

UNIVERSITY OF OTTAWA, FACULTY OF MEDICINE POLICY AND PROCEDURE FOR THE ASSESSMENT OF POSTGRADUATE RESIDENTS

1. INTRODUCTION

1.1 This policy of The Faculty of Medicine ensures that there is a fair and transparent assessment system for postgraduate residents enrolled in postgraduate residency training programs at the University of Ottawa Faculty of Medicine. This policy does not pertain to Clinical or research Fellows or trainees in Area of Focused Competency (AFC) diploma programs (see Policy and Procedure for the Assessment of AFC Trainees and Clinical Fellows).

1.2 This policy has been developed to be in compliance with the accreditation standards of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). This policy is also designed to be consistent with the following University of Ottawa academic policies, and policies of the following medical organizations:

- a) The University of Ottawa Faculty of Medicine Professionalism Policy;
- b) The College of Physicians and Surgeons of Ontario (CPSO) Policy on Professional Responsibilities in Postgraduate Medical Education;
- c) The Canadian Medical Association Code of Ethics (CMA);
- d) Council of Ontario Universities (COU/COFM)

2. PURPOSE

2.1 The purpose of this policy, the Policy and Procedure for the Assessment of Postgraduate Residents (“policy”), is to outline the processes governing assessment for all postgraduate residents enrolled in accredited residency programs at the University of Ottawa Faculty of Medicine.

3. SCOPE

3.1 This policy sets out the procedures for the assessment of residents. Residents and Residency Program Committees are responsible for becoming familiar with this policy.

3.2 This policy is designed to apply to both time based and competency based educational experiences and programs.

3.3 This policy does not apply to residents during the Assessment Verification Period (AVP), AVP Extension/remediation period or Pre-Entry Assessment Program (PEAP). For these residents, the relevant CPSO policies apply.

AVP: <https://cou.ca/wp-content/uploads/2016/10/AVP-Policy-2016.pdf>

PEAP: <https://cou.ca/wp-content/uploads/2014/05/COU-Pre-entry-Assessment-Program-Policy.pdf>

3.4 In this policy, the word “**must**” is used to denote something that is required, and the word “**should**” is used to denote something that is highly recommended.

4. DEFINITIONS

For the purposes of this Policy,

4.1 “**Assessment**” is the process of gathering and analyzing information to measure a resident’s competence or performance and compare it to defined criteria.

4.2 “**AVP**” means Assessment Verification Period. The AVP is a period of assessment to determine if an International Medical Graduate (IMG) can function at their appointed level of training prior to full acceptance into the residency program to which they have been accepted. Successful completion is a requirement to obtain a postgraduate medical education certificate of registration (educational license) from the College of Physicians and Surgeons of Ontario. A successful AVP should be credited towards residency training time. An extension of an AVP, which must be accompanied by a remediation, may or may not be credited towards residency training.

4.3 “**Competence Committee**” as defined by the RCPSC is a subcommittee of the Residency Program Committee (RPC) and is the committee responsible for recommendations regarding resident promotion and/or needed academic support to the RPC and the program director. Recommendations are made using highly integrative data from multiple observations and other sources of data, as well as feedback from clinical practice. All recommendations must be reviewed and approved by the RPC and the Program Director.

4.4 “**Designated assessment tools**” means assessment tools approved by the RPC of each program for inclusion in the assessment plan of residents which are appropriately tailored to the specialty, level or stage of training, and the national training standards.

4.5 “**Educational experience**” refers to the activity or setting in which the residents have the experiences that allows them to achieve pre-defined goals and objectives and/or EPAs, milestones and competencies. Examples of words commonly used to describe discrete clinical training experiences include rotation, longitudinal clinics, call, etc.

4.6 “**EPA**” means entrustable professional activity and is an authentic task of a discipline.

4.7 “**Formative assessment**” refers to assessments done to monitor a resident’s progress and to provide ongoing feedback.

4.8 “**IMG**” means International Medical Graduate and is an individual who has graduated from a non-Liaison Committee on Medical Education/Committee on Accreditation of Canadian Medical Schools (non-LCME/CACMS) accredited medical school, who is either a Canadian citizen or a Canadian permanent resident and who meets the criteria of an IMG as defined by the CPSO.

