



# Resident Assessment Policy – Family Medicine

<b>Category:</b>	Appointments, Curriculum, Assessments and Promotions
<b>Responsibility:</b>	Associate Dean, PGME
<b>Approval:</b>	PGME Committee
<b>Date:</b>	Date initially approved: Date(s) reformatted or revised: 2023/2024

## Purpose:

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

## Principles:

The Department of Academic Family Medicine Assessment is based on the CFPC’s system of Continuous Reflective Assessment for Training (CRAFT) framework. Residents regularly receive workplace-based formative assessments and meet with a consistent Faculty Advisor to reflect on progress and adjust training as needed. Residents are assessed by multiple assessors in multiple contexts on the CFPC’s essential skills and observable competencies.

Faculty preceptors will be available for ongoing teaching, supervision, and assessment of Resident performance. Teaching and supervision will be tailored to the Resident’s stage of training with graded Resident responsibilities and independence. Assessment includes identification and use of appropriate assessment tools that are inspired in content and format by the CFPC’s Assessment Objectives and CanMEDS-FM framework.

All residents are to receive timely and constructive feedback on their performance throughout their training to ensure that rotational objectives are being met and competencies are developing appropriately. Feedback should be discussed directly with the Resident whenever possible to ensure active participation and self-reflection of the Resident. Residents are expected to be self-directed learners and should proactively seek out, monitor, and act upon feedback they receive.

## Confidentiality Statements:

- a) Assessment of Residents and the assessment documents are confidential. Access should be restricted to the Faculty Advisor, site director, program director, any individual or committee making promotion decisions, the PGME, external certification and licensing bodies, and the Resident.
- b) Active Enhanced Learning, Remediation, or Probation plans may be shared with Site Coordinators and Site Directors to coordinate the learning experience in a way that best supports the Resident's success.
- c) De-identified assessment materials may be used for program evaluation and continuous quality improvement within the residency program.

## Definitions:

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

**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-Family Medicine** curriculum framework which defines the characteristics of a competent physician around seven roles: Family Medicine Expert, Communicator, Collaborator, Health Advocate, Scholar, Professional, and Leader.

**Competence** is "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served." (Epstein & Hundert, 2002). It is dynamic, multi-dimensional and changes over time.

**Faculty Advisor** is a faculty member who is responsible for coaching, guiding, and assessing their assigned Resident(s) during their progression through residency training.

**Family Medicine Program Progress Committee** is a subcommittee of the Residency Program Committee which is responsible for reviewing the recommendations of the Site Progress Committees and making final decisions on the progress of Residents. The Committee assists in the decision-making and development around learning plans, Remediation, and Probation outcomes. The Committee may also make recommendations on assessment strategies to support the assessment process.

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

**Enhanced Learning Plan** is a deliberately designed and structured learning plan intended to guide the Resident toward successful attainment of specific competences.

**Enhanced Skills Program Committee** oversees and coordinates the administration of all Enhanced Skills programs in Family Medicine.

**Field Note** is a tool used for workplace-based assessment for and of learning during clinical experiences.

**Individual Enhanced Skills Site-Level and Program-Level Progress Committees** are subcommittees of the Provincial Enhanced Skills Program Progress Committee. They make site – level and program-level recommendations on progress and promotion of residents within their specific Enhanced Skills Program. The Committees assist in the decision-making and development around learning plans, Remediation, and Probation outcomes. The Committees may also make recommendations on assessment strategies which support the program assessment process.

**Informal Learning Plan** An agreed upon action or series of activities developed between a resident and a preceptor, faculty advisor, or site director which will assist the resident in making progress toward competence. It is an internal plan managed at the site/individual enhanced skills program level, which does not require review or approval by the Program Director or Associate Dean.

**In-Training Assessment Report (ITAR)** is a form of summative assessment that provides constructive feedback and assessment of Resident performance during a clinical learning experience.

**Mentor** is a faculty member assigned to provide advice and help the Resident develop identified knowledge, skills and competencies. The Mentor will not be responsible for the assessment of the Resident during the mentorship.

