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Note: This policy takes effect July 1, 2017 for all new resident assessment decisions. Assessment decisions that have been made prior to July 1, 2017 will continue to be in effect.

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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.

Appeal: a request for review of an unsatisfactory/provisional unsatisfactory summative assessment 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 Assistant Dean, Postgraduate Medical Education.

Area of Focused Competence (AFC) Diploma Program: a post-certification postgraduate training program that is accredited by RCPSC. All postgraduate programs listed are referred to as the “Postgraduate Program or Program”.

Assistant 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.

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 Assistant Dean, PGME, and makes recommendations to the Program Committee/Program Director and the Assistant Dean PGME regarding remediation strategies.

Education Plan: a formal plan that outlines a Learner's own personal learning objectives, 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.

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)

Learner: Resident, Clinical Fellow, Research Fellow.

Postgraduate Medical Education (PGME) Office: the Assistant 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 Program Committee, and any subcommittees, as applicable, that support the program director in the administration and coordination of the residency program. It is expected that resident assessment will be the mandate of the competence subcommittee. For the purpose of this document, the term Program Committee may also refer to the competence subcommittee, as appropriate.

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

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 summarising 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, Faculty of Health Sciences, and 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 a program-specific policy 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 Program Committee (or subcommittee), the Assistant Dean/PGME Office and the Learner. The Program Director, Assistant 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 Mission) and College of Physicians and Surgeons of Ontario (CPSO).

2. Assessment of Learners occurs in an open collegial 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.
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.
9. There is appropriate documentation of each Learner's progress (e.g. ITARs) 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.

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 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 Assistant 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
- Probation
- 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. Remediation, as defined by this document, for deficiencies identified in Professionalism and/or Communication 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 In-Training Assessment Report (ITAR) Based Process

C1: 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 competencies and/or achieved the goals and objectives of the training experience
Provisional Satisfactory	Learner has demonstrated significant deficiencies in one or more of the RCPSC/CFPC competencies identified in the objectives, 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) 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, or any other requirement of the training experience and the Clinical Supervisor believes that the objective(s) or requirement(s) 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.

C2: 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 the following:

- Review and discuss the Learners' objectives and learning needs; in addition to required goals/objectives and/or competencies to be achieved.
- Delineate the Learner's role and responsibilities during the rotation;
- Outline the level of responsibility expected of the Learner;
- Outline the learning objectives of the training experience, with reference to the learning objectives of the Learner's home program;
- Advise the Learner on the specific assessment tools including the prescribed assessment format particular to the Learner's home program, and discuss timing of assessments, including on-going informal feedback, the mid-rotation assessment and ITAR completion at the end.

C3: During the Training Experience

Clinical Supervisors should provide ongoing, informal, verbal feedback to Learners throughout the training experience. Feedback/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 mid-unit summative assessment for the training experience.
- Provide the Learner with a copy of this assessment, as applicable.
- If the training experience is greater than 3 blocks in duration a written mid-unit summative assessment must be completed.

Identification of performance concerns:

If significant deficiencies in performance are noted that may result in less than Satisfactory final assessment (Provisional Satisfactory/Unsatisfactory) at the end of the learning experience, the Clinical Supervisor, approximately half way through the training experience, must:

- Provide verbal feedback and a written mid-unit summative assessment for the training experience.
- Along with the Learner must sign and date the mid-unit ITAR and/or other written documentation of assessment and feedback.
- Provide the Learner with a copy of the written assessment.
- Consider whether notification of the CTU Director and/or Program Director is warranted if concerns regarding Learner performance are identified.

C4: End of the Training Experience

At the end of the training experience,

- The Clinical Supervisor must provide a written end-unit summative assessment for the training experience.
- The Clinical Supervisor should meet with the Learner to review the Learner’s performance, preferably within one week prior to completion of the training experience.
- The Clinical Supervisor and the Learner must sign and date the ITAR.
- The Learner must receive a copy of this assessment.

Notes:

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).

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. Link to Appeals policy ([link](#)).

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).

C5: Summary of Key Timelines

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	Mid-Unit: Meet to review learner performance; identify areas of deficiency and suggestions for improvement. 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	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. Within 10 business days after the completion of the training experience.
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.

C6: Promotion

Learners must demonstrate progressive attainment of competencies over the course of their training. A Learner will be promoted to the next academic level when all program requirements have been determined to have been met for the level 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 stage of training for promotion to the next level.

