

POSTGRADUATE MEDICAL EDUCATION SCHULICH SCHOOL OF MEDICINE & DENTISTRY

RESIDENT ASSESSMENT POLICY

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INTRODUCTION

All residents who are enrolled in programs leading to certification with either the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RC) are registered as postgraduate trainees in the Schulich School of Medicine & Dentistry at Western University. Residents carry out training within a hospital and/or other clinical education sites, 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.

The General Standards of Accreditation for Institutions with Residency Programs, General Standards of Accreditation for Residency Programs (RC) and Standards of Accreditation for Residency Programs in Family Medicine provide the requirements for resident assessment.

This policy outlines the rules governing the assessment of residents enrolled in postgraduate medical training programs in Schulich School of Medicine & Dentistry at Western University.

The purpose of this policy is to:

1. Provide fair, transparent and effective processes for the systematic assessment, progression and promotion, in accordance with the Royal College and College of Family Physician of Canada training requirements and accreditation standards.
2. Provide the policies and procedures for residents with performance difficulties, including development of enhanced educational plans, remediation, probation, suspension and dismissal.

It is the responsibility for program directors, Residency Program Committee members, Competence Committee members, clinical supervisors and residents to be familiar with the content of this document.

RELEVANT POLICIES AND STANDARDS

[CPSO - Professional Responsibilities in Medical Education](#)

PGME Faculty [Supervision Policy](#)

[General Standards of Accreditation for Institutions with Residency Programs](#)

[Standards of Accreditation for Residency Programs in Family Medicine](#)

[General Standards of Accreditation for Residency Programs](#)

[Western University Non-Discrimination Harassment Sexual Misconduct Policy](#)

[Procedure for Policy 1.35 Non-discrimination/Harassment/Sexual Misconduct](#)

DEFINITIONS

Assessment is the systematic process of gathering and analyzing information on resident performance for the purpose of determining achievement of objectives and competencies required for certification and independent practice.

- Formative assessment: (assessment for learning) assessment for the purpose of providing feedback and to guide further learning.
- Summative assessment: formal written summary of a resident's performance based on established criteria; summative assessments are provided at specified intervals within each program.

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

Block one of thirteen (13) time intervals during each academic year. Each consist of 28 days, except for block 1 (July 1 start date), block 7 (winter holiday block) and block 13 (the final block) which are of variable duration based on the calendar year.

CanMEDS is a physician competency framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve.

Certification is a formal recognition that residents have completed all the necessary training, assessment and credentialing requirements indicating competence to practice independently. The certification examinations in Family Medicine, and Royal College specialties and subspecialties are a component of residency training. Residency programs and the PGME office must attest that residents have met the training requirements and are exam eligible. Family Medicine Enhanced Skills provides a Certificate of Added Competence in Emergency Medicine after a resident has successfully completed the training and examination.

Clinical Supervisor is a member of faculty who has taken on the responsibility to observe, teach, and assess residents. The supervisor of a resident who is involved in the care of a patient may or may not be the most responsible physician (MRP) for that patient.

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

College of Physicians and Surgeons of Ontario (CPSO) is the self-regulating body for the province's medical profession; physicians are required to be registrants to practice medicine in Ontario.

Competency An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes. As competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development.

Competence Committee (CC) (or equivalent) is a subcommittee of the Residency Program Committee (RPC), responsible for reviewing resident assessment information and determining residents' readiness for increasing professional responsibility, progress, promotion, eligibility for certification, and readiness for independent practice. The CC will also make a recommendation to the RPC for resident requirement for an enhanced educational plan (EEP), remediation, probation and/or dismissal. The RPC may delegate decision making, development of enhanced educational plans, remediation and probation plans and appeal processes to the CC.



Competence Continuum (Stages of Training) the series of integrated stages in competence-based medical education (Royal College). The four stages are:

1. Transition to Discipline (TTD)
2. Foundations of Discipline (F)
3. Core of Discipline (C)
4. Transition to Practice (TTP)

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

Triple C is the competency-based curriculum for Family Medicine residency training.

Competence by Design (CBD) is the Royal College initiative for CBME in residency program.

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

Direct Observation is a process of assessment in which the assessor must witness the resident performing the specific activity in order to identify whether specific competencies were demonstrated and performed correctly (e.g., physical examination of a patient).

Dismissal is the termination of a resident's appointment with the residency program for academic or professional and/or other reasons.

Educational Handover is a process by which information about a resident's performance is shared with future supervisors to facilitate guidance and progress.

Enhanced Education Plan (EEP) is a formal plan developed to address areas requiring improvement that impede resident progression but do not meet the criteria for remediation.

Entrustable Professional Activity (EPA) is an assessment format defined by the RC as 'key tasks of a discipline' that can be delegated to a resident and assessed by a supervisor. It is linked to a specific stage of the competence continuum. EPAs are one form of resident assessment used in RC CBD programs.

Extenuating Circumstance(s) means a significant physical, social or psychological event that is beyond a resident's control, which has had an impact on the resident's academic and/or clinical performance.

Extenuating circumstances do not include things such as: taking on additional work shifts; predictable needs for childcare; experiencing a brief and/or mild illness, or a disability for which appropriate accommodations have been provided.

