

## POSTGRADUATE MEDICAL EDUCATION

### RESIDENT ASSESSMENT AND APPEALS POLICY

#### INTRODUCTION

All Residents who are enrolled in programs leading to certification with either the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada are registered as postgraduate trainees in the Schulich School of Medicine & Dentistry at Western University. Residents carry out their training within a hospital or other clinical education site, at the appropriate level or stage of training and in accordance with the relevant professional requirements and subject to policies of the University and clinical education sites.

This Policy outlines the rules governing the assessment and promotion of Residents enrolled in postgraduate medical training programs at Western University and it applies to both time-based residency programs and competency based medical education (CBME) residency programs.

This Policy does not apply to Residents registered in postgraduate training programs at other institutions who are accepted for elective rotations in a postgraduate program within the Schulich School of Medicine & Dentistry.

It is the responsibility of each Resident to read this document and be familiar with its content.

#### DEFINITIONS

**Associate Dean Postgraduate Medical Education (PGME)** is the senior faculty officer responsible for the oversight of postgraduate medical education within the Schulich School of Medicine & Dentistry.

**Clinical Supervisor** is a member of faculty who oversees the Resident during an Educational Experience and where applicable, approves a summative assessment for the Educational Experience.

**College of Family Physicians of Canada (CFPC)** is the body responsible for program accreditation, Resident credentials, and Resident certification for Family Medicine education programs.

**College of Physicians and Surgeons of Ontario (CPSO)** is the professional licensing body for physicians in Ontario.

**Competence Committee** is a subcommittee of the RPC, responsible for reviewing Residents' readiness for increasing professional responsibility, promotion, and transition to practice, and such other responsibilities as may be delegated by the RPC.

**Competency Based Medical Education Residency Program (CBME Residency Program)** is a Residency Program that is planned and organized around competencies required for practice.

**Dean** refers to the Dean of the Schulich School of Medicine & Dentistry.

**Educational Experience** is a learning activity designed to address the required educational objectives and/or key and enabling competencies at a particular stage or level of training. Core, elective, and selective Educational Experiences may be organized in blocks of time, or arranged longitudinally throughout all or part of a Residency Program. Educational Experiences include clinical care as well as extra-clinical activities.

**In-Training Evaluation Report (ITER)** is a summative assessment form, completed at the end of an educational experience, that details a resident's performance in each of the CanMEDS/CanMEDS-FM roles, linked to the objectives for that educational experience.

**Postgraduate Education Advisory Board (PGE AB)** is a committee constituted by the Associate Dean PGME that is responsible for approving remediation plans and probation plans, and upon request, assisting in the design of individual learning plans, remediation plans and probation plans.

**Program Director** is the individual responsible for the overall conduct of the integrated residency program in a discipline, chairs the RPC, and is responsible to the Department Chair and to the Associate Dean PGME. In larger programs the Program Director may delegate some or all of his or her responsibilities under this Policy to one or more faculty members on the RPC. All references to “Program Director” in this Policy mean “Program Director or delegate”.

**Residency Program** means an RCPSC or CFPC accredited postgraduate medical training program.

**Residency Program Committee (RPC)**, also referred to as Residency Program Committee, assists the Program Director in the planning, organization, and supervision of the Residency Program, and makes decisions relating to the progress and promotion of Residents.

**Resident** is a physician registered in an accredited postgraduate medical training program at Western University.

**Royal College of Physicians and Surgeons of Canada (RCPSC)** is the body responsible for program accreditation, Resident credentials, and Resident certification for specialty medicine education programs.

**Schulich Postgraduate Appeal Committee** is a committee that hears appeals from decisions of Residency Training Committees and decisions of the Associate Dean PGME.

**Summative Assessment** is an assessment of a Resident performance, readiness for increasing professional responsibility, and/or achievement of objectives and/or competencies. An ITER is an example of a Summative Assessment. Depending on the type of Residency Program, a Summative Assessment may be required at the end of an Educational Experience. Summative Assessments are also prepared by Competence Committees as part of their assessment of Resident progress and achievement of competencies and/or objectives for each stage or level of training.

**Time-Based Residency Program (TB Residency Program)** is a Residency Program that is planned and organized around educational objectives linked to required experiences.

## **ASSESSMENT PROCESS**

The following applies to all Residency Programs unless otherwise noted.

Each Residency Program has a curriculum plan that complies with the specific standards for the discipline and addresses all of the CanMEDS/CanMEDS-FM roles. The curriculum plan describes the Educational Experiences for Residents and incorporates all required educational objectives and/or key and enabling competencies of the discipline.

Residents are assessed both formally and informally on an ongoing basis in every level or stage of training, to determine their attainment of experience-specific competencies and/or objectives. The assessments may be formative or summative and are conducted in accordance with requirements of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

Residents will receive regular, timely feedback on their performance and progress. Individual programs may use a variety of tools and explicit criteria to assess Residents in the CanMEDS or CanMEDS-FM roles. These tools may include formal examinations (written, oral, clinical and/or national standard), direct observation and written assessments from multiple observers during and after Educational Experiences, and Summative Assessments prepared by Clinical Supervisors and Competence Committees. Residents will be informed in advance of the methods by which they will be assessed and the program’s performance expectations. The results of the assessments form part of a Resident’s assessment file and will be provided to Residents in a timely manner.

The Program Director will meet regularly with Residents to discuss and review their performance and progress. The number and timing of such meetings will be determined by the Program Director based on the progress of the Resident.

The Competence Committee will meet at least twice a year to review a Resident's progress in achieving the required competencies and/or objectives. The Committee will prepare a Summative Assessment of the Resident's progress based on the evidence contained in the Resident's assessment file and specific concerns relating to performance will be identified. Residents will receive a global rating of "Progressing as Expected", "Not Progressing as Expected", or "Failing to Progress". The assessment and recommendations, if any, of the Competence Committees will be provided to the RPC and shared with the Resident within four weeks after this review is completed.

If the Competence Committee identifies a Resident as "Not Progressing as Expected" or "Failing to Progress", the Program Director must have an in-person meeting with the Resident to review the concerns identified by the Committee. This meeting must be documented.

The Program Director and RPC will receive and consider all assessments, recommendations, and other information relating to the Resident's performance, and are responsible for evaluating and making decisions relating to the Resident's on-going progress in the program. The RPC may delegate some of its responsibilities to the Competence Committee, as set out herein.

Larger programs may establish sub-committees to perform some or all of the RPC's responsibilities under this Policy and the Program Director may delegate her or his responsibilities under this Policy to other faculty members. Residents must be made aware of the process followed in their Residency Program.

