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Section A: Introduction

A1: Definitions

In this Policy, the word “must” is used to denote items which are necessary, and the word “should” is used to denote items which are highly desirable.

Academic Coach: a faculty member who is responsible for overseeing a Learner’s clinical and academic progress.

Appeal: a request for review of summative assessments and/or recommendations for Remediation, Suspension, Probation and Dismissal. Appeals can be made at different levels: program, PGME, Faculty of Health Sciences.

Appeals Review Board (ARB): a board that adjudicates and investigates Level 2 appeals on behalf of the Postgraduate Medical Education Office, Residency and Fellowship Program committees, Learners and/or the Associate Dean, Postgraduate Medical Education.

Summative Assessment Categories: used at the end of a training experience / progression through the stages.

- **Satisfactory / Progressing as Expected:** Learner has successfully completed the learning objectives competencies.
- **Provisional Satisfactory / Not Progressing as Expected:** Learner has made some progress, but progress is not sufficient to progress.
- **Unsatisfactory / Failure to Progress:** Learner has not made any significant progress and is unable to progress.

Associate Dean Postgraduate Medical Education (PGME): senior faculty member appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the Faculty of Health Sciences.

Clinical Supervisor: most responsible faculty member to whom the Learner directly reports during a training experience.

Clinical Teaching Unit (CTU): a teaching unit consisting of different levels of learners who work with faculty members and interdisciplinary health care staff to care for patients.

CTU Director: faculty member responsible for the overall functioning of the teaching unit. It is recognized that in some instances the CTU Director and the Clinical Supervisor may be the same individual.

Competent: possessing the required abilities in all domains in a certain context at a defined stage of medical education or practice.

Competence: the array of abilities across multiple domains or aspects of physician performance. Competence is both conditional on, and constrained by, each physician’s practice context, is dynamic and continually changes over time.

Competence Committee: a Competence Committee is a subcommittee of the Residency Program Committee, responsible for the formal review of a Learner’s clinical and academic progression towards competence, using collated assessment data gathered from over time and from multiple sources. The Competence Committee makes recommendations to the Residency Program Committee for Learner promotion to next levels and requirements for enhanced educational plans, remediation, probation and/or dismissal.

Department Education Coordinator (DEC) or Associate Chair Education (ACE): the faculty member.

responsible for overseeing the educational activities within a Department.

Dismissal: termination of the Learner's appointment with the postgraduate program for reasons of academic, professional or overall unsuitability to continue in the program.

Education Advisory Board (EAB): a board, acting on behalf of PGME, that reviews the summary performance of any Learner, referred by Program Director, Program Committee, Learner or Associate Dean, PGME, and makes recommendations to the Program Committee/Program Director and the Associate Dean PGME regarding remediation strategies.

Education Plan: a formal plan that outlines a Learner's own personal learning objectives and / or competencies, tracks educational activities and monitors attainment of program objectives and overall progress within the program.

Enhanced Education Plan (EEP): a formal plan developed to address areas requiring improvement that impede progression but do not meet the criteria for Remediation. The EEP recognizes that the Learner would benefit from additional educational supports.

Entrustable Professional Activities (EPA): An essential task of a discipline that an individual can be trusted to perform independently in a given context. Each EPA has milestones which define the abilities of the task.

Fellow: a physician registered in a postgraduate training program who is a certified specialist in his or her specialty/subspecialty and is completing post-certification training that does not lead to a certification examination.

Fellowship Program: a post-certification postgraduate training program in an area of focused competence that is not accredited by the RCPSC/CFPC.

Formative Assessment: process of assessment of Learner performance for the purpose of improvement (i.e. assessment for learning); can also be referred to as feedback or coaching-in-the moment.

Learner: Resident, Clinical Fellow, Research Fellow.

Postgraduate Medical Education (PGME) Office: the Associate Dean, Postgraduate Manager and other administrative personnel who are responsible for coordination and administration related to the oversight of residency and fellowship programs.

Probation: an interval outside of the scheduled training experiences for the Learner, which is designed to allow specific additional opportunities for a Learner to correct areas of clinical, academic or professional deficiency as well as to determine suitability of the Learner for continuation in the residency program.

Program Committee: Residency / Fellowship Program Committee, and any subcommittees that support the program director in the administration and coordination of the residency / fellowship program. It is expected that resident / fellow assessment will be the mandate of the competence subcommittee. For the purpose of this document, the term Program Committee may also refer to the relevant subcommittee as appropriate (e.g. competence subcommittee, academic support subcommittee)

Program Director/Home Program Director: faculty member responsible and accountable for the overall conduct and organization of the residency / fellowship program. This faculty member is accountable to the Associate Dean, Postgraduate Medical Education, and the Division/Department Chair. The Home Program refers to the program in which the Learner is registered.

Programmatic Assessment: is a system of integrated processes that ensure Learners are consistently assessed and coached for competence. This process ensures that each Learner has met the criteria for advancement.

Remediation: a formal program of individualized training aimed at assisting the Learner to address identified areas of weakness, where it is anticipated that those weaknesses can be successfully addressed to allow the Learner to achieve the required competencies for progression in the program.

Residency Program: a RCPSC or CFPC accredited postgraduate training program.

Resident: a physician registered in a postgraduate training program leading to certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC).

Summative assessment: process of assessment summarizing a Learner's performance against established expectations, which is carried out at specified intervals within each program.

Suspension: temporary interruption of the Learner's participation in training that has been imposed by the university/hospital for reasons such as but not limited to professional misconduct, incompetence, or incapacity.

Teacher: An individual with the responsibility for teaching Learners. Teacher is often used interchangeably with terms such as supervisor and/or preceptor, although it is acknowledged that in some instances teaching may be an act or set of actions separate and apart from these other roles.

Training Experience: refers to the activity or setting in which the trainees have the experiences that allows them to achieve pre-defined goals and objectives and/or competencies. Examples of words commonly used to describe discrete clinical training experiences include rotation, longitudinal clinics, call, etc.

A2: Purpose

The purpose of this policy is to outline transparent and effective processes and standards for assessment, remediation, probation, suspension and dismissal, where necessary, of postgraduate Learners in order to ensure consistency with the relevant policies of the Faculty of Health Sciences and McMaster University, and fulfill the requirements of the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC) and the College of Physicians and Surgeons of Ontario (CPSO).

It is the responsibility of each Learner, Program Director and faculty member to read this policy and become familiar with its content. It is the responsibility of the PGME Office to provide access to this policy, support its implementation and to respond to questions or concerns about the application and procedures of the policy.

A3: Scope

This policy applies to all postgraduate Learners who are registered with the Postgraduate Medical Education Office. All matters surrounding assessment will fall within the jurisdiction of the Postgraduate Medical Education Office and the Faculty of Health Sciences, McMaster University. Postgraduate Learners do not have access to the University Senate Appeal process.

This policy does not apply to Learners registered in postgraduate training programs at other institutions who are accepted for electives in a postgraduate program at McMaster University.

Section B: Guiding Principles for the Assessment of Postgraduate Learners

B1: General Principles for the Assessment of Learners

Each program must have program-specific guidelines on programmatic assessment of Learners that is known to faculty and Learners and is in compliance with the *PGME Policy on Assessment of Learners in Postgraduate Programs*.

