.2. Evidence of a serious non-remedial deficit (Determination of a non-remedial deficit will only occur after consultation between the program director, RAS and the Associate Dean, PGME (or designate) and College of Medicine and would

normally occur only after intensive efforts to provide remedial training have failed). The resident must have been clearly informed of the deficit and had the opportunity to engage in a directed remediation effort, with intensive formative feedback throughout the remedial period.

- 1.1.2. A decision for dismissal must be made by the RAS of the Residency Program Committee and based on review of all appropriate information. Only written documentation can be considered.

## 1.2. Dismissal for Unethical and/or Unprofessional Conduct

- 1.2.1. A resident may be dismissed at any time and without notice for cause including unethical and/or unprofessional conduct. Examples include:

- 1.2.1.1. Failure to uphold ethical / professional standards of the profession of an egregious or repetitive nature
- 1.2.1.2. Misrepresentation in an application to the program
- 1.2.1.3. Criminal conviction

- 1.2.2. The information regarding unethical and/ or unprofessional conduct may come to attention through different routes. Usually, the program will be the first one to receive this information, however, sometimes it will first come to the attention of the postgraduate office in the deanery. For dismissal under category 1.2, an investigation committee will be struck (see Investigation Committee below). The decision to dismiss for unethical and/or unprofessional conduct must be made on the basis of a report by the Investigation Committee to the Associate Dean, PGME following a full review of the concerns according to the procedures outlined below (see *Investigation Committee*).

- 1.2.3. A written report of the Investigation Committee must be submitted to the Associate Dean, PGME outlining in detail the concerns, the procedures used to address the concerns, and the rationale for the decision to dismiss the resident. The Associate Dean, PGME, after discussion with the Dean, will notify the Residency Program Director of the outcome of the Investigation Committee decision.

## 1.3. Dismissal for situations related to requirements for Professional Practice:

- 1.3.1. These situations include:

- 1.3.1.1. Withdrawal or termination of the resident's educational license for any reason
- 1.3.1.2. Withdrawal of privileges in the relevant Health Region

- 1.3.2. The Associate Dean, PGME will review the documentation and the decision will be made through consultation between the Associate Dean, PGME, Program Director and the Department Head.

2. In all cases, the resident must be aware of, and have an opportunity to review all material that is considered in making a decision for dismissal. The sources of all material must be identified and residents must have an opportunity to respond to such material.
  - 2.1. For categories 1.1 and 1.3 the review of the material and the opportunity to respond will be through the department / postgraduate office.
  - 2.2. For category 1.2 the review of the material and the opportunity to respond will be through the investigation committee process.
3. The final authority for dismissal rests with the Dean of the College of Medicine, who may delegate it to the Associate Dean, Postgraduate Medical Education. The Associate Dean, PGME will inform the resident in writing of the **decision** for dismissal. The dismissal letter given to the resident (jointly signed by the Dean, College of Medicine and the Associate Dean, PGME) will include the written reasons.
4. The resident must be informed of the right to appeal and the deadline for submission of an appeal request in the letter conveying the dismissal decision.
5. The resident may appeal the Dismissal from the program. Notice of appeal must be provided in writing to the PGME office **within 30 calendar days** of receiving the written notice of dismissal.
6. The PGME office must advise Health Region Administration and The College of Physicians and Surgeons of Saskatchewan when a resident is dismissed.
7. Except for Dismissal for Unethical and/or Unprofessional Conduct (category 1.2 above) or situations related to requirements for professional practice (category 1.3 above) dismissal will occur with 4 weeks notice. In the event that it is determined that the resident cannot return to clinical duties for that month, and an appropriate non-clinical rotation cannot be provided, the resident will be placed on suspension with pay pending the dismissal date. In the event that the resident's current appointment expires within the 4-week notice period, the date of dismissal will be the date of the end of the appointment and the re-appointment will be nullified.