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. A Learner cannot be promoted while engaged in Probation and training during this period will be not be counted toward certification.

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 ([link](#)).

SECTION D: Levels of Education Plans

Principles:

- Every Learner should have a written Education Plan based on the program and Learner objectives.
- 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.

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

An **Enhanced Education Plan** is required to address repeated deficiencies noted in one or more competencies across several training experiences, whether or not the assessments of individual training experiences are deemed Satisfactory, or where the overall summative assessment in one or more training experience is Provisional Satisfactory. It is expected that many Learners may require an EEP sometime during their training to tailor their program to meet their specific learning needs.

- The written EEP must specify at a minimum:
 - learning objectives based on the identified performance concerns/deficiencies
 - teaching and learning strategies for improvement and correction
 - assessment tools to be used to document performance
 - time-frames for assessment of successful completion
 - parameters of successful completion of EEP
 - consequences of less than satisfactory completion of EEP
- 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 EEP must be reviewed and approved by the Program Committee and may be forwarded by the Program Committee/Program Director/delegate to the Education Advisory Board (EAB) for review/assistance.
- The EEP must be reviewed and agreed on with the Learner and he/she must receive a copy of the plan. The Program Director/delegate and Learner must both sign the document outlining the EEP.
- If the Learner has two or more Provisional Satisfactory summative assessments, the EAB must be informed and approve the EEP.
- Moonlighting or applications for Restricted Registration are not permitted for the duration of the

EEP.
<p>Triggers for Enhanced Education Plan include, but are not limited to the following:</p> <ul style="list-style-type: none"> • One or more Provisional Satisfactory summative assessments • Less than satisfactory assessment on other non-ITAR forms of assessment, (e.g. tests for knowledge base, results on examinations: written, OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment policy. • Repeated deficiencies noted in one or more competencies across training experiences even if the Learner has received Satisfactory on summative assessments. • 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.
<p>Possible Outcomes of the Enhanced Education Plan (EEP)</p> <p>The assessments from the EEP will be reviewed by the Program Director/Program Committee to determine the outcome:</p> <ul style="list-style-type: none"> • Satisfactory: Learner has completed the learning objectives of the EEP. Learner continues in his/her regular training program. • Provisional Satisfactory: 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: No significant progress has been made and a Remediation Plan must be developed. The Learner must meet with the Program Director or delegate and be advised of the outcome recommendations within 10 business days of the completion of the assessment period. <p>All decisions must be communicated in writing to the Learner and the Learner must be advised of the Appeals Policy.</p>

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

<p>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. Remediation periods can count towards training required for credentialing and certification by the RCPSC or CFPC, as long as approved by the Program Director/ Program Committee and requirements are met for training, as specified by the certifying Colleges.</p> <ul style="list-style-type: none"> • The written Remediation Plan must specify, at a minimum: <ul style="list-style-type: none"> – learning objectives based on the identified performance concerns/deficiencies – teaching and learning strategies for improvement and correction – assessment tools to be used to document performance b – time-frames of assessment for Remediation – parameters of successful completion of Remediation – consequences of less than satisfactory completion of Remediation – any practice restrictions during the Remediation period – any extension of training that may be required for successful completion of the program

- Extensions of training required for Remediation must be specified in the Remediation Plan, and approved by the EAB and Assistant Dean, PGME.
- The Remediation Plan must be reviewed and approved by the Program Committee.
- The Learner must be an active participant in the design of the Remediation Plan and he/she must receive a copy of the plan. The Program Director/delegate and the Learner must sign the document outlining the Remediation Plan, if in agreement.
- The Remediation Plan must be forwarded to the Education Advisory Board for approval. This should be done at the onset of the Remediation period. Such requests must be made in writing to the Postgraduate Medical Education Office, outlining the specific concerns. The Postgraduate Medical Education Office will facilitate a meeting of the Education Advisory Board, if required. Link to EAB Policy and Procedures
- Moonlighting or applications for Restricted Registration are not permitted during the period of Remediation.
- Active remediation may result in deferral of promotion to the next stage of training.
- The Learner may appeal the requirement for Remediation.

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

- Unsatisfactory Enhanced Education Plan.
- One or more Provisional Satisfactory 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)
- Unsatisfactory summative assessment at the end of the training experience.
- Unsatisfactory assessment on other non-ITAR forms of assessment (e.g. tests for knowledge base, results on examinations: written, OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment policy.
- 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).
- Significant concerns about the professional conduct of the Learner.
- Review from Suspension has determined that Remediation is required.