Note that the actual detailed personal circumstances are not as important as the effects of these events on a resident's academic and/or clinical performance. Therefore, residents need to be able to demonstrate a direct connection between the extenuating circumstance(s) they identify and the effect on their academic and/or clinical performance.

Residents' supporting documentation must clearly articulate when the event(s) occurred, how the resident was affected by the circumstance(s), and how/why academic and/or clinical performance was affected (i.e. what functional/cognitive/emotional limitation(s) did the circumstance(s) create and how did those limitations negatively impact academic and/or clinical performance.)

Residents also need to outline what steps they took to deal with the extenuating circumstances during or after the occurrence (for example, consultation with a health-care professional, personal counsellor, academic advisor/coach, or other similar support resource). An appeal on the basis of extenuating circumstances needs to include the resident's plan for achieving required academic and/or clinical performance.



Field Note is a tool for real-time recording of resident assessment intended to provide narrative commentary on a specific resident educational experience or event.

Indirect Observation is a process of assessment whereby the assessor uses documented information such as that recorded in a patient chart to identify whether specific competencies were attained by the resident (e.g. patient chart review).

In-Training Evaluation Report (ITER) (In-Training Assessment Report (ITAR)) is a summative assessment form, completed at the end of a training experience linked to the objectives and/or competencies for that experience. Interim and mid-rotation ITERs may be provided for formative feedback.

Learner Experience Office (LEO) provides resident support and advocacy including for requests for accommodations, leaves and support for academic appeals.

Milestones are observed markers of resident's ability at a stage of expertise. Milestones in RC CBD programs are associated with CanMEDS competencies.

Moonlighting is defined as extracurricular (outside of a residency training program) provision of clinical services for remuneration by residents registered in a postgraduate medical education program leading to certification with the Royal College of Physicians and Surgeons of Canada (RCPSC) or with the College of Family Physicians of Canada (CFPC).

Objective is an outcome-based statement that describes what the resident will be able to do upon completion of the training experience, stage of training, or residency program. All training experiences must have objectives that outline the competencies that will be acquired during the experience (for Royal College CBD programs EPAs can be incorporated into the objectives).

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

Probation is a period of training during which a resident is expected to correct serious weaknesses that are impacting the ability to successfully complete the residency program. Probation implies the possibility of dismissal from the program if sufficient improvement in performance is not identified by the end of the probation period.

Probation Plan is the formal document approved by the program and the PGME Advisory Board detailing the terms, requirements, specific conditions and possible outcomes of the probation period.

Professional Association of Residents of Ontario (PARO) is the official representative voice for Ontario's doctors participating in accredited training leading to licensure from the CFPC and RCPSC. PARO's priority is to advocate on behalf of its members, addressing professional and educational concerns in order to optimize the training and working experience of Ontario's newest doctors thus ensuring that patients receive the best possible medical care.

Program Director is the individual responsible for the overall conduct and organization of the residency program, chairs the residency program committee (RPC), and is accountable to the Department Chair and to the Associate Dean PGME. In larger programs the program director may delegate some or all 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".

Remediation is a formal period of targeted training with a specific focus on areas where a resident is experiencing difficulties or demonstrating a lack of skills, knowledge or gaps in professionalism. The goal of remediation is to maximize the opportunity for a resident to successfully complete the residency program.

Remediation Plan is the formal document approved by the program and the PGME Advisory Board detailing the terms, requirements, specific conditions and possible outcomes of the remediation period.

Residency Program means an RC or CFPC accredited postgraduate medical training program, residency programs must meet the Standards of Accreditation for Residency Programs.

Residency Program Committee (RPC) (Residency Training Committee (RTC)) The committee (and subcommittees, as applicable), overseen by the program director, that supports the program director in the administration and coordination of the residency program. Decisions with respect to the progress, promotion and certification of residents, as well as enhanced educational plans, remediation, and probation may be delegated to the Competence Committee.

Resident is a physician registered in an accredited residency program at Schulich School of Medicine & Dentistry, Western University.

Resident Portfolio (Resident File) is a secure individual resident portfolio which contains the documentation of resident progress toward attainment of competencies. The resident portfolio will include all assessments (such as ITERs, results of oral, written or OSCE examinations, program director meeting documentation, research/scholarly project progress and updates, multisource feedback, etc.). The resident portfolio will be available to the CC to provide assessment information to support recommendations and decision-making about resident progress.

Resident status in RC CBD programs as decided by the CC is:

- Progressing as expected – resident is progressing as expected through their current stage of learning and achieving the expected competencies.
- Not progressing as expected
- Failure to progress
- Progress is accelerated
- Inactive (for example a resident on leave)

Royal College of Physicians and Surgeons of Canada (RC) is the body responsible for RC program accreditation, resident credentials, and resident certification for residency programs. The Royal College also accredits Area of Focused Competence (AFC) programs. For AFC trainees please see the Assessment and Appeals Policy for AFC Trainees.

Schulich Postgraduate Appeal Committee (SPAC) is the committee that hears appeals for decisions of resident assessment of the Residency Program Committees (or Competence Committees if delegated) and decisions of the Associate Dean PGME.