## Investigation Committee

1. Investigation into an incident leading to suspension or dismissal situations will be conducted as quickly as reasonably possible.
2. The Investigation Committee will be chaired by the Department Head of the departmental home for the resident's training program. In extenuating circumstances, such as where there is direct involvement of the Department Head in the situation such that it would / could create conflict of interest, a cognate Department Head may chair the investigation committee. Committee members will be appointed by the Department Head from each of the following categories, except when designated by the partner organization:
  - 2.1. The Resident Assessment Subcommittee of the Residency Program Committee (or the Residency Program Committee) – one member (who should not have been directly involved in the incident)
  - 2.2. Program Director and / or Site Coordinator (unless where there is direct involvement of the Program Director / or Site Coordinator in the situation that it could / would create conflict of interest). In this situation a member of the Residency Program Committee will be chosen who should not have been directly involved in the incident.
  - 2.3. At least one faculty member with no involvement in the incident (university or community, may be from a distributed site, or cognate department)
  - 2.4. A resident (PAIRS representative, chosen by PAIRS)
  - 2.5. A representative of the relevant health region (designated by the health region)
  - 2.6. A representative from the College of Physicians and Surgeons of Saskatchewan (CPSS) (designated by the CPSS)
3. The investigation committee will be comprised of at least six members in addition to the department head.
4. The Investigation Committee shall determine its own procedures.
5. The investigation will be completed within 2 (two) months of the Committee getting established except under extenuating circumstances and then with the consent of both parties.
6. The Investigation Committee will meet to review the allegations / complaint and may call such witnesses as the Committee deems appropriate, including but not limited to the resident concerned and the complainant.
7. The resident shall be fully advised in writing as to the exact nature of the allegations or complaints, information to be reviewed by the committee and of the procedure which the committee intends to follow. The resident must have an opportunity to respond to all allegations under consideration by the committee.
8. The Investigation Committee, after considering the matter, shall render a written decision to the Associate Dean, PGME outlining in detail the concerns and the rationale for the decision. The Associate Dean, after discussing with the Dean, will inform the resident of the decision.
9. **The following decisions are available to the Investigation Committee:**
  - 9.1. Dismissal of the allegations: The allegations are found to be unsubstantiated or unproven or unfounded and the resident will return to normal duties and normal status within the program. A record of the dismissal of allegation will be kept in a confidential file at the Postgraduate office. The purpose is to protect the resident (if required later, proof can be provided that the allegations were dismissed) and the institution (that an investigation was actually conducted and the formal complaint(s) was/were not simply brushed aside). The dismissed allegations will have no bearing on any future investigation(s). The information will only be used or disclosed in accordance with *The Local Freedom of Information and Protection of Privacy Act, The Health Information Protection Act* or as otherwise required by law.
  - 9.2. Inadequate evidence to verify the allegations but cause for concern: There is inadequate information to fully verify the allegations but there is sufficient evidence to indicate cause for concern and the resident should return to a modified program (with a prescribed remediation or probation plan, as developed by the program after the investigation has been completed).

- 9.3. Evidence supports the allegations: There is sufficient information to indicate cause for serious concern and the resident should be:
  - 9.3.1. Placed on remediation or probation with a prescribed plan (in accordance with remediation and probation guidelines), until the resident can demonstrate that there is no longer any cause for concern - or-
  - 9.3.2. Dismissed from the training program
10. In all cases in which the allegations are not dismissed pursuant to category 8.1 the Hospital Administrator, and the College of Physicians & Surgeons of Saskatchewan must receive a timely report on the nature of the complaint and on the action taken.
11. At the time of being informed of an adverse decision, the trainee shall be provided with the written decision of the Investigation Committee and shall be advised of his/her right to appeal as set forth in this document. The trainee shall have **30 calendar days** in which to submit to the Associate Dean, PGME a written notice of appeal. The appeal will proceed to the Standing Committee for Appeals of the College of Medicine in accordance with the processes set out in Part D.

## Part D: Appeals

The following appeals process (policies and procedures) applies to the decisions that can be appealed by the residents.

### Appealable Decisions

1. A variety of decisions affecting the resident's progress may be made during the course of training. The decisions open to appeal include:
  - 1.1. Rotational assessments [Rotational assessments must first be appealed to the Program level. See *Initiating an appeal (Appeal Process) #4* below]
  - 1.2. Deferral of promotion
  - 1.3. Remediation
  - 1.4. Probation
  - 1.5. Dismissal
  - 1.6. FITERs and STACERs
  - 1.7. Decisions of investigative committees (See Part C)

### Grounds for Appeal

The residents can not appeal academic standards. This means that the standards of training set by the CFPC and the RCPSC can not be appealed. The residents have a right to appeal when their performance has been judged unsatisfactory (rotation evaluations, ITER, STACER, FITER) or other decisions as outlined above. However, the residents can not appeal an academic judgment, meaning that the judgment per se for its academic content can not be appealed. The basis of an appeal would be what the resident believes / perceives led to that judgment (e.g. perceived bias, process irregularity (ies) etc.) in accordance with the grounds of appeal given in the University of Saskatchewan guidelines. See Appendix 3 for more detailed description of grounds for appeal.

### Route of Appeal

There will be an emphasis on informal resolution. The appeal will be made to an individual / academic body above the decision maker. The successive levels of an appeal are as follows:

1. Residency Training Committee (through the Program Director)
2. Department Head
3. Standing Committee for Appeals of the College of Medicine (through the Associate Dean, PGME)
4. University of Saskatchewan Level – as per *Procedures for Student Appeals in Academic Matters, Section V (Appeals Dealing with Matters Other Than Substantive Academic Judgment)*

**Formal appeals** follow the College of Medicine processes (Standing Committee for Appeals / Appeal Adjudication Board) before they are appealed to the University of Saskatchewan Level. Refer to Post-Appeal Procedures on page 30.