Possible Outcomes of the Remediation:

The assessments from the Remediation 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 Committee will advise the Assistant Dean, Postgraduate Medical Education of their 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 Remediation for information.

- Satisfactory: 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.
- Provisional Satisfactory: 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: Learner fails to achieve the objectives stated for successful remediation. The Learner is placed on a second Remediation Plan or Probation. The EAB and Assistant Dean, PGME to be notified and a copy of the second Remediation Plan or Probation Plan to be forwarded to the PGME office.

D3: Level 3 – Probation See Chart 3 on page 19

The **Probation period** 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 will not count towards the training required for certification by the relevant College. The probation period may be extended as defined below, but Learners will be restricted to one Probation period for the same issue(s) during the training program.

- 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 of less than satisfactory Probation
 - any practice restrictions during the Probation period
 - extension of training required for successful completion of the program
- Extensions of training must be specified in the Probation Plan, and approved by the EAB and Assistant Dean, PGME.
- The Probation Plan must be reviewed and approved by the Program Committee, prior to implementation.
- The Probation Plan must be reviewed with the Learner and he/she must receive a copy of the plan, prior to implementation. The Program Director/delegate and the Learner, if in agreement, must sign the document outlining the Probation Plan.
- The Probation plan must be forwarded to the Education Advisory Board for review and approval. This should be done prior to the onset of the Probation period, if feasible. The Postgraduate Medical Education Office will facilitate a meeting of the Education Advisory Board.
- The Learner cannot be promoted while on Probation.
- Moonlighting or applications for Restricted Registration are not permitted during the period of Probation.
- 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 upon the Learner's return.
- The Learner cannot do electives during the Probation period.
- The Learner may appeal the designation of Probation.

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

- Unsatisfactory summative assessment on completion of one or a maximum of two consecutive Remediation periods.
- 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.

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 Assistant Dean, Postgraduate Medical Education within 48 hours 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:** 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 or subcommittee.
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:** 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 an 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 –** Learner fails to achieve the objectives 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 Assistant Dean, PGME and EAB for review and decision.
See Section Dismissal;

Section E: Suspension & Dismissal

E1: Suspension *See Chart 4 on page 20*

A Learner can be suspended from their duties for any of the following reasons, which are viewed as critical event(s):

- 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.
- A finding of an Academic Integrity Offence, as determined by University policies,
- Any other reasonable factor as determined by the Program Committee.

Clinical Supervisor may immediately remove Learners from the training experience if an event has occurred that he/she considers egregious. However, the designation of Suspension may only be given by the Program Director, or Assistant Dean, Postgraduate Medical Education.

Investigation after a Learner has been Suspended

- The Program Director/delegate must notify the Learner within 24 hours of the incident in writing, that he or she is suspended with pay, pending an investigation.
- The Program Director must notify the Assistant Dean, Postgraduate Education, within 24 hours of the 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 plan to attend the meeting with Legal Counsel, 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 investigate the situation, which includes meeting with the Clinical Supervisor/CTU Director and other relevant parties, as applicable and gathering documentation from all parties, including the Learner. The investigation must be completed within 10 business days of issuance of the notice of suspension.
- 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.

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 Program Director will advise the Learner and the Assistant Dean, Postgraduate Medical Education in writing of the Program Committee's recommendation within 24 hours.

The Assistant Dean will review the documentation and make a decision as to whether the recommendation is upheld. The Assistant Dean will review the documentation as soon as possible so not to cause any undue hardship to the Learner. The Program Committee has the mandate to make decisions within their own jurisdiction; however, the Assistant Dean will make the ultimate decision regarding the option to seek alternative solutions.

The Assistant 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 Assistant Dean, PGME, will advise the Learner and the Home Program Director, in writing, of a decision to convene the ARB.

E2: Dismissal See Chart 5 on page 21

The events 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 regarding dismissal of a Learner.

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. A copy of this letter must be sent to the Assistant Dean, Postgraduate Education. All notifications must take place within 2 business days of the recommendation of the Program Committee.

The Assistant 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 Program Committee has the mandate to make decisions within their own jurisdiction; however, the Assistant Dean will make the final decision regarding accepting the recommendations or to consider the option to seek alternative solutions.

