



# Resident Assessment (Royal College Specialty Programs)

<b>Category:</b>	Appointments, Curriculum, Assessments and Promotions
<b>Responsibility:</b>	Associate Dean, PGME
<b>Approval:</b>	PGME Committee
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## Purpose:

To outline the principles and process of assessment, promotion, remediation, probation, suspension, and dismissal of Residents.

This policy is being written in accordance with the [CanRAC accreditation requirements](#).

## Principles:

Assessment is based on the Residents' attainment of specific objectives and competencies. Competencies are assessed over time, by multiple assessors and in multiple contexts.

Assessment includes identification and use of appropriate assessment tools tailored to specific CanMEDS competencies within the training experience, with emphasis on direct observation, whenever possible.

Residents are expected to receive regular, timely and meaningful (narrative, actionable and concrete) feedback on their performance.

Assessment of Residents occurs in an open collegial atmosphere that supports and encourages active participation and self-reflection on the part of the Resident.

Assessment of Residents and the assessment documents are confidential. Access should be restricted to the Program Director, any individual or committee making promotion decisions, external certification and licensing bodies, and the Resident herself/himself.

## Definitions:

**Academic Year** typically commences July 1 and finishes June 30. On occasion a Resident may be out of phase at start or finish.

**Academic Advisor (AA)/Faculty Advisor** is a faculty member who is responsible for coaching and guiding their assigned Resident(s) during their progression through residency training; including regular meetings with Resident(s) to conduct summative reviews of progress and facilitate creation and implementation of individualized learning plans.

**Accelerated Learning Plan** is a designed and structured individualized learning plan intended to guide the Resident toward successful attainment of additional competencies if the Resident is progressing at a pace in which they would be expected to complete all assessment standards in a stage of training in less than the time outlined by the Royal College for that stage of training.

**Assessment** refers to the methods used to measure and document the competency, learning progress and skill acquisition of Residents throughout residency training.

**Associate Dean, Postgraduate Medical Education (PGME)** the senior Faculty officer responsible for overall conduct and supervision of Postgraduate Medical Education within the Faculty in the College of Medicine. The Associate Dean, PGME reports to the Vice-Dean, Medical Education.

**CanMEDS** framework defines characteristics of a competent physician around seven roles: Medical Expert, Communicator, Collaborator, Health Advocate, Scholar, Professional, and Leader.

**Competence** refers to the array of attributes across multiple domains or aspects of physician's performance in a given context. It is dynamic, multi-dimensional and changes over time.

**Competence Committee (CC)** is a subcommittee of the Residency Program Committee which is responsible for assessing the progress of Residents in achieving the specialty-specific requirements of the program. It reports to the Residency Program Committee and monitors progress of each Resident, reviews, and synthesizes qualitative and quantitative assessment data at each stage of training.

**Competence Continuum** reflects the developmental stages of professional practice. Residency training in a Royal College specialty, as a part of Competence Continuum, is organized into four developmental stages: transition to discipline, foundations of discipline, core of discipline, and transition to practice. The outcomes of each stage are specialty specific.

**Dismissal** is the termination of the Resident's appointment with the residency training program for academic or professional reasons.

**Enhanced Learning Plan** is not a probation or remediation plan. An Enhanced Learning Plan is a deliberately designed and structured learning plan intended to guide the Resident toward

successful attainment of specific competences. Enhanced Learning Plans may be enacted if the Resident is progressing at a pace in which the trajectory to complete all assessment standards in a stage of training will be more than the anticipated time outlined for that stage of training or if there are concerns identified that need to be addressed that do not meet probation or remediation criteria.

**Entrustable Professional Activity (EPA)** is a key task of a discipline that an individual can be trusted to perform without direct supervision in a given health care context, once the individual has demonstrated sufficient competence, and typically integrates several milestones.

**Learner Status** is the current academic standing of the Resident. See definitions in Appendix A.

**Milestone** is an observable marker of an individual's ability along the Competence Continuum.

**Observer** refers to the individual responsible for documenting their observations of a Resident's performance conducting specific procedure, milestone, or EPA. Observers are faculty members or other healthcare professionals, where appropriate.

**Postgraduate Medical Education (PGME) Office** refers to the Associate Dean, PGME and the administrative personnel who are responsible for coordination and administration related to the oversight of the residency training programs.