#### **Educational Experiences and Assessments:**

1. At the beginning of each Educational Experience, the Program Director must ensure that the Resident is provided with:

- Objectives and/or competencies for the Education Experience
- An orientation to his or her duties, responsibilities, and expectations
- If applicable, a description of assessment tools and their timing
- A description of the Resident's role in the health care team.

2. Clinical Supervisors or on-site preceptors should make every effort to provide ongoing, informal, verbal feedback to Residents throughout the Educational Experience. Feedback should be specific and include both strengths and weaknesses, with advice and assistance for improvement where applicable. Residents are also responsible for actively seeking feedback from their Clinical Supervisors and other on-site preceptors during the Educational Experience.

3. If serious performance concerns are identified at any point during the Educational Experience, the Clinical Supervisor should bring them to the attention of the Resident and the Program Director in a timely manner. This should be documented by the Clinical Supervisor.

4. The following procedures are specific to *TB Residency Programs*:

- a. Documented mid-rotation assessments are strongly recommended for all Residents and are required when a Resident's performance is considered unsatisfactory at the mid-point of a rotation or horizontal learning experience. In the case of an unsatisfactory performance the Clinical Supervisor must meet in person with the Resident to provide detailed feedback and there must be documentation that this meeting occurred. A copy of the assessment must be provided to the Resident upon request.
- b. The Clinical Supervisor must complete an ITER for each Resident at the conclusion of an Educational Experience, and in the case of lengthy rotations, at least every three months. For the purpose of completing the ITER, the Clinical Supervisor should ensure that information is gathered from appropriate sources that may include medical or non-medical personnel. A copy of the assessment must be provided to the Resident.

c. End of rotation ITERs should be completed within four weeks of completion of an Educational Experience and they must be completed within that time period in the case of unsatisfactory assessments (see below). The Resident should acknowledge receipt and review of the ITER by promptly signing or completing the requisite part of the form. The Resident may provide written comments on the assessment. It is the responsibility of the Clinical Supervisor to ensure that end of rotation ITERs are completed promptly.

d. An in-person discussion of the end of rotation ITER is recommended for all Residents within four weeks of completion of an Educational Experience and is required when a Resident receives an unsatisfactory assessment. This discussion must be documented.

**e. ITER Format and Overall Performance ratings:**

i. ITERs will assess Residents in accordance with the CanMEDS/CanMEDS-FM framework.

ii. A rating of either “Meets Expectations”, “Does Not Meet Expectations”, or “Borderline” must be used for the overall assessment on all End of Rotation ITERs.

a) A rating of “Meets Expectations” means that the Resident has successfully met the goals and objectives of the Educational Experience.

b) A rating of “Does Not Meet Expectations” means that the Resident has demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies identified in the Educational Experience objectives, or with respect to any other requirement.

c) A rating of “Borderline” means that the Resident’s performance in one or more areas is below expectations.

iii. Completion of the narrative section is required in cases when the overall assessment is either “Borderline” or “Does Not Meet Expectations”.

f. An unsatisfactory assessment is defined as an ITER having an overall assessment of “Does Not Meet Expectations” or “Borderline”.

**5. The following procedures are specific to *CBME Residency Programs*:**

a. There will ordinarily be multiple documented assessments of Residents’ competencies throughout Educational Experiences, and where appropriate, assessments will be provided by multiple clinical observers on a regular basis. The number of assessments will vary depending on the type of Educational Experience.

b. In addition to formative assessments during Educational Experiences, Programs may utilize Summative Assessments such as ITERs at the completion of Educational Experiences or every three months in the case of longitudinal experiences.

**Other Types of Assessment:**

Other types of assessment used by Residency Programs include national exams, written exams, OSCEs, structured clinical encounters, procedure logs, structured assessments of a clinical encounter (STACER), etc. Each Program shall identify all methods of assessment and the results will be documented, provided to the Residents, and form part of their assessment file. The Program Director will meet with the Resident to discuss any concerns about the results of a particular assessment.

**PROMOTION**

The Competence Committee will recommend that a Resident be promoted to the next level or stage of training if it is satisfied that the Resident has achieved all the competencies and/or objectives for their current stage or level. These assessments may be made either at regular meetings or at special meetings of the Committee, including meetings held at a Resident’s expected transition time between levels or stages of training. The assessment will be provided to the RPC and shared with the Resident within four weeks after the assessment is completed.

The RPC will consider the Resident’s assessment file and the recommendation of the Competence Committee in making its decision on promotion.

For CBME Residency Programs, Competence Committees will also make recommendations to the RPC regarding Residents' readiness for the Royal College Examination and for certification.

### **PROFESSIONAL CONDUCT**

Residents are expected to adhere to the standards of ethical behaviour for the medical profession and their professional and learning activities are expected to be characterized by honesty, integrity, conscientiousness and reliability. Behaviour which violates these principles is viewed as a breach of professional conduct and a demonstration of lack of suitability to be a physician.

Assessment of professional conduct will be related to the following educational objectives and/or competencies:

- The Resident must display adequate skill at communicating and interacting appropriately with patients, families, colleagues, and allied health care professionals.
- Residents should demonstrate:
  - o respect, empathy and compassion for patients and their families;
  - o concern for the needs of the patients and their families to understand the nature of the illness and the goals and possible complications of investigations and treatment;
  - o awareness of the effects that differences in cultural and social background have on the maintenance of health and the development of, and reaction to, illness;
  - o respect for the patient as an informed participant in decisions regarding his/her care, wherever possible;
  - o an understanding of the appropriate requirements for involvement of patients and their families in research;
  - o respect for, and ability to work harmoniously with other allied health care personnel and medical colleagues;
  - o a willingness to teach others in their own specialty, as well as other allied health care professionals;
  - o recognition of the importance of self-assessment and of lifelong learning for the maintenance of competent performance;
  - o academic integrity throughout the Residency Program, including during examinations.

Behaviour unacceptable to the professional practice of medicine includes but is not limited to:

- breach of any of the principles, objectives, and/or competencies set out above;
- referring to oneself as, or holding oneself to be, more qualified than one is;
- behaviour or inappropriate judgement which adversely affects the medical education of others;
- commission of a criminal act;
- failure to be available while on call;
- failure to respect patients' rights;
- breach of confidentiality;
- failure to provide transfer of responsibility for patient care;
- failure to keep proper medical records;
- falsification of medical or other records;
- falsification of academic records, cheating, or other academic misconduct;
- sexual impropriety with a patient;
- being under the influence of alcohol or drugs while participating in patient care or on call;
- sexual or other harassment of colleagues or other members of the health care team;
- conduct prohibited by professional governing bodies including the College of Physicians and Surgeons of Ontario;
- disrupting the effective functioning of organizations or individuals within the health care system;
- inappropriate use of social media;
- any conduct unbecoming of a practising physician.