### Initiating an appeal (Appeal Process)

1. Residents may request to meet confidentially with the Associate Dean, PGME (or delegate) to discuss their concerns prior to making a final decision about whether or not to appeal. As long as this initial meeting occurs within the first 15 calendar-day notice of appeal period, the Associate Dean may extend the notice period to allow for the possibility of informal resolution.
2. A resident initiates an appeal by delivering a signed notice of appeal (refer to page 36 - Appeal Form) (not e-mail) that must be received no later than 30 calendar days of the resident receiving documentation of the decision (whether in paper or electronic format). For electronic assessment reports, the date stamp indicating the date the resident reviewed the document will be taken as the start date for the 30 calendar days notice period, provided the report is reviewed within 3 working weeks (inclusive of electives) of notification to the resident of an unread assessment report in the electronic system. Failure to review unread assessment reports within 3 weeks will result in loss of opportunity for appeal. Appeals of deferred promotion, remediation, probation, dismissal, FITER or STACERs must be addressed to the Associate Dean, PGME with a copy to the program director.
3. Appeals of rotational assessments must be directed to the program director, with a copy to the Associate Dean, PGME.
4. Appeals of individual rotational assessments will be conducted at the program level according to the appeal policies of the program, but must be completed with a written decision provided to the resident within 14 calendar days from the concluding day of the appeals committee meeting (the entire process from the notice of appeal to communicating the decision to the resident not to exceed 6 weeks). If the outcome of this appeal is not satisfactory to the resident, he / she may submit a further appeal to the Standing Committee for Appeals by submitting a signed notice of appeal (not e mail) to the Associate

Dean, PGME (which must be received no later than 30 calendar days of the resident receiving the written notice of the decision of the program appeal process).

### **Standing Committee for Appeals and Appeal Adjudication Board**

1. PGME appeals will be heard by an Appeal Adjudication Board (AAB) constituted from members of the Standing Committee for Appeals. A specific AAB will be appointed for each appeal and will include four members (all committee members must be present for meetings to proceed):
  - 1.1. Two faculty members of the College of Medicine, at least one of which is a current or former program director
  - 1.2. One resident
  - 1.3. Chair – based on availability, one of the two possible Chairs of the Standing Committee for Appeals (when a vote is necessary the chair will not vote).
2. The Standing Committee for Appeals (SCA) will be made up of faculty members from the College of Medicine, and residents representing PAIRS (selected by PAIRS). Faculty members will be appointed for three year terms; resident members will be appointed for a minimum of one year term and may be re-appointed on an annual basis. Initial faculty terms may be less or more than three years to permit staggered turnover of faculty representatives. Current Program Directors will be appointed as members of this committee. A sufficient number of other faculty shall be appointed to the SCA to ensure that members can be selected who have not been / will not be involved in the clinical supervision or assessment of the resident.
3. Appointments to the Standing Committee for Appeals, other than residents or Program Directors, will be recommended by the Nominations Committee to Faculty Council for approval.
4. Two faculty members from the COM will be designated as potential chairs for the AAB. Availability will determine which of the two possible Chairs will Chair the AAB. If neither Chair is available, the Dean or designate will appoint one of the faculty members from the Standing Committee for Appeals to serve as Chair.

### **Process for Appeal**

1. The **resident must**:
  - 1.1. Provide the notice of appeal by completing a college-level Appeal Form (page 36) and deliver as soon as possible but **not later than 30 calendar days from the date the outcome of the decision has been communicated in writing to the resident.**
  - 1.2. Attach a written statement outlining the information the resident wishes to be considered by the Appeal Adjudication Board, identifying the grounds for the appeal and clearly outlining the rationale for each identified grounds for appeal.
  - 1.3. For every box checked for “Grounds for appeal” – provide a clearly outlined rationale.
  - 1.4. Attach any supporting documentation (e.g.: copies of assessment reports, etc.)
  - 1.5. Organizing the information and submissions will assist the appeal review process
2. Upon receipt of the notice of appeal, the Postgraduate Medical Education Office will notify the Chair of the AAB of the notice of appeal. The Chair of the AAB will make a recommendation to the Associate Dean, PGME for individual members of the Appeal Adjudication Board. The AAB must be formed and begun their work as soon as is practicable, but not later than 30 days after the final appeal documents are received from the resident. Under exceptional circumstances, the Chair of the AAB may extend this period.
3. The resident will be notified of the membership of the AAB, and the resident may then inform the Associate Dean, PGME of any member believed to be in a position of conflict of interest (i.e.: have been involved in their supervision or evaluation). The resident must communicate this including the reasons in writing to the Associate Dean, PGME **within seven days (7)** of being notified of the AAB membership, otherwise the membership stands.
4. The resident’s written submission including the grounds for appeal and any attachments will be provided to the program director (or designate) who will prepare a written response to be submitted along with any supporting information. In the case of an investigative committee decision, the department head (or designate) shall be the respondent.
5. All information submitted by one party to the appeal committee shall be shared with the other.
6. The AAB will review the written submissions from the resident and program director. It is anticipated that in most cases the AAB will meet with the resident and program director to review / clarify the written submissions. In the event that both parties agree on the facts of the matter and a decision can be made without further information, the AAB may deem oral presentations to be unnecessary and render a decision based on the written submissions. If deemed necessary the AAB may request further information in the form of written or oral presentations and may call such individuals to provide such information as they deem necessary. In all such cases, both parties shall be informed of such requests and provided an opportunity to review written statements or attend oral presentations.