**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 College of Family Physicians Canada (CFPC) accredited residency training program at the College of Medicine.

**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.

**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 CFPC.

**Provincial Enhanced Skills Program Progress Committee** is a subcommittee of the Enhanced Skills Program Committee which is responsible for reviewing the recommendations of the individual Enhanced Skills (ES) Program-Level Progress Committees and making final recommendations on promotion of ES residents. The Committee also assists in the development and decision-making around learning plans, Remediation, and Probation outcomes.

**Remediation** is a 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)** is 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.

**Residency Training Profile** represents the expected scope of training in family medicine encompassing both core family medicine and Certificates of Added Competence (CAC)-related enhanced skills training.

**Residency Training Programs** refers to the Family Medicine Residency Program and the Family Medicine/Enhanced Skills Residency Program as well as the individual programs overseen by the Enhanced Skills Residency Program.

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

**Rotation** (or learning experience) means the period of time a Resident is assigned to clinical 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 weeks or be longitudinal within other clinical learning experiences.

**Sentinel Habits** The key integrated clinical skills that are found in a good physician become a set of habitual behaviours indicative of overall competence. They are translated into statements that reflect key elements of the Skill Dimensions to be assessed across all clinical contexts. They are used for workplace-based assessment of competence and to guide the evaluation of progress towards competence.

**Site Progress Committee** is a subcommittee of the Family Medicine Progress Committee which is responsible for reviewing evaluations and recommendations of site faculty and making site-level recommendations on the progress of Residents. The Committee assists in the decision-making and development around learning plans, Remediation, and Probation outcomes. The

Committee may also make recommendations on assessment strategies to support the assessment process.

**Skill Dimensions** There are six essential skills that enable the family physician to deal competently with problems in the domain of family medicine. The competent family physician has the potential to use all the skills for any problem, but competence is also characterized by adapting the choice of the skills used to the specific needs of the problem at hand. The six skills are professionalism, selectivity, procedural skills, clinical reasoning skills, the patient-centered approach, and communication skills.

**Triple C** is a competency-based curriculum for family medicine education that is comprehensive, focused on continuity of education and patient care, and centered in Family Medicine.

## **Scope of this Policy:**

This policy applies to Residents, Faculty, and Staff in the Department of Academic Family Medicine at the College of Medicine, University of Saskatchewan.

## **Policy:**

### **1. Resident Assessment System**

- a) The residency training programs have a clearly defined assessment system that is based on the goals and objectives within the programs, and tools used are compatible with the essential skills and observable behaviours being assessed.
- b) The competencies and learning objectives to be assessed must be clearly outlined and made known to Residents and Faculty. Residents shall be informed of the learning objectives within each rotation/learning experience by the residency program.

### **2. Methods of Assessment**

- a) Methods and frequency of assessment must be clearly communicated to the Residents and to the faculty, and the level of performance expected of the Resident in the achievement of program objectives must be clearly outlined.
- b) The Resident is responsible for ensuring that they receive regular formative assessments as outlined in the Assessment Manual. The Resident is responsible for notifying their Faculty Advisor and/or Site and/or Program Director of circumstances that could affect their individual performance or the documentation of their performance.

- c) The Resident must receive In-Training Assessment Reports (ITARs) at the endpoint for rotations that are 4 weeks or less, the midpoint and endpoint for rotations that are longer than 4 weeks, and at least every 6 to 8 weeks for longitudinal rotations, when possible. ITARs are to be entered electronically.
- d) The Site Director will complete a Final ITAR Response Form for any Sentinel Habits assessed to be below 'Meeting Expectations' and/or any progress concerns on a final ITAR. Once completed, the form will be reviewed with the Resident and discussed at the next Site Progress Committee meeting. Outcomes for the ITAR Response form will take one of the following forms:
  - i. Training as planned with close monitoring for persistent concerns
  - ii. Development of an informal learning plan
  - iii. Development of an Enhanced Learning Plan
  - iv. Remediation
  - v. Probation
- e) The Resident will meet with the Faculty Advisor three times per year for a Periodic Review, whereby the Resident will engage in guided self-reflection to determine progress toward readiness for unsupervised practice and to develop learning plans.
- f) The Program Director or delegate are responsible for ensuring regular summative assessments of the Resident's progress are occurring.
- g) There must be narrative, actionable, timely, and constructive feedback to each Resident. Feedback should be discussed with the Resident, preferably in person, and refine good practices and identify deficiencies. Feedback should also be documented, preferably electronically, on site or central program approved assessment tools. These include Field Notes, Daily Shift Assessments, verbal feedback, or other context specific tools.