Residents are also required to comply with the professional standards mandated by the Schulich School of Medicine and Dentistry (e.g. Charter on Medical/Dental Professionalism; Four Pillars of Professionalism; Policy and Guidelines for Interactions between Schulich School of Medicine & Dentistry and Industry), as well as those issued by the College of Physicians and Surgeons of Ontario, and the Canadian Medical Association.

A Resident's professional conduct is assessed during Educational Experiences. In addition, any serious breaches of professional conduct will be reported immediately to the Program Director and Associate Dean PGME and may result in remediation, probation, suspension or dismissal from the Residency Program.

### **INCOMPLETE CLINICAL EDUCATION EXPERIENCES**

It is critical that a Resident obtain sufficient clinical experience to meet pedagogical requirements and to provide adequate opportunity to appropriately assess a Resident's performance.

If a Resident is absent for part of a clinical Education Experience due to illness, leave, holidays, etc., the Program Director may determine that the clinical experience of the Resident was insufficient for meaningful evaluation of the Resident's attainment of the required competencies/objectives. In such case, the Program Director and RPC will set out the requirements for completion, which may include extending or repeating the Educational Experience. The requirements will be based on the performance of the Resident, the nature of the experience, and the need for continuity of the clinical experience.

### **SHARING OF PERFORMANCE DATA**

Assessment information will be shared as necessary to meet the educational needs of Residents or to ensure patient safety. Information will also be shared with clinical sites and professional licensing and credentialing bodies as necessary. Residents will be notified of what information is shared with third parties.

### **INDIVIDUAL LEARNING PLANS**

1. An RPC may require an Individual Learning Plan (ILP) for a Resident at any level or stage of training if it decides that the Resident is not progressing as expected or if it decides that the Resident requires further development in a specific area(s). It will also consider implementation of an ILP upon request of a Resident who self-identifies a learning need.

2. An ILP is developed by the RPC in consultation with the Program Director, and the Resident will be consulted during its development. The PGE AB may also assist in the development of the ILP.

3. An ILP may include modifications of Educational Experiences (e.g. additional time in a specific clinic), coaching, or any other form of educational enrichment.

4. An ILP will normally include the following information:

- purpose of the ILP, and in particular the specific competencies/objectives to be achieved
- educational strategies/learning experiences
- location and duration
- assessment methods
- potential outcomes and consequences

5. The Residents should receive regular, informal feedback throughout the implementation of the ILP and a Summative Assessment will be completed at its conclusion. If the ILP consists of more than one Educational Experience, a Summative Assessment will normally be completed at the end of each Educational Experience. The assessment will be discussed with the Resident and submitted to the RPC.

6. If the RPC decides that the Resident has not met the objectives of a mandated ILP, it may require the Resident to begin a remediation program.

7. The responsibilities of the RPC set out in sections 1 to 6 above may be delegated to the Competence Committee, and in such case all references to the RPC shall be read as referring to the Competence Committee. Where the RPC has not delegated these responsibilities to the Competence Committee, the Competence Committee may make recommendations to the RPC relating to the need for an ILP, the development of the ILP, and its success.

## **REMEDICATION**

1. Remediation is a formal program designed to assist the Resident in correcting identified weaknesses or performance deficiencies in clinical, academic and/or professional performance so that the Resident has the opportunity to be successful in the Program.

2. Unsatisfactory assessments or any other identified academic weakness or performance deficiency will be reviewed by the Program Director and RPC to determine what action is required.

3. Except under exceptional circumstances as determined by the RPC, a Resident is required to complete a remediation program in the following instances:

- *(For TB Residency Programs)* if the Resident receives a “Does Not Meet Expectations” rating in an end of rotation ITER
- if the Competence Committee issues a Summative Assessment of “Failing to Progress”.

4. In addition the RPC may, in its discretion, require remediation in the following circumstances:

- *(For TB Residency Programs)* if the Resident has received a “Borderline” overall assessment on an End of Rotation ITER and the ITER indicates that the Resident’s performance in a critical area is below expectations
- If the Competence Committee issues a Summative Assessment of “Not Progressing as Expected” and the assessment indicates that the Resident has failed to consistently demonstrate achievement in one or more critical learning objectives and/or competencies.
- if the Resident has received an unsatisfactory rating on any other form of assessment
- if significant concerns have been raised about the professional conduct of the Resident and the conduct is deemed remediable
- substantial absence from the program.

In making its decision, the RPC shall take into account the nature of the assessment (if applicable) and whether the deficiencies in the Resident’s performance are being otherwise addressed through regular training.

*(For TB Residency Programs)* If a Resident receives a second “Borderline” rating on an ITER within a 12 month period remediation should be strongly considered.

5. Before making a decision to require remediation under section 4, the Program Director shall advise the Resident in writing of the RPC’s concerns and give the Resident an opportunity to meet with the Program Director and RPC and provide oral submissions and documentation. The Resident may be accompanied by a colleague or other support person, however, ordinarily any oral submissions or presentations must be made by the Resident him/herself. The RPC may also meet with the Competence Committee and such other individuals as it deems necessary prior to making its decision. If the RPC decides to require remediation it must issue a written decision setting out the reasons for its decision.

6. Where remediation is required for a second time within a 12 month period, the Resident will be required to proceed directly to a probationary period.

7. All remediation plans will be designed following a standard form available through the PGME Office.

8. The remediation plan will be developed by the Program Director in consultation with the RPC and must be approved by the PGE AB before implementation. The Resident must be given an opportunity to review and comment on the plan and the Resident’s comments will be submitted with the remediation plan to the PGE AB. Normally, remediation plans should be submitted to the PGE AB within 4 weeks of the RPC’s decision that remediation is required. If the RPC requires assistance from the PGE AB in the design of the plan, the request for assistance should be submitted to the PGE AB in a timely manner.

Normally, the PGE AB will review the plan within 4 weeks of receiving it, and will either approve the plan or request that the plan be revised before it can be approved.

9. The remediation plan must include the following elements:

- purpose of the remediation, and in particular the specific competencies/objectives to be achieved
- educational strategies/learning experiences
- location and duration
- assessment methods
- potential outcomes and consequences

10. A remediation program may include new Educational Experiences or a requirement to repeat Educational Experiences or program-specific requirements. The Educational Experiences may be clinical or non-clinical.

11. A remediation program is normally from one to six months, but the length of the program is in the discretion of the RPC.