The Assistant Dean may also consult with the Advisor of Professionalism and/or request a meeting of the Appeals Review Board (ARB). The Assistant Dean, PGME, will advise the Learner and the Home Program Director, in writing, of a decision to convene the ARB. The Assistant 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 Assistant Dean, Postgraduate Medical Education within 10 business days of the notification. PGME Office must advise hospital administration, as appropriate, and the College of Physicians and Surgeon of Ontario (CPSO) when a Learner is dismissed.

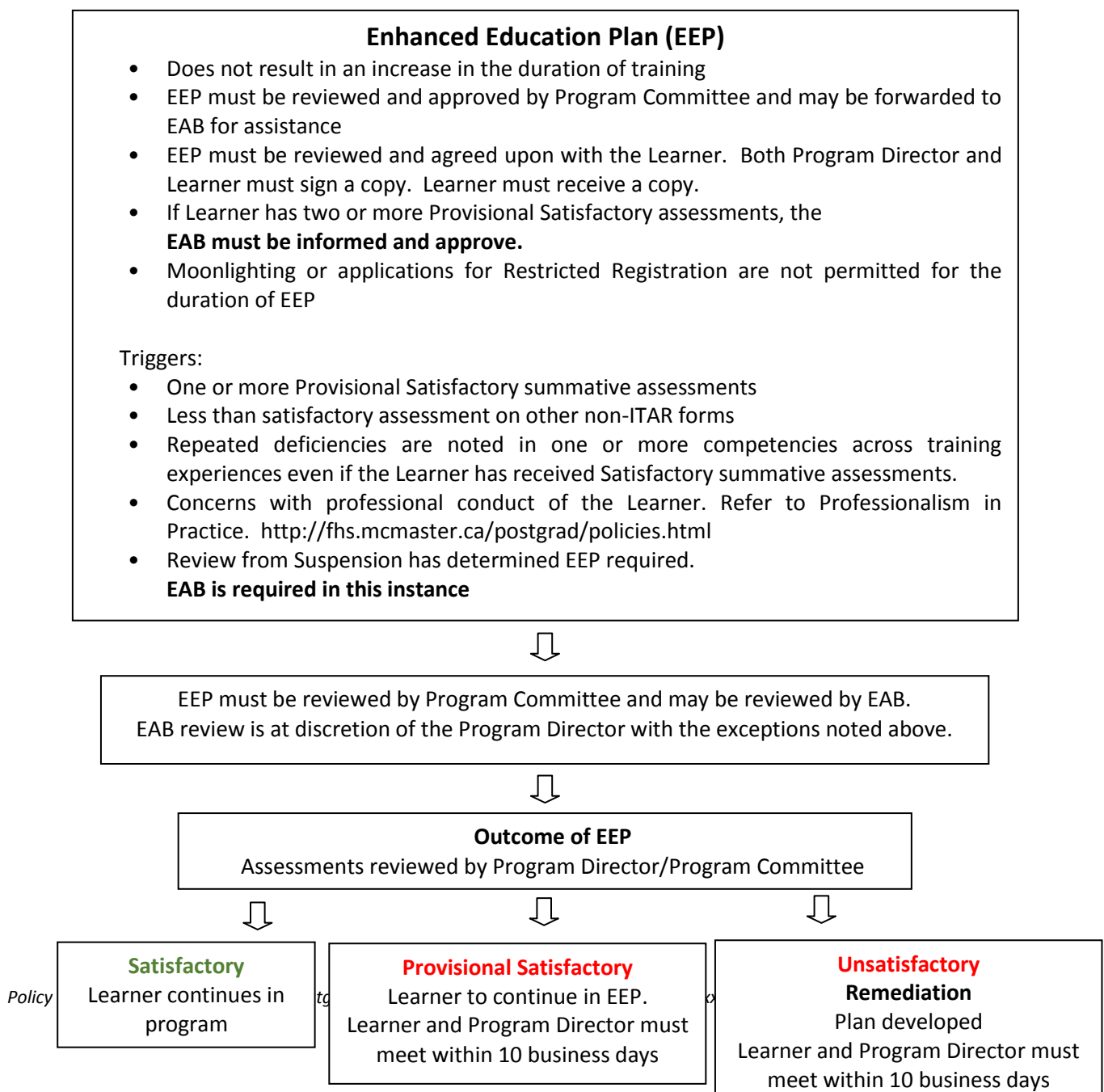
The Learner will be advised of his/her right to appeal this decision and the appeals process.