### **3. Faculty Advisor**

- a) The Resident will be assigned a Faculty Advisor at the beginning of their residency training. The resident can request to be reassigned to a different Faculty Advisor. This will be considered under appropriate circumstances and be at the discretion of the Site Director.
- b) The Faculty Advisor will hold an initial meeting with their assigned Resident, whereby the following will be reviewed:
  - i. program's assessment framework
  - ii. the Guide to the Periodic Review document.

At this meeting, the Faculty Advisor will also assist the Resident in creating a personal learning plan, including setting learning goals and discussing learning opportunities during training.

- c) The Resident and Faculty Advisor will continue to meet regularly throughout the year to review progress through the program.
- d) The Faculty Advisor will coach and guide the Resident as they progress through training. They will work closely with the assigned Resident over time in order to provide continuity of education for the purposes of teaching and assessment.

#### **4. Periodic Review**

- a) The Periodic Review is a central tool that serves to guide and document the Resident's progress toward unsupervised practice. It is expected that as the Resident progresses through residency a gradual withdrawal of supervision will occur.
- b) The Periodic Review is completed by the Resident and their Faculty Advisor three times per year (fall, winter, and spring).
- c) The Resident is an active and reflective participant in the Periodic Review process. Prior to the Periodic Review meeting, the Resident will complete all sections of the Periodic Review document and submit it to their Faculty Advisor for their review and feedback.
- d) Prior to the Periodic Review meeting, the Faculty Advisor will assess the Resident's progress by reviewing all evidential data contained in the Resident's assessment portfolio as well as the Periodic Review document submitted to them by the Resident.
- e) The Resident and Faculty Advisor will have scheduled protected time prior to the Site Progress Committee to:
  - i. review the Periodic Review document/assessment data,
  - ii. set goals and generate a personal learning plan for the subsequent assessment period, and
  - iii. make summative decisions about the Resident's progress towards meeting programmatic competencies and unsupervised practice.
- f) After each Periodic Review, the Faculty Advisor will provide a recommendation to the Site Progress Committee recommending that the Resident is:
  - i. Progressing as expected – anticipate that the Resident will be consistently demonstrating the Sentinel Habits by the promotion point, or
  - ii. Requires focused attention with an informal learning plan, or
  - iii. Requires program attention with contracted enhanced learning plan, or
  - iv. Requires program attention with contracted:
    - a) Remediation Plan, or

b) Probation Plan

- g) At the end of the first year of Family Medicine residency, the Faculty Advisor will provide a recommendation to the Site Progress Committee if the Resident has achieved sufficient competency to work under distant supervision, as is expected for promotion to the second year of residency.
- h) At the end of the second year of Family Medicine residency, the Faculty Advisor will provide a recommendation to the Site Progress Committee if the Resident has successfully completed the program.
- i) Residents participating in an enhanced skills third year of residency may progress to working under distant supervision. The Faculty Advisor will provide a recommendation to the specific enhanced skills program Progress Committee if the resident has achieved sufficient competency to work under distant supervision.
- j) The completed Periodic Review document will be placed in the Resident's portfolio after each meeting.