1. All Learner assessments are confidential with access normally restricted to the Program Director or delegate, the Academic Coach, the Program Committee (and / or subcommittee e.g., Competence Committee), the Associate Dean / PGME Office and the Learner. The Program Director, Associate Dean, PGME and/or the Learner will forward, as necessary and appropriate, relevant assessments to members of Education Advisory and Appeals Review Boards, sponsoring agencies for externally-sponsored Learners (e.g. Saudi Bureau) and College of Physicians and Surgeons of Ontario (CPSO).
2. Assessment of Learners occurs in an open collegial and Learner-centered atmosphere that supports and encourages active participation and self-reflection on the part of the Learner.
3. The system of assessment is based on the Learners' attainment of specific objectives and/or competencies. It must be recognized that Learners will have differing trajectories for achieving the skills necessary for independent practice and the role of the program is to actively encourage, support and guide Learners through their individual learning paths.
4. The system of assessment clearly identifies the level of performance expected of Learners, based on level or stage of training. Both Learners and teachers must be aware of these expectations.
5. The system of assessment clearly identifies the methods by which Learners are to be assessed during each training experience.
6. The system of assessment includes identification and use of appropriate assessment tools tailored to the specific CanMEDS/FM competencies within the program's training experiences, with an emphasis on direct observation, where appropriate.
7. The system of assessment includes multiple assessments of Learners' competencies during the various training experiences, which occur over time, by multiple assessors, and in multiple contexts.
8. Learners are expected to receive regular, timely, meaningful, in-person feedback on their performance, both in-the-moment and over time.
9. There is appropriate documentation of each Learner's progress toward attainment of competencies, which is available to the Learner in a timely manner.
10. The program fosters an environment where formative assessment and feedback is actively used by both the Learners and teachers to improve performance.
11. With programmatic assessment, progress decisions are based on the integration and synthesis of information, by a committee, using multiple assessment methods and sources. Progress decisions are made by the committee which has a mandate to review Learner readiness for increasing professional responsibility, progress through the continuum, promotion and transition to practice.
12. Educational handover is an important part of the Learner's progression and requires active participation by the Learner.

B2: Reporting to Professional Authorities

Under s.85.5 of the Health Professions Procedural Code of the Regulated Health Professions Act 1991, the Postgraduate Medical Education Offices of the province must report to the Registrar of the College of Physicians and Surgeons of Ontario (CPSO) within 30 days of the triggering event (defined below). The report must include name of the Learner, relevant dates and reasons behind the matter. The PGME Office will advise hospital administration, as appropriate.

The Associate Dean, Postgraduate Medical Education is required to report to the College of Physicians and Surgeons of Ontario with respect to the following conditions:

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

Note: An appeal in process does not alter the mandatory reporting requirement.

Learners are advised that they must declare the above conditions when applying/renewing their licence with the CPSO. Professionalism and / or Communication deficiencies that require Remediation, as defined by this document, must be declared to CPSO by the Learner, during the reappointment process.

Authorities:

The Postgraduate Medical Education Office will confirm successful completion of training to the two credentialing authorities – the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

The total duration of a training program may be limited by the standards set by the credentialing authorities.

Section C: Process for Assessment

C1: Beginning of the Training Experience

The Clinical Supervisor or Clinical Teaching Unit (CTU) Director should meet with the Learner at the beginning of the training experience to discuss / review the following:

- the Learners' objectives and learning needs, as well as the required goals and objectives and / or competencies and Entrustable Professional Activities (EPA's), to be achieved.
- the Learner's role and responsibilities during the training experience;
- the level of responsibility expected of the Learner;
- the learning objectives / competencies and EPA's of the training experience, with reference to the objectives of the Learner's home program;
- the specific assessment tools including the prescribed assessment format particular to the Learner's home program, and discuss timing of assessments, including ongoing formative assessment, the midway assessment and ITAR completion (see Appendix 1) at the end.

C2: During the Training Experience

Clinical Supervisors should provide ongoing, informal, verbal feedback to Learners throughout the training experience. Formative assessment should be specific, based on direct observation as appropriate, and include strengths and deficiencies with advice and guidance for improvement.

The Clinical Supervisor, approximately half way through the training experience should provide:

- verbal and/or a written summative assessment for the training experience.
- the Learner with a copy of this assessment, as applicable.

If the training experience is ≥ 3 blocks in duration a written midway summative assessment must be completed.

Identification of significant deficiencies midway through the training:

If significant deficiencies in performance are noted that may result in less than Satisfactory (i.e., Provisional Satisfactory/Unsatisfactory) or Failure to Progress, on the final assessment, the Clinical Supervisor, approximately half way through the training experience must:

- Provide verbal feedback and a written summative assessment for the training experience.
- Sign and date the written documentation regarding the assessment and feedback
- Provide the Learner with a copy of the written assessment, Consider whether notification of the CTU Director and/or Program Director / Academic Coach is warranted.

The Learner must:

- Sign and date the written documentation regarding the assessment and feedback acknowledging that it has been received.
- Contact their Program Director / Academic Coach, as applicable.

C3: End of the Training Experience

At the end of the training experience, the Clinical Supervisor:

- Must provide a written summative assessment for the training experience., if applicable.
- Should meet with the Learner to review the Learner's performance, preferably within one week prior to completion of the training experience.
- Sign and date the written summative assessment.

The Learner must:

- Sign and date the written documentation regarding the assessment and feedback acknowledging that it has been received.
- Contact their Program Director / Academic Coach, as applicable.

C4: Promotion

Learners must demonstrate progressive attainment of competencies over the course of their training. A Learner will be promoted to the next academic level / stage when all program requirements have been determined to have been met for the level / stage of training, including the successful completion of any enhanced and/or remedial training. The program must clearly outline which competencies are to be achieved at a given level / stage of training for promotion to the next level / stage.

It is at the discretion of the Program Committee and/or sub-committee to promote Learners while engaged in Remediation, and to grant credit for training completed during this period. Training during Probation will not be counted toward certification, therefore, a Learner cannot be promoted while engaged in Probation.

Reappointment Process:

At the request from the PGME Office, the Program Directors will provide information with respect to reappointment/promotion for their Learners in January of each year. If the Learner is in an Enhanced Education Program/Remediation/Probation, the Program Director may defer the decision.

The Learner may appeal any decision of the Program Committee with respect to reappointment/promotion – refer to the Appeals policy.

Section D: Levels of Education Plan

Principles:

- Every Learner should have a written Education Plan based on the program and Learner objectives and / or competencies.
- Both the Program Director/Delegate and Learner must provide input into the Education Plan. The Education Plan should be reviewed regularly with the Learner by the Program Director or Delegate.
- The Learner must be an active participant in the design of any Enhanced Education Plans / Remediation.

D1: Level 1 – Enhanced Education Plan (EEP) See Chart 1 on page 17

It is expected that many Learners may require an Enhanced Education Plan sometime during their training to tailor their program to meet their specific learning needs. The EEP should be designed within four weeks of when the decision is made that an EEP is required. An EEP does not result in an increase in the duration of training i.e. the performance concerns can be addressed within a subsequent training experience.

The Learner may not appeal the requirement for an EEP. However, the Learner may appeal the outcome of the EEP.