7. Neither the resident nor program representative or their accompanying persons may:
  - 7.1. Introduce new allegations to the committee not included in the prior documentation and distributed to both parties. Except in very exceptional circumstances, new information should not be brought to the committee once the committee has convened. If new information directly relevant to the decision being appealed and the alleged process irregularity comes to light after the committee is convened, this information must be submitted in writing to the PGME office and a decision as to admissibility will be made in collaboration with the chair of the AAB. In such a case, the committee may need to adjourn for sufficient time to allow the other party to review the information and respond in writing.
  - 7.2. Question the AAB members
  - 7.3. Be present during AAB deliberations

### Meetings of the AAB

1. The AAB shall establish its own procedures.
2. Residents / program directors may bring an accompanying person / observer when meeting with the AAB. Resident who is appealing the decision can be accompanied by another resident or faculty member or legal counsel. Accompanying persons can speak on behalf of the resident but the resident appealing the decision should be the one to take primary responsibility to make opening statements, present arguments and answer questions. Similarly, the program representative whose decision is being appealed has the primary responsibility to make opening statements, present arguments and answer questions, although the accompanying person can speak on their behalf.
3. The resident and program director (or delegate) may attend the meetings of the AAB during which oral presentations are made to the committee. The resident / program director / accompanying persons may not question individuals who are asked to present information to the committee. The appeal committee may ask the resident or program director to respond to information provided by such individuals to the committee. **Direct questioning by each party of the other party will be allowed for appeals ONLY when dismissal is being appealed.** For all other appeals, direct questioning will be at the discretion of the appeals committee.
4. Proceedings of the AAB shall be informal. A person presenting information to the AAB may be questioned by members of the AAB but may not be subjected to cross examination by another person.

### Mandate of the AAB

The mandate of the Appeal Adjudication Board is to address the grounds of appeal and process issues – not academic judgment or validity of educational assessments. If a process irregularity is identified, the magnitude of such an irregularity will be assessed. The presence of a process irregularity alone will not necessarily mandate overturning the decision under appeal. The irregularity must be of sufficient magnitude to have, or likely have, meaningfully influenced the decision being appealed or the performance of the resident that led to the decision.

### Options available to the AAB

1. Appeal Adjudication Boards will have the following options in reaching a determination about the appeal:
  - 1.1. There is insufficient evidence of a process irregularity and the original decision of the RAS or investigation committee is upheld.
  - 1.2. There is, or may have been, one or more process irregularities but not of sufficient magnitude to materially affect the outcome and the original decision of the RAS or investigation committee is upheld
  - 1.3. A significant process irregularity occurred or is likely to have occurred and the RAS or investigation committee should review its decision in the light of the process irregularity. Where the process irregularity can be corrected, the RAS or investigation committee may revisit the information leading to the original decision and make a revised recommendation. Where the process irregularity cannot be resolved, the relevant committee must revisit its decision in the light of the irregularity and make a revised recommendation.
  - 1.4. A significant process irregularity occurred or is likely to have occurred and the magnitude of the irregularity is such that the original decision should be overturned.

### Confidentiality, Communication and Reporting

1. All communication pertaining to the appeal must flow through the PGME office. Residents and program directors may not contact AAB members directly or submit written information to the AAB.
2. All material submitted to the AAB is confidential and must not be forwarded to any third party. All written materials must be returned to the PGME office once the appeal is concluded. Verbatim minutes of the AAB meetings will not be taken but members may take personal notes. These notes are confidential and not to be disclosed to third parties.