## 5. Progress in the Program and Promotion

### Family Medicine Site/Individual Enhanced Skills Program Progress Committee

- a) Each Family Medicine site/individual Enhanced Skills Program will have a Progress Committee, which reports to their respective Program-level Progress Committee.
- b) Family Medicine Site Progress Committees will meet three times per year, prior to the Family Medicine Program Progress Committee meeting. Individual Enhanced Skills Site-level and Program-level Progress Committees will meet four times per year, prior to the Provincial Enhanced Skills Program Progress Committee meeting.
- c) Faculty Advisors will provide a summary of the Resident's Periodic Review and progress/promotion recommendations.
- d) The Committees will discuss each Resident, their progress in achieving program-specific competencies, residents demonstrating excellence, and any progress concerns. The Committees will make recommendations to the Family Medicine Program Progress or Provincial Enhanced Skills Program Progress Committee on the progress of Residents and assist in the decision-making and development around learning plan development and their outcomes.
- e) In cases where there is insufficient assessment data in the Residents' portfolio to make a progress/promotion decision, the Resident will be notified in writing and a plan will be developed to address the deficiency. This may require extension of training.
- f) Extension of Resident training cannot exceed the maximum allowable extension time which is set at two years.



- g) When a learning plan must be initiated or a learning plan outcome must be decided on at a time that does not coincide with a Program Progress Committee meeting, an ad hoc subcommittee of the Program Progress Committee will be formed. These subcommittees have the authority to initiate and determine outcomes of contracted learning plans in consultation with PGME, and after approval by the Associate Dean, PGME. Plans and their outcomes will be reported on at the respective Progress Committee meetings.
- h) In cases of progress concerns and/or non-promotion, and/or when an ELP, Remediation plan, or Probation plan is required, a meeting with the Resident will be held prior to the Site Director notifying the Resident in writing of the committee's decision.

#### Family Medicine Program/Provincial Enhanced Skills Program Progress Committee

- a) The Department of Family Medicine will have a Family Medicine Program Progress Committee and a Provincial Enhanced Skills Program Progress Committee, which report to their respective Residency Program Committees.
- b) The Family Medicine Program Committee will meet three times per year, after the Family Medicine Site Progress Committees. The Provincial Enhanced Skills Program Progress Committee meets four times per year, after the individual Enhanced Skills Program Progress Committees.
- c) Family Medicine Site Directors/Enhanced Skills Program Directors will provide a summary of all Resident progress recommendations and any concerns discussed at the Family Medicine Site/Individual Enhanced Skills Program Progress Committees.
- d) The Committees will discuss Resident progress, residents demonstrating excellence, residents in difficulty, and will assist in the decision making and development around learning plans, Remediation, and Probation outcomes.
- e) The Committee will vote on Resident promotion or completion of the program, as required.
- f) The Committee Chair shall notify Residents in writing of promotion decisions when Residents are progressing and/or promoted as expected. In cases of progress concerns and/or non-promotion, and/or when an Enhanced Learning Plan, Remediation plan, or Probation plan is required, a meeting with the Resident will be held.
- g) The Family Medicine Program and Enhanced Skills Program Progress Committees will provide regular reports of their decision-making and processes to the Family Medicine/Enhanced Skills Residency Program Committees (RPC).
- h) Completion of residency training 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 College of Family Physicians of Canada.

## 6. Informal learning plans

- a) A Resident, in collaboration with their preceptor, faculty advisor, or site director may develop an informal learning plan to address minor deficiencies in knowledge, skills, or attitudes, whereby the deficiencies are determined to not require an Enhanced Learning Plan.
- b) Informal learning plans are actions or a series of activities which will be communicated verbally and/or narratively with a Resident to assist them in making progress toward competence.
- c) Informal learning plans are internal plans managed at the site/individual enhanced skills program level, that do not require review or approval of the by Program Director, Assistant Program Director for Assessment, or the Associate Dean.
- d) The resident is expected to have the support of their Faculty Advisor for the duration of the plan.