Stage of Training in Royal College Competence by Design (CBD) programs the resident is promoted through four stages of training. The stages are:

1. Transition to discipline (TTD)
2. Foundations of discipline (F)
3. Core of discipline (C)
4. Transition to Practice (TTP)

Summative Assessment is an assessment of resident performance, readiness for increasing professional responsibility, and/or achievement of objectives and/or competencies. An ITER is an example of a summative assessment. A summative assessment is usually required at the end of a training experience. Summative assessments are also prepared by Competence Committees as part of the assessment of resident progress and achievement of competencies and/or objectives for each stage or level of training.

Suspension is a temporary interruption of a resident's participation in clinical activities in the training program.

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

Training 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 training experiences may be organized in blocks of time or arranged longitudinally throughout all or part of a residency program. Training experiences include clinical care as well as extra-clinical activities.

SCOPE

This policy applies to residents registered in postgraduate residency programs at the Schulich School of Medicine & Dentistry.

This policy does not apply to:

1. residents during an Assessment Verification Period (AVP) or Pre-entry Assessment Program (PEAP),
2. trainees in Area of Focused Competence (AFC) programs,
3. clinical fellows, or
4. 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.

Postgraduate trainees including residents do not have access to the Western University Senate appeal process.

PRINCIPLES

1. There must be clearly defined objectives for all training experiences. Assessments must be linked to objectives or competencies and the program training experiences. Objectives must be reviewed regularly by the RPC.
2. Each program must have a curriculum map (plan) that complies with the specific standards for the discipline and addresses the CanMEDS/CanMEDS-FM roles. The curriculum plan must describe the training experiences for residents and incorporate the required educational objectives and/or competencies of the discipline.
3. For CBD programs EPAs must be mapped to the training experiences.
4. Residents must be aware of the program processes for assessment, the role and function of the Competence Committee (CC), and decisions regarding their progress in the program, promotion and completion of training.
5. Resident assessments are considered confidential. Access is normally restricted to the program director or delegate, academic coach/advisor, the CC and the Associate Dean PGME. Assessment data may be forwarded as required to members of the PGME Advisory Board, Schulich Postgraduate Appeal Committee (SPAC), sponsoring agencies for sponsored residents, and the CPSO. Educational, remediation and probation plans will be provided to clinical supervisors, academic advisors and mentors working directly with the resident during the blocks of the plan.
6. The system of assessment must be planned, defined, and based on multiple assessments of residents' competencies during the training experiences, by multiple assessors and in multiple contexts.
7. Assessments must be fair and free of bias.
8. Residents must receive regular, timely feedback on performance and progress.
9. All assessment information must be incorporated into the resident portfolio (resident file).
10. The program director or delegate must meet regularly with residents (at minimum twice per year) to discuss and review 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 program director meeting summary will be documented and be included in the resident portfolio.
11. Any existing and/or potential conflict of interest must be declared and changes to committee structure made accordingly when decisions with respect to assessments, remediation and probation are being discussed. This applies to RPC, CC, and PGME Advisory Board and Appeal committees.
12. All programs must have a Competence Committee or equivalent.

REPORTING TO THE ASSOCIATE DEAN PGME

Programs must report the following resident assessment decisions to the Associate Dean, PGME:

- Remediation
- Probation
- Suspension
- Dismissal
- Failure of a training experience (block or longitudinal rotation or ITER)
- 'Failure to Progress' decision in CBD programs
- Requirement for an Enhanced Education Plan (EEP)
- Decisions of resident appeals to the RPC (see PGME Appeal of Assessment Policy)

Programs must also report the following to the Associate Dean, PGME:

- Breach of professional conduct (note that a breach of professional conduct may result in remediation, probation or dismissal from the residency program)
- Serious concerns relating to patient care or safety involving the resident (note that patient safety concerns may result if remediation, probation or dismissal from the residency program).

REPORTING TO PROFESSIONAL AUTHORITIES

There are requirements for PGME to report to other authorities:

Under s.85.5 of the Health Professions Procedural Code of the Regulated Health Professions Act 1991, the PGME offices of the province must report to the Registrar of the CPSO within 30 days of the following triggering events:

- Dismissal
- Suspension
- Practice restrictions or placement on Leave of Absence if the trainee's clinical practice has been modified or the trainee has been placed on a leave of absence for reasons of professional misconduct, incompetence, or incapacity.

Reporting to CPSO must occur through the PGME office and requires the approval of the Associate Dean, PGME.

Appeals in progress do not alter the mandatory reporting requirements to CPSO or Medical Affairs.

Assessment summary reports will be submitted to the sponsoring agency for an externally sponsored resident in accordance with the contract between Schulich Medicine & Dentistry and the sponsoring agency,

EDUCATIONAL HANDOVER (SHARING OF ASSESSMENT INFORMATION)

Disclosure of a resident's enhanced educational plan (EEP), remediation or probation plan to clinical supervisors, academic advisors and mentors working directly with the resident during the plan allows the resident's training experience to be tailored to address the individual needs of the resident. It ensures that the required assessments for the plan are completed.

Patient safety takes priority over a learner's progression and any training concerns. Supervisors and Most Responsible Physicians (MRPs) must be aware if patient safety concerns have been identified.