**Probation** is a formal modification of residency training to address specific identified weaknesses and where the extent of those weaknesses is such that the Resident's ability to continue training is, or is likely to be, significantly compromised. Probation is typically preceded by remediation.

**Program** is the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians Canada (CFPC) accredited residency training program at the College of Medicine.

**Program Director** is the faculty member most responsible for the overall conduct of the residency program in each discipline and responsible to the Head of the Department and to the Associate Dean, PGME in accordance with the criteria of the RCPSC.

**Remediation** is a formal period of targeted training with a Resident where the focus is on area(s) where the Resident is experiencing difficulties or is demonstrating lack of skills or knowledge, and where such difficulties are significant but potentially remediable.

**Residency Program Committee (RPC; synonym Residency Training Committee)** The committee (and subcommittees, as applicable), overseen by the program director, that supports the program director in the administration and coordination of the residency program.

**Resident** refers to postgraduate medical Resident enrolled in the RCPSC or the CFPC program.

**Rotation** (or learning experience) means the period of time a Resident is assigned to clinical or research service, for which there are specifically defined learning objectives. The duration of a rotation/learning experience is defined by the residency training program and may be measured in blocks.

## Scope of this Policy:

This policy applies to Residents in Royal College of Physicians and Surgeons of Canada competency based postgraduate medical residency training programs at the College of Medicine, University of Saskatchewan and is guided by the [CanRAC General Standards of Accreditation for Residency Programs](#).

## Policy:

### 1) Resident assessment

- a) [There is an effective, organized system of Resident assessment.](#)
- b) Assessment must be based on the goals and objectives of the program, and tools used must be compatible with the competency, skill, attitude, or behavior being assessed.
- c) Methods of assessment must be clearly communicated to Residents and faculty, and the level of performance expected of the Resident in the achievement of program objectives must be clearly outlined.
- d) In RCPSC residency training programs, the milestones, required training experiences, and EPAs to be completed within each stage of training and the program defined achievement standard for each EPA must be outlined and made known to Residents and Faculty. The competence committee makes a summative assessment regarding Resident progression by synthesizing and analyzing all learner data. Data collected should be informed by the programmatic assessment (which should be transparent to the Residents).
- e) There must be narrative, actionable, and timely feedback provided to each Resident. Feedback should be discussed with the Resident, preferably in person, and refine good practices and identify deficiencies.
- f) The Competence Committee is responsible for ensuring regular assessments of the Resident's progress are occurring and are facilitated by the Resident. The Resident is responsible for ensuring an observer/preceptor is observing and documenting their performance in real time. The Resident is responsible for notifying their Program Director of circumstances that could affect their individual performance or the documentation of their performance.

- g) Program Director/Academic Advisor/Faculty Advisor will meet with the Resident at least twice per year (Royal College minimum) to review progress in achieving the required competencies. Meetings may occur more frequently if required.
- h) The Competence Committee (or equivalent) reviews Residents' readiness for increasing professional responsibility, promotion, and Royal College certification eligibility, based on demonstrated achievement of expected competencies and/or objectives for each level or stage of training. The CC/RPC will meet (at least) twice and/or as needed during the academic year. Residents must be reviewed by the CC at least twice a year.
- i) Residents cannot participate in discussions regarding other Residents' progress at RPC/CC meetings. However, Residents can be and are part of formal investigations and appeals process.
- j) Residents will receive a global rating of 'progressing as expected,' 'not progressing as expected,' 'failure to progress,' 'progress is accelerated,' or 'inactive' after each Competence Committee meeting.
- k) Progress will be assessed based on all evidence contained in the Resident's assessment portfolio. The assessment portfolio may include, but is not limited to: In-Training Assessment Reports (ITARs), In-Training Evaluation Reports (ITERs), other written assessments (essays, short answers, multiple choice), performance-based assessments such as Objective Structures Clinical Examination (OSCE), Miniature Clinical Examination (mini-CEX), and 360° assessments, chart reviews, formal observations of clinical or procedure skills, and documentation and observation of EPA's, etc.
- l) A summary report of each meeting will be placed in the Resident's portfolio after each Competence Committee meeting.