4.9 “**Milestone**” is an observable marker of an individual’s ability along a developmental continuum.

4.10 “**PGEC**” means the Faculty Postgraduate Medical Education Committee and is the committee responsible for the development, oversight and review of all aspects of postgraduate medical education within the Faculty of Medicine and is chaired by the Vice-Dean, PGME.

4.11 “**PEAP**” means Pre-Entry Assessment Program. The PEAP is an assessment process that evaluates a VISA resident to determine whether they can function at the appointed level of training. Successful completion of the VISA residency PEAP determines eligibility to enter residency training and therefore is not recorded as part of the residency training program.

4.12 “**Program Director**” is the Faculty member responsible for the overall conduct of the residency program in a discipline and reports to the Chair of the University department concerned and to the Vice-Dean, PGME.

4.13 “**Residency Program**” means the RCPSC or CFPC postgraduate residency training program.

4.14 “**RPC**” means the Residency Program Committee and it is the committee that assists the Residency Program Director in the planning, organization, and supervision of the residency training program and includes representation from the residents in the program and other major stakeholders in the residency training program.

4.15 “**Resident**” means a physician registered in a residency training program accredited by the RCPSC or the CFPC and who is registered in the Postgraduate Medical Education Office at the Faculty of Medicine of the University.

4.16 “**Senior physician leader**” means the head or chief of the medical staff, regardless of the position title, appointed by the health organization (for example: hospitals, medical clinics, primary care agencies, health regions, long-term care organizations, public health agencies) as the senior leader accountable to the board of directors or highest governing body of the health care organization for the quality of patient care at the health organization or for matters in relation to public health.

4.17 “**Scoring rubrics**” are the scoring guides used to assess performance for individual assessments.

4.18 “**Stages of Training**” means the four developmental stages in RCPSC Competency Based Medical Education (CBME) programs. They are: Transition to Discipline, Foundation of Discipline,

Core of Discipline, and Transition to Practice. Each stage has defined EPAs and milestones for learning and assessment.

4.19 “Summative assessment” refers to a formal written summary of a resident’s performance against established expectations which is carried out at specified intervals within each program and across assessment plans.

4.20 “Supervisor” means an individual who has taken on the responsibility for their respective training programs to guide, observe and assess the educational activities of residents.

4.21 “Time Based Program” means a program whose structure is based on goals and objectives and time-based educational experiences.

4.22 “VISA resident” means an individual who has graduated from a non-LCME/CACMS medical school and who is training at the University of Ottawa without Canadian legal status (i.e. training under a VISA), and is neither a Canadian citizen or permanent resident of Canada.

5. STANDARDS OF ASSESSMENT

5.1 It is the responsibility of the PGEC to maintain standards for the assessment, promotion, reclassification, remediation, probation, suspension, extension of training, reintegration and dismissal of residents in all residency programs. The PGEC will review the assessment process of each residency program on a regular basis as defined by accreditation standards to ensure that assessment processes and practices are consistent with this Policy, and the minimum standards set by the related professional organizations, including the CPSO, CFPC and the Royal College. The PGEC will monitor the performance of programs either directly or through the relevant subcommittee of the PGEC.

6. PRINCIPLES OF RESIDENT ASSESSMENT

Structure

6.1 Every program **must** have an Assessment Framework that includes designated assessment tools and scoring rubrics tailored to the specialty and level or stage of training which would meet the national training standards.

6.2 The purpose of the Assessment Framework is as follows:

6.2.1 To provide a framework for the assessment of the resident’s knowledge, skills, attitudes and competencies by the supervisor;

6.2.2 To facilitate feedback to the resident by a supervisor or the Program Director;

- 6.2.3 To serve as a record of the performance and progress of the resident for the program;
- 6.2.4 To enable the Program Director to assist supervisors in ongoing supervision of the resident;
- 6.2.5 To establish a basis for confirmation of progress, identification of needs, evidence for promotion, reassessment/reclassification, extension of training, remediation and probation.