12. Prior to the commencement of the remediation, the remediation plan must be signed by the Program Director and provided to the Resident, and the Program Director must meet with the Resident to review the plan. A copy of the Assessment and Appeals policy should be provided to the resident.

13. The Associate Dean PGME must be advised when a Resident is required to complete a remediation program and a copy of the remediation plan must be forwarded to the PGME Office.

14. The Resident should receive informal feedback about his or her performance throughout the remediation period. A documented interim assessment is required for each Educational Experience during remediation, and any performance deficiencies identified at that time must be documented and discussed with the Resident in person. There must be documentation that this meeting occurred. A copy of the assessment must be provided to the Resident. For TB Residency Programs, this interim assessment will be a mid-rotation assessment. A Summative Assessment must be completed at the conclusion of each Educational Experience forming part of the remediation. The Summative Assessment should be issued within four weeks of completion of the Educational Experience and there must be an in-person discussion with the Resident if performance concerns were identified.

15. During the remediation the Resident must:

- *(For TB Residency Programs)* achieve a "Meets Expectations" rating on every end of rotation ITER or alternatively there must be evidence satisfactory to the Program Director and RPC that the Resident has made sufficient progress in addressing the documented deficiencies
- *(For CBME Residency Programs)* achieve the competencies required or alternatively there must be evidence satisfactory to the Program Director and RPC that the Resident has made sufficient progress in attaining the required competencies
- fully comply with all other academic expectations as outlined in the remediation plan and any other terms and conditions prescribed by the RPC.

16. If the RPC determines that the remediation was successful, the Program Director will notify the Resident and he or she will continue in the Residency Program at a level or stage determined by the Program Director and RPC. Any required extension of training will be determined by the Program Director and RPC and both the Resident and the PGME Office must be informed in writing.

17. (a) If the RPC considers that any expected outcomes were not achieved, the Program Director and RPC will give the Resident an opportunity to meet with them to discuss the results before making a decision as to whether the remediation was successful. The Resident may be accompanied by a colleague or other support person, however ordinarily any oral submissions or presentations must be made by the Resident him/herself. If the Resident disputes the accuracy or fairness of the assessments or raises extenuating or compassionate circumstances for consideration, the RPC will consider the Resident's oral and/or written submissions, review all of the relevant documentation, and meet with such other individuals as it deems necessary before making its decision. If the RPC decides that the assessments were inaccurate or unfair, it may require that the

assessments be corrected, or it may remove the assessments from the file and extend the remediation period to allow a further period of assessment. If the RPC decides that there are extenuating or compassionate circumstances that warrant an extension of remediation, it will allow the Resident to undergo a further period of assessment. The terms of any extension and re-assessment are in the discretion of the RPC and must be reported to the PGME Office and PGE AB.

(b) The Program Director must notify the Resident of the RPC's decision in writing with reasons. If the RPC decides that the remediation was unsuccessful, the Resident will be required to undergo probation.

18. The responsibilities of the RPC set out in sections 2 to 16 and section 19 may be delegated to the Competence Committee, and in such case all references to the RPC shall be read as referring to the Competence Committee.

19. The Associate Dean PGME must be advised of the outcome of the remediation.

#### Leaves of Absence/Holidays

20. Any leave of absence request during remediation must be approved in writing in advance by the Program Director. If the request is approved, the remediation may be considered incomplete. Depending on the length of the absence, the remediation plan may be redesigned by the Program Director upon the Resident's return, in consultation with the RPC and with input from the Resident. Any redesigned plan will take into account the nature of the weaknesses or performance deficiencies, the performance of the Resident to date, and the need for continuity of clinical experience.

It is recommended that Residents wishing to schedule a leave or vacation during the remediation program discuss with their Program Director what impact it would have on the completion of the remediation program.

### **PROBATION**

1. Probation is similar to Remediation, but with the requirement that the Resident must demonstrate sufficient achievement and progression in order to be allowed to continue in the Residency Program. Probation is an educational program consisting of one or more Educational Experiences during which the Resident is expected to demonstrate achievement of, or satisfactory progression towards the identified educational objectives and/or competencies.

2. A Resident will be placed on probation:

- where a remediation program has been unsuccessful, or
- where remediation is required for a second time within a 12 month period.

3. In addition, a Resident may be placed on probation for any reason pertaining to academic progress or clinical skills which is unsatisfactory, or any serious issues relating to professionalism or substantial absence from the Program.

4. Before making a decision to place a Resident on probation under section 3, the Program Director shall advise the Resident in writing of the RPC's concerns and give the Resident an opportunity to meet with the Program Director and RPC and provide oral submissions and documentation. The Resident may be accompanied by a colleague or other support person, however, ordinarily any oral submissions or presentations must be made by the Resident him/herself. The RPC may also meet with the Competence Committee and such other individuals as it deems necessary prior to making its decision. If the RPC decides to place the Resident on probation, it must issue a written decision setting out the reasons for its decision.

5. The PGME Office will advise hospital administration when a Resident is placed on probation.

6. All probation plans will be designed following a standard form available through the PGME Office.

7. The probation plan will be developed by the Program Director, either in consultation with the RPC or in consultation with the Competence Committee if this responsibility has been delegated to the Competence Committee. It must be approved by the PGE AB before implementation. The Resident must be given an opportunity to review and comment on the plan and the Resident's comments will be submitted with the probation plan to the PGE AB. Normally, probation plans should be submitted

to the PGE AB within 4 weeks of the requirement that the Resident be placed on probation. If the RPC requires assistance from the PGE AB in the design of the plan, the request for assistance should be submitted to the PGE AB in a timely manner. Normally, the PGE AB will review the plan within 4 weeks of receiving it, and will either approve the plan or request that the plan be revised before it can be approved.

8. The probation plan must include the following elements:

- identification of the weaknesses and performance deficiencies to be addressed
- educational strategies/learning experiences
- location and duration
- assessment methods
- potential outcomes and consequences

9. Prior to the commencement of the probation, the probation plan must be signed by the Program Director and provided to the Resident, and the Program Director must meet with the Resident to review the plan.

10. The Associate Dean PGME must be advised when a Resident is placed on probation and a copy of the plan forwarded to the PGME Office.

11. The Resident should receive informal feedback about his or her performance throughout the probation period. A documented interim assessment is required for every Educational Experience during probation and any performance deficiencies identified at that time must be documented and discussed with the Resident in person. There must be documentation that this meeting occurred. A copy of the assessment must be provided to the Resident. For TB Residency Programs this interim assessment will be a mid-rotation assessment. A Summative Assessment must be completed at the conclusion of each Educational Experience forming part of the probation. The Summative Assessment should be issued within four weeks of completion of the Educational Experience and there must be an in-person discussion with the Resident if performance concerns were identified.