## **2) Progress in the Program and Promotion**

- a) A CBD Resident is expected to progress through the following stages to successfully complete their training program: Transition to Discipline, Foundations of Discipline, Core of Discipline and Transition to Practice. A CBD Resident will be promoted to next stage of training by the Associate Dean PGME upon recommendation of the RPC based on the decision of the Competence Committee that he or she has achieved all competencies for that training stage.
- b) Progress and promotion decisions are made by the CC and ratified by the RPC and will be based on all evidence available in the Resident's assessment portfolio at the time of the progress/promotion meeting. If there is not enough documentation to support a progress/promotion decision, the Resident will be notified in writing.

- c) To determine the PGY-level of a Resident for the purposes of interpreting the collective agreement, a Resident will ordinarily be promoted to the next PGY-level after successfully completing a full academic year of training unless their training has been extended by a Formal Learning Plan (Remediation/Probation).
- d) Residents that received a learning status of 'not progressing as expected' and are on an Enhanced Learning Plan may be considered for promotion.
- e) If all competencies are not met, the Residency Program Committee will direct the Resident to undertake specific goal-directed training to achieve the missing competencies.
- f) Extension of Resident training cannot exceed the maximum allowable extension time which is set at two years.
- g) An RCPSC Resident must successfully complete (or be anticipated to successfully complete) the Core of Discipline stage to sit the Royal College certification examination.
- h) Completion of residency training and achievement of all competencies will be verified in the Resident's final portfolio, which must be signed by the Program Director and the Associate Dean, PGME before it is submitted to the Royal College of Physicians and Surgeons of Canada.

### **3) Accelerated Progress and Accelerated Learning Plan**

#### Royal College Competence by Design Guidelines, supporting documents and best practices:

CBD allows for the possibility that a Resident may achieve milestones and complete EPAs earlier than expected. This may include the anticipated achievement of EPAs within a scheduled rotation or stage, or the early completion of all discipline-specific EPAs in their final training year.

In this circumstance, there is an opportunity for Residents who have fast-tracked to be given increasing responsibility and decreasing supervision while in the final stage of their training, developing expertise and augmenting training through selectives in areas that will be most relevant to their future practice (e.g., clinical, research, education, or leadership skills). In this approach, Residents participate in a highly tailored 'transition to practice' phase of training, while maintaining the typical timeline for completion.

#### **Accelerated Training at the University of Saskatchewan:**

- a) Competence Committees must have evidence that ALL the stage specific criteria are completed, and it is anticipated that accelerated training will facilitate learner growth.

Each discipline must have criteria for this category in their Assessment Policies which is transparent to Residents.

The value of time and experience in medical education should not be understated.

- b) In exceptional circumstances Residents may complete residency early, however this is only permitted upon mutual agreement by school and Resident – and may include contractual and financial obligations (return of service agreement, vacation payout etc.). It is most likely to occur with prior training before entering the discipline and should be anticipated as early as possible.
- c) Residents who have been on remediation or probation are not eligible for accelerated completion of training.
- d) Competence Committees may deem a Resident as “progress is accelerated” if the committee feels the Resident is progressing at a pace in which they would be expected to complete all assessments standards in a stage of training in less than the time outlined by the Royal College for that stage of training. It is a rare exception, not the norm for a Resident to complete residency training early.
- e) In order to be deemed “progress is accelerated”, and complete residency training early, the following three conditions must be met:
  - i) the Resident must have had prior experience in the specialty they are training in before they started their current residency training program
  - ii) the Resident has demonstrated accelerated progression in their current residency training program
  - iii) the Resident has not been approved for a waiver of training in their current residency training program
- f) If a Resident is deemed “progress is accelerated,” an Accelerated Learning Plan (ALP) should be developed as an action for this learner status. The plan is implemented while the Resident continues regular training.
- g) An Accelerated Learning Plan will be developed by the Program Director and Resident in collaboration with the Competence Committee and RPC.
- h) An Accelerated Learning Plan will specify learning objectives based on the competencies to be achieved, learning objectives and strategies, and assessment strategies including timing, parameters for successful and unsuccessful completion.
- i) The Resident is expected to have support of an Academic Advisor/Faculty Advisor/mentor for the duration of the plan.
- j) An Accelerated Learning Plan must be reviewed with the Resident, and they must receive a copy of the plan. The Program Director/delegate and Resident must both sign the plan and a final copy sent to the PGME office.