Assessment and feedback

6.3 During their postgraduate training program, residents will receive fair, timely, equitable and unbiased formative and summative assessments and feedback on an ongoing basis. The principles governing assessment are as follows:

- 6.3.1 The assessment process **must** be tied to educational objectives, or to EPAs and milestones.
- 6.3.2 Goals and objectives, EPAs and milestones **must** be assessed with a range of assessment tools.
- 6.3.3 Goals and objectives, or EPAs and milestones **must** be made available to residents and faculty at the beginning of each rotation or educational experience to guide resident learning and assessment strategies. The goals and objectives, or EPAs and milestones, **should** be reviewed by the resident.
- 6.3.4 Assessment and feedback is the joint responsibility of both the resident and the program. When written feedback is completed, residents **should** read written feedback within 14 days of being notified that it has been completed.
- 6.3.5 All residents **must** receive a written summative assessment at least quarterly. The summative assessment **must** outline the progress that has been made by a resident in addressing any areas of concern that have been identified.
 - 6.3.5.1 Where in-training evaluation reports (ITERS) or in-training assessment reports (ITARs) are used as summative assessments, ITERS/ITARs **should** be completed within 14 days of the completion of the rotation/educational experience.
 - 6.3.5.2 In traditional time-based programs, there **should** be documented, mid-rotation, formative feedback when the rotation is two blocks or longer.

- 6.3.5.3** In situations where residents are ‘on trajectory’, the program director or delegate **must** discuss summative assessments with the resident at least twice per year. This discussion **should** occur face-to-face. When logistics make face-to-face impossible, the communication **must** occur in a real time mode such as phone, Facetime, Skype, Zoom or Teams.
- 6.3.5.4** In situations where residents are ‘off trajectory’, the program director or delegate **must** discuss the summative assessment with the resident. This discussion **should** occur within 14 days of the completion of the ITER/ITAR or summative assessment and **must** also be given face-to-face. When logistics make face-to-face impossible, the communication **must** occur in a real time mode such as phone, Facetime, Skype, Zoom or Teams.
- 6.3.6** In CBD/CBME programs, the Competency Committee **must** provide the RPC with summative assessments and recommendations at each transition of stage of training or at minimum semi-annually.
- 6.3.7** There **must** be regular, verbal informal feedback provided to residents as well as formal feedback and assessment as required by this policy.
- 6.3.8** Residents **must** be informed of performance deficiencies in a timely manner so that they can have adequate opportunity to remedy them prior to the end of the educational experience. The feedback **must** be documented and incorporated into the resident’s file.
- 6.3.9** Both the supervising physician or program director or delegate and the resident **should** sign or validate the summative assessment within 14 days. The resident’s signature/validation does not necessarily imply that they agree with the summative assessment; rather the signature/validation indicates that it has been seen by the resident. Failure of the resident to sign/validate the form does not invalidate the summative assessment or the discussion.
- 6.4** The Residency Program Committee makes decisions regarding the successful completion of an assessment period, educational experience, rotation, stage of training and academic year or of the program as well as completion of any certification requirements where applicable.
- 6.5** The Competence Committee’s mandate is to review and discuss resident’s performance and progress so as to advise/guide resident learning and growth, modify a resident’s learning plan, make decisions on a resident’s achievement of EPAs, and recommend resident status changes to the Residency Program Committee as per the RCPSC.

6.6 Decisions regarding completion of program, reassessment/reclassification, extension of training, remediation, probation, suspension or dismissal must be ratified by the Vice-Dean, PGME or delegate. For all decisions made by the PGME Professionalism Subcommittee, ratification by the Vice-Dean of PGME, or delegate, is not required. As required, the senior physician leader of the health organization where the training experience is taking place may be notified of decisions made by the Vice-Dean, PGME or delegate, PGME Professionalism Subcommittee regarding remediation, probation or reassessment/reclassification, suspension or dismissal.

Resident Wellness

6.7 All residents who are put on a remediation measure **should** be referred for a wellness assessment (e.g. Faculty Wellness Program, OMA, PARO, EAP, PHP) as part of the support provided during this process. The program director or delegate should review the process of referral, including the confidential nature of the referral with the resident.