12. During probation the Resident must:

- (*For TB Residency Programs*) achieve a "Meets Expectations" rating on every end of rotation ITER or alternatively there must be evidence satisfactory to the Program Director and RPC that the Resident has made sufficient progress in addressing the weaknesses and performance deficiencies to be permitted to continue in the Residency Program
- (*For CBME Residency Programs*) achieve the competencies required or alternatively there must be evidence satisfactory to the Program Director and RPC that the Resident has made sufficient progress in addressing the weaknesses and performance deficiencies to be permitted to continue in the Residency Program
- fully comply with all other academic expectations as outlined in the probation plan and any other terms and conditions prescribed by the RPC.

13. If the RPC determines that the probation program was successful, the Program Director will notify the Resident and he or she will continue in the Residency Program at a level or stage determined by the Program Director and RPC. An extension of training will normally be required. Under exceptional circumstances the RPC may recommend that academic credit be awarded for probation. Such a recommendation must be approved by the Associate Dean PGME.

14. (a) If the RPC considers that any expected outcomes were not achieved, the Program Director and RPC will give the Resident an opportunity to meet with them to discuss the results before making a decision as to whether the probation was successful. The Resident may be accompanied by a colleague or other support person, however ordinarily any oral submissions or presentations must be made by the Resident him/herself. If the Resident disputes the accuracy or fairness of the assessments or raises extenuating or compassionate circumstances for consideration, the RPC will consider the Resident's oral and/or written submissions, review all of the relevant documentation, and meet with such other individuals as it deems necessary before making its decision. If the RPC decides that the assessments were inaccurate or unfair it may require the assessments to be corrected or it may remove the assessments from the file and extend the probation period to allow a further period of assessment. If the RPC decides that there are extenuating or compassionate circumstances that warrant an extension

of probation, it will allow the Resident to undergo a further period of assessment. The terms of any extension and re-assessment are in the discretion of the RPC and must be reported to the PGME Office and PGE AB.

(b) The Program Director must notify the Resident of the RPC's decision in writing with reasons. If the RPC decides that the probation was unsuccessful, the Resident will be dismissed from the program.

15. The Associate Dean PGME must be advised of the outcome of the probation. The PGME Office will advise hospital administration of the outcome of the probation.

#### Leaves of Absence/Holidays

16. Any leave of absence request during probation must be approved in writing in advance by the Program Director. If the request is approved, the probation may be considered incomplete. Depending on the length of the absence, the probation plan may be redesigned by the Program Director upon the Resident's return, in consultation with the RPC (or Competence Committee), and with input from the Resident. The redesigned plan will take into account the nature of the weaknesses or performance deficiencies, the performance of the Resident to date, and the need for continuity of clinical experience.

It is recommended that Residents wishing to schedule a leave or vacation during the probation program discuss with their Program Director what impact it would have on the completion of the probation program.

#### **ACTIVITIES UNDERTAKEN PENDING COMMENCEMENT OF REMEDIATION OR PROBATION**

Pending commencement of a remediation or probation the RPC will determine whether it will permit a Resident to continue with regularly scheduled Educational Experiences or whether it will require alternative arrangements, such as a leave of absence. Whether academic credit will be granted for activities undertaken during this period is at the discretion of the RPC.

#### **SUSPENSION/REMOVAL FROM SERVICE**

1. The Associate Dean PGME or in his or her absence or unavailability the Program Director, may suspend a Resident from his or her residency program or remove the Resident from specific clinical duties at any time if there are concerns about patient care or safety or there are allegations of unprofessional conduct (see "Professional Conduct" above). Such suspension may continue until the completion of the investigation of the allegation(s). A suspension by the Program Director must subsequently be confirmed by the Associate Dean PGME.

2. The Associate Dean PGME or Program Director will notify the Resident in writing of the suspension or removal from specific clinical duties, and offer to meet with the Resident to review the reasons for the decision and allow the Resident to respond. Where possible, any such meeting will be held within seven days of the suspension. The Resident may be accompanied by a colleague or other support person. After considering any representations from the Resident, the Associate Dean PGME or Program Director will decide if the suspension or removal from specific clinical duties should continue pending completion of the investigation and shall inform the Resident in writing of his or her decision.

3. The PGME Office will advise hospital administration and the College of Physicians and Surgeons of Ontario when a Resident is suspended or removed from specific clinical duties.

4. If a Resident is suspended by the hospital in which he or she is employed, the Resident will be unable to continue his or her Residency Program for the duration of the suspension. Similarly, if a Resident's licensed professional status with the College of Physicians and Surgeons of Ontario is suspended, the Resident cannot continue his or her Residency Program for the duration of that suspension.

#### **DISMISSAL**

1. A Resident will be dismissed from the Residency Program in any of the following circumstances:
  - a) where the RPC determines that a probation program was unsuccessful

- b) where the Associate Dean PGME determines pursuant to section 3 below that the Resident has failed to make satisfactory progress in the Residency Program
- c) where the Resident is dismissed by the hospital in which he or she is employed
- d) where the Resident has permanently lost his or her licensed professional status with the College of Physicians and Surgeons of Ontario.

2. In addition, a Resident may be dismissed from the Residency Program where the Associate Dean PGME finds that the Resident has engaged in unprofessional conduct and/or jeopardized patient care or safety.

3. Where probation is required more than once during the Resident's training and the RPC is of the opinion that the Resident has failed to make satisfactory progress in the Program, the RPC may recommend to the Associate Dean PGME that the Resident be dismissed from the Residency Program. In considering this recommendation, the Associate Dean PGME shall provide the Resident with a copy of the recommendation and shall ensure that the Resident is informed of the reasons for the recommendation. The Resident must be given an opportunity to meet with the Associate Dean PGME and file written submissions. The Resident may be accompanied by a colleague or other support person at any meetings with the Associate Dean PGME, however ordinarily any oral submissions or presentations must be made by the Resident him/herself. The Associate Dean PGME shall review all of the relevant documentation and shall meet with such other individuals as he or she deems necessary before making a decision. The Associate Dean PGME shall issue a written decision with reasons. If the Associate Dean PGME decides that the Resident has not made satisfactory progress in the Residency Program, he or she will dismiss the Resident. If he or she decides that dismissal is not warranted, the Resident will complete another probationary period under such terms as the RPC may require.