- k) Accelerated Learning Plans can include but are not limited to:
- Flexibility with regards to location of training for mandatory rotations
  - Elective rotations in lieu of non-mandatory rotations
  - Non-clinical activities in lieu of non-mandatory clinical work/rotations
  - Substitution of mandatory rotations (and corresponding assessments) from a subsequent stage of training in lieu of non-mandatory rotations in the current stage of training
- l) The assessments from the ALP will be reviewed by the Competence Committee/Residency Program Committee to determine the outcome.
- i) The ALP will be considered successfully completed when the Resident has achieved all competencies expected and outlined in the plan.
  - ii) If the global assessment of the ALP is unsuccessful, the Competence Committee in conjunction with the Resident may revise and/or terminate the ALP.
  - iii) Outcomes of any ALP will be communicated to the PGME Associate Dean.

#### **4) Enhanced Learning Plan**

- a) An Enhanced Learning Plan (ELP) should be developed:
- i) to address repeated deficiencies noted in one or more competencies across several rotations/training experiences, whether or not the Resident receives global assessment of 'progressing as expected:' or
  - ii) when the Resident receives one or more global assessment of 'not progressing as expected' at a Competence Committee review(s); or
  - iii) concerns exist about the Resident's professional conduct in areas that are deemed rectifiable.
- b) An Enhanced Learning Plan will be developed by the Program Director in conjunction with the CC and/or RPC.
- c) An Enhanced Learning Plan will specify learning objectives based on the identified deficiencies/concerns; competencies to be achieved; teaching and learning strategies for improvement and correction; assessment tools to be used to document performance; timeframes for assessment of successful completion; parameters for successful completion and consequences of less than satisfactory completion.
- d) The Resident is expected to have support of an Academic Advisor/Faculty Advisor/mentor for the duration of the plan.
- e) The Resident will be provided with an opportunity to review the enhanced learning plan, and they must receive a copy of the plan. The Program Director/delegate and Resident must both sign the plan.
- f) The Resident will be advised of his/her right to appeal the ELP and the appeal process.



If the Resident chooses to appeal, the Resident will remain at the same training level while waiting for the outcome of appeal process, and promotion to another stage will be deferred. In exceptional circumstances (involving patient safety or other extraordinary situations), the Resident will be placed on a leave of absence while waiting for the outcome of the appeal process.

- g) It is expected that the concerns identified and addressed by an Enhanced Learning Plan can be resolved within subsequent rotation(s)/training experience(s) and typically will not increase the duration of training.
- h) If it is determined that the Resident is not progressing during ELP as anticipated, the ELP may be re-evaluated. This re-evaluation will include reconsideration of the terms and conditions of the ELP. Any modifications and/or extensions of the ELP must be submitted to the PGME Office.
- i) The assessments from the Enhanced Learning Plan will be reviewed by the Competence Committee/Residency Program Committee to determine the outcome.
  - i) The Enhanced Learning Plan will be considered successfully completed when the Resident achieved all competencies expected as outlined in the plan; in which case the Resident will receive a global assessment of 'progressing as expected' and will continue the regular training program.
  - ii) If some progress has been made during Enhanced Learning Plan, but it is not sufficient to correct all deficiencies/concerns identified, the Resident will receive a global assessment of 'not progressing as expected' and will continue with the Enhanced Learning Plan (modified where necessary) for an additional period of time.
  - iii) If the global assessment of the Enhanced Learning Plan is 'failure to progress,' a Remediation plan must be developed. The Resident will meet with the Program Director to discuss the recommendations for remedial training.
- j) An Enhanced Learning Plan is a structured and designed learning plan, (compared to formal remediation and probation plans) information regarding a Resident's ELP will not be shared with outside agencies such as licensing bodies or medical boards for licensing or verification purposes.

## **5) Remediation**

- a) Remediation is required where ongoing deficiencies have been identified. Triggers for Remediation include, but are not limited to, the following:
  - i) The Resident received a global assessment of 'failure to progress' at the conclusion of an ELP; or when reviewed at a regular Competence Committee meeting.
  - ii) a newly recognized, severe problem in professional behavior.
  - iii) an investigation into the circumstance which resulted in a Suspension and where it was determined that remediation is required.

