

POSTGRADUATE MEDICAL EDUCATION

RESIDENT EVALUATION 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 The University of Western Ontario. Residents carry out their training within a hospital or other clinical education site, at the appropriate level of training and in accordance with the relevant professional requirements and subject to University regulations and those of the hospital or other clinical education sites.

This document outlines the rules governing the evaluation of Residents in postgraduate training programs at The University of Western Ontario. It sets out the procedures that Residency Programs will follow in the assessment of Residents, and the processes that will be followed when a Resident fails to meet the performance standards of the Residency Program or where a problem in respect of the behaviour or performance of a Resident has been identified. 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

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.

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.

Resident is a physician registered in a postgraduate training program that leads to RCPSC or CFPC accreditation that is administered by the University.

Residency Program means a RCPSC or CFPC postgraduate medical training program.

Horizontal Learning Experience is an activity in which a Resident is expected to participate over an extended period of time during his or her training. Typically such experiences require a regular commitment over several blocks of training - for example, participation in a longitudinal follow-up clinic or in long-term psychotherapy.

Rotation Supervisor(s) are members of faculty who have direct responsibility for Residents' clinical academic program during the rotation, including the completion of evaluation reports (ITERS).

RTC means the Residency Training Committee/Residency Program Committee, chaired by the Program Director, that assists the Program Director in the planning, organization, and supervision of the residency training program, including the assessment and promotion of Residents. In larger programs the responsibilities of the Residency Training Committee under this Policy may be performed by a sub-committee(s) of the Residency Training Committee. All references to RTC in this Policy mean "Residency Training Committee or subcommittee".

Program Director is the officer responsible for the overall conduct of the integrated residency program in a discipline and is responsible to the head of the department concerned and to the Associate Dean PGME. In larger programs the responsibilities of the Program Director under this Policy may be delegated to one or more other faculty members. All references to “Program Director” in this Policy mean “Program Director or delegate”.

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

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

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 providing assistance in the design of remediation and probation plans.

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

EVALUATION PROCESS

Residents are routinely evaluated on an ongoing basis, both formally and informally. This evaluation may be formative or summative and is 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 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: Medical Expert, Communicator, Collaborator, Manager, Health Advocate, Scholar, and Professional. These tools may include direct observations, formal examinations, performance-based assessment, overall rotation ITERs, and other methods. Residents will be informed in advance of the methods by which they will be evaluated and the program’s performance expectations. Evaluations are based on the goals and objectives of the individual programs and will take into account the PGY level of the Resident. All evaluations form part of each Resident’s permanent file.

The Program Director and RTC will receive and assess all evaluations and other information relating to the Resident’s performance, and are jointly responsible for evaluating the Resident’s on-going progress in the program.

Larger programs may establish sub-committees to perform some or all of the RTC’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.

The primary tool for final evaluation of a Resident rotation or horizontal learning experience is the written overall evaluation that is completed at the end of a rotation or horizontal learning experience (“In-Training Evaluation Report” or “ITER”). It is a necessary component of residency education in order to ensure that Residents progressing through programs acquire the necessary knowledge, skills and attitudes required of independent practicing physicians. Regular evaluations enable the Resident to adjust his or her learning strategies to ensure that any identified weaknesses are successfully ameliorated and identified strengths are acknowledged. Ultimately it is the responsibility of the Program Director with the RTC to collect and interpret evaluation data about each Resident enrolled in the program.

Rotation Feedback and Evaluations:

1. At the beginning of each rotation or horizontal learning experience, the Program Director must ensure that the Resident is provided with:

- Learning objectives for the rotation/horizontal learning experience
- An orientation to his or her duties, responsibilities, and expectations
- If applicable, a description of rotation-specific evaluation tools and their timing
- A description of the Resident’s role in the health care team.

2. Rotation Supervisors should make every effort to provide ongoing, informal, verbal feedback to Residents throughout the rotation or horizontal learning experience. Feedback should be specific and include both strengths and deficiencies, with advice and assistance for improvement.

3. If a performance deficiency is identified at any point during the rotation or horizontal learning experience, the Rotation Supervisor must bring the deficiency to the attention of the Resident. This must be documented by the Rotation Supervisor. The Rotation Supervisor must inform the Program Director in a timely manner of any Resident demonstrating a significant performance deficiency.

4. Documented mid-rotation evaluations 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 Rotation 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 evaluation must be provided to the Resident upon request.