4. Serious allegations of unprofessional conduct and/or concerns relating to patient care or safety involving the Resident shall be brought to the attention of the Associate Dean PGME at any time. The Associate Dean PGME shall ensure that the Resident is informed of the allegations and is given an opportunity to meet with the Associate Dean PGME and file written submissions. The Resident may be accompanied by a colleague or other support person at any meetings with the Associate Dean PGME, however ordinarily any oral submissions or presentations must be made by the Resident him/herself. The Associate Dean PGME shall review all of the relevant documentation relating to the allegations and shall meet with such other individuals as he or she deems necessary before making a decision. The Associate Dean PGME shall issue a written decision with reasons.

If the Associate Dean PGME decides that the allegations are not substantiated, he or she will allow the Resident to continue in the Residency Program. If the Associate Dean PGME decides that there was unprofessional conduct and/or that patient care or safety was jeopardized, he or she may either dismiss the Resident from the Residency Program or permit the Resident to continue in the program with a recommendation to the Program Director and RPC that there be a period of remediation or probation under such terms as the RPC may require.

5. The PGME Office will advise hospital administration and the College of Physician and Surgeons of Ontario when a Resident is dismissed from the program.

## APPEALS

A Resident may appeal the following:

- *(TB Residency Programs)* an end of rotation ITER having an overall assessment statement of “Does Not Meet Expectations”
- a Summative Assessment of “Failing to Progress” from a Competence Committee
- a decision that the Resident’s remediation program was unsuccessful
- a refusal to promote the Resident to the next level or stage of training
- a refusal by an RPC to complete a FITER or CITER certifying that the Resident has acquired the competencies of the specialty/subspecialty, or to affirm Resident’s readiness for independent practice
- dismissal following an unsuccessful probation program
- a decision by the Associate Dean PGME to dismiss a Resident because he or she has not made satisfactory progress, or has engaged in unprofessional conduct, and/or has jeopardized patient care or safety.

In addition to the above, a Resident may appeal a decision under section 4, “Remediation”, to require the Resident to undergo remediation or a decision under section 3, “Probation”, placing the Resident on probation.

### Activities Undertaken Pending Disposition of an Appeal

Pending disposition of an appeal relating to an ITER, Summative Assessment, or a remediation program, the RPC will determine whether it will permit a Resident to continue with regularly scheduled rotations or whether it will require alternative arrangements, such as a leave of absence. Whether academic credit will be granted for activities undertaken during this period is at the discretion of the RPC.

### I. Appeal of End of Rotation ITER (TB Residency Programs) or a Summative Assessment of a Competence Committee

1. The appeal is a two-stage process beginning with a review by the RPC. In the case of an appeal of an end of rotation ITER, the Resident is encouraged to discuss any concerns about the assessment with the Clinical Supervisor before commencing an appeal.

#### First Stage: Review by RPC

2. The Resident must submit a written request for a review to the Program Director within two weeks of the date that the ITER was discussed with the Clinical Supervisor or within two weeks of the issuance of the Competence Committee’s Summative Assessment. The request need not be lengthy, but should fully set out the reasons why the Resident disagrees with the assessment and include any supporting documentation. A Resident may dispute the accuracy of the ratings or assessments, the fairness of the assessment process, or raise compassionate or extenuating circumstances. Where circumstances warrant, the deadline for filing the request may be extended at the discretion of the Program Director.

3. *(For TB Residency Programs)* If the rotation occurred outside the Resident’s home program the review will be conducted by the Resident’s home Program Director and home RPC.

4. The Program Director will forward the request to the RPC. The Program Director and RPC will give the Resident an opportunity to meet with them and provide oral submissions and any additional documentation. The Resident may be accompanied by a colleague or other support person, however ordinarily any oral submissions or presentations must be made by the Resident him/herself. The RPC will review all of the relevant documentation and may meet with the Clinical Supervisor, the Chair of the Competence Committee, and other individuals as it deems necessary before making a decision.

5. The RPC will issue a decision in writing with reasons and a copy will be provided to the Associate Dean PGME.

- a) If the RPC decides that the assessment was inaccurate or unfair, it may require that the assessment be corrected, or it may remove the assessment from the file and allow a further period of assessment under such terms as the RPC may require.

- b) If the RPC decides that there are compelling extenuating or compassionate circumstances that warrant an additional period of assessment, it will permit the Resident to undergo an additional assessment under such terms as the RPC may require.
- c) If the RPC concludes that the ITER or Summative Assessment should remain in the file and that there will be no additional assessment, the Resident has a limited right of appeal to the Schulich Postgraduate Appeals Committee.

Second Stage: Appeal to Schulich Postgraduate Appeal Committee

6. A Resident may appeal the decision of the RPC to the Schulich Postgraduate Appeal Committee (“the Committee”) on the following grounds:
- a) that the RPC did not take into consideration relevant information when it made its decision
  - b) that the RPC’s decision cannot be supported on the information that was before the RPC when it made its decision, or
  - c) that in making its decision the RPC failed to follow this Policy and that such failure could reasonably be seen to cast doubt on the correctness of that decision.
7. An appeal must be submitted to the PGME Office within two weeks of the issuance of the RPC’s decision and include the following:
- a) a copy of the ITER or Summative Assessment and the RPC’s decision
  - b) the grounds of appeal and remedy sought, and
  - c) a full statement supporting the grounds of appeal and any relevant documentation.
8. The PGME Office shall forward copies of the Resident’s appeal documentation to the Program Director who shall file a concise written reply on behalf of the RPC, with relevant documentation, within two weeks of the filing of the appeal. A copy of the reply shall be provided to the Resident.
9. Where circumstances warrant, the deadlines for filing an appeal or response may be extended at the discretion of the Chair of the Committee.
10. The PGME Office shall forward the documentation provided by the Resident and Program Director to the Committee.
11. The Committee shall determine its own procedures for hearing an appeal and the Chair of the Committee may make such rules and orders as he or she deems necessary and proper to ensure a fair and expeditious proceeding. The Resident shall be informed of the procedures that will be followed. The Committee shall proceed fairly in its disposition of the appeal, ensuring that both the Resident and the Program Director are aware of the evidence to be considered. The Committee may invite the Resident or Program Director or other individuals to meet with the Committee or it may make its decision solely on the basis of the documentation filed by the Resident and Program Director and any additional documentation as it may require. If the Resident is invited to a meeting he or she may be accompanied by a colleague or other support person, however ordinarily any oral submissions or presentations must be made by the Resident him/herself.
12. If the Committee determines:
- a) that the RPC did not take into consideration relevant information when it made its decision,
  - b) that the RPC’s decision cannot be supported on the information that was before the RPC, or
  - c) that the RPC failed to follow the procedures in this Policy and such failure could reasonably be seen to cast doubt on the correctness of its decision,
- the Committee shall provide written reasons for its determination and shall refer the matter back to the RPC for reconsideration and may direct a further assessment of the Resident, the terms of any such reassessment to be determined by the RPC, having regard to the reasons of the Committee. The Committee may, in addition to referring the matter back to the RPC, direct that an assessment or assessments be removed from the Resident’s file.
13. If the Committee determines that the decision of the RPC should be upheld, it shall provide written reasons for its determination.
- 14. The Committee’s decision is final and there is no further right of appeal at the University.**