- b) A Resident can be placed on Remediation more than once during residency training but may only be placed on Remediation once in any academic year.
- c) The terms and conditions of the Remediation are developed by the Competence Committee/Residency Program Committee in consultation with the Postgraduate Medical Education Office. The terms and conditions of the Remediation must be approved by the Associate Dean, PGME prior to the start of the Remediation.
- d) The terms and conditions of Remediation must be outlined in a written Remediation plan. The Remediation plan must include:
  - i) Resident information.
  - ii) timeframe (start date, projected end date, progress meetings).
  - iii) reasons for Remediation (identified deficiencies requiring improvement/correction).
  - iv) Remediation supervisor information.
  - v) goals, objectives, and competencies to be achieved to constitute a successful Remediation.
  - vi) teaching and learning strategies for improvement and correction (tools and resources that will be used).
  - vii) the assessment processes to be followed (assessment tools to be used to document performance, frequency and form of the meetings and feedback given to the Resident).
  - viii) outcomes of Remediation.
  - ix) record of approvals.
- e) The Resident on Remediation should (continue to) have the support of an Academic Advisor/Faculty Advisor/mentor for the duration of the Remediation.
- f) The Resident will be provided with an opportunity to review the remediation plan and they must receive a copy of the Remediation plan, prior to implementation. The Program Director/delegate and the Resident must sign the Remediation plan.
- g) The Resident will be advised of his/her right to appeal Remediation and the appeal process. If the Resident chooses to appeal, the Resident will remain at the same training level while waiting for the outcome of appeal process, and promotion to another stage will be deferred. In exceptional circumstances (involving patient safety or other extraordinary situations), the Resident will be placed on a leave of absence while waiting for the outcome of the appeal process.
- h) The duration of the Remediation will be determined on a case-by-case basis and will depend on the expected time for Resident to improve/correct deficiencies and/or duration of the failed rotation/learning experience. Any single Remediation will not be for more than 6 blocks. The total duration of Remediation during entire residency in one program will not exceed 12 months/13 blocks.

- i) Remediation typically requires an extension of training. Under exceptional circumstances, the Competence Committee/Residency Program Committee can recommend that the Remediation counts towards training required for credentialing and certification by the RCPSC, if the Remediation has been successfully completed and all training requirements have been met.
- j) Any vacation or leave of absence request during Remediation must be approved in writing in advance by the Program Director. If the Program Director determines that a leave of absence requested during the Remediation is appropriate, the Remediation will be considered incomplete, and might require modifications after the Resident's return to training, considering the nature of the deficiencies identified, the performance of the Resident to date, and the need for continuity of clinical experience.
- k) The Resident cannot do electives or moonlight during the Remediation.
- l) If it is determined that the Resident is not progressing during Remediation as anticipated, the Remediation plan may be re-evaluated. This re-evaluation will include reconsideration of the terms and conditions of the Remediation. Any modifications and extensions of Remediation must be approved by the Competence Committee/Residency Program Committee in consultation with the PGME Office.
- m) At the end of the Remediation, the Competence Committee/Residency Program Committee will review the Resident assessments to determine the outcome.
  - i) If the Resident receives global rating 'progressing as expected,' they will be deemed to have successfully completed the Remediation and will continue in the program at the level determined by the Competence Committee/Residency Program Committee.
  - ii) If the Resident made progress, but not sufficient to correct all deficiencies/concerns identified, and the global rating of the Remediation is 'not progressing as expected,' the Resident may receive an extension of Remediation (up until maximum period allowed) and additional support.
  - iii) If the Resident receives a global rating 'failure to progress,' they will be deemed to have not successfully completed Remediation and will be required to undergo Probation. In the rare event that the resident has previously been placed on probation, an additional probation period can only be granted if the indication(s) for probation are different than the initial probation period and the resident has not exceeded the maximum allowable extension of training time.
- n) All decisions regarding Remediation must be approved by the Associate Dean, PGME.
- o) A Remediation plan is a formal learning plan, information regarding a Resident's remediation plan will be shared with outside agencies such as licensing bodies or medical boards for licensing or verification purposes (with the Resident's consent).

## 6) Probation

- a) Probation is a formal academic standing that identifies a Resident as being at serious academic risk.