- The written EEP must specify at a minimum:
 - learning objectives and / or competencies based on the identified performance concerns.
 - teaching and learning strategies for improvement and correction
 - assessment tools to be used to document performance
 - timeframe for assessment of successful completion
 - parameter of successful completion of EEP
 - consequences if completion of the EEP is less than Satisfactory / Not Progressing Expected / Failure to Progress.

Process:

- The EEP must be designed and reviewed by the Learner and the Program Director / delegate.
- The Program Director/delegate and Learner must both sign the EEP; the Learner must receive a copy of the plan.
- The EEP must be reviewed and approved by the Program Committee.
- The Program Director, at their discretion, may submit the EEP to the Education Advisory Board (EAB) for review / assistance. Ideally, this should be done prior to the start of the EEP.
- Submissions to the EAB must be made in writing to the Postgraduate Medical Education Office, outlining the specific concerns. The Postgraduate Medical Education Office will facilitate a face- to-face meeting of the Education Advisory Board, as required.
- The Learner must be notified of any modifications to the EEP.

Triggers for Enhanced Education Plan include, but are not limited to the following:

- One or more Provisional Satisfactory/ Not Progressing as Expected summative assessments.
- Less than satisfactory assessment / Not Progressing as Expected / Failure to Progress based on program assessment plan, (e.g. ITARs, tests for knowledge base, results on examinations: written, OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment guidelines.
- Repeated deficiencies noted in one or more competencies across training experiences.
- Concerns about the professional conduct of the Learner. Refer to Professionalism in Practice. <http://fhs.mcmaster.ca/postgrad/policies.html>
- Review from a Suspension has determined that EEP is required.

Restrictions: None.

Possible Outcomes of the Enhanced Education Plan (EEP)

The assessments from the EEP will be reviewed by the Program Director/ Academic Coach (if applicable)

/ Program Committee to determine the outcome. The Learner and Program Director/Delegate must meet within 10 business days to discuss outcome. All decisions must be communicated in writing to the Learner and the Learner must be advised of the Appeals Policy.

- Satisfactory / Progressing as Expected: Learner has completed the learning objectives / competencies of the EEP. Learner continues in his/her regular training program.
- Provisional Satisfactory / Not Progressing as Expected: some progress has been made but insufficient to correct all performance concerns and / or new deficiencies have been identified.

The Learner continues training with an EEP (revised as necessary) for an additional period of time. The Program may wish to have the EEP reviewed by the Education Advisory Board.

- Unsatisfactory / Failure to Progress: No significant progress has been made and a Remediation Plan must be developed.

D2: Level 2 – Remediation Plan *See Chart 2 on page 18*

Remediation Plan

A Remediation plan is required to remedy identified ongoing deficiencies. Remediation may extend the duration of training in a program. More than one remediation period is permitted, provided there has been progress demonstrated. The remediation should be designed by the program within four weeks of when the deficiency is identified.

It is at the discretion of the Program Committee to promote Learners while engaged in Remediation, and to grant credit for training completed during this period.

The Learner may appeal the requirement for Remediation.

- The written Remediation Plan must specify, at a minimum:
 - learning objectives / competencies based on the identified performance deficiencies.
 - teaching and learning strategies for improvement and correction.
 - assessment tools to be used to document performance.
 - timeframe of assessment for Remediation.
 - parameter of successful completion of Remediation.
 - consequences if completion of the Remediation is less than Satisfactory / Not Progressing as Expected / Failure to Progress.
 - any practice restrictions during the Remediation period.
 - any extension of training that may be required for successful completion of the program.

Process:

- The Remediation Plan must be designed and reviewed by the Learner and the Program Director / delegate.
- The Program Director and Learner must both sign the Remediation Plan; the Learner

must receive a copy of the plan.

- The Remediation Plan must be reviewed and approved by the Program Committee.
- The Program Director, at their discretion, may submit the Remediation Plan to the Education Advisory Board (EAB) for approval; the Program Director may wish to request for assistance with the plan. If there is a disagreement with the Learner with regard to specific details of the remediation plan, involvement of the EAB is highly recommended.
- Submissions to the EAB must be made in writing to the Postgraduate Medical Education Office, outlining the specific deficiencies. The Postgraduate Medical Education Office will facilitate a face- to-face meeting of the Education Advisory Board, as required. The Remediation Plan will be reviewed by the EAB who may have recommendations / suggestions.
- The Learner must be notified of any modifications to the Remediation Plan.

Triggers for Remediation include, but are not limited to, the following:

- One or more Provisional Satisfactory/ Not Progressing as Expected summative assessments. i.e., deficiencies are felt to be better addressed by Remediation rather than EEP (e.g. extension of duration of training is required).
- Less than satisfactory assessment / Not Progressing as Expected / Failure to Progress based on program assessment plan, (e.g. ITARs, tests for knowledge base, results on examinations: written, OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment guidelines.
- Repeated deficiencies noted in one or more competencies across training experiences.
- Concerns about the professional conduct of the Learner. Refer to Professionalism in Practice. <http://fhs.mcmaster.ca/postgrad/policies.html>
- Review from a Suspension has determined that Remediation is required.
- Unsatisfactory / Failure to Progress Enhanced Education Plan.
- Modifications to clinical responsibilities / practice restrictions.
- Repeated deficiencies noted in one or more competencies across several training experiences even if the Learner has received Satisfactory on summative assessments i.e., deficiencies are felt to be better addressed by Remediation rather than EEP (e.g. extension of duration of training is required).

Restrictions: Moonlighting or applications for Restricted Registration are not permitted during the period of Remediation.

Possible Outcomes of the Remediation:

The assessments from the EEP will be reviewed by the Program Director/Academic Coach (if applicable) / Program Committee to determine the outcome. The Learner and Program Director/delegate must meet within 10 business days to discuss outcome. All decisions must be communicated in writing to the Learner and the Learner must be advised of the Appeals Policy.

The Program Director will advise the Associate Dean, Postgraduate Medical Education of their decision. The PGME Office will inform the EAB of the outcome of Remediation for information.

- Satisfactory Progressing as Expected: Learner has made sufficient progress in addressing the documented deficiencies. The Learner will continue in the postgraduate program at a level

determined by the Program Director and/or Program Committee. The Learner may require an EEP.

- Provisional Satisfactory / Not Progressing as Expected: The Learner has made some progress in addressing the documented deficiencies, but more time will be needed for improvement. The Program Director/Committee may request an extension of the period of Remediation. A revised Remediation Plan must be submitted to the EAB, requesting approval of the additional Remediation period.
- Unsatisfactory / Failure to Progress: Learner fails to achieve the objectives / competencies stated for successful remediation. The Learner is placed on a second Remediation Plan or Probation. The EAB and Associate Dean, PGME to be notified and a copy of the second Remediation Plan or Probation Plan to be forwarded to the PGME office for EAB review.
- Two unsatisfactory / Failure to Progress Remediation periods for the same deficiency can lead to dismissal.

D3: Level 3 – Probation *See Chart 3 on page 20*

Probation Plan

A Probation Plan is of a defined length to be determined on a case-by-case basis, but should normally not be less than two blocks. The probation period may be extended as defined below, but Learners will be restricted to two Probation periods for the same issue(s) during the training program. Training during Probation will not be counted toward certification, therefore, a Learner cannot be promoted while engaged in Probation. The Learner may appeal the requirement for Probation.