5. The Rotation Supervisor must complete an ITER for each Resident at the conclusion of a clinical rotation or horizontal learning experience, and in the case of lengthy rotations, at least every three months. For the purpose of completing the ITER, the Rotation Supervisor should ensure that information is gathered from appropriate sources that may include medical or non-medical personnel. A copy of the evaluation must be provided to the Resident upon request.

6. End of rotation ITERs should be completed within four weeks of completion of a rotation or horizontal learning experience and they must be completed within that time period in the case of unsatisfactory evaluations (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 evaluation. It is the responsibility of the Rotation Supervisor to ensure that end of rotation ITERs are completed promptly.

7. An in-person discussion of the end of rotation ITER is recommended for all Residents within four weeks of completion of a rotation or horizontal learning experience and is required when a Resident receives an unsatisfactory evaluation (section 11). Discussions regarding unsatisfactory evaluations must be documented.

ITER Format and Overall Performance ratings:

8. ITERs will evaluate Residents in accordance with the CanMEDS/CanMEDS-FM framework.

9. 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 rotation/horizontal learning 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 rotation/horizontal learning 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.

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

11. An unsatisfactory evaluation is defined as an ITER having an overall assessment of "Does Not Meet Expectations" or "Borderline".

12. A Resident may appeal an overall assessment of "Does not Meet Expectations" and may also appeal an overall assessment of "Borderline" if remediation or probation is required on the basis of that assessment. (See "Appeals" below.)

Other Types of Evaluation:

In addition to ITERs, programs may use other means to evaluate Residents, including national exams, written exams, OSCEs, structured clinical encounters, etc. Results of these evaluations may form part of the resident's permanent file, and must be provided to Residents in a timely manner. Discussion of performance deficiencies in these areas may be given during rotation feedback and evaluations or addressed separately. Performance deficiencies on these types of evaluations may contribute to an unsuccessful ITER and/or may independently be considered in RTC decisions regarding promotion, remediation programs, and probation.

Annual Meeting with Program Director:

Every Resident must receive feedback and advice, ideally in-person, from the Program Director at least once in each academic year.

PROFESSIONAL CONDUCT

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

Assessment of behavioural and ethical performance will be related to the following educational objectives:

- 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

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

- breach of any of the above principles of behaviour;
- 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 records;

- 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;
- 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 rotations/horizontal learning experiences and a Resident may receive an overall assessment of "Borderline" or "Does Not Meet Expectations" on an end of rotation ITER for unacceptable professional behaviour. 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 program.

INCOMPLETE ROTATION OR HORIZONTAL LEARNING EXPERIENCE

It is critical that a Resident obtain sufficient experience to meet pedagogical requirements, and that there be adequate opportunity to appropriately evaluate a Resident's performance.

A rotation/horizontal learning experience will be designated "incomplete" if a Resident is unable to complete it or is absent from a significant component due to illness, leave, vacation, etc., and the Program Director determines that the goals and objectives of the rotation/horizontal learning experience were not achieved or that the Resident cannot be properly and fully evaluated. An incomplete rotation/horizontal learning experience will normally have to be completed or repeated as determined by the Program Director and RTC.

SHARING OF PERFORMANCE DATA

Evaluation 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 and Residents shall be notified of disclosures to third parties.

REMEDIAL TRAINING

1. Remediation is a formal program designed to assist the Resident in correcting his or her identified deficiencies in clinical, academic and/or professional performance so that the Resident has the opportunity to be successful in the program.
2. Unsatisfactory evaluations or any other identified academic weakness or performance deficiency will be reviewed by the Resident's Program Director and RTC to determine what action is required.
3. Except under exceptional circumstances as determined by the RTC, a Resident is required to complete a remediation program when he or she receives a "Does Not Meet Expectations" rating in an end of rotation ITER.
4. In addition the RTC may, in its discretion, require remediation in the following circumstances:
 - when 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
 - when the Resident has received an unsatisfactory evaluation on any other form of assessment
 - when significant concerns about the professional conduct of the Resident have been raised and are in an area that is deemed remediable, or
 - substantial absence from the program.

In making its decision, the RTC shall take into account the nature of the assessment and whether the deficiencies in the Resident's performance are being otherwise addressed through regular training.

If a Resident receives a second "Borderline" rating on an ITER within a 12 month period remediation should be strongly considered.

A decision by the RTC to require remediation on the basis of any of the circumstances set out in this section may be appealed. (See "Appeals" below.)

5. Where the RTC determines that remediation is required for a second time within the same 12-month period,, the Resident will be required to proceed directly to a probationary period (see "Probation" below).