**II. Appeal of a Decision to Require Remediation or Probation, Appeal of a Decision that Remediation Was Unsuccessful, or Appeal of a Denial of Promotion**

*NOTE: If a final decision was made by a Competence Committee, all references to the RPC in this Part shall be read as referring to the Competence Committee.*

15. The following decisions of the RPC may be appealed to the Schulich Postgraduate Appeal Committee (“the Committee”):
- a) a decision by the RPC under section 4, “Remediation”, that remediation is required
  - b) a decision by the RPC under section 3, “Probation”, that probation is required
  - c) a determination by the RPC that remediation was unsuccessful
  - d) a decision by the RPC not to promote a Resident.
16. A Resident may appeal the decision of the RPC to the Schulich Postgraduate Appeal Committee (“the Committee”) on the following grounds:
- a) that the RPC did not take into consideration relevant information when it made its decision
  - b) that the RPC’s decision cannot be supported on the information that was before the RPC when it made its decision, or
  - c) that in making its decision the RPC failed to follow this Policy and that such failure could reasonably be seen to cast doubt on the correctness of that decision.
17. An appeal must be submitted to the PGME Office within two weeks of the issuance of the RPC’s decision and include the following:
- a) a copy of relevant assessments and/or recommendations (as applicable) and the RPC’s decision
  - b) the grounds of appeal and remedy sought, and
  - c) a full statement supporting the grounds of appeal and any relevant documentation.
18. The PGME Office shall forward copies of the Resident’s appeal documentation to the Program Director who shall file a concise written reply on behalf of the RPC, with relevant documentation, within two weeks of the filing of the appeal. A copy of the reply shall be provided to the Resident.
19. Where circumstances warrant, the deadlines for filing an appeal or response may be extended at the discretion of the Chair of the Committee.
20. The PGME Office shall forward the documentation provided by the Resident and Program Director to the Committee.
21. The Committee shall determine its own procedures for hearing an appeal and the Chair of the Committee may make such rules and orders as he or she deems necessary and proper to ensure a fair and expeditious proceeding. The Resident shall be informed of the procedures that will be followed. The Committee shall proceed fairly in its disposition of the appeal, ensuring that both the Resident and the Program Director are aware of the evidence to be considered. The Committee may invite the Resident or Program Director or other individuals to meet with the Committee or it may make its decision solely on the basis of the documentation filed by the Resident and Program Director and any additional documentation as it may require. If the Resident attends a meeting he or she may be accompanied by a colleague or other support person, however ordinarily any submissions or presentations must be made by the Resident him/herself.
22. If the Committee determines:
- a) that the RPC did not take into consideration relevant information when it made its decision,
  - b) that the RPC’s decision cannot be supported on the information that was before the RPC, or
  - c) that the RPC failed to follow the procedures in this Policy and such failure could reasonably be seen to cast doubt on the correctness of its decision,
- the Committee shall provide written reasons for its determination and shall refer the matter back to the RPC for reconsideration and may direct a further assessment of the Resident, the terms of any such reassessment to be determined by the RPC, having regard to the reasons of the Committee. The Committee may, in addition to referring the matter back to the RPC, direct that an assessment or assessments be removed from the Resident’s file.

23. If the Committee determines that the decision of the RPC should be upheld, it shall provide written reasons for its determination.

**24. The Committee's decision is final and there is no further right of appeal at the University.**

**III. Appeal of a Refusal to Complete a FITER or CITER or a Refusal to Affirm Resident's Readiness for Independent Practice**

25. If the RPC either refuses to complete a FITER or CITER certifying that a Resident has acquired the competencies of the specialty/subspecialty in the case of a TB Residency Program, or refuses to affirm the Resident's readiness for independent practice in the case of a CBME Residency Program, the Resident may request a review of that decision by the Associate Dean PGME. The Associate Dean PGME may conduct the review or delegate it to another individual and references to "Associate Dean PGME" in this Part mean "Associate Dean PGME or delegate".

26. The Resident must file a written request for a review with the PGME Office within two weeks of the issuance of the RPC's decision. Where circumstances warrant, this deadline may be extended at the discretion of the Associate Dean PGME. The request need not be lengthy, but should fully set out the reasons why the Resident disagrees with the decision and any supporting documentation.

27. The Associate Dean PGME will give the Resident an opportunity to meet with him or her and provide oral submissions and any additional documentation. The Resident may be accompanied by a colleague or other support person, however ordinarily any oral submissions or presentations must be made by the Resident him/herself. The Associate Dean PGME will review all of the relevant documentation and may meet with the Program Director and other individuals as he or she deems necessary before making a decision.

28. The Associate Dean PGME will issue a decision in writing with reasons. If the Associate Dean PGME determines that the RPC's decision was incorrect, he or she shall refer the matter back to the RPC for reconsideration with recommendations. If the Associate Dean PGME confirms the RPC's decision, the Resident may appeal the Associate Dean PGME's decision to the Schulich Postgraduate Appeal Committee ("the Committee") on the following grounds:

- a) that the Associate Dean PGME did not take into consideration relevant information when he or she made the decision
- b) that the Associate Dean PGME's decision cannot be supported on the information that was before him or her, or
- c) that in making his or her decision the Associate Dean PGME failed to follow this Policy and that such failure could reasonably be seen to cast doubt on the correctness of his or her decision.

29. An appeal of the Associate Dean PGME's decision must be submitted to the PGME Office within two weeks of the issuance of the decision and include the following:

- a) a copy of the Associate Dean PGME's decision
- b) the grounds of appeal and remedy sought, and
- c) a full statement supporting the grounds of appeal and any relevant documentation.

30. The PGME Office shall forward copies of the Resident's appeal documentation to the Associate Dean PGME who shall file a concise written reply with relevant documentation within two weeks of the filing of the appeal. A copy of the reply shall be provided to the Resident.

31. Where circumstances warrant, the deadlines for filing an appeal or response may be extended at the discretion of the Chair of the Committee.