The written Probation Plan must specify at a minimum:

- Identified deficiencies requiring improvement/correction.
- Teaching and learning strategies for improvement and correction.
- Assessment tools to be used to document performance.
- Time-frames of assessment during the Probation period.
- Consequences if completion of the Probation is less than Satisfactory/Not Progressing as Expected/Failure to Progress, any practice restrictions during the Probation period.
- Extension of training required for successful completion of the program.

Process:

- The Probation Plan must be designed and reviewed by the Learner and the Program Director / delegate.
- The Program Director and Learner must both sign the Probation Plan; the Learner must receive a copy of the plan.
- The Probation Plan must be reviewed and approved by the Program Committee.
- The Program Director must submit the Probation Plan to the Education Advisory Board (EAB) for approval. Ideally, this should be done prior to the start of the Probation period.
- Submissions to the EAB must be made in writing to the Postgraduate Medical Education Office, outlining the specific deficiencies. The Postgraduate Medical Education Office will facilitate a face- to-face meeting of the Education Advisory Board.

- The Learner must be notified of any modifications to the Probation Plan.

Triggers for Probation include, but are not limited to, the following:

- Unsatisfactory / Failure to Progress summative assessment on completion of one or a maximum of two consecutive Remediation periods.
- More than two repeated remediations for the same issue, even if remediations have been successful.
- A prior Probation period for the same issue(s), even if the Probation was successful.
- Following Suspension (see Section 15). The designation of Probation will take effect after an investigation of the critical incident has been conducted by the program, hospital and/or the PGME Office.
- Critical incident related to Professionalism and / or Patient safety that requires modification of clinical responsibilities.

Restrictions:

- Moonlighting or applications for Restricted Registration are not permitted during the period of Probation.
- The Learner cannot do electives during the Probation period.
- 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, the Probation will be considered incomplete. In such event, the Probation will be redesigned by the Program Director, in consultation with the Program Committee on the Learner's return.

Possible Outcomes of the Probation:

The assessments from the Probation period will be reviewed by the Program Committee to determine the outcome. The Program Committee will meet as soon as possible so not to cause any undue hardship to the Learner. The Program Director will advise the Learner and Associate Dean, Postgraduate Medical Education within two business days of the decision. The Learner and the PGME Office must be informed in writing. The Learner must be advised of the Appeals Policy.

The PGME Office will inform the EAB of the outcome of Probation for information.

- Satisfactory / Progressing as Expected: Learner must demonstrate that he/she has made sufficient progress in addressing the documented deficiencies to be permitted to continue in the program, and fully comply with all other academic expectations as outlined in the Probation Plan and any other terms and conditions prescribed by the Program Committee. He/she will continue in the postgraduate program at a level determined by Program Committee. The Program Committee may consider an EEP after successful completion of Probation if additional monitoring of performance is felt to be required.
- Provisional Satisfactory / Not Progressing as Expected : Learner has made some progress in addressing the documented deficiencies, but more time and/or supports is required for correction of identified deficiencies.

The Program Director/Committee may request a one-time extension of the period of Probation, up to a maximum of 3 blocks. A revised Probation Plan must be submitted to the EAB, requesting written

approval of the additional Probation period.

- Unsatisfactory / Failure to Progress – Learner fails to achieve the objectives / competencies outlined in the Probation Plan with no evidence of significant improvement of performance. In the event of an unsatisfactory outcome, the Program Committee will recommend Dismissal. The recommendation will be immediately forwarded to the Associate Dean, PGME and EAB for review and decision. See Section E2 on Dismissal.

Section E: Suspension & Dismissal

E1: Suspension See Chart 4 on page 21

A Learner can be suspended from their duties for any of the following reasons, which are viewed as critical event(s): The designation of Suspension may only be given by the Program Director, in consultation with the Associate Dean, Postgraduate Medical Education.

- Concerns about patient care and safety are considered egregious.
- Substance abuse impacting performance.
- Inappropriate patient/physician interactions, reflecting Physician/Patient boundary violations, as defined by CPSO.
- Unprofessional conduct as outlined in Professionalism in Practice (PIP).
- Suspension of registration with the College of Physicians and Surgeons of Ontario (CPSO),
- Loss of hospital privileges.
- Criminal activity, leading to charges and/or conviction, that calls into question the ability of the Learner to maintain the integrity of the Profession.
- Any other reasonable factor as determined by the Program Committee.

Process:

- A Clinical Supervisor may immediately remove a Learner from the training experience if an event has occurred that he/she considers egregious.
- The Clinical Supervisor must immediately notify the Learner's Program Director.
- The Program Director must consult the Associate Dean, Postgraduate Education, to determine if the Suspension should be given.
- If it is determined that a Suspension is warranted, the Associate Dean, Postgraduate Medical Education will then notify the Learner in writing, that he or she is suspended with pay, pending an investigation.

Investigation after a Learner has been Suspended

The investigation must be completed within 10 business days of issuance of the notice of suspension.

- The Program Director must meet with the Learner to review the reasons and the events leading up to the suspension of the Learner. This meeting will occur as soon as possible so not to cause any undue hardship to the Learner. The Learner may be accompanied by a colleague

or other support person. Should the Learner retain a lawyer to be present at the meeting, they shall be entitled to do so but must advise the Program Director in writing, prior to the scheduling of the meeting to allow the Program Office the opportunity to facilitate the attendance of their own Legal Counsel at the meeting.

- The Program Director/delegate must meet with other relevant parties e.g., the Clinical Supervisor/CTU Director as applicable and gathering documentation from all parties.
- A formal review by the Program Committee must be held once the investigation is completed. The Program Committee will meet as soon as possible so not to cause any undue hardship to the Learner. Documentation will be provided to all members of the Program Committee and the Learner prior to the meeting. Individuals on the Program Committee who may have a conflict of interest must declare this prior to the meeting and withdraw from the committee proceedings. The Learner will be invited to participate at this meeting and may wish to bring a support person or counsel.
- There must be a written record of the meeting.

The Program Director will advise the Learner and the Associate Dean, Postgraduate Medical Education in writing of the Program Committee's recommendation within two business days. The Program Committee has the mandate to make decisions within their own jurisdiction; however, the Associate Dean will make the ultimate decision regarding the option to seek alternative solutions.

Possible recommendations from the Program Committee regarding the Suspension include, but are not limited to:

- Reinstatement into the Program.
- Reinstatement into the Program with an EEP or Remediation or Probation, with EAB review.
- Dismissal from the Program.

The Associate Dean will review the documentation and make a decision as to whether the recommendation is upheld. The Associate Dean will review the documentation as soon as possible so not to cause any undue hardship to the Learner.

The Associate Dean may also consult with the Advisor of Professionalism in Clinically Based Education and/or request a meeting of the Appeals Review Board (ARB). The Associate Dean, PGME, will advise the Learner and the Home Program Director, in writing.

E2: Dismissal See Chart 5 on page 22

Triggers that may lead to dismissal include but are not limited to:

- Unsuccessful period of Probation
- Following Suspension
- Loss of CPSO License
- Loss of hospital privileges

Process for Dismissal:

- The Program Committee will make a recommendation to the Associate Dean regarding dismissal of a Learner. The Program Committee has the mandate to make decisions within their own jurisdiction; however, the Associate Dean will make the final decision regarding accepting the recommendations or to consider the option to seek alternative solutions. The Learner must be advised by the Program Director, in writing, of the recommendation to

dismiss him/her from the program and the reasons for this decision.