Learning Plans for Learners in Difficulty

Chart 1

LEVEL 1: Enhanced Education Plan (EEP)

See page 10 for full details



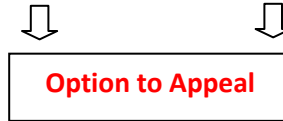
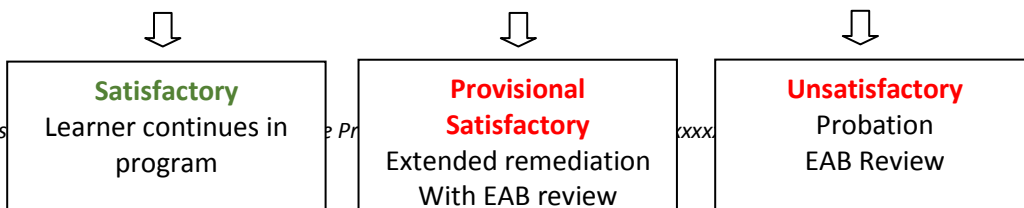
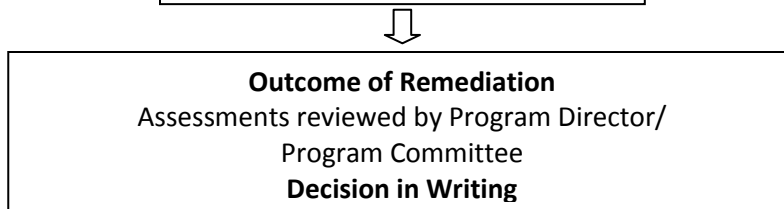
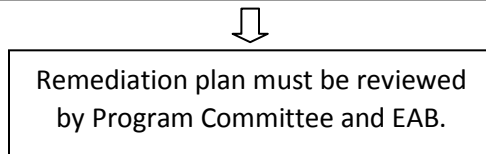
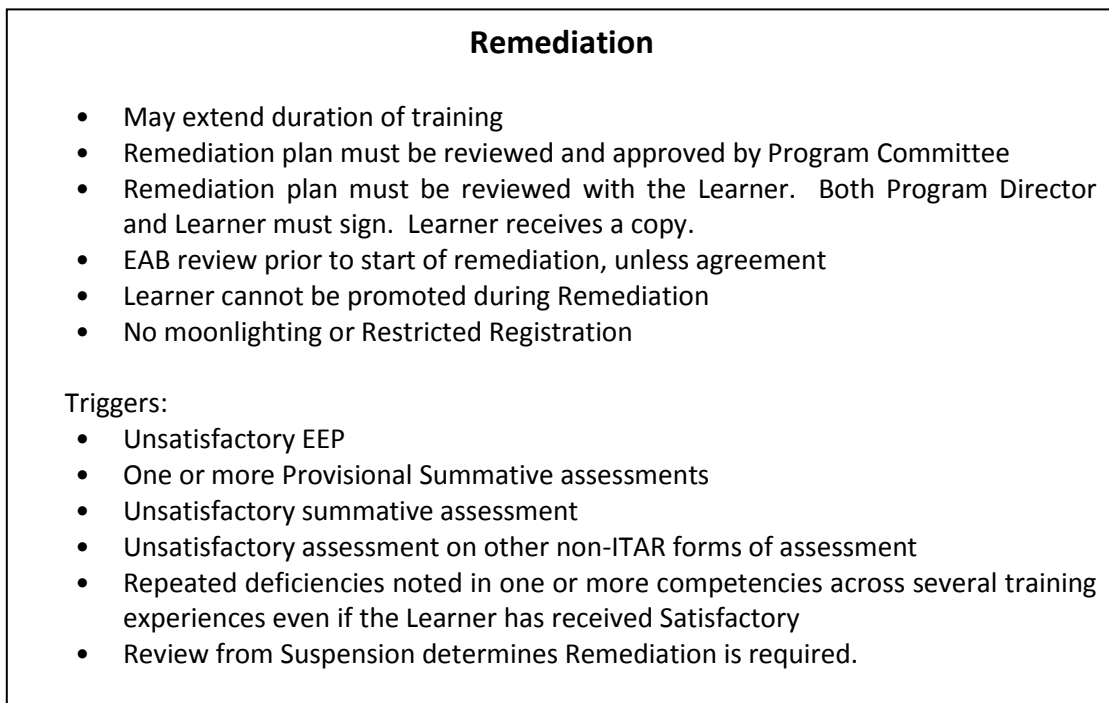


