

Regulations for Dealing with Unsatisfactory Evaluations and Disciplinary Action

PREAMBLE

Residents are appointed by the College of Medicine, University of Saskatchewan, for a one-year term. Promotion of trainees to the next level of training is contingent upon satisfactory performance as evaluated by the respective residency medical training committees. In circumstances where an evaluation(s) indicates unsatisfactory performance, the regulations set out below will apply.

A. REGULATIONS FOR DEALING WITH UNSATISFACTORY EVALUATIONS

Residents have the right to an appeal process on decisions or actions affecting their training and their evaluation. The maximum allowable time to start an appeal process is fifteen (15) calendar days from the time the resident receives written notification of the unsatisfactory evaluation(s) from the program director. If no written notice of appeal is received within the fifteen (15) day period, the resident shall be deemed to have waived any right to appeal.

i) FOR RESIDENTS IN A ROYAL COLLEGE PROGRAM

There are two types of evaluations for Royal College Programs.

- A. There is an ongoing evaluation of all residents in training. These are done in writing by the Program Director at three or six month intervals and usually at the end of a rotation in the junior years. All evaluations are forwarded to the Associate Dean of Postgraduate Medical Education for review. The evaluations are maintained on file in the Dean of Medicine's office for the duration of the trainees' training program.
- B. There are also the evaluation reports submitted by the Program Director to the Examination Committee of the Royal College of Physicians and Surgeons of Canada preceding the certification examination of the Royal College. Again, these evaluations are reviewed by the Associate Dean of Postgraduate Medical Education and a copy is maintained on file in the Dean of Medicine's office.

In each instance the evaluation is to be reviewed with the resident prior to its submission, and the resident signs that he/she has seen the evaluation report.

The report will contain a decision by the Program Director about the competence and qualifications of the resident concerned.

If a resident is dissatisfied with the evaluation report, he/she should first indicate in writing on the evaluation sheet this dissatisfaction to the Program Director, and in discussion with the Program Director see if an alteration or upgrading of the evaluation is forthcoming. If this does not result in a change in the evaluation report satisfactory to the resident, the Program Director will summarize in writing to the resident the reason for the unfavorable evaluation and recommendation and advise the resident of his/her right to appeal as hereinafter set forth. Any appeal action shall be initiated by the resident advising the Associate Dean of Postgraduate Medical Education in writing of his/her intention to appeal the evaluation within fifteen (15) days of receipt of the written evaluation. The written submission must include the reasons for appeal.

Upon receiving the written notice of appeal, the Associate Dean of Postgraduate Medical Education will strike an Appeal Committee. This Appeal Committee shall function as an appeal body for residents in academic matters.

The **Appeal Committee** shall consist of:

1. Three members of the medical faculty chosen by the Dean of Medicine (one being the chairman)
2. A resident member of the Program Committee (who should not be the appellant)
3. One other resident from another program to be selected by P.A.I.R.S.

The Appeal Committee shall review the evaluation report, the written submissions by the appellant as set out in the notice of intention to appeal and, if the Appeal Committee in its sole discretion deems it necessary, interview the resident and the Program Director. The Appeal Committee shall have the power to uphold the decision of the Program Director or request that the Program Director modify the evaluation. If the Appeal Committee requests the Program Director to modify the evaluation and the Program Director refuses, 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. If the resident is dissatisfied with the decision reached by the College of Medicine, an appeal can be made to the Joint Senate-Council Board for Student Appeals.

ii) **FOR RESIDENTS IN A FAMILY MEDICINE PROGRAM**

Residents in the Family Medicine Training Program undergo evaluation on their family medicine block time, their half day returns to the family medicine units and during their in-hospital and community based rotations.

The family medicine block time rotations occur in both years of the training program. Several evaluating tools exist:

1. The Intraining Evaluation Form

2. Evaluation of direct observations
3. Simulated Office Oral Examinations

The intraining evaluation form is used by family medicine faculty for evaluation. Faculty advisors within the Department of Family Medicine do a midterm and also a composite summative evaluation using the ITER. Both the midterm and summative evaluations are reviewed with the residents, signed and dated by both the resident and faculty advisor.

The evaluation of direct observations and the evaluation of the simulated office oral examination are completed and discussed immediately following the actual occurrence of the evaluation. The evaluation form is signed and dated by the resident and faculty advisor.

All evaluations that are received on individual family medicine residents are reviewed by the residency training coordinator or designate. They are then forwarded to the Executive Education Committee - Department of Family Medicine.

The faculty advisor or program coordinator meets with each resident every six months to review and discuss all evaluations submitted by preceptors other than family medicine. This includes in-hospital rotation evaluations and those rotations that are done within the community. The evaluations are all summarized in a report submitted to the Associate Dean of Postgraduate Medical Education.