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

7. The remediation plan will be developed by the Program Director in consultation with the RTC and must be approved by the Postgraduate Education Advisory Board (PGE AB) before implementation. The Resident must be given an opportunity to review and comment on the plan before approval by the PGE AB. The resident's comments will be submitted with the remediation plan to the PGE AB for consideration. Normally remediation plans should be submitted to the PGE AB within 4 weeks of the RTC's decision that remediation is required. If the RTC 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 and ideally within 1 week of the RTC's decision.

8. The remediation plan must include the following elements:

- identification of areas of deficiency
- educational strategies that will be used to address the deficiencies
- expected outcomes and how they will be evaluated
- location and duration of the remedial program, and
- consequences of a successful or unsuccessful outcome.

9. A remediation program may include repeating rotations or program-specific requirements at the discretion of the RTC. In addition to remedial clinical rotations, nonclinical remedial activities may be required of the Resident.

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

11. The Program Director must meet with the Resident to discuss the remediation plan, including the objectives, educational strategies and evaluation methods. The remediation plan must be signed by the Program Director and the Resident.

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

13. The Resident should receive informal feedback about his or her performance throughout the remediation period. For each rotation comprising the remediation period, a documented mid-rotation evaluation is required 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 evaluation must be provided to the Resident upon request. An ITER must be completed at the conclusion of the remediation period, or if remediation is comprised of more than one rotation, at the conclusion of each rotation. The end of rotation ITER must be completed and discussed with the Resident as set out above under "Rotation Feedback and Evaluations", sections 5, 6 and 7.

14. During the remediation period the Resident must:

- achieve a "Meets Expectations" rating on every end of rotation ITER or alternatively there must be evidence satisfactory to the Program Director and RTC that the Resident has made sufficient progress in addressing the documented deficiencies, and
- fully comply with all other academic expectations as outlined in the remediation plan and any other terms and conditions prescribed by the RTC.

15. If the Program Director and RTC determine that the remediation program was successful, the Program Director will notify the Resident and he or she will continue in the residency program at a level determined by the Program Director and RTC. Whether any time must be made up as a result of the remediation will be determined by the Program Director and RTC and both the Resident and the PGME Office must be informed in writing.

16. (a) If the Program Director and RTC consider that any expected outcomes were not achieved, the Program Director and RTC 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 evaluations or raises extenuating or compassionate circumstances for consideration, the RTC 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 RTC decides that the evaluations were inaccurate or unfair it may require that the evaluations be corrected or it may remove the evaluations from the file and extend the remediation period to allow a further period of assessment and evaluation. If the RTC decides that there are extenuating or compassionate circumstances that warrant an extension of the remediation period, it will allow the Resident to undergo a further period of assessment and evaluation. The terms of any extension and re-evaluation are in the discretion of the RTC and must be reported to the PGME Office and PGE AB.

(b) The Program Director must notify the Resident of the RTC's decision in writing with reasons. If the RTC decides that the remediation was unsuccessful, the Resident will be required to undergo a period of probation. The Resident may appeal the RTC's decision to the Schulich Postgraduate Appeal Committee. (See "Appeals" below.)

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

Leaves of Absence/Holidays

18. Any vacation or leave of absence request must be approved in writing in advance by the Program Director. In the event that the Program Director determines that a leave of absence is appropriate in the circumstances, the remedial program will be considered incomplete. In such event, the remedial program will be redesigned by the Program Director, in consultation with the RTC upon the Resident's return, taking into account the nature of the deficiencies identified, the performance of the Resident to date, and the need for continuity of clinical experience.

PROBATION

1. Probation is similar to a Remediation Program, but with the requirement that the Resident must demonstrate sufficient improvement in order to be allowed to continue in the residency program. A probation period is an educational program of a defined length, generally two to six months, during which the Resident is expected to correct identified weaknesses or deficiencies.

2. A Resident will be placed on probation:

- where a remediation program has been unsuccessful, or
- where remediation is required for a second time in any 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. A decision by the RTC to place a Resident on probation in any of these circumstances may be appealed. (See "Appeals" below.)

4. The PGME Office will advise hospital administration and the College of Physicians and Surgeons of Ontario when a Resident is placed on probation.