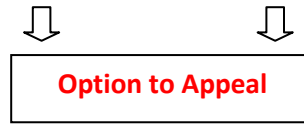
Chart 2

Learning Plans for Learners in Difficulty

LEVEL 2: Remediation

See page 11 for full details



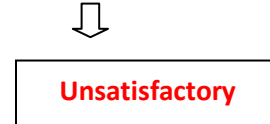
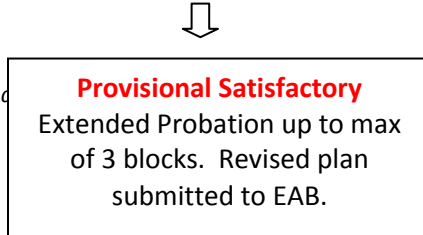
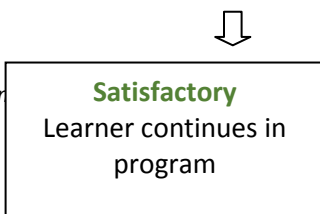
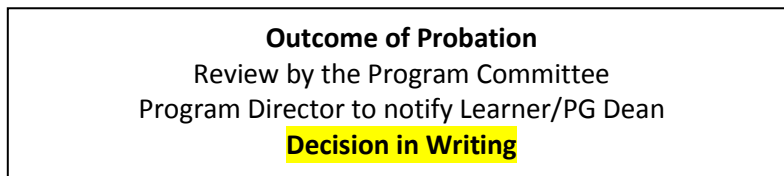
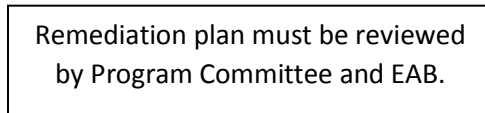
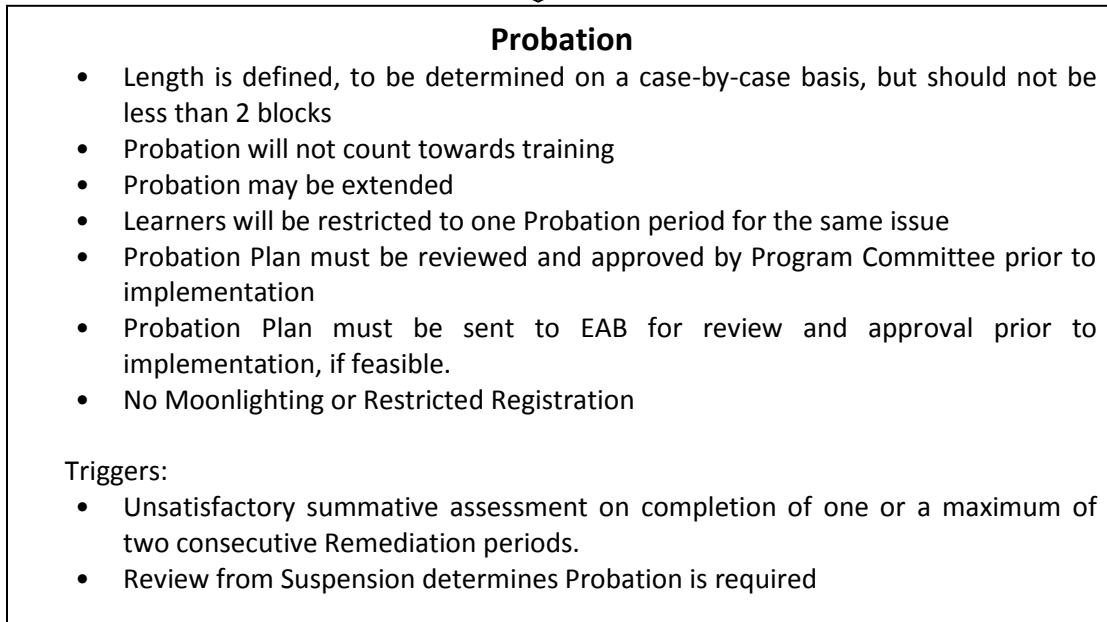