### Triggers for Probation include the following:

- i) global rating of 'failure to progress' after completion of Remediation.
  - ii) Resident reaching maximum duration of a Remediation period.
  - iii) Resident meeting the requirements for being placed on Remediation for the second time during an academic year.
  - iv) an egregious or repetitive problem in professional behavior, or a critical incident related to a lapse in professional behavior.
  - v) a newly recognized, severe problem in clinical competency affecting patient care (egregious error).
  - vi) an investigation into the circumstance which resulted in a Suspension and where it was determined that Probation is required.
- b) A Resident can typically be placed on Probation only once during residency training. In the rare event that the resident has previously been placed on probation, an additional probation period can only be granted if the indication(s) for probation are different than the initial probation period and the resident has not exceeded the maximum allowable extension of training time.
  - c) The terms and conditions of the Probation are developed by the Competence Committee/Residency Program Committee in consultation with the PGME office. The terms and conditions of the Probation must be approved by the Associate Dean, PGME prior to the start of the Probation.
  - d) The terms and conditions of Probation must be outlined in a written Probation plan. The Probation plan must include:
    - i) Resident information.
    - ii) timeframe (start date, projected end date, progress meetings).
    - iii) reasons for Probation (identified deficiencies requiring improvement/correction).
    - iv) Probation supervisor information.
    - v) goals, objectives, and competencies to be achieved to constitute a successful completion of Probation.
    - vi) teaching and learning strategies for improvement and correction (tools and resources that will be used).
    - vii) the assessment processes to be followed (assessment tools to be used to document performance, frequency and form of the meetings and feedback given to the Resident).
    - viii) outcomes of Probation.
    - ix) record of approvals.

- e) The Resident on Probation should (continue to) have the support of an Academic Advisor/Faculty Advisor/mentor for the duration of the Probation.
- f) The Probation must be reviewed with the Resident, and they must receive a copy of the plan, prior to implementation. The Program Director/delegate and the Resident must sign the Probation plan.
- g) The Resident will be advised of his/her right to appeal the Probation and the appeal process.

If the Resident chooses to appeal, the Resident will remain at the same training level while waiting for the outcome of the appeal process, and promotion to another stage will be deferred. In exceptional circumstances (involving patient safety or other extraordinary situations), the Resident will be placed on a leave of absence while waiting for the outcome of the appeal process.
- h) The duration of the Probation will be determined on a case-by-case basis; in most cases it will not be less than 3 blocks and more than 6 months/7 blocks. The total duration of Probation will not exceed 12 months/13 blocks during entire residency, even if the Resident transfers from program to another program.
- i) The Probation will require extension of training (clearly outlined in the plan).
- j) Any vacation or leave of absence request during Probation must be approved in writing in advance by the Program Director. If the Program Director determines that a leave of absence requested during the Probation is appropriate, the Probation will be considered incomplete, and might require modifications after Resident's return to training, considering the nature of the deficiencies identified, the performance of the Resident to date, and the need for continuity of clinical experience.
- k) The Resident cannot do electives or moonlight during the Probation.
- l) At the end of the Probation, the Competence Committee/Residency Program Committee will review the Resident assessments to determine the outcome.
  - i) If the Resident receives global rating 'progressing as expected,' they will be deemed to have successfully completed the Probation and will continue in the program at the level determined by the Competence Committee/Residency Program Committee.
  - ii) If the Resident made progress, but not sufficient to correct all deficiencies/concerns identified, and the global rating of the Probation is 'not progressing as expected,' the Resident may receive an extension of Probation period and additional support (up until the maximum duration). If the Resident has exhausted the maximum duration of Probation period, the Resident will be dismissed.
  - iii) If the Resident receives global rating 'failure to progress,' they will be deemed to have not successfully completed Probation and will be dismissed as outlined in Section 9.
- m) All decisions regarding Probation must be approved by the Associate Dean, PGME.

- n) A probation plan is a formal learning plan, information regarding a Resident's probation plan may be shared with outside agencies such as licensing bodies or medical boards for licensing or verification purposes (with the Resident's consent).
- o) Any egregious or repetitive problem in professional behavior, or a critical incident related to a lapse in professional behavior as per (5(a)(v) may be reported to the College of Physicians and Surgeons of Saskatchewan (CPSS), in accordance with the CPSS policy.  
*In keeping with a CPSS policy (The 2004 Code of Ethics of the Canadian Medical Association, as adopted by the CPSS, para 48), "[a]void impugning the reputation of the colleagues for personal motive; however, report to the appropriate authority any unprofessional conduct by a colleague or concerns, based upon reasonable grounds, that a colleague is practicing medicine at a level below an accepted medical standard, or that a colleague's ability to practice medicine competently is affected by a chemical dependency or disability". CPSS has the authority to investigate concerns regarding the conduct and care provided by its members.*