Such disclosure does not and should not imply any harmful interference or bias in resident assessment; it is a component of sound educational principles and has the goal of ensuring patient safety and providing the resident with enhanced opportunities to succeed in the program.

ASSESSMENT PROCESS

I. Before the training experience:

At the beginning of each training experience, the program director must ensure that the resident is provided with:

1. Objectives and/or competencies for the training experience.
2. An orientation to duties, responsibilities, and expectations including call requirements.
3. A description of assessment tools used for the training experience (including EPAs mapped to the training experience for CBD programs).

II. During the training experience:

1. Residents are assessed both formally and informally on an ongoing basis at every level or stage of training to determine attainment of objectives and/or competencies. The assessments may be formative or summative and are conducted in accordance with the requirements of the Royal College

or the College of Family Physicians of Canada and the PGME Assessment Policy.

2. Clinical supervisors should provide ongoing, informal, verbal feedback to residents throughout the training experience. Feedback should be specific and include both strengths and areas for improvement, with advice and assistance for improvement where applicable.
3. Clinical supervisors must review and complete EPAs and Field Notes that have been triggered by residents within 7 days. Expiry of EPAs occurs at 28 days. Triggering of EPAs is the dual responsibility of residents and clinical supervisors.
4. Documented mid-rotation assessments are strongly recommended for all residents and are required when a resident's performance is considered borderline or unsatisfactory at the mid-point of a rotation or longitudinal training experience. In the case of an unsatisfactory performance, the clinical supervisor must meet in person with the resident to provide feedback and there must be documentation that this meeting occurred. A copy of the assessment must be provided to the resident.
5. If serious performance concerns are identified at any point during the training experience, the clinical supervisor must:
 - i. Discuss the concerns with the resident and provide a written assessment.
 - ii. Ensure that the resident has the opportunity to read the written assessment in a timely manner.
 - iii. Provide the written assessment to the program director.

III. End of the training experience

1. The clinical supervisor must complete an ITER for each resident at the conclusion of the training experience, and in the case of lengthy rotations, at least every three blocks. The clinical supervisor should ensure that information is gathered from appropriate sources, which may include medical or non-medical personnel. A copy of the assessment must be provided to the resident or be made available electronically.
2. It is the responsibility of the clinical supervisor to review and complete all triggered EPAs and Field Notes within 7 days and prior to the end of the rotation.
3. It is the responsibility of the clinical supervisor to ensure that end of rotation ITERs are completed within four weeks of completion of a training experience. 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.
4. An in-person discussion of the end of rotation ITER or rotation assessment is recommended for all residents within four weeks of completion of a training experience and is required when a resident receives an unsatisfactory or borderline assessment. This discussion must be documented.
5. Note that for Competence by Design programs the use of ITERs is required in addition to requirement for completion of EPAs.

PROMOTION

All programs must have a Competence Committee (or equivalent) that systematically reviews all resident assessment information and makes recommendations for promotion to the next level or stage of training, exam-eligibility and completion of the program.

The Competence Committee:

1. Must have clear terms of reference (TOR).
2. The TOR (or an adjunct document) must outline the assessment tools that the committee will use to inform the recommendations.

Individual programs should use a variety of tools and explicit criteria to assess residents' attainment of competencies and in the CanMEDS or CanMEDS-FM roles.

Competence by Design programs must not rely solely on EPA-based assessments. All programs should incorporate ITERs into the resident assessments.

The assessments used in a program may include, but are not limited to:

- ☐ EPAs (required in CBD programs)
- ☐ In-Training Assessment/Evaluation Reports (ITARs/ITERs) (required)
- ☐ Multi-source Feedback (MSF) (360° Assessment)
- ☐ Mini Clinical Evaluation Exercise (Mini-CEX)
- ☐ Objective Structured Clinical Exam (OSCE)
- ☐ Written/Oral Exams including Annual National Examinations
- ☐ Logbooks (including Procedure Logs) or Portfolios
- ☐ Peer or Student Assessments
- ☐ Journal Club Presentations
- ☐ Ground Round Presentations
- ☐ Clinical Teaching Assessments
- ☐ Written Dictation Review
- ☐ Participation and progress in Scholarly Projects
- ☐ Participation in Group Learning Projects and Seminars
- ☐ Awards
- ☐ Leadership Roles
- ☐ Field Notes
- ☐ Summary of Daily Clinical Performance Assessments
- ☐ Self-reflection summaries

3. The CC TOR must outline the process used by the committee for decision-making.

4. Information about the purpose and function of the CC, CC membership, the assessment tools that are used for decision-making, and the process and procedures used by the CC must be available to all residents and faculty in the program.

5. The CC will meet at least twice a year to review a resident's progress in achieving the required competencies and/or objectives. The CC 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.

6. Residents will be promoted to the next level or stage of training when program requirements and competencies/objectives have been determined to be met for the level or stage of training including completion of any EEP or remediation programs.

7. For CBD programs residents will receive a global rating of:

- ☐ Progress is Accelerated
- ☐ Progressing as Expected
- ☐ Not Progressing as Expected
- ☐ Failing to Progress, or
- ☐ Inactive

Note that residents who demonstrate accelerated progress are expected to complete residency training in the timeframe established by the RC. Additional educational opportunities, for example electives or additional research experience, may be provided to residents who have completed program competencies prior to the designated end date of the residency program.