- The Associate Dean will review the documentation surrounding the dismissal and determine whether the recommendation is accepted or declined. The review will occur as soon as possible so not to cause any undue hardship to the Learner.
- The Associate Dean may also consult with the Advisor of Professionalism and/or request a meeting of the Appeals Review Board (ARB). The Associate Dean, PGME, will advise the Learner and the Home Program Director, in writing, of a decision to convene the ARB. The Associate Dean will advise both as soon as possible so not to cause any undue hardship to the Learner.
- The Learner will be notified in writing of the decision of the Associate Dean, Postgraduate Medical Education. PGME Office must advise hospital administration, as appropriate, and the College of Physicians and Surgeon of Ontario (CPSO) when a Learner is dismissed.

The Learner will be advised of his/her right to appeal this decision and the appeals process.

Level 1: Enhanced Education Plan (EEP) See page 9 for full details

Enhanced Education Plan (EEP) – does not extend training

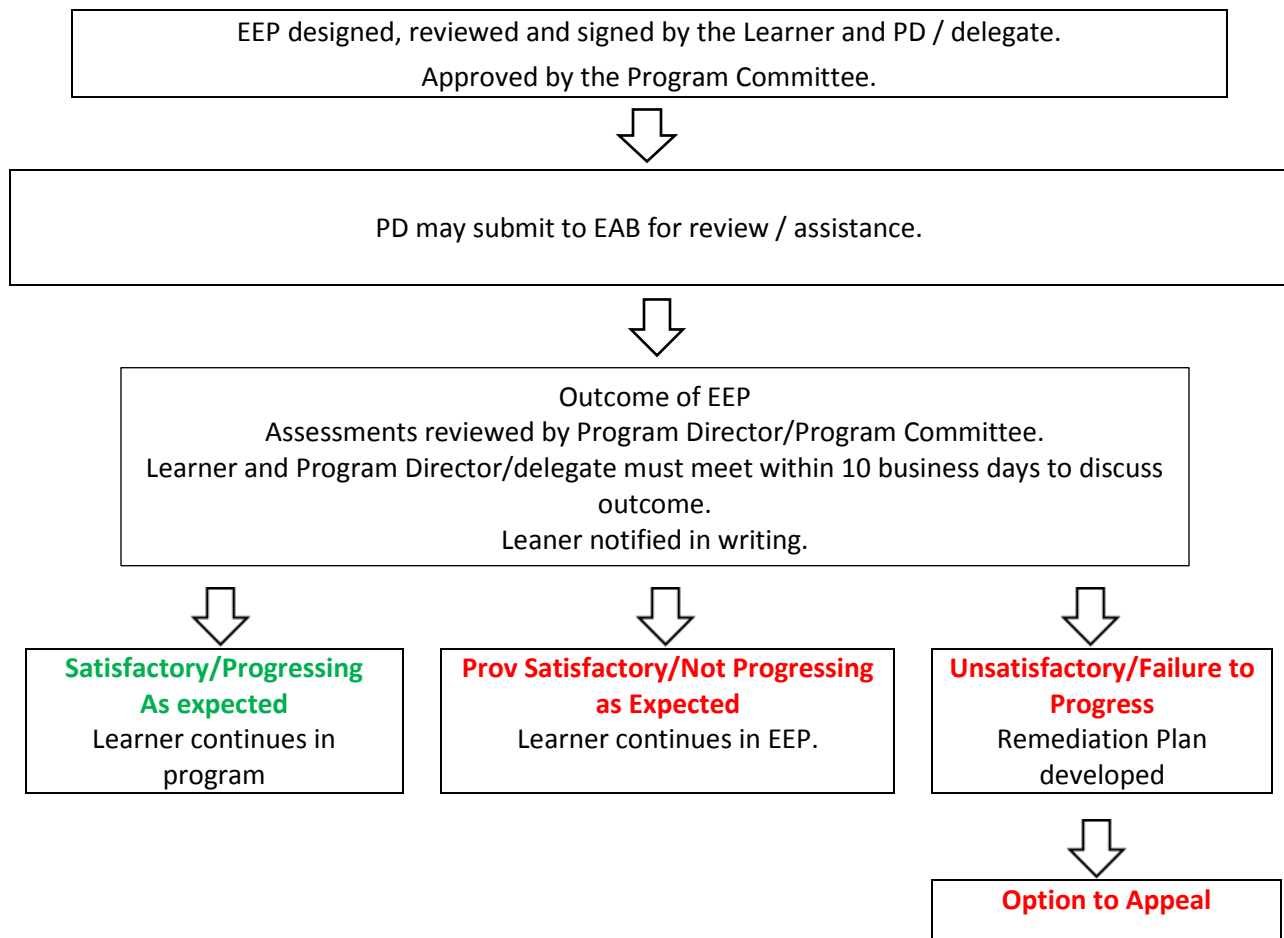
Triggers include, but are not limited to:

- One or more Provisional Satisfactory/ Not Progressing as Expected summative assessments.
- Less than satisfactory assessment / Not Progressing as Expected / Failure to Progress based on program assessment plan, (e.g. ITARs, tests for knowledge base, results on examinations: written, OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment guidelines.
- Repeated deficiencies noted in one or more competencies across training experiences.
- Concerns about the professional conduct of the Learner. Refer to Professionalism in Practice. <http://fhs.mcmaster.ca/postgrad/policies.html>
- Review from a Suspension has determined that EEP is required.

Restrictions: None.

Appeals: The requirement to do an EEP cannot be appealed; however, the decision / outcome may be appealed.

Process:



LEVEL 2: Remediation *See page 10 for full details*

Remediation – may extend training

Triggers include, but are not limited to:

- One or more Provisional Satisfactory/ Not Progressing as Expected summative assessments. i.e., deficiencies are felt to be better addressed by Remediation rather than EEP (e.g. extension of duration of training is required)
- Less than satisfactory assessment / Not Progressing as Expected / Failure to Progress based on program assessment plan, (e.g. ITARs, tests for knowledge base, results on examinations: written, OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment guidelines.
- Repeated deficiencies noted in one or more competencies across training experiences.
- Concerns about the professional conduct of the Learner. Refer to Professionalism in Practice. <http://fhs.mcmaster.ca/postgrad/policies.html>
- Review from a Suspension has determined that Remediation is required.
- Unsatisfactory / Failure to Progress Enhanced Education Plan.
- Modifications to clinical responsibilities / practice restrictions.
- Repeated deficiencies noted in one or more competencies across several training experiences even if the Learner has received Satisfactory on summative assessments i.e., deficiencies are felt to be better addressed by Remediation rather than EEP (e.g. extension of duration of training is required).