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

6. The probation plan will be developed by the Program Director in consultation with the RTC. The Resident must be given an opportunity to review and comment on the plan before approval by the PGE AB. The resident's comments will be submitted with the probation plan to the PGE AB for consideration. All probation plans must be approved by the PGE AB before implementation. Normally probation plans should be submitted to the PGE AB within 4 weeks of the RTC's decision that probation is required. If the RTC 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 and ideally within 1 week of the RTC's decision.

7. The probation plan must include the following elements:

- identification of areas of deficiency
- educational strategies that will be used to address the deficiencies expected outcomes and how they will be evaluated
- location and duration of the probation program, and
- consequences of a successful or unsuccessful outcome.

8. The Program Director must meet with the Resident to discuss the probation plan, including the objectives and evaluation methods. The probation plan must be signed by the Program Director and the Resident.

9. 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.

10. The Resident should receive informal feedback about his or her performance throughout the probation period. For each rotation comprising the probation period, a documented mid-rotation evaluation is required 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 evaluation must be provided to the Resident upon request. An ITER must be completed at the conclusion of the probation period, or if probation is comprised of more than one rotation, at the conclusion of each rotation. The end of rotation ITER must be completed and discussed with the Resident as set out above under "Rotation Feedback and Evaluations", sections 5, 6 and 7.

11. During probation the Resident must:

- achieve a "Meets Expectations" rating on every end of rotation ITER or alternatively there must be evidence satisfactory to the Program Director and RTC that the Resident has made sufficient progress in addressing the documented deficiencies to be permitted to continue in the residency program, and
- fully comply with all other academic expectations as outlined in the probation plan and any other terms and conditions prescribed by the RTC.

12. If the Program Director and RTC determine that the program was successful the Program Director will notify the Resident and he or she will continue in the residency program at a level determined by the Program Director and RTC. Normally time spent on probation must be made up through extension of training. Under exceptional circumstances the RTC may recommend that academic credit be awarded for a probation period. Such a recommendation must be approved by the Associate Dean PGME.

13. (a) If the Program Director and RTC consider that any expected outcomes were not achieved, the Program Director and RTC 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 evaluations or raises extenuating or compassionate circumstances for consideration, the RTC 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 RTC decides that the evaluations were inaccurate or unfair it may require the evaluations to be corrected or it may remove the evaluations from the file and extend the probation period to allow a further period of assessment and evaluation. If the RTC decides that there are extenuating or compassionate circumstances that warrant an extension of the probation period, it will allow the Resident to undergo a further period of assessment and

evaluation. The terms of any extension and re-evaluation are in the discretion of the RTC and must be reported to the PGME Office and PGE AB.

(b) The Program Director must notify the Resident of the RTC's decision in writing with reasons. If the RTC decides that the probation was unsuccessful, the Resident will be dismissed from the program. The Resident may appeal the RTC's decision to the Schulich Postgraduate Appeal Committee. There is a further limited right of appeal to the Dean of the Schulich School of Medicine & Dentistry. (See "Dismissal" and "Appeals" below.)

14. The Associate Dean PGME must be advised of the outcome of the probation. The PGME Office will advise hospital administration and the College of Physicians and Surgeons of Ontario of the outcome of the probation.

Leaves of Absence/Holidays

15. Any vacation or leave of absence request must be approved in writing in advance by the Program Director. In the event that the Program Director determines that a leave of absence is appropriate in the circumstances, the probation program will be considered incomplete. In such event, the probation program will be redesigned by the Program Director, in consultation with the RTC upon the Resident's return, taking into account the nature of the deficiencies identified, the performance of the Resident to date, and the need for continuity of clinical experience.

ACTIVITIES UNDERTAKEN PENDING COMMENCEMENT OF REMEDIATION OR PROBATION

Pending commencement of a remediation program or probation the RTC 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 RTC.

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). A suspension by the Program Director in these circumstances must subsequently be confirmed by the Associate Dean PGME.
2. The Associate Dean PGME or Program Director will notify the Resident in writing that he or she is suspended with pay or removed from specific clinical duties, pending an investigation and shall offer to meet with the Resident to review the reasons for the decision and allow the Resident to respond. Where possible, any such meeting shall be held within 7 days of issuance of the notice. The Resident may be accompanied by a colleague or other support person. The Associate Dean PGME or Program Director shall then 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. After completion of the investigation the Associate Dean PGME will either reinstate the Resident in his or her program or proceed to deal with the allegations in accordance with the procedures set out below under "Dismissal", section 4.
4. 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.
5. 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 RTC 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 RTC is of the opinion that the Resident has failed to make satisfactory progress in the Program, the RTC 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 RTC 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 RTC that there be a period of remediation or probation under such terms as the RTC may require.