8. For CBD programs the CC will make recommendations for promotion of residents through the stages of training:
 - ☐ Transition to Discipline
 - ☐ Foundation of Discipline
 - ☐ Core of Discipline
 - ☐ Transition to Practice
9. The assessment and recommendations, if any, of the Competence Committees will be shared with the resident within four weeks after the resident review is completed and will be provided to the RPC.
10. If the CC identifies a resident as:
 - 'not progressing as expected'
 - 'failure to progress'
 - having a failed block or rotation or unsatisfactory or borderline ITER
 - not meeting the required objectives or competencies for the level or stage of training
 - not eligible for promotion to the next level or stage of training
 - not eligible for examination or completion of training
 - having professionalism or patient safety concerns or
 - requiring consideration of an EEP, remediation or probation
 - the program director or delegate must have an in-person meeting with the resident to review the concerns identified by the CC. This meeting must be documented.
11. The RPC may ratify the decisions of the CC, or may delegate all decision-making to the CC.

PROGRAM DIRECTOR MEETINGS

The program director or delegate will meet regularly with all residents to discuss and review performance and progress, at minimum twice per year. The number and timing of such meetings will be determined by the program director based on the progress of the resident. Meetings must be documented and the documentation included in the resident portfolio.

PROFESSIONAL CONDUCT

Residents are expected to adhere to the standards of ethical behaviour for the medical profession and 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.

Residents are also required to comply with the professional standards identified in the CanMEDS competencies, Policy on Interactions between Schulich School of Medicine & Dentistry and Industry, as well as those required by the College of Physicians and Surgeons of Ontario (CPSO), and the Canadian Medical Association (CMA).

Any breach of professional conduct must 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 objectives and competencies of training. Assessment of a resident's performance will be based on the resident's performance and experience.

If a resident is absent for part of a clinical training experience due to illness, leave, or holidays, etc., the program director may determine that the clinical experience of the resident was insufficient for attainment of the required competencies and/or objectives, and resident assessment.

In such case, the program director and RPC will set out the requirements for completion, which may include extending or repeating the training experience. The requirements will be based on the performance of the resident, the nature of the experience, whether there are additional similar or equivalent training experiences in the program, and the need for continuity of the clinical experience.

ENHANCED EDUCATION PLAN (EEP)

1. The RPC may require an Enhanced Education Plan (EEP) for a resident 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).
2. An EEP is developed by the RPC in consultation with the program director and the resident. The PGMEAB may also assist in the development of the EEP.
3. A EEP may include new training experiences or a requirement to repeat educational experiences or program-specific requirements. The training experiences may be clinical or non-clinical.
4. An EEP will normally include the following information:
 - identified performance deficiencies
 - purpose of the remediation, and the specific competencies/objectives and assessment requirements to be achieved
 - duration of the plan (it is recommended that the duration be a 1 - 3 blocks with extension up to a maximum of six (6) blocks if improvement is demonstrated)
 - educational requirements/training experiences
 - assessment methods and schedule of assessments and feedback during the EEP
 - potential outcomes and consequences
 - additional supports (for example mentor, academic advisor, Learner Experience, PARO)
5. The resident should receive regular, informal feedback throughout the implementation of the EEP and a summative assessment must be completed at its conclusion. If the EEP consists of more than one training experience or block, a summative assessment will normally be completed at the end of each training experience or block. 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 EEP, 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 CC may make recommendations to the RPC relating to the need for an EEP, the development of the EEP, and its success.

REMEDIATION

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 can be successful in the program.
2. Unsatisfactory assessments or any other identified performance deficiency will be reviewed by the program director and RPC to determine what action is required.
3. Requirements for remediation may include, but are not limited to:
 - Failure of a training experience (or rotation or block)

- 'Does not meet expectations' or 'Unsatisfactory' on an end of rotation ITER
 - Summative assessment of the RPC or CC of 'failure to progress'
 - 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
 - Repeated difficulties in one or more competencies across several training experiences, even if the overall summative assessment is satisfactory
 - Less than satisfactory assessment or progress on a program assessment(s) (for example EPAs, knowledge tests, OSCEs, etc.)
 - 'Unsatisfactory' or 'failure to progress' assessment following an enhanced educational plan
 - Significant concerns about the professional conduct of the resident, and the conduct is deemed remediable
4. Before a final decision to require remediation, 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, any oral submissions or presentations must be made by the resident.

The RPC may also meet with the CC 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, this must be provided to the resident and be included in the resident file.