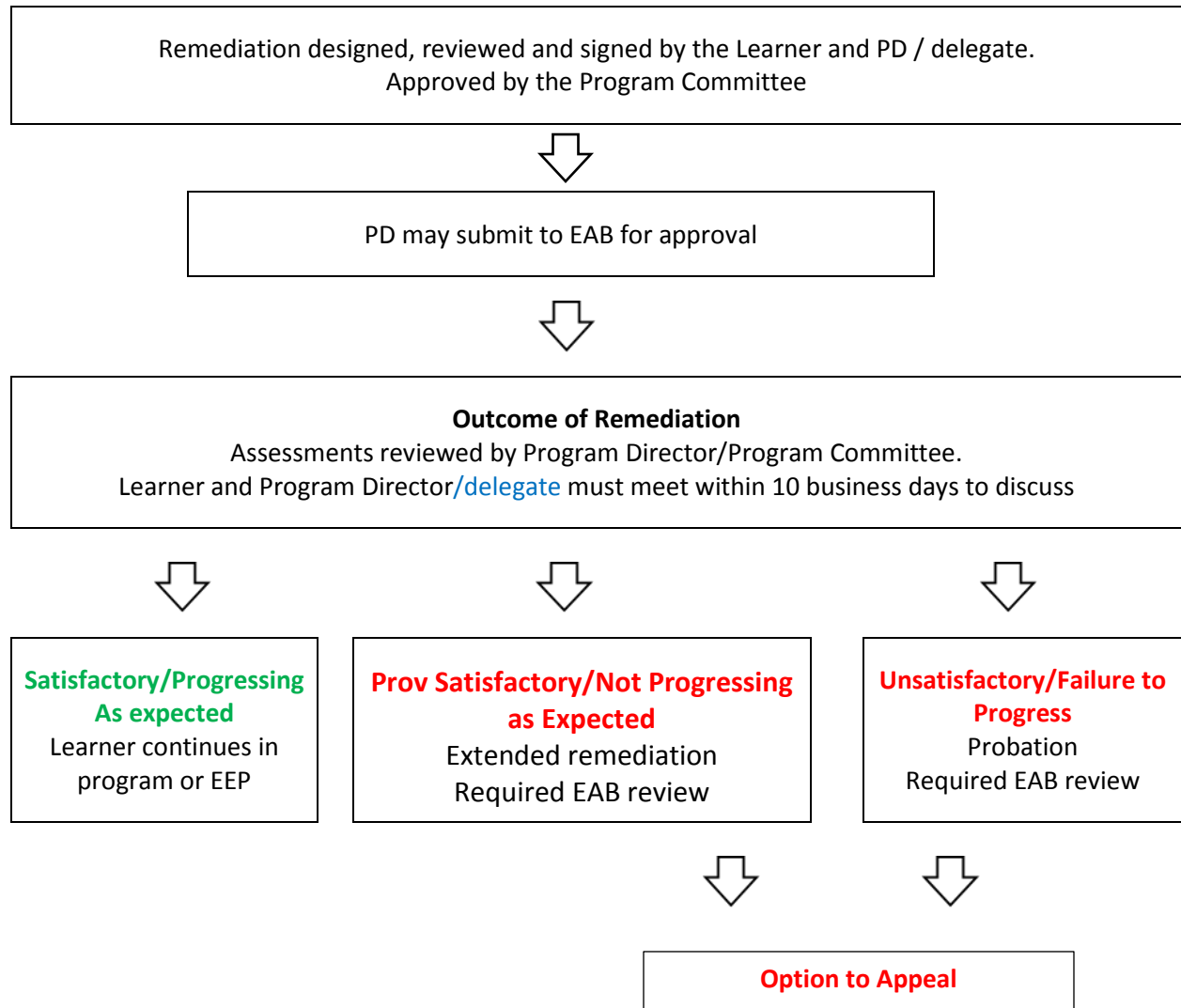
Restrictions:

Moonlighting or applications for Restricted Registration are not permitted for the duration of the Remediation.

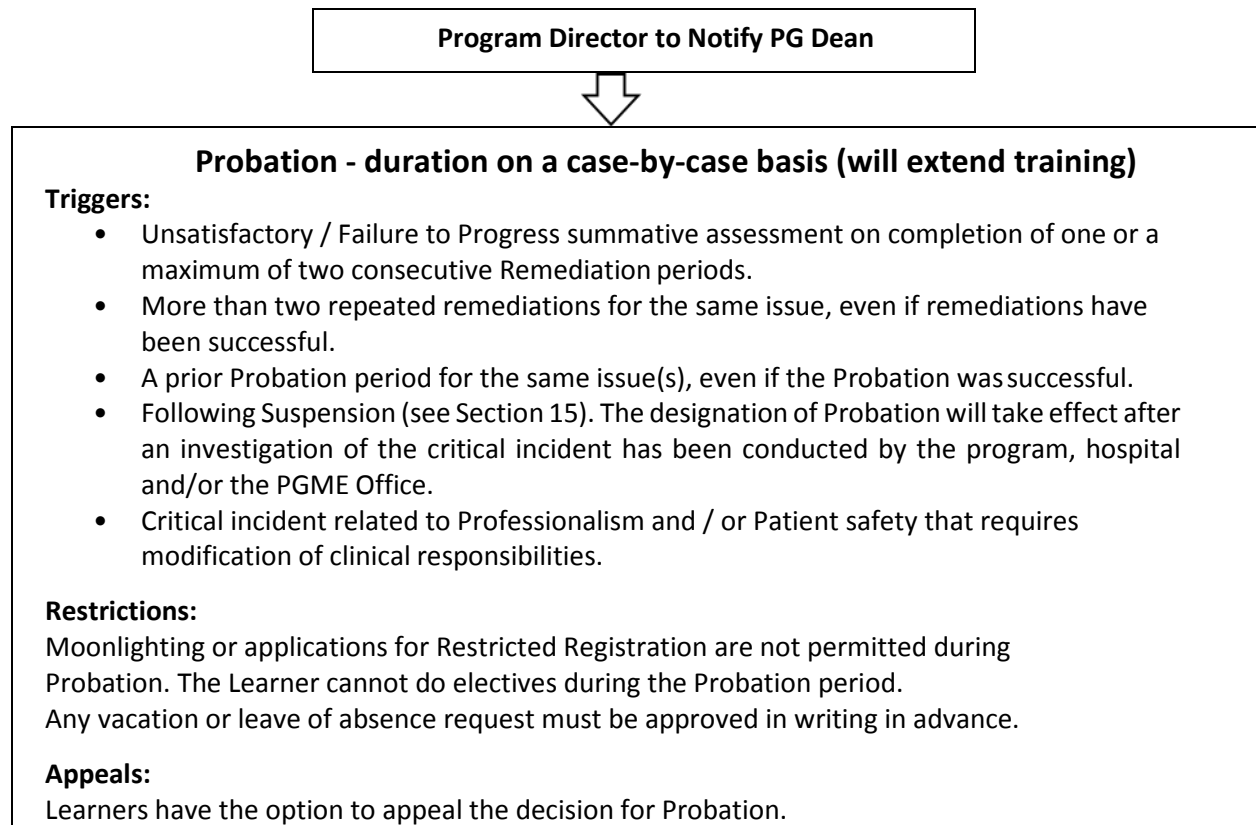
Appeals: Learners have the option to appeal the decision for Remediation.