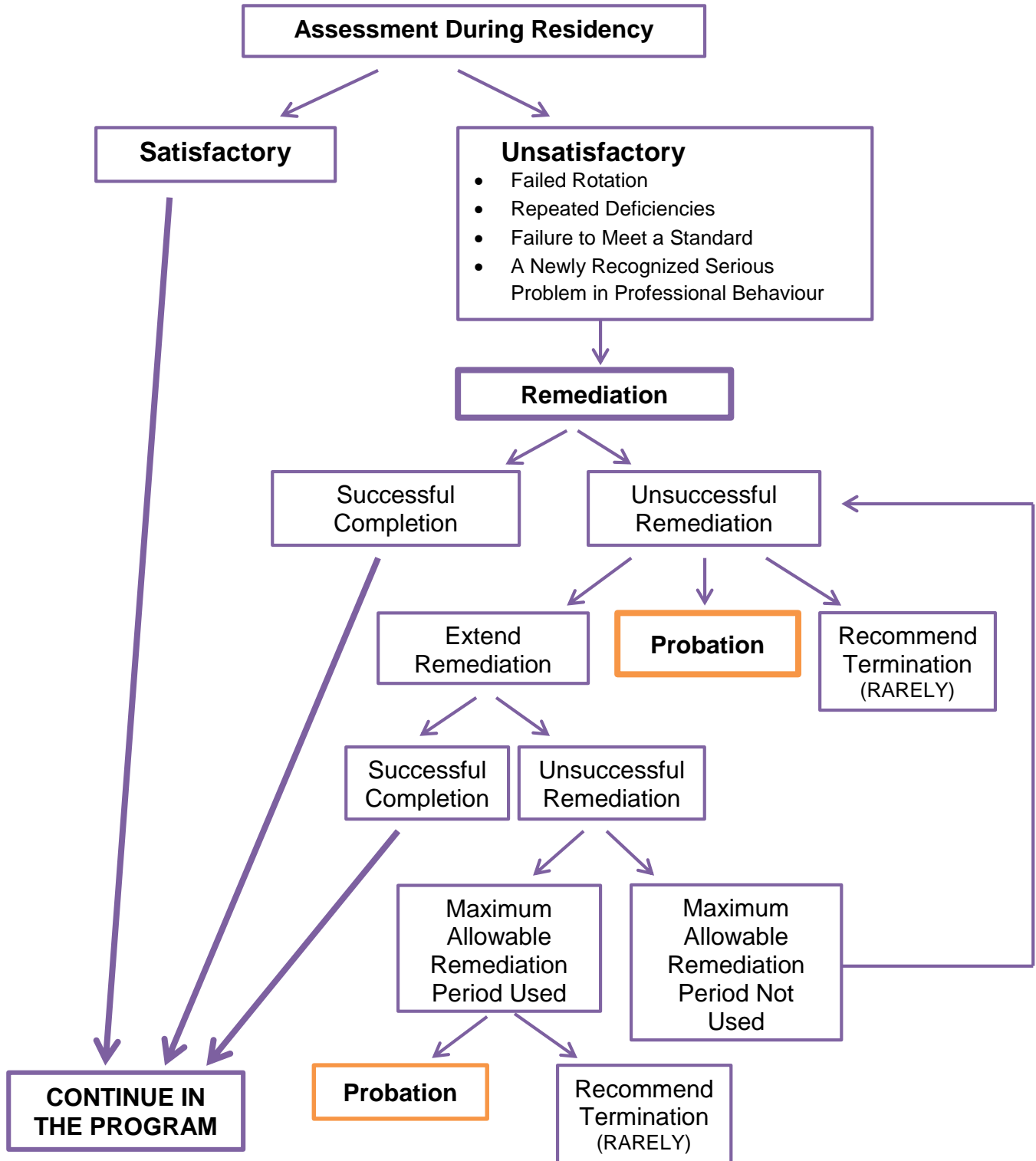
3. Members of the SCAs will sign a confidentiality agreement that requires them to maintain confidentiality about all information (whether written or oral) received in the course of hearing an appeal. AAB members may not discuss the appeal with the resident, the program director or any third party apart from reporting to the PGME office.
4. The AAB shall report its decision and the reasons for the decision to the Associate Dean, PGME in writing within seven days from the concluding day of the AAB's final meeting. The AAB will not communicate its decision directly to the resident, program director or any third party. The Appeal committee will report any process irregularity that is identified and record the evidence leading to a determination of a process irregularity. The record of the decision and the reasons will be maintained; although verbatim minutes of the AAB meeting will not be taken but a summary of the proceedings will be kept.
5. The Associate Dean, PGME or the Vice Dean, Medical Education within 14 calendar days from the concluding day of the AAB's final meeting, will communicate the decision and reasons for the decision to the resident in writing.