5. Where remediation is required for a second time within a 12-month period, the resident will be required to proceed directly to a probation period.
6. All remediation plans will be designed following a standard form (template) available through the PGME Office.
7. The remediation plan will be developed by the program director in consultation with the RPC and/or CC. 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 PGME AB. Remediation plans must be approved by the PGME AB prior to implementation of remediation. Normally, the PGME 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 remediation plan must include the following elements:
- identified performance deficiencies
 - purpose of the remediation, and the specific competencies/objectives and assessment requirements to be achieved
 - duration of the plan (it is recommended that the duration be a minimum of 2 – 3 blocks with extension of up to 6 blocks at the discretion of the RPC if there is evidence of some improvement)
 - educational requirements/training experiences
 - assessment methods and schedule of assessment and feedback during the remediation period
 - potential outcomes and consequences
 - additional supports (for example mentor, academic advisor, Learner Experience, PARO)
9. A remediation plan may include new training experiences or a requirement to repeat training experiences or program-specific requirements. The training experiences may be clinical or non-clinical.

10. Prior to the commencement of 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 hard copy or electronic copy of the PGME Resident Assessment Policy and PGME Resident Appeal Policy must be provided to the resident. The resident must be notified of any modifications to the remediation plan.

11. 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.
12. The resident should receive informal feedback about performance throughout the remediation period. A documented interim assessment is required for each training experience during remediation (at minimum every four weeks) 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.

A summative assessment must be completed at the conclusion of each training experience forming part of the remediation. The summative assessment must be issued within four weeks of completion of the training experience and there must be an in-person discussion with the resident if performance concerns were identified.

13. During the remediation the resident must:

- Achieve a 'Meets Expectations' or 'Satisfactory' rating on end of rotation ITERs 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.
- 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 academic expectations as outlined in the remediation plan and any other terms and conditions prescribed by the plan.

14. If the RPC determines that the remediation was successful, the Program Director will notify the resident. A EEP may be required for ongoing monitoring and support, as determined by the RPC.

15. A successful remediation plan may result in an extension of training. Whether the remediation period counts towards training will be decided upon completion of the plan by the RPC.

16. Unsuccessful remediation:

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 final decision as to whether the remediation was successful. The resident may be accompanied by a colleague or other support person, however any oral submissions or presentations must be made by the resident. 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 relevant documentation, and meet with such other individuals as deemed necessary before making its decision.

- a. 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.
- b. 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 PGME AB.

- c. If the RPC decides that the remediation was unsuccessful, the resident will be required to undergo probation.

The resident must be notified in writing of the decision of the RPC of the outcome of the remediation period.

17. The responsibilities of the RPC set out in sections 2 to 16 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. The delegation of responsibilities to the CC should be incorporated into the RPC and CC Terms of Reference as applicable.
18. The Associate Dean PGME must be advised of the outcome of the remediation.
19. 'Moonlighting' or applications for Restricted Registration are not permitted during a period of remediation.
20. Electives should not be undertaken during the remediation period.
21. Any leave of absence or vacation request during remediation must be approved in writing in advance by the program director. Time away will not be counted toward the remediation period, the remediation period will be extended by any time away (such as vacation or leave of absence).

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 training 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 patient safety.
4. Before deciding to place a resident on probation the program director will 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, any oral submissions or presentations must be made by the resident. The RPC may also meet with the CC 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. This must be provided to the resident and included in the resident portfolio.

5. All probation plans will be designed following a standard form (template) available through the PGME Office.
6. The probation plan will be developed by the program director in consultation with the RPC and/or CC. The resident must be given an opportunity to review and comment on the plan and the resident's comments will be submitted with the plan to the PGME AB. Probation plans must be approved by the PGME AB prior to implementation of remediation. Normally, the PGME 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.

7. The probation plan must include the following elements:
 - identified performance deficiencies
 - purpose of the remediation, and the specific competencies/objectives and assessment requirements to be achieved
 - duration of the plan (it is recommended that the duration be a minimum of two (2) blocks and a maximum of three (3) blocks)
 - educational requirements/training experiences
 - assessment methods and schedule of assessment and feedback during the remediation period
 - potential outcomes and consequences
 - additional supports (for example mentor, academic advisor, Learner Experience, PARO)
8. Prior to the commencement of the probation, the probation plan must be signed by the program director and provided to the resident; the program director must meet with the resident to review the plan.
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 PGME Office will advise hospital administration and CPSO when a resident is placed on probation.
11. The resident should receive informal feedback about performance throughout the probation period. A documented interim assessment is required for every training experience during probation (at minimum every two weeks) 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. This interim assessment will be a mid-rotation assessment.

A summative assessment must be completed at the conclusion of each training experience forming part of the probation. The summative assessment must be issued within four weeks of completion of the training experience and there must be an in-person discussion with the resident if performance concerns were identified.
12. During probation the resident must:
 - achieve a 'Meets Expectations' or 'Satisfactory' rating on end of rotation ITERs 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.
 - 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 academic expectations as outlined in the probation plan and any other terms, deadlines and conditions prescribed by the plan.
13. If the RPC determines that the probation program was successful, the program director will notify the resident.
14. Unsuccessful probation:

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 deciding

as to whether the probation was successful. The resident may be accompanied by a colleague or other support person, however any oral submissions or presentations must be made by the resident. 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 relevant documentation, and meet with such other individuals as deemed necessary before making its decision.