7. PROMOTION

7.1 The Program Director, in consultation with the Residency Program Committee (RPC) for the program, will determine the rotation or educational experience requirements for each year or stage of the program. The rotation or educational experiences requirements may be amended from time to time and **must** be communicated to the residents.

7.2 Residents will be promoted to the next academic year or stage when all requirements have been met for the level or stage of training. This determination shall be made by the RPC, or delegate.

7.3 The academic promotion of a resident to the next year or next stage of training in any program may be delayed based on any of the following:

7.3.1 pending completion of a remedial or probationary period, or repeat of a failed rotation;

7.3.2 the resident is under suspension;

7.3.3 the resident has not met the training requirements for that postgraduate year or stage;

7.3.4 the resident has taken an extended leave of absence from training which has resulted in an incomplete educational experience for stage or year of training

7.4 Where the academic promotion of a resident has been delayed because of unsatisfactory performance, the resident's training will be addressed in accordance with the options for unsatisfactory performance as outlined in section 10 below.

7.5 Residents will not be academically promoted during a period of reassessment/reclassification, remediation, probation or suspension.

7.6 For residents completing a period of remediation or probation, the Residency Program Committee will review rotations and training experiences completed during the remediation or probation period and will determine whether any of these may receive credit towards RCPSC or CFPC training requirements. If sufficient credit is awarded, a retroactive promotion may be granted in cases where promotion may have otherwise occurred during the remedial or probation period.

8. REINTEGRATION

8.1 Where a resident has been on an extended leave of absence (>12 months), a period of reintegration to allow for familiarization to the learning environment **may** be warranted prior to resuming formal training.

8.1.1 A resident will not receive credit for training during this period of reintegration

8.1.2 The period of reintegration will generally be two weeks and should not exceed four weeks.

8.1.3 The program must account for any accommodations required for the resident

9. REASSESSMENT/RECLASSIFICATION

9.1 Where a resident has been on an extended leave of absence (>12 months), a period of reassessment/reclassification to assess knowledge, skills and competencies **may** be warranted prior to resuming formal training. Residents will be placed at the appropriate level or stage as determined by the RPC, at the completion of the reassessment/reclassification period. If the resident has lost knowledge, skills or competencies, it may be determined that the resident should be reclassified to a more junior level of training (year or stage), it may be determined that the resident requires a period of remediation, or it may be determined that both are required.

9.2 A resident may receive credit for training which is successfully completed during a period of reassessment/reclassification as decided by the RPC but this will only be determined upon completion of the reassessment/reclassification period.

9.3 The nature and length of the reassessment/reclassification period will be determined by the program's RPC. The period of reassessment/reclassification will generally be four to eight weeks and should not exceed 12 weeks. The resident **must** be consulted about the plan and **must** be provided with a copy of the plan before the reassessment/reclassification period begins.

9.4 A reassessment/reclassification plan **must** be completed by the Program which **must** address the following:

- 9.4.1** details regarding the reasons for the reassessment/reclassification period;
- 9.4.2** the specific goals and objective or EPAs and milestones the resident is to be benchmarked to;
- 9.4.3** the goals and objectives or EPAs and milestones that are to be assessed in determining the resident's stage or level of training;
- 9.4.4** the methods of assessment to be used during the reassessment/reclassification;
- 9.4.5** the duration of the reassessment/reclassification period;
- 9.4.6** the possible outcomes of the reassessment/reclassification; and
- 9.4.7** outline the methods by which the final decision will be made around whether the resident has successfully completed a period of reassessment/reclassification and how stage or level will be determined.

9.5 The plan **must** be drafted by the RPC or delegate and **must** be ratified by the Vice-Dean PGME or delegate

10. UNSATISFACTORY AND INCOMPLETE PERFORMANCE

Unsatisfactory or incomplete performance may be identified when it is determined that the resident did not meet the defined educational objectives, EPAs or milestones.