### **Post-Appeal Procedures**

1. If the Appeal Adjudication Board determines that a significant process irregularity has occurred and requests the RAS or Investigation Committee to modify the decision and this is declined, the matter shall be referred to the Associate Dean of Postgraduate Medical Education who will review all of the evidence and make a recommendation to the Dean of Medicine. The Dean of Medicine will review all of the evidence and render a decision.
2. If the resident is dissatisfied with the decision reached by the College of Medicine, an appeal can be made through the University Secretary to the University of Saskatchewan Level as per *Procedures for Student Appeals in Academic Matters, Section V (Appeals Dealing with Matters Other Than Substantive Academic Judgment)*. <http://www.usask.ca/secretariat/student-conduct-appeals/StudentAcademicAppeals.pdf>
  - 2.1. If the resident has filed an appeal to the University Secretary but the resident and program are willing to seek informal resolution, a request for deferral may be made to the University Secretary.

Appendix 1

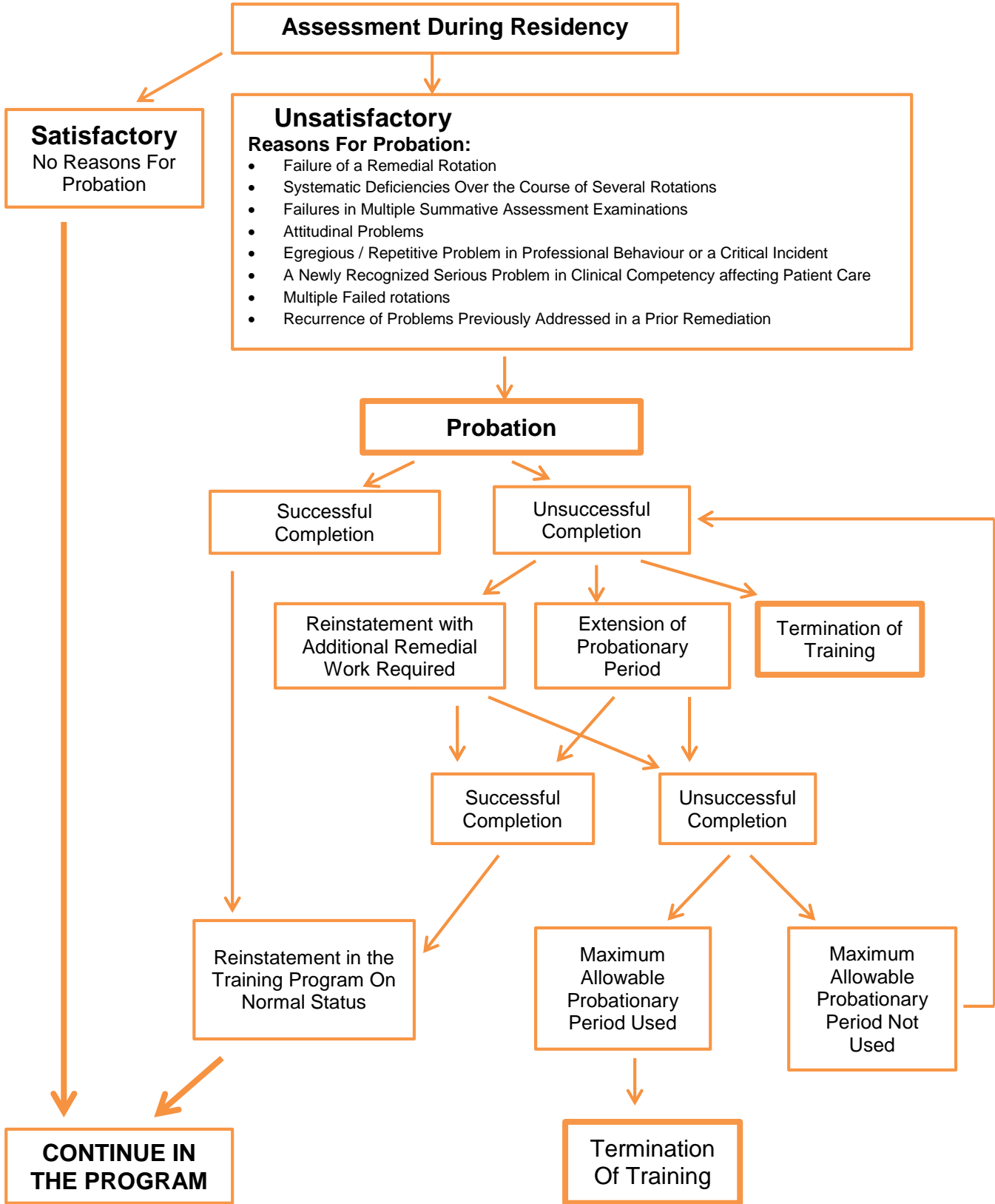
# REMEDATION



Policies and Procedures for removing a resident from clinical duties, dismissal will take precedence.  
 This flowchart is aimed at schematically depicting the process. In case of any discrepancy between the policy and this Flowchart; the written policy will be followed.  
 Residents have a right to appeal decisions (see Appeals Section)