- a. 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. The resident must be notified in writing of the RPC decision.
 - b. 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 at the discretion of the RPC and must be reported to the PGME Office and PGME AB. The resident must be notified in writing of the RPC decision.
 - c. If the RPC decides that the probation was unsuccessful the program director must notify the resident of the RPC's decision in writing with reasons. The resident will be dismissed from the program.
15. The responsibilities of the RPC set out in sections 1 to 14 above may be delegated to the Competence Committee, and in such case all references to the RPC shall be read as referring to the CC. Where the RPC has not delegated these responsibilities to the CC, the CC may make recommendations to the RPC relating to the need for probation, the development of the probation plan, and its success.
 16. The Associate Dean PGME must be advised of the outcome of the probation. The PGME Office will advise hospital administration and the CPSO of the outcome of the probation.
 17. 'Moonlighting' or applications for Restricted Registration are not permitted during a period of probation.
 18. Electives may not be undertaken during the probation period.
 19. Any leave of absence or vacation request during probation must be approved in writing in advance by the Program Director. Time away will not be counted toward the probation period; the probation period will be extended by any time away (such as vacation or leave of absence).
 20. The probation period does not count toward training. An extension of training will be required.

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 training 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 the absence or unavailability of the Associate Dean, the Program Director may suspend a resident from the residency program or remove the resident from specific clinical duties at any time if there are concerns about patient care or safety or allegations of unprofessional conduct. 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 the 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 of employment, the resident will be unable to continue the 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 (CPSO) is suspended, the resident cannot continue the 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:

Where the:

- i. RPC determines that a probation program was unsuccessful
 - ii. Associate Dean PGME determines that the resident has failed to make satisfactory progress in the residency program
 - iii. Associate Dean PGME finds that the resident has engaged in unprofessional conduct and/or jeopardized patient care or safety.
 - iv. resident is dismissed by the hospital of employment
 - v. resident has permanently lost their licensed professional status with the College of Physicians and Surgeons of Ontario.
2. 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 any oral submissions or presentations must be made by the resident. The Associate Dean PGME will review the relevant documentation and meet with such other individuals as deemed necessary before making a decision.

- i. If the Associate Dean PGME decides that the resident has not made satisfactory progress in the residency program, the resident will be dismissed.
 - ii. If the Associate Dean decides that dismissal is not warranted, the resident will complete another probationary period under such terms as the RPC and PGME AB may require.

The Associate Dean PGME will issue a written decision with reasons.

3. Serious allegations of unprofessional conduct and/or concerns relating to patient care or safety involving the resident must be brought to the attention of the Associate Dean PGME. The Associate Dean PGME will 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, however ordinarily any oral submissions or

presentations must be made by the resident.

The Associate Dean PGME shall review the relevant documentation relating to the allegations and shall meet with such other individuals as deemed necessary before making a decision.

- i. If the Associate Dean PGME decides that the allegations are not substantiated, the resident will continue in the residency program.
- ii. If the Associate Dean PGME decides that there was unprofessional conduct and/or that patient care or safety was jeopardized, the Associate Dean PGME 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.

The Associate Dean PGME shall issue a written decision with reasons.

4. The PGME Office will advise hospital administration and the College of Physician and Surgeons of Ontario when a resident is dismissed from the program.
5. The Associate Dean PGME will place the resident on leave pending a decision by the resident to appeal the dismissal decision, and during the appeal process.
6. 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 CC. Where the RPC has not delegated these responsibilities to the CC, the CC may make recommendations to the RPC relating to the need for probation, the development of the probation plan, and its success.

APPEALS (See PGME Resident Appeal Policy)

A resident may appeal the following:

- end of rotation (block) assessment such as an ITER having an overall assessment statement of 'Does Not Meet Expectations'
- summative assessment of 'Failure to Progress' from a Competence Committee
- decision to require remediation or probation
- decision that the resident's remediation or probation program was unsuccessful
- denial of promotion of the resident to the next level or stage of training
- refusal by a program to certify that the resident has acquired competencies of the specialty/subspecialty, or to affirm resident's readiness for independent practice or certification examination
- dismissal

A resident may not appeal the following:

- requirement for an Enhanced Education Plan
- determination that an Enhanced Education Plan was unsuccessful
- assessments that are formative in nature (such as a single EPA)
- assessment decision of 'not progressing as expected'
- ITER that is 'borderline' but with specific performance deficiencies