5. A Resident may appeal a dismissal from the Residency Program under section 1 (a) or (b) or section 2 to the Schulich Postgraduate Appeal Committee. There is a further limited right of appeal to the Dean, Schulich School of Medicine & Dentistry. (See "Appeals".)

6. The PGME Office must 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:

- an end of rotation ITER having an overall assessment statement of “Does Not Meet Expectations”
- an end of rotation ITER having an overall assessment of “Borderline” if remediation or probation is required on the basis of that assessment
- a decision by a Program Director and RTC that a remediation program was unsuccessful
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- a refusal by an RTC to complete a FITER or CITER certifying that the Resident has acquired the competencies of the specialty/subspecialty (ADD DEFINITION AT TOP OF DOC)
- 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, in certain limited circumstances a Resident may appeal a decision requiring the Resident to undergo remedial training or placing the Resident on probation. See section 4 under “**Remedial Training**” and section 3 under “**Probation**”.

Activities Undertaken Pending Disposition of an Appeal

Pending disposition of an appeal relating to an ITER or a remediation program the RTC 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 RTC.

I. End of Rotation ITER:

1. A Resident may appeal an end of rotation ITER with an overall assessment of “Does Not Meet Expectations” and may also appeal an end of rotation ITER with an overall assessment of “Borderline” if remediation or probation is required on the basis of that assessment. The appeal is a two-stage process beginning with a review by the RTC. Before commencing an appeal, the Resident is encouraged to discuss any concerns about the evaluation with the Rotation Supervisor.

First Stage: Review by RTC

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 Rotation Supervisor or, in the case of a “Borderline” assessment, within two weeks of the date of the issuance of the RTC’s decision to require remediation or probation. The request need not be lengthy, but should fully set out the reasons why the Resident disagrees with the rating and any supporting documentation. A Resident may dispute the accuracy of the rating, the fairness of the evaluation 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. If the rotation occurred outside the Resident’s home program the review will be conducted by the Resident’s home Program Director and home RTC.

4. The Program Director will forward the request to the RTC. The Program Director and RTC 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 RTC will review all of the relevant documentation and may meet with the Rotation Supervisor and other individuals as it deems necessary before making a decision.

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

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

- b) If the RTC decides that there are compelling extenuating or compassionate circumstances that warrant an additional period of assessment and evaluation, it will permit the Resident to undergo an additional evaluation under such terms as the RTC may require.
- c) If the RTC concludes that the ITER should remain in the file and that there that there will be no additional assessment or evaluation, 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 RTC to the Schulich Postgraduate Appeal Committee (“the Committee”) on the following grounds:
 - a) that the RTC did not take into consideration relevant information when it made its decision
 - b) that the RTC’s decision cannot be supported on the information that was before the RTC when it made its decision, or
 - c) that in making its decision the RTC 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 RTC’s decision and include the following:
 - a) a copy of the ITER and the RTC’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 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. The Committee shall issue a written decision with reasons and may:
 - a) Deny the appeal;
 - b) Grant the appeal if it is persuaded that the RTC did not take into consideration relevant information when it made its decision and remit the matter to the RTC for reconsideration in light of that information;
 - c) Grant the appeal if it is persuaded that the RTC’s decision cannot be supported by the information that was before the RTC and it may direct that the ITER be corrected, that it be removed from the file, and/or that there be another evaluation of the Resident under such terms as the RTC may require; or
 - d) Grant the appeal if it is persuaded that the RTC failed to follow this Policy in making its decision and that such failure could reasonably be seen to cast doubt on the correctness of that decision, and remit the matter to the RTC for reconsideration.

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

II. RTC Decision that Remedial Training or Probation Are Required or that Remediation Was Unsuccessful:

14. The following decisions of the RTC may be appealed to the Schulich Postgraduate Appeal Committee (“the Committee”):

- a) that remedial training is required under section 4 “**Remedial Training**”
- b) that a probationary period is required under section 3 “**Probation**”
- c) that a remediation period was unsuccessful.

The Resident may appeal on the following grounds:

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

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

- a) a copy of relevant evaluations (where applicable) and the RTC’s decision
- b) the grounds of appeal and remedy sought, and
- c) a full statement supporting the grounds of appeal and any relevant documentation.

16. The PGME Office shall forward copies of the Resident’s appeal documentation to the Program Director 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.

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

18. The PGME Office shall forward the documentation provided by the Resident and Program Director to the Committee.

19. 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.