Learning Plans for Learners in Difficulty

Chart 3

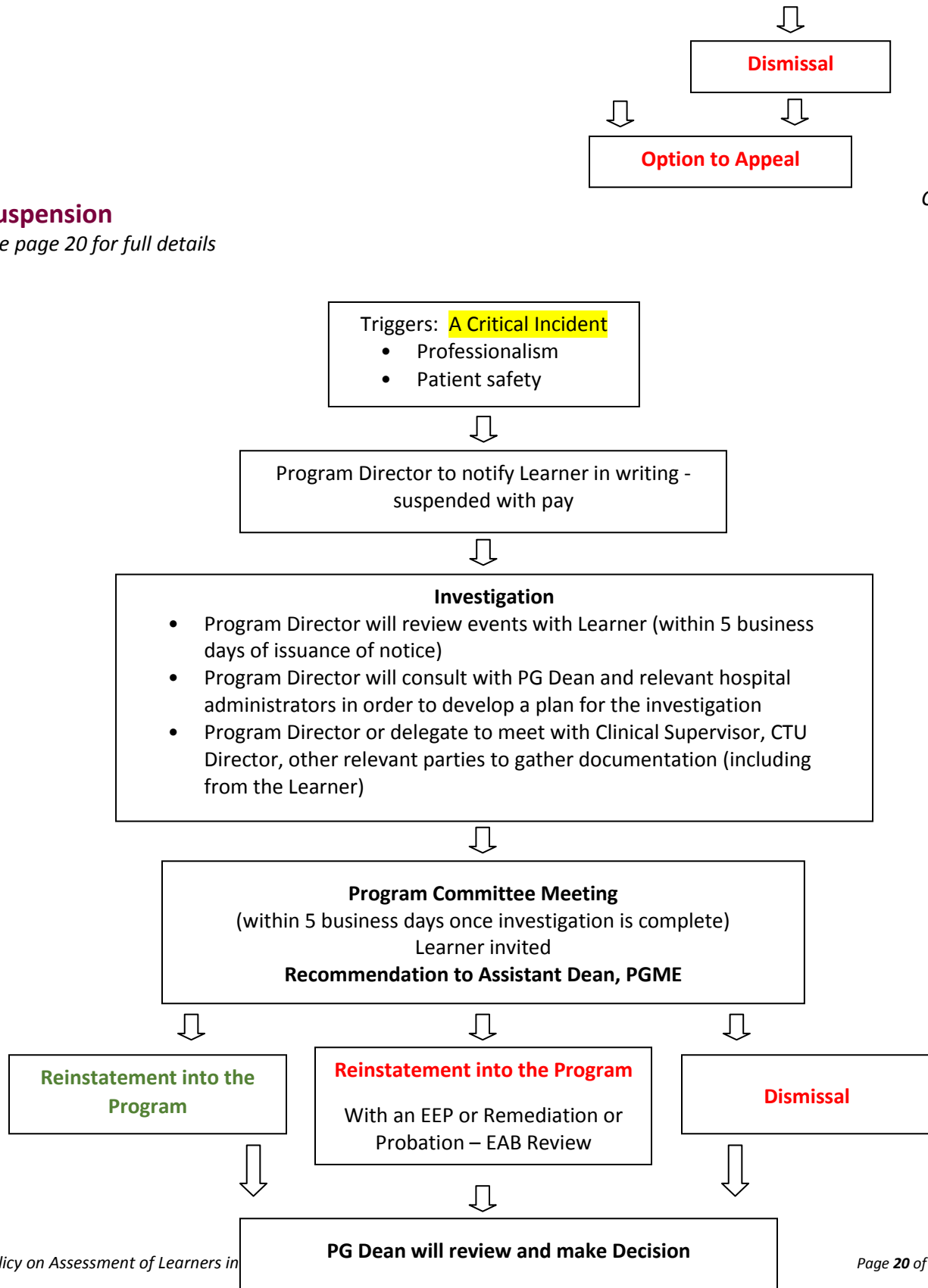
LEVEL 3: Probation

see page 13 for full details



Suspension
see page 20 for full details

Chart 4





Option to Appeal

Dismissal

see page 21 for full details

Chart 5

Dismissal
The Program Committee will make a recommendation to the Assistant Dean, PGME.
Triggers:

- Unsuccessful Probation
- Following a Suspension
- CPSO Licence not issued or renewed
- Hospital privileges suspended



Program Director
To advise the Learner, in writing of the recommendation for dismissal. A copy will be sent to the Assistant Dean, PGME.



Recommendation must be ratified by the Assistant Dean, PGME. The Assistant Dean to notify Learner in writing, CPSO and hospital (if appropriate).
Decision



Option to Appeal