Appendix 2

# PROBATION



Policies and Procedures for removing a resident from clinical duties, dismissal will take precedence.  
 This flowchart is aimed at schematically depicting the process. In case of any discrepancy between the policy and this Flowchart; the written policy will be followed.  
 Residents have a right to appeal decisions (see Appeals Section)



## Appendix 3

### Grounds for an Appeal

#### B. UNIVERSITY LEVEL APPEAL

##### 1. Grounds for an Appeal

- (a) A student may appeal as hereinafter provided a decision affecting her or his academic standing on the following grounds only:
  - (i) alleged failure to follow procedural regulations of the relevant college or the university dealing with assessment of students' academic work or performance or administrative decisions or alleged misapplication of regulations governing program or degree requirements;
  - (ii) alleged differential treatment of the student as compared to the treatment of other students in the course or program, where the alleged differential treatment affected assessment of the student's academic work or performance;
  - (iii) alleged discrimination or harassment, as set out in the University's Policy on Discrimination and Harassment Prevention and procedures for addressing issues of discrimination and harassment, where the alleged violation affected assessment of the student's academic work or performance; or
  - (iv) alleged failure to implement the approved policy and procedures of the University dealing with accommodation of students with disabilities, when the alleged failure affected assessment of the student's academic work or performance.
- (b) A student has no right of appeal under these rules with respect to an academic judgment of the written or non-written work, performance or activities or with respect to a decision relating to the provision of deferred activities or with respect to a decision relating to the provision of deferred or special examinations or other extraordinary methods of assessment unless that judgment or decision is alleged to involve or be affected by a factor mentioned in clause 1(a).
- (c) A student has no right of appeal as hereinafter provided until all applicable steps set out in preceding rules have been taken and a final decision in relation to the matter has been made as provided in those rules. In particular, a university-level appeal hearing will not be held until a report of the college-level investigation as outlined in Section A has been rendered.

**Source:** University of Saskatchewan Document "Procedures for Student Appeals in Academic Matters", Section V (Appeals Dealing with Matters Other Than Substantive Academic Judgment)

<http://www.usask.ca/secretariat/student-conduct-appeals/StudentAcademicAppeals.pdf>

## Appendix 4

### Information for residents and program directors on appeal processes

**Initiating an appeal:** Prior to initiating an appeal, residents are encouraged to discuss their concerns with the program director, department head or Associate Dean, PGME to see if there are alternative and more efficient approaches to resolve the concerns. The resident should take note of the timelines for submitting requests for appeal.

The resident should meet with the Associate Dean, PGME or delegate prior to the 30-day appeal deadline, to review the process and anticipated timelines and confirm that other appropriate avenues to resolve concerns have been considered and to clarify that the appeal is based on acceptable grounds and process issues and not academic judgment and content. If an appeal notice has been submitted within the required time frame, but the resident and program are willing to seek resolution through an informal process, the appeal may be deferred pending the outcome of informal resolution processes.

The appeal process is officially initiated when the resident submits a written (not email or verbal) notice of appeal identifying the grounds for the appeal (refer to Appeal Form page 36). This information is submitted to the Appeal Adjudication Board (AAB). This notice of appeal will include (refer to Part D: Appeals, Process for Appeal):

1. The decision being appealed
2. Grounds for appeal including alleged process irregularities on which appeal is based
3. Supporting information

All documentation pertaining to the appeal MUST flow only through the PGME office. Information is not to be provided directly to members of the Appeal Adjudication Board. The PGME office is responsible for distribution of all documents pertaining to the appeal. All information submitted by any party in the appeal will be made available to the other party so that each party can respond appropriately. Submission deadlines will be set by the PGME office.

**Process:**

1. Resident submits material to the PGME office (as above)
2. Resident's submission is provided to program director for response
3. Program director submits a response to the resident's statement
4. The program director's response is provided to resident
5. Documents are submitted to the appeal committee
6. Committee reviews documents and determines what further information or steps are needed to render a decision
  - 6.1. Further documentation
  - 6.2. Meeting with resident / program director / other parties

In most cases it is anticipated that the appeal committee will wish to meet with the resident and program representative but in some cases this may not be necessary. In any meeting where the resident and / or program representative are meeting with the appeal committee to clarify information in the written material, the other party may be present, and accompanied by a supporting individual. Resident who is appealing the decision may be accompanied by a resident or faculty member or legal counsel. Accompanying persons can speak on behalf of the resident but the resident appealing the decision should be the one to take primary responsibility to make opening statements, present arguments and answer questions. Similarly, the program representative or a member of the investigative committee whose decision is being appealed have the primary responsibility to make opening statements, present arguments and answer questions, although the accompanying person can speak on their behalf.