Remediation continued:

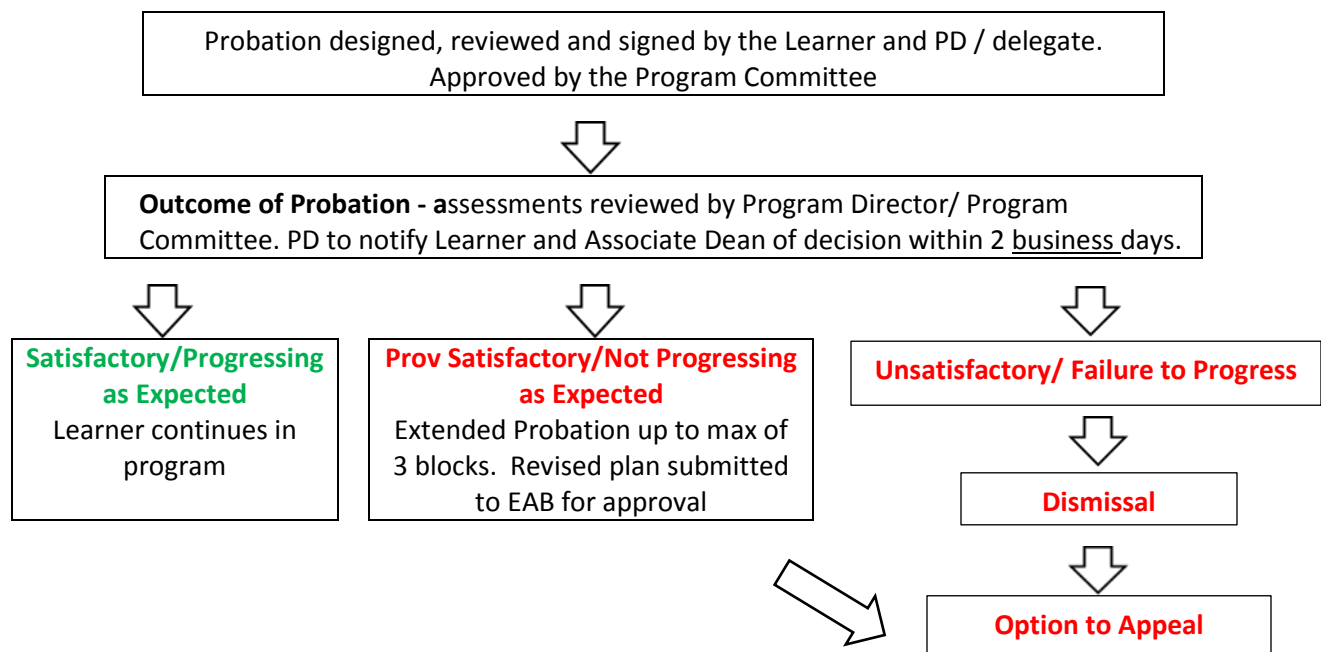
Process:



LEVEL 3: Probation *see page 12 for full details*



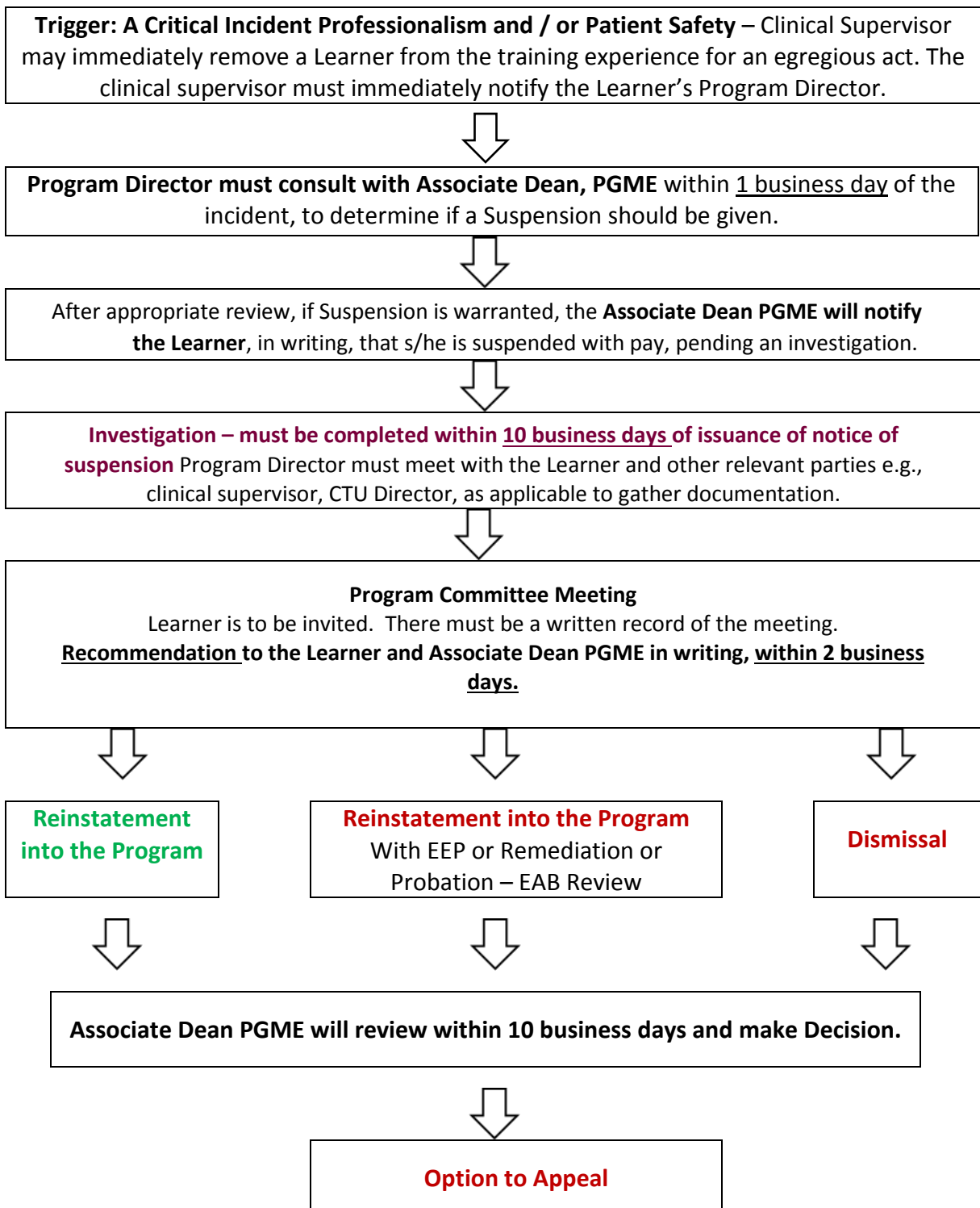
Process:



Suspension

Chart 4

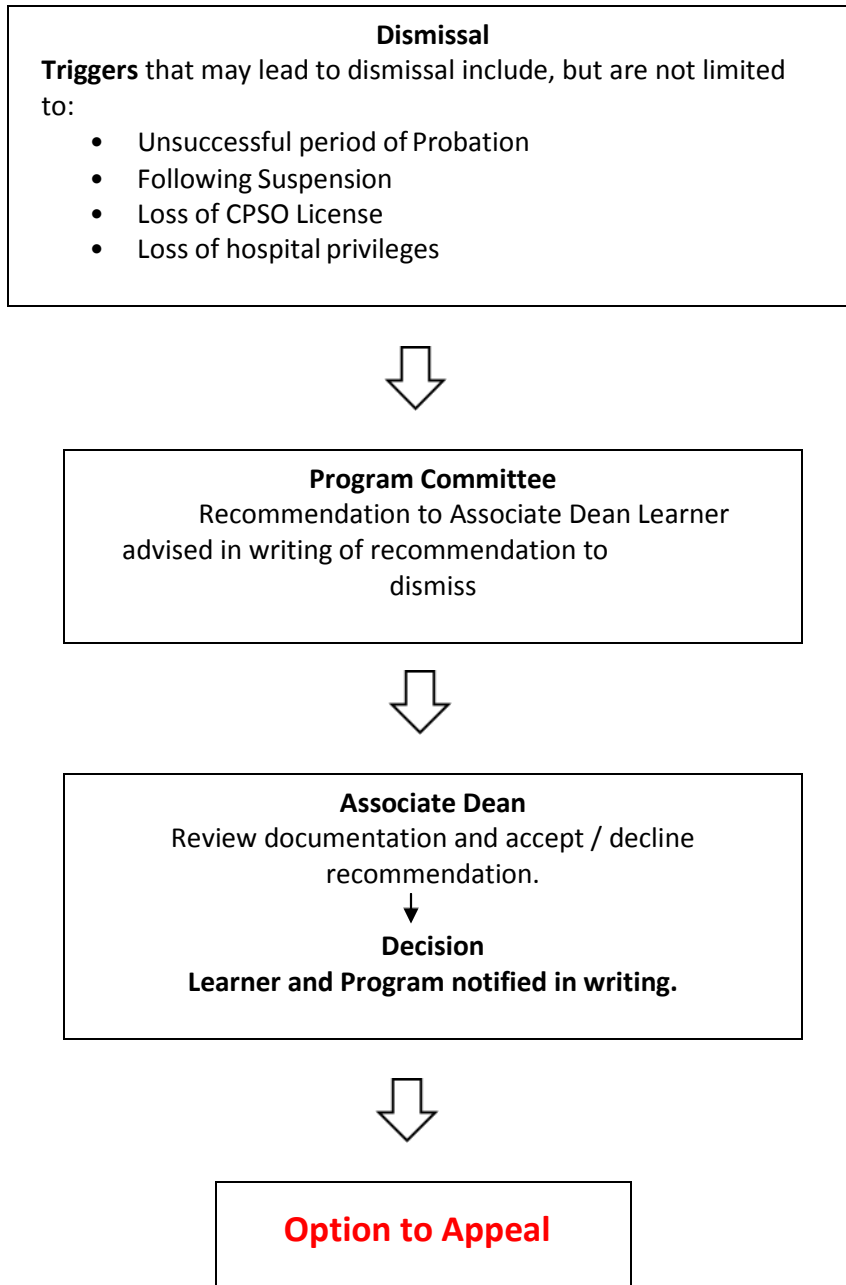
See page 14 for full details



Dismissal

See page 15 for full details

Chart 5



Appendix 1: In-training Assessment Reports (ITARs)

Summative Assessment Rating Scale on the ITAR

Within each domain on the ITAR, there may be several levels of competence identified. However, the summative assessment on the ITAR must indicate one of the following designations:

Satisfactory	Learner has successfully attained the objectives and / or competencies of the training experience
Provisional Satisfactory	Learner has demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies identified in the objectives and / or competencies, or any other requirement of the training experience and that while such deficiencies require attention, they are not so severe to necessitate the Learner repeating the entire training experience . The Clinical Supervisor believes that the Learner can satisfy the deficient objective(s) / competencies) or requirement(s) during other training experiences. In some cases, a Learner may need to repeat part of the training experience to gain the required competencies specific to that training experience.
Unsatisfactory	Learner has demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies identified in the objectives / programmatic assessment, or any other requirement of the training experience and the Clinical Supervisor believes that the objective(s) or competencies can only be reasonably met by Remediation and having the Learner repeat the entire training experience . (For example, a designation of “Unsatisfactory” is appropriate and Remediation is necessary where the deficiency is in the “Medical Expert” category of the rotation.)
Incomplete	Incomplete indicates that the Clinical Supervisor has been unable to properly and fully assess the Learner because the Learner’s time spent on the training experience was insufficient , for any reason, e.g. illness, extenuating circumstances, etc. As the training experience is incomplete, time will have to be made up to fulfill the requirement . As a guideline, a designation of “Incomplete” may be appropriate where the Learner has been absent greater than 25% of the required time on the training experience. In such cases, the Clinical Supervisor, in consultation with the Program Director/Delegate will determine whether the clinical experience of the postgraduate trainee was sufficient for meaningful evaluation.

Completion of the narrative section on all ITARs, or other summative assessments, is strongly recommended but is required in cases when the overall assessment is either Provisional Satisfactory or Unsatisfactory. A Learner may appeal an overall assessment of Unsatisfactory and Provisional Satisfactory based on process related issues.

Notes:

1. *The ITAR must be completed within 20 business days after the end of the training experience. The signature of the Learner does not imply agreement with the ITAR but signifies that he/she has read the assessment. The Learner may add comments to the ITAR (e.g. to indicate agreement or disagreement, or to clarify specific points).*
2. *If the ITAR is not completed by the Clinical Supervisor within the 20 business days, the Program Director of the Learner's home program may report this to the Department Education Coordinator (DEC) or delegate of the supervisor's home department for follow up. It is the department/division's responsibility to have a mechanism in place to address delayed assessments.*

Identification of performance concerns; Provisional Satisfactory/Unsatisfactory

Where a designation of "Provisional Satisfactory" or "Unsatisfactory" is indicated, the usual process applies (refer to section C.2 Beginning and C.3 During Training Experience)

In the cases where the final ITAR is Provisional Satisfactory/Unsatisfactory:

- The Clinical Supervisor must meet with the Learner to review the Learner's performance, preferably within one week prior to completion of the rotation.
- The Clinical Supervisor and the Learner must sign and date the ITAR.
- The Learner must receive a copy of this assessment.
- In addition, the Clinical Supervisor should advise the Learner of the option to appeal the assessment.

In addition, the Program Director or delegate must meet with the Learner within 10 business days of notification of the Provisional Satisfactory/Unsatisfactory assessment to review the assessment, and advise the Learner of the option to appeal.

Notes:

The ITAR must be completed within 10 business days after the end of the training experience.

The signature of the Learner does not imply agreement with the ITAR but signifies that he/she has read the assessment. The Learner may add comments to the ITAR (e.g. to indicate agreement or disagreement, or to clarify specific points).

For All ITARs		
Who	What	When
For Satisfactory ITARs		
Clinical Supervisor	Meet to review Learner performance. ITAR to be completed.	Prior to the end of the training experience. Within 20 business days after the end of the training experience
For Provisional Satisfactory/Unsatisfactory ITARs		
Clinical Supervisor	<p>Mid-Unit: Meet to review learner performance; identify areas of deficiency and suggestions for improvement.</p> <p>End of training experience: Meet to review learner performance; identify areas of deficiency/areas for improvement. ITAR to be completed. Learner to receive a copy of the assessment. Advise learner of the option to appeal</p>	<p>Mid-unit <u>written</u> assessment must take place where concerns or deficiencies are identified regarding a Learner's performance that may result in a less than Satisfactory summative assessment.</p> <p>Within 10 business days after the completion of the training experience.</p>
Learner	Review his/her assessment	Meet with Program Director and/or Delegate.
Program Director and/or Delegate	Review the ITAR. Discuss with Clinical Supervisor. Advise learner of the option to appeal	Set up meeting with Learner within 10 business days of notification.

January 31, 2019