## 7) **Suspension**

- a) A Resident may be suspended from their duties for any of the following reasons, which are viewed as critical event(s):
  - i) where there are significant concerns about patient care and safety.
  - ii) suspension of registration with the College of Physicians and Surgeons of Saskatchewan (CPSS).
  - iii) loss of hospital privileges.
  - iv) situations that call into question the ability of the Resident to maintain the integrity of the profession (e.g., criminal activity, inappropriate patient/physician interactions, etc.).
- b) A Program Director can recommend, after consultation with the Competence Committee, Residency Program Committee, suspension to the Associate Dean, PGME, who will decide if a suspension is appropriate.
- c) Suspension decision will be communicated to the Resident verbally (in the meeting with the Program Director and the Associate Dean, PGME) in order to review the reasons and the events leading up to the Suspension of the Resident. This meeting will take place as soon as reasonably possible. The Resident may be accompanied by a colleague or other support person. Following the meeting, the Suspension decision, including the information supporting such decision, will be communicated in writing (in the letter under the Associate Dean, PGME's signature). A copy of the decision will be sent to the College of Physicians and Surgeons of Saskatchewan (CPSS), in accordance with the CPSS policy.
- d) The Suspension will ordinarily be with pay pending an investigation.

## **8) Investigation**

- a) Investigation into an incident leading to a Suspension will be conducted as quickly as reasonably possible by the Investigation Committee (unless the incident is the suspension of license or loss of hospital privileges).

The Investigation Committee will be chaired by the Department/Provincial 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 a situation such that it would/ could create conflict of interest, a cognate Department/Provincial Head may chair the Investigation Committee. The other members of the Investigation Committee will be:

- i) a representative of the Health Authority (designated by the Health Authority).
  - ii) a representative of the CPSS (designated by the CPSS).
  - iii) a Resident representative (designated by the Resident Doctors of Saskatchewan).
  - iv) a faculty member from a cognate department with no involvement in the incident (appointed by the Department/Provincial Head).
- b) In advance of a hearing, the Resident shall be fully advised in writing the allegations or complaints and information to be reviewed by the Investigation Committee and of the procedure which the Committee intends to follow.
- c) The Resident must have an opportunity to respond to all allegations under consideration and will be invited to participate at the meeting of the Investigation Committee. The Resident may be accompanied by a support person or legal counsel (in which case the Resident must advise in writing of the presence of the legal counsel prior to the scheduling of the meeting) at the meeting.
- d) All information provided to the Investigation Committee by either party will be shared with both the Resident and respondent.
- e) The Investigation Committee, after considering the matter, shall render a written recommendation to the Associate Dean, PGME outlining in detail the concerns and the rationale for the decision.  
The Investigation Committee may recommend:
  - i) full reinstatement into the program.
  - ii) reinstatement with conditions; or
  - iii) dismissal from the program.
- f) The Associate Dean, after discussions with the Dean, College of Medicine, will inform the Resident and the program of the decision. A copy of the decision, including the information which supports such a decision, will be sent to CPSS.

## 9) Dismissal

- a) A Resident may be Dismissed from the residency training program for:
  - i) the failure of Probation.
  - ii) for being recommended for Probation twice during the residency training.
  - iii) for unethical or unprofessional conduct following the recommendation from an Investigation Committee.
  - iv) situations related to the requirements for professional practice as described in standards of the credentialing and licensing bodies.
- b) The Residency Program Committee may make a recommendation regarding Dismissal of a Resident.
- c) The Resident must be advised by the Program Director, in writing, of the recommendation of dismissal from the program and the reasons for this decision. A copy of the letter with the Recommendation to Dismiss must be sent to the Associate Dean, PGME.
- d) 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 Resident must have an opportunity to respond to such material.
- e) The final authority for Dismissal rests with the Dean of the College of Medicine, who may delegate it to the Associate Dean, PGME.
- f) The Dean of the College of Medicine, or the Associate Dean, PGME will inform the Resident in writing of a decision for Dismissal. The Dismissal letter given to the Resident (signed by the Dean, College of Medicine, or the Associate Dean, PGME) will include the reasons and the termination date.
- g) The Resident will be advised in writing of his/her right to appeal the Dismissal and the appeal process.