Neither the resident nor program representative or their accompanying persons may:

1. Introduce new allegations to the committee not included in the prior documentation and distributed to both parties. Except in very exceptional circumstances, new information should not be brought to the committee once the committee has convened. If new information directly relevant to the decision being appealed and the alleged process irregularity comes to light after the committee is convened, this information must be submitted in writing to the PGME office and a decision as to admissibility will be made in collaboration with the chair of the AAB. In such a case, the committee may need to adjourn for sufficient time to allow the other party to review the information and respond in writing.
2. Question the committee members
3. Be present during AAB deliberations

**Direct questioning** by each party to the other party will be allowed for appeals ONLY against dismissal. For all other appeals, direct questioning will be at the discretion of the appeals committee.

**Assignment of resident duties during an appeal process (excluding appeals of dismissal)**

1. In most cases it is anticipated that residents will be able to continue in their program while the appeal process is unfolding.
  2. In the event that the decision under appeal would normally be followed by the implementation of a remediation or probation plan, it is recognized that the outcome of the appeal may determine whether or not a plan is required and therefore work on development of the plan will be deferred until the appeal is concluded (including any university-level appeals). However, the resident and program director are encouraged to work together and with the PGME office to identify interim strategies to support and optimize the resident's ongoing learning.
  3. Occasionally, circumstances may dictate assignment to an alternative clinical service or rotation – such a decision would be at the discretion of the RAS and program director.
  4. Rarely and where serious performance concerns result in significant challenges to ongoing productive training in the absence of a remediation or probation plan, or where there are significant patient safety concerns; the RAS may recommend interruption of training. This would normally occur through a "leave with pay". In this situation the PGME office will notify the CPSS, the CMPA and the relevant Health Region that the resident's training has been interrupted; the PGME office will not be making any recommendation to these bodies regarding the status of the residents with either of them, i.e. the CPSS, the relevant health region, or the CMPA, since the PGME office is not responsible for the decisions made by these bodies. It is possible that the resident's educational license and the CMPA and credentialing with the Health Region may be interrupted; residents should check this with the CPSS, the CMPA and the relevant Health Region. No clinical activities are permitted during a leave unless the resident is in possession of an unrestricted license; residents in this position are encouraged to consult with the CPSS. Unless otherwise determined by a decision of the RAS, residents would be encouraged to continue to attend educational activities of the program where patients are not involved.
-

### Appeal Form

- This form must be completed and delivered as soon as possible, but not later than thirty (30) calendar days from the date a final decision has been communicated in writing to the resident.
- The resident must provide and attach to this form a written statement outlining the information they wish to be considered by the Appeal Adjudication Board of the Standing Committee for Appeals, identifying the grounds for the appeal, and attaching any supporting documentation. (Clearly outline the rationale for each identified ground.)

|   |                                  |
|---|----------------------------------|
| <b>Name:</b>  | <b>Student Number:<br/>NSID:</b> |
| <b>Address</b> (Street, City, Postal Code):   | <b>Telephone:<br/>Email:</b>     |
| <b>Appeal related to:</b> <i>(check where applicable)</i><br><input type="checkbox"/> Rotational assessments* <i>(*Rotational assessments must first be appealed to the Program level)</i><br><input type="checkbox"/> Deferral of promotion<br><input type="checkbox"/> Remediation<br><input type="checkbox"/> Probation<br><input type="checkbox"/> Dismissal<br><input type="checkbox"/> FITERs and STACERS<br><input type="checkbox"/> Decision of Investigative Committee |                                  |
| <b>Date final Program or Investigative Committee decision communicated in writing:</b>  |                                  |
| <b>Grounds for appeal</b> <i>(check where applicable):</i>  |                                  |
| <input type="checkbox"/> alleged failure to follow procedural regulations of the relevant college or University dealing with assessment of students' academic work or performance or administrative decisions or alleged misapplication of regulations governing program or degree requirements   |                                  |
| <input type="checkbox"/> alleged differential treatment of the student as compared to the treatment of other students in the course or program, where the alleged differential treatment affected assessment of the student's academic work or performance  |                                  |
| <input type="checkbox"/> alleged discrimination or harassment, as set out in the University's Policy on Discrimination and Harassment Prevention and procedures for addressing issues of discrimination and harassment, where the alleged violation affected assessment of the student's academic work or performance   |                                  |
| <input type="checkbox"/> alleged failure to implement the approved policy and procedures of the University dealing with accommodation of students with disabilities, when the alleged failure affected assessment of the student's academic work or performance   |                                  |
| <b>Supplementary / Supporting written documentation attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |
| <b>Date:</b>  | <b>Signature of Student:</b>     |
| <b>Instructions:</b> To initiate an appeal, a student must deliver this form (with any supplementary / supporting written information attached) to: <b>the Associate Dean, Postgraduate Medical Education, College of Medicine and a copy to the Program Director.</b>  |                                  |