APPENDIX A: ENHANCED EDUCATION PLAN, REMEDIATION PLAN AND PROBATION PLAN COMPARISON CHART

	Enhanced Education Plan	Remediation Plan	Probation Plan
Definition	Individualized plan designed to assist residents in correcting identified areas for improvement without significant changes to the clinical or academic curriculum.	<p>Remediation is a formal period of targeted training with a specific focus on areas where a resident is experiencing difficulties or demonstrating a lack of skills, knowledge or gaps in professionalism. The goal of remediation is to maximize the opportunity for a resident to successfully complete the residency program.</p> <p>The clinical and academic curriculum may be modified, for example with repeat rotations or new training experiences.</p>	<p>Probation is a period of training during which a resident is expected to correct serious weaknesses that are impacting the ability to successfully complete the residency program. Probation implies the possibility of dismissal from the program if sufficient improvement in performance is not identified by the end of the probation period.</p> <p>Probation is a critical period where training experiences, supervision and assessment may be highly modified to focus on specific areas for improvement.</p>
Triggers for plan (include but are not limited to)	<p>Possible triggers for EEP include, but are not limited to:</p> <ul style="list-style-type: none"> • Borderline ITER • 'Not progressing as expected' assessment by CC • Less than satisfactory assessment(s) as defined by the program • Professionalism concerns • Review of a successful remediation or probation where an EEP is required to provide further areas for monitoring and assessment. 	<p>Possible triggers for remediation include, but are not limited to:</p> <ul style="list-style-type: none"> • Failed rotation (or block) • Unsatisfactory ITER • 'Failure to progress' assessment by CC • Repeated difficulties in one or more competencies across training experiences • Unsatisfactory outcome or 'failure to progress' during or following an EEP • Professionalism or patient safety concerns 	<p>Possible triggers for probation include, but are not limited to:</p> <ul style="list-style-type: none"> • Unsatisfactory or 'failure to progress' assessment during or following a remediation period • A prior remediation or probation period for the same concerns, even if the prior plan was successfully completed • Critical incident related to professionalism and/or patient safety

Plan Requirements (see PGME Plan Templates)	<ul style="list-style-type: none"> • Duration • Training experiences (rotations or blocks) • Supervisor(s) • Objectives • Expectations • Monitoring of progress • Potential outcomes or consequences • Assessment methods • Additional supports (for example mentor, academic advisor, Learner Experience, PARO) 	<ul style="list-style-type: none"> • Duration • Training experiences (rotations or blocks) • Supervisor(s) • Objectives • Expectations • Monitoring of progress • Potential outcomes or consequences • Assessment methods • Additional supports (for example mentor, academic advisor, Learner Experience, PARO) 	<ul style="list-style-type: none"> • Duration • Training experiences (rotations or blocks) • Supervisor(s) • Objectives • Expectations • Monitoring of progress • Potential outcomes or consequences • Assessment methods • Additional supports (for example mentor, academic advisor, Learner Experience, PARO)
Assessment	Formal review with written documentation at minimum every 4 weeks (end of block).	As required in the remediation plan. At minimum formal review and written documentation of resident progress is required every 4 weeks.	As required in the probation plan. At minimum formal review and written documentation of resident progress is required every 2 weeks.
Length of plan	1 – 3 blocks with extension of up to 6 blocks if improvement is demonstrated.	2 – 3 blocks, with extension to 6 blocks at the discretion of the RPC if there is evidence of some improvement or new deficits are identified during the remediation period.	2 – 3 blocks with an extension to a maximum of 6 blocks when there is evidence of some improvement in the deficits being assessed. Extension of the probation plan must be approved by the Associate Dean PGME.
Consequences of unsuccessful plan	Remediation Note that a plan may be considered unsuccessful at any time during the plan.	Extension of remediation plan Probation Note that a plan may be considered unsuccessful at any time during the plan.	Extension of probation plan Dismissal from the program Note that a plan may be considered unsuccessful at any time during the plan.
Appeal	No appeal is available for the requirement for an EEP.	Appeal of requirement for remediation as per Appeal Policy.	Appeal of requirement for probation as per Appeal Policy.
Approval	Must be signed by the resident and the program director/delegate.	<ol style="list-style-type: none"> 1. Draft remediation plan must be reviewed with the resident. 2. The resident will be provided the opportunity to submit additional information and/or input to the Advisory Board. 3. The final Remediation Plan (following feedback and approval of the Advisory Board) must be 	<ol style="list-style-type: none"> 1. Draft probation plan must be reviewed with the resident. 2. The resident will be provided the opportunity to submit additional information and/or input to the Advisory Board. 3. The final probation plan (following feedback and approval of the Advisory Board) must be reviewed

		reviewed with the resident, signed by the resident to acknowledge receipt and understanding of the plan, and signed by the program director.	with the resident, signed by the resident to acknowledge receipt and understanding of the plan, and signed by the program director.
Advisory Board approval	Not required, however the program may request input from the Advisory Board for the EEP.	Required.	Required.
Extension of Training	An EEP is not expected to increase the duration of training.	An extension of training <u>may</u> be required (whether or not the remediation plan was successful). The decision regarding extension of training (whether the remediation blocks 'count' toward training requirements) will be made by the RPC after completion of the remediation plan.	Training during the probation period <u>will not be counted</u> towards completion of program training requirements. An extension of training will be required.
Electives	Electives may be available if they meet the requirements of the EEP.	Remediation should occur at the program home site(s). Electives will not be part of a remediation plan. If an off-site training experience is considered for a component of the remediation program this must be approved by the Associate Dean, PGME.	Electives are not permitted during the probation period.
Vacation	Vacations are available to the resident during an EEP at the discretion of the program.	Vacation is available but must be approved in writing by the program director. Any vacation, leave or time away from the program during the remediation period will not be counted as part of the remediation period.	Vacation is available but must be approved in writing by the program director. Any vacation, leave or time away from the program during the probation period will not be counted as part of the probation period.
'Moonlighting'	Moonlighting is not recommended during an EEP.	Moonlighting is not permitted during remediation.	Moonlighting is not permitted during a probation program.
Resident Information	All residents must be made aware of the Assessment and Appeals Policies, as well support and advocacy available from Learner Experience and PARO.		