## **Responsibilities:**

It is the responsibility of the residency training program to have written goals, objectives, and competencies each Resident is required to attain at each stage of training, and on which the assessment process and progress in the program is based. Residents must be provided with these upon entering the program or when starting a different stage within the program.

Residents have the responsibility to familiarize themselves with the rules and processes governing assessment and promotion.



It is the responsibility of a Resident with an academic barrier to request accommodation of learning in a timely manner, if the Resident feels that their performance in the program is or might be adversely affected by the barrier.

### **Non-compliance:**

Instances or concerns of non-compliance with this policy should be brought to the attention of the Associate Dean, Postgraduate Medical Education.

### **Contact:**

Coordinator, Academic and Non-academic Processes, PGME Office  
Phone: 306-966-6145

## Appendix A

### Competence by Design Learner Statuses

Term	Definition and criteria	Outcome Possibilities	PGME office
<b>Not progressing as expected</b>	<p><i>Level of concern:</i> Minor/Some Scope of concern: Not global</p> <p><i>EPA achievement:</i> Below expected – Additional focus on one learning area (may be multiple EPAs dependent on discipline) required.</p> <p><i>Learning trajectory:</i> Anticipated that focus on one learning area will enable promotion to be on track.</p> <p>No egregious transgressions related to professionalism or patient safety.</p>	<ul style="list-style-type: none"> <li>• Discussion with Program Director or Delegate (example Academic Advisor)</li> <li>• Enhanced learning plan</li> <li>• Remediation (Would be anticipated to be rare for NPAE but may be used for circumstances not captured here.)</li> </ul>	<p>Inform PGME following CC review</p> <p>Inform</p> <p>Approval required</p>
<b>Failure to progress</b>	<p><i>Level of concern:</i> Major/ Significant Scope of concern: Global</p> <p><i>EPA achievement:</i> Additional focus needed on multiple EPAs.</p> <p><i>Learning trajectory:</i> Anticipated that additional time WILL be needed to achieve learning goals.</p> <p>Other criteria for remediation and probation – example repeated or continued deficiencies in other assessments; egregious transgressions related to professionalism and or patient safety.</p> <p>Failure of ELP and significant level of concern.</p> <p>Failure of remediation.</p>	<ul style="list-style-type: none"> <li>• Remediation</li> <li>• Probation</li> </ul>	Approval required
<b>Progressing as Expected</b>	<p>No concerns with progress and ability to achieve learning goals.</p> <p>Continue to monitor learner.</p>	<ul style="list-style-type: none"> <li>• Monitor Learner</li> <li>• Promotion</li> <li>• Discussion with Program Director or Delegate re: ongoing monitoring of learning goals</li> </ul>	Summary report – every 6 months
<b>Progress is accelerated</b>	<p><i>EPA achievement:</i> Anticipated to complete stage sooner than average.</p> <p><i>Learning trajectory:</i> Progress is significantly ahead of expected.</p>	<ul style="list-style-type: none"> <li>• Monitor Learner</li> <li>• Promotion</li> <li>• Discussion with Program Director or Delegate re: increasing responsibility and/or augmented training through selective</li> <li>• Rarely training may be shortened. This would occur rarely – often in circumstances where the individual enters with a prior training background, has demonstrated accelerated progression, and has had no waiver of training approval</li> </ul>	<p>Inform PGME following CC review</p> <p>Requires approval of CC/RPC/PG Dean</p>

## **Appendix A cont.**

### **Concern minor / major-significant:**

#### **Minor:**

- Additional focus needed on one learning area identified by the Competence Committee.
- Anticipated learner will be able to achieve goals with learning interventions without additional time in training.
- No egregious patient safety or professionalism concerns.

#### **Major - Significant:**

- Additional focus needed on multiple learning areas identified by Competence Committee.
- Repeated or continued deficiencies in assessments\*

\*Each program must have a Program of Assessment which indicates which assessments are required for each stage of training and what the criterion for achievement are. This should indicate what constitutes significant concern or significantly below for that discipline.

Global concerns may refer to multiple EPA's or multiple other assessments as defined by the discipline.

**Egregious:** See professionalism document for language on mild/ moderate and severe and structural aspects. Moderate and Severe / and/or structural professionalism will constitute egregious.