There is also an evaluation report submitted to the examination committee of the College of Family Physicians of Canada prior to the CFPC examinations.

The Executive Education Committee of the Department of Family Medicine is recognized as the authority within the department to determine whether the residents pass or fail and decides issues of remediation. The Executive Education Committee has developed specific policies related to pass/fail and remediation. These policies are found in the individual family medicine residents manual. The policies are specific in nature and are in coordination and conjunction to the College of Medicine regulations.

The mechanism of appeal for an unsatisfactory evaluation will be identical to that of residents enrolled in a Royal College program.

B. REGULATIONS FOR DEALING WITH DISCIPLINARY ACTION

Immediate action may be necessary by reasons of clinical inadequacy, clinical incompetence, or other disciplinary problems on the part of a resident.

Any complaint concerning clinical inadequacy, clinical incompetence, or disciplinary problems must be delivered in writing to the Residency Training Program Director and written documentation of the complaint sent to the Associate Dean of Postgraduate

Medical Education. These complaints will then be taken to the University Academic Department Head.

1. The Department Head will have four alternatives:
2. To dismiss the charges if they could be found to be unjustified.
3. If the situation is not deemed serious enough to require suspension, to place the resident on probation and allow him/her to continue his/her duties pending a suitable investigation.
4. If the situation is not deemed serious enough to require suspension, to place the resident on probation and allow him/her to continue his/her duties as modified by agreement between the Department Head pending a suitable investigation.
5. If the situation is deemed serious enough, to impose a temporary suspension pending further investigation.

In situation #2, #3, and #4 the Department Head should then convene an Investigation Committee as hereinafter defined. In all cases the Associate Dean of Postgraduate Medical Education, the Hospital Administrator, P.A.I.R.S., and the College of Physicians & Surgeons of Saskatchewan must receive a timely report on the nature of the complaint and subsequently on the action taken.

COMPOSITION OF THE INVESTIGATION COMMITTEE

The composition of the **Investigation Committee** should be:

1. The Head of the University Department concerned.
2. The Residency Training Program Director of the department concerned.
3. The Executive Director or his Deputy of the hospital concerned.
4. A resident to be selected by P.A.I.R.S. who shall not be the defendant.

FUNCTIONS OF THE INVESTIGATIVE COMMITTEE

The Investigation Committee will be expected to act expeditiously and will hold a hearing and call such witnesses as the Committee deems appropriate. Such witnesses may include the resident concerned, the complainant and other witnesses as it deemed necessary. The resident shall be fully advised in writing as to the exact nature of the complaint and of the procedure which the committee intends to follow.

The Investigation Committee after considering the evidence shall render a written decision. If the decision is that the situation merits no action and that any temporary suspension that has been imposed should be rescinded, there will be no grounds for appeal and the matter will be ended. The situation will not be entered into the permanent official record of the trainee for the purpose of ongoing evaluation or communication with any examining or licensing body. If, on the other hand,

disciplinary action is deemed necessary, the Investigation Committee will make recommendations as to what this disciplinary action should be. If it is felt that the incident was serious enough to warrant discontinuation of the trainee's contract, the Associate Dean of Postgraduate Medical Education will be so informed, as well as the Executive Director or Administrator of the hospital.

The Associate Dean of Postgraduate Medical Education will then advise the trainee of the decision to terminate his/her contract.

At the time of being informed of an adverse decision, the trainee shall be advised of his/her right to appeal as set forth in this document. The trainee shall have fifteen (15) calendar days in which to submit to the Associate Dean of Postgraduate Medical Education a written notice of appeal. The Appeal Committee shall be appointed by the Dean of Medicine and the composition of this committee will include the following individuals:

1. Associate Dean of Postgraduate Medical Education
2. A representative from the hospital administration who shall not be a member of the investigation committee
3. A representative to be selected by P.A.I.R.S. who should not be the appellant
4. A member from the College of Medicine faculty to be selected by the Postgraduate Medical Education Committee

ACTIONS AND ALTERNATIVES FOR THE APPEAL COMMITTEE

The Appeal Committee will meet and determine the procedure which the Committee intends to follow. This procedure shall be communicated to the resident. The Appeal Committee will determine if the resident has received due process and if the disciplinary penalty is appropriate in the circumstances of the case. If the Appeal Committee decides that the decision should be reversed or altered, they will ask the Residency Training Committee to do so. If the Program Director does not see fit to do so, the decision shall be referred to the Dean of Medicine who will review the evidence and render a decision. If the decision made by the College of Medicine is dissatisfactory to the resident, he/she may appeal to the Joint Senate-Council Board for Student Appeals.

January 1995