20. The Committee shall issue a written decision with reasons and may:

- a) Deny the appeal;
- b) Grant the appeal if it is persuaded that the RTC did not take into consideration relevant information when it made its decision and remit the matter to the RTC for reconsideration in light of that information;
- c) Grant the appeal if it is persuaded that the RTC’s decision cannot be supported by the information that was before the RTC and in the case of an appeal against a decision that remediation was unsuccessful, it may direct that an evaluation(s) be corrected, that an evaluation be removed from the file, and/or that there be another evaluation of the Resident under such terms as the RTC may require; or
- d) Grant the appeal if it is persuaded that the RTC failed to follow this Policy in making its decision and that such failure could reasonably be seen to cast doubt on the correctness of that decision, and remit the matter to the RTC for reconsideration.

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

III. FITER/CITER:

22. If the RTC refuses to complete a FITER or CITER certifying that a Resident has acquired the competencies of the specialty/subspecialty, 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" in this Part mean "Associate Dean PGME or delegate". Given the time-sensitive nature of the task of completing a FITER or CITER, every effort should be made to handle such appeals in a timely fashion.

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

24. The Associate Dean 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 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.

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

- a) that the Associate Dean did not take into consideration relevant information when he or she made the decision
- b) that the Associate Dean'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 failed to follow this Policy and that such failure could reasonably be seen to cast doubt on the correctness of his or her decision.

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

27. The PGME Office shall forward copies of the Resident's appeal documentation to the Associate Dean 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.

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

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

30. 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 are aware of the evidence to be considered. The Committee may invite the Resident, the Associate Dean, 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 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.

31. The Committee shall issue a written decision with reasons and may:

- a) Deny the appeal;
- b) Grant the appeal if it is persuaded either that the Associate Dean did not take into consideration relevant information when making his or her decision or that the Associate Dean's decision cannot be supported on the information that was before him or her, and remit the matter to the Associate Dean for reconsideration; or
- c) Grant the appeal if it is persuaded that the Associate Dean 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, and remit the matter to the Associate Dean for reconsideration.

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

IV. Dismissal:

33. 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 RTC or the Associate Dean PGME did not take into consideration relevant information when making the decision
- b) that the decision made by the RTC or Associate Dean PGME cannot be supported on the information that was before the RTC or Associate Dean PGME at the time the decision was made, or
- c) that in making the decision the RTC 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.

34. 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 evaluations (as applicable)
- b) a copy of the RTC'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.

35. The PGME Office shall forward copies of the Resident's appeal documentation to the respondent (Program Director 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.

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

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

38. 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.

39. 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.

40. The Committee shall issue a written decision with reasons and may:

- a) Deny the appeal;
- b) Grant the appeal if it is persuaded that the RTC or Associate Dean PGME did not take into consideration relevant information when making the decision and remit the matter to the RTC or Associate Dean PGME for reconsideration in light of that information;
- c) Grant the appeal if it is persuaded that the RTC's or Associate Dean PGME's decision cannot be supported by the information that was before the RTC or Associate Dean PGME, and
 - i. in the case of a dismissal based on an unsuccessful probation, it may direct that an evaluation(s) be corrected, that an evaluation(s) be removed from the file, and/or that there be another evaluation(s) of the Resident under such terms as the RTC may require;
 - ii. in the case of a dismissal by the Associate Dean PGME, reinstate the Resident in the Residency Program, or reinstate the Resident with a recommendation to the RTC for remediation or probation under such terms as the RTC may require; or
- d) Grant the appeal if it is persuaded that the RTC or Associate Dean PGME failed to follow this Policy in making the decision and that such failure could reasonably be seen to cast doubt on the correctness of that decision, and remit the matter to the RTC or Associate Dean PGME for reconsideration.

41. 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 hear and decide the appeal to another individual or individuals or to a committee. References to "Dean" in this Part mean "Dean or delegate".

42. An appeal must be submitted to the Dean's Office, Faculty 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 grounds of appeal with supporting documentation (if applicable).

43. The Dean's Office shall forward copies of the Resident's appeal documentation to the respondent (Program Director or Associate Dean PGME) and may request a written reply within two weeks. A copy of the reply shall be provided to the Resident.

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

46. 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.

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

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| Approvals: | PGME Committee | February 10, 2012 |
| | Executive Committee Schulich Council | March 30, 2012 |

This policy supersedes any previous Postgraduate Medical Education policies on resident evaluation, remediation, probation, dismissal and appeals.