## 7. Enhanced learning plans

- a) The Site Director/individual Enhanced Skills Program Director and/or Site Assessment Lead, in consultation with the Assistant Program Director (Assessment) and Program Director, will review a resident's status in the program including previous progress and future clinical learning opportunities to determine if an ELP is warranted in the following situations:
  - i. any Sentinel Habits assessed as below 'meeting expectations' on a final ITAR, whether or not the Resident receives global assessment as 'progress as expected'; or
  - ii. any 'requires supplemental training' on a final ITAR; or
  - iii. any progress concerns on a Periodic Review; or
  - iv. any progress concerns on a final learning experience assessment; or
  - v. any persistent concerns about progress noted in one or more Sentinel Habits across several formative assessments; or
  - vi. Unsuccessful progress under an informal learning plan
  - vii. when concerns about the Resident's professional conduct are raised in areas that are deemed rectifiable with targeted training.
- b) An Enhanced Learning Plan will be developed by the Site Director/individual Enhanced Skills Program Director and/or Site Assessment Lead. They will have discretion over the initiation and development of these plans, in consultation with the Assistant Program

Director (Assessment), Program Director, and when possible, the Faculty Advisor and Primary Supervisor.

- c) The terms and conditions of the plan must be outlined in a written Enhanced Learning Plan. The 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 the support of their Faculty Advisor, a Mentor, and a Primary Supervisor for the duration of the plan.
- e) An Enhanced Learning Plan must be reviewed with the Resident, and they must receive a copy of the plan. The Program Director/delegate, Site Director, and Resident must all sign the plan.
- f) The PGME Office and Associate Dean, PGME must be informed when an Enhanced Learning Plan is used.
- g) It is expected that the concerns identified and addressed by an Enhanced Learning Plan can be resolved within subsequent rotation(s)/learning experience(s) and typically will not increase the duration of training. However, in some instances, the ELP will require extension of training. This may occur in instances where opportunities to gain knowledge, skills or behaviours would not otherwise be available before the next promotion point. This may also apply for Residents who are progressing but need additional time to reach a specific competency.
- h) Progress on the Enhanced Learning Plan will be reviewed by the Progress Committee to determine the outcome.
  - i. The Enhanced Learning Plan will be considered successfully completed if all learning objectives in the plan have been met; in which case the Resident will receive an assessment of 'progress as expected' and continue in the regular training program.
  - ii. If some progress has been made and some learning objectives have been met, but there are minor concerns about progress, the Resident will receive an assessment of 'partially successful completion' on the Enhanced Learning Plan, and the plan will be extended for an additional period of time and modified where appropriate.
  - iii. If there are significant concerns about progress and/or more formal intervention is required (i.e., remediation, probation), the Enhanced Learning Plan will indicate 'unsuccessful completion', and a Remediation plan must be developed. The Resident will meet with the Assistant Program Director (Assessment) to discuss the recommendations for remedial training.

## 8. 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 is unsuccessful in an Enhanced Learning Plan; or
  - ii. The Periodic Review Progress Assessment indicates that the Resident requires program attention with contracted remediation plan; or
  - iii. Persistent area(s) without progress on a Periodic Review; or
  - iv. To address a newly recognized, significant concern about the Resident's professional conduct; or
  - v. 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 in an academic year when the areas of deficiency identified are unrelated.
- c) The Terms and conditions of the Remediation are developed by the Family Medicine Program Progress Committee or the Provincial Enhanced Skills Program Progress Committee and are overseen by the 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 progress concerns requiring Improvement/correction).
  - iv. Remediation supervisor and Mentor 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 their Faculty Advisor, a Mentor, and a Primary Supervisor for the duration of the Remediation. The Resident may choose to invite a program Administrative Resident as a support during development of the Remediation plan.