32. The PGME Office shall forward the documentation provided by the Resident and Associate Dean PGME to the Committee.

33. The Committee shall determine its own procedures for hearing an appeal and the Chair of the Committee may make such rules and orders as he or she deems necessary and proper to ensure a fair and expeditious proceeding. The Resident shall be informed of the procedures that will be followed. The Committee shall proceed fairly in its disposition of the appeal, ensuring that both the Resident and the Associate Dean PGME are aware of the evidence to be considered. The Committee may invite the Resident, the Associate Dean PGME, the Program Director, or other individuals to meet with the Committee or it may make

its decision solely on the basis of the documentation filed by the Resident and Associate Dean PGME and any additional documentation as it may require. If the Resident is invited to a meeting he or she may be accompanied by a colleague or other support person, however ordinarily any oral submissions or presentations must be made by the Resident him/herself.

34. If the Committee determines:

- a) that the Associate Dean PGME did not take into consideration relevant information when making his or her decision,
- b) that the Associate Dean PGME's decision cannot be supported on the information that was before him or her, or
- c) that the Associate Dean PGME failed to follow this Policy in making his or her decision and that such failure could reasonably be seen to cast doubt on the correctness of that decision,

the Committee shall provide written reasons for its determination and shall refer the matter back to the Associate Dean for reconsideration.

35. If the Committee determines that the decision of the Associate Dean should be upheld, it shall provide written reasons for its determination.

**36. The Committee's decision is final and there is no further right of appeal at the University.**

#### **IV. Dismissal**

37. A Resident may appeal a dismissal arising from an unsuccessful probation or a decision made by the Associate Dean PGME to dismiss the Resident from the Residency Program to the Schulich Postgraduate Appeal Committee ("the Committee") on the following grounds:

- a) that the RPC or the Associate Dean PGME did not take into consideration relevant information when making the decision
- b) that the decision made by the RPC or Associate Dean PGME cannot be supported on the information that was before the RPC or Associate Dean PGME at the time the decision was made, or
- c) that in making the decision the RPC or the Associate Dean PGME failed to follow this Policy and that such failure could reasonably be seen to cast doubt on the correctness of that decision.

38. An appeal must be submitted to the PGME Office within two weeks of the issuance of the decision and include the following:

- a) a copy of relevant assessments (if applicable)
- b) a copy of the RPC's or Associate Dean PGME's decision
- c) the grounds of appeal and remedy sought, and
- d) a full statement supporting the grounds of appeal and any relevant documentation.

39. The PGME Office shall forward copies of the Resident's appeal documentation to the respondent (RPC or Associate Dean PGME) who shall file a concise written reply with relevant documentation within two weeks of the filing of the appeal. A copy of the reply shall be provided to the Resident. In the case of an appeal against a decision of the RPC, the Program Director will normally submit a response on behalf of the RPC.

40. Where circumstances warrant, the deadlines for filing an appeal or response may be extended at the discretion of the Chair of the Committee.

41. The PGME Office shall forward the documentation provided by the Resident and respondent to the Committee.

42. The Committee shall determine its own procedures for hearing an appeal and the Chair of the Committee may make such rules and orders as he or she deems necessary and proper to ensure a fair and expeditious proceeding. The Resident shall be informed of the procedures that will be followed. The Committee shall proceed fairly in its disposition of the appeal, ensuring that both the Resident and the respondent are aware of the evidence to be considered.

43. The Committee shall provide the parties to the appeal with an opportunity to meet with the Committee and bring witnesses. Both parties and their witnesses may be cross-examined by the other party and both parties may be represented by legal counsel.

44. In the case of a dismissal arising from an unsuccessful probation, if the Committee determines:

- a) that the RPC did not take into consideration relevant information when it made its decision,
- b) that the RPC's decision cannot be supported on the information that was before the RPC, or
- c) that the RPC failed to follow the procedures in this Policy and such failure could reasonably be seen to cast doubt on the correctness of its decision,

the Committee shall provide written reasons for its determination and shall refer the matter back to the RPC for reconsideration and may direct a further assessment of the Resident, the terms of any such reassessment to be determined by the RPC, having regard to the reasons of the Committee. The Committee may, in addition to referring the matter back to the RPC, direct that an assessment or assessments be removed from the Resident's file.

45. In the case of a dismissal by the Associate Dean PGME, if the Committee determines:

- a) that the Associate Dean PGME did not take into consideration relevant information when making his or her decision,
- b) that the Associate Dean PGME's decision cannot be supported on the information that was before the Associate Dean PGME, or
- c) that the Associate Dean PGME failed to follow the procedures in this Policy and such failure could reasonably be seen to cast doubt on the correctness of the decision,

the Committee shall provide written reasons for its determination and shall either refer the matter back to the Associate Dean PGME for reconsideration or reinstate the Resident in the Program. Such reinstatement may include a recommendation to the RPC for remediation or probation, the terms of which shall be determined by the RPC.

46. If the Committee determines that the decision of the RPC or the Associate Dean PGME should be upheld, it shall provide written reasons for its determination.

47. A decision to deny the appeal may be appealed to the Dean, Schulich School of Medicine & Dentistry, on the grounds that there was a significant procedural error by the Schulich Postgraduate Appeal Committee that was prejudicial to the Resident and casts doubt on the fairness of those proceedings. The Dean may delegate his or her authority to consider the appeal to another individual or individuals or to a committee. References to "Dean" in this Part mean "Dean or delegate".

48. An appeal must be submitted to the Dean's Office, Schulich School of Medicine & Dentistry, within two weeks of the issuance of the Committee's decision and include a copy of the Committee's decision and a full statement supporting the ground of appeal including any supporting documentation.

49. The Dean's Office shall forward copies of the Resident's appeal documentation to both the respondent at the prior level and to the Chair of the Schulich Postgraduate Appeal Committee and shall request written responses with any relevant supporting documentation within two weeks. For appeals relating to a decision of the RPC, the response will normally be submitted by the Program Director. A copy of the responses shall be provided to the Resident who shall have the right to file a written reply.

50. Where circumstances warrant, deadlines for filing an appeal or responses may be extended at the discretion of the Dean.

51. The Dean shall base his or her decision solely on the written material filed by the parties. The Dean shall issue a written decision with reasons and may:

- a) Deny the appeal; or
- b) Grant the appeal and send the matter back to the Committee with specific directions for rehearing all or part of the appeal, or make such other order as he or she deems appropriate.

52. **The Dean's decision is final and there is no further right of appeal at the University.**

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<b>Approvals:</b>	<b>PGME Committee</b>	<b><i>June 13<sup>th</sup>, 2018</i></b>
	<b>Executive Committee Schulich Council</b>	<b><i>July 31<sup>st</sup>, 2018</i></b>

**This Policy supersedes the 2012 Resident Assessment and Appeal Policy.**