- f) The Remediation plan must be reviewed with the Resident, and they must receive a copy of the Remediation plan, prior to implementation. The Resident, Program Director, Remediation Supervisor, Site Director, and Remediation Mentor must sign the Remediation plan. The plan must be approved by the Associate Dean, PGME, prior to implementation.
- g) The Resident will be advised of their 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 months. The total duration of Remediation during entire residency in one program will not exceed 12 months.
- i) Typically, remediation will require an extension of training. Under exceptional circumstances, the Family Medicine Program/Enhanced Skills Program Progress Committees can recommend that the Remediation counts towards training required for credentialing and certification by the CFPC, 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, taking into account 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 Progress Committee in consultation with the PGME Office.
- m) At the end of the Remediation, the Family Medicine Program Progress Committee or the Provincial Enhanced Skills Program Progress Committee will review the Resident assessments to determine the outcome.
  - i. If all the objectives have been met to the defined level of performance, the Resident will be deemed to have successfully completed the Remediation and will be:
    - a) Reinstated into the program unconditionally; or
    - b) Reinstated to the program with conditions, which must be clearly articulated through an Enhanced Learning Plan and provided to the Resident

in writing. Continued supplemental support must be provided to assist the Resident in resolving any remaining issues in a timely manner.

- ii. If all the objectives outlined in the plan have not been met, the Resident will be deemed to have not successfully completed the Remediation, and will undergo:
  - a) Extension of Remediation – if some progress has been made, or if new deficiencies have been identified during the Remediation; or
  - b) Probation
- n) All decisions regarding Remediation must be approved by the Associate Dean, PGME.

## 9. 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. The Resident is unsuccessful in Remediation; or
  - ii. Resident reaching maximum duration of a Remediation period.
  - iii. Recurrence of a previously remediated area of concern at a subsequent date; or
  - iv. An egregious or repetitive problem in professional behaviour, or a critical incident related to a lapse in professional behaviour; or
  - v. A newly recognized, serious 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 and approved by the Family Medicine Program Progress Committee or the Provincial Enhanced Skills Program Progress Committee and overseen by the 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 the 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. Probation Supervisor and Mentor information.

- iv. Reason(s) for Probation (identified deficiencies requiring improvement/correction).
  - 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 their Faculty Advisor, a Mentor, and a Primary Supervisor for the duration of the Probation. The Resident may choose to invite a program Administrative Resident as a support during development of the Probation plan.
  - f) The Probation must be reviewed with the Resident, and they must receive a copy of the plan, prior to implementation. The Resident, Probation Supervisor, Program Director, Site Director, and Probation Mentor must sign the Probation plan.
  - g) The Resident will be advised of their 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 months and more than 6 months. The total duration of Probation will not exceed 12 months during an 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, taking into account 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 Family Medicine Program Progress Committee or the Provincial Enhanced Skills Program Progress Committee will review the Resident assessments to determine the outcome.
    - i. If the Resident meets all the objectives to the defined level of performance, the Resident will be deemed to have successfully completed the Probation and will continue in the program at the level determined by the Progress Committee.

- ii. If the Resident made progress but has not met all objectives to the defined level of performance, the Resident may receive an extension of Probation period and additional support.
- iii. If the Resident made progress, but new deficiencies have been identified during the Probation, the Resident may receive an extension of Probation period and additional support provided the resident has not exceeded the maximum allowable extension of training.
- iv. If the Resident made substantial progress, but additional modified training is required, the Resident will undergo extension of probation provided the resident has not exceeded the maximum allowable extension of training.
- v. If no progress is made, the Resident will be deemed to have not successfully completed Probation and will be dismissed as outlined in section 12.
- m) All decisions regarding Probation must be approved by the Associate Dean, PGME.
- n) Any egregious or repetitive problem in professional behaviour, or a critical incident related to a lapse in professional behaviour as per (7(a)(iii)) 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.*

## 10. 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 Family Medicine Program Progress Committee or the Provincial Enhanced Skills Program Progress 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) to review the reasons and the events leading up to the Suspension of the Resident. This meeting will occur 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.

## **11. 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 Provincial Head of Family Medicine. 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. 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 Head).
- b) In advance of a hearing, the Resident shall be fully advised in writing of 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 decision, will be sent to CPSS.

## **12. 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 Family Medicine Program Progress Committee or the Provincial Enhanced Skills Program Progress 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 to Dismiss them 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 a disability to request accommodation of a disability in a timely manner, if he or she feels that their performance in the program is or might be adversely affected by their disability.

## **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