10.1 Reasons why a resident's performance may be deemed unsatisfactory include:

- 10.1.1** a summative assessment or a decision by the Competency Committee demonstrates that the resident has not met the required objectives or competencies;
- 10.1.2** a resident has not satisfied the standards of professionalism as per the Faculty's Professionalism Policy (<https://med.uottawa.ca/professional-affairs/policies/professionalism-policy>) and the level of the professionalism breach is determined to be at a level 2 or 3;

- 10.1.3** a resident is in breach of the policies of the health organization where the resident's rotation or training experience is taking place;
 - 10.1.4** the resident has been absent without receiving appropriate approval from their Program Director, as per the processes set out by the PARO-OTH Collective Agreement and/or the PGME Leave of Absence Policy.
 - 10.1.5** the Program Director, RPC, or Competence Committee determines that the resident has not satisfactorily completed a rotation or educational experience.
 - 10.1.6** an unsatisfactory rotation or educational experience can be identified using any of the following language (as defined by individual Program standards and outlined on Assessments): "marginal", "borderline", "inconsistently" or "partially meets expectations for level of training", "unsatisfactory", "does not meet expectations for level of training", "off trajectory", or any other language explicitly defined by the program to denote unsatisfactory performance
 - 10.1.7** any serious patient safety issue/concern may be defined as a performance deficiency and lead to an unsatisfactory completion of a rotation or educational experience, and/or may independently contribute subsequently to remediation, probation and dismissal decision. This **must** be documented in the resident's file.
 - 10.1.8** uncorrected performance deficiencies on any type of assessment may contribute to an unsatisfactory completion of a rotation or educational experience, and/or may independently contribute subsequently to an extension of training, remediation, probation and dismissal decision.
- 10.2** Incomplete rotations indicate that:
- 10.2.1** In traditional stream programs where the rotation supervisor has been unable to properly and fully assess the resident because the resident's time spent on the training experience was insufficient to support meaningful assessment, additional time on this training experience is indicated to fulfill the requirement. The amount of time will be determined by the competence committee and/or RPC.
 - 10.2.2** The determination of whether a resident can or cannot be assessed should be made on an individual, case-by-case basis. The assessment should take into account factors such as the resident's individual performance and experience, the total length of the rotation or training experience, the future time a resident may spend on the same rotation, and the nature of the educational experience being missed.

10.2.3 In the event that a resident's performance has been deemed incomplete, the resident may be required to undergo extension of training.

10.3 Where there has been an unsatisfactory or incomplete performance, the program's RPC must decide what action is required and whether to recommend that the resident be required to enter one of the following remedial periods listed below. In programs with a competency committee, this decision would be guided by the committee's recommendations. In cases where the resident has been referred to the PGME Professionalism Subcommittee, the subcommittee may decide that the resident be required to enter one of the following remedial measures listed below. A decision of the PGME Professionalism Subcommittee does not require ratification by the Vice-Dean (PGME) or delegate.

10.4 Where concerns have been raised regarding a resident's performance, the Program Director, or delegate, **must** review the concerns with the resident. The purpose of this communication is to ensure a full assessment of the issues as well as disclosure of the evidence and rationale for the concerns.

10.5 The program's RPC will review all relevant supporting documentation prior to entering a decision regarding a resident's unsatisfactory or incomplete performance. The resident **must** be provided with the opportunity to address the concerns with the RPC; this communication from the resident may be verbal or written.

11. REMEDIAL MEASURES

11.1 In the event that a resident's performance has been deemed unsatisfactory or incomplete, the resident may be required to undergo one or more of the following:

10.1.1 extension of training;

10.1.2 remediation; or

10.1.3 probation.

11.2 These remedial measures are intended to address concerns expected to not readily be corrected in the normal course of the residency program.

11.3 A resident may be placed into whichever one(s) of these remedial measures is most applicable to their academic situation.

11.4 In general, it is recommended that a period of probation be preceded by a period of remediation as part of a progressive approach. However, under certain circumstances (e.g. unsatisfactory performance in several CanMEDS domains; level 2 or 3 professionalism concerns;

patient safety concerns), the resident may be directly placed on probation without a preceding remediation period.

12. EXTENSION OF TRAINING

12.1 In time-based programs, an extension of training may be utilized to allow a resident to achieve a required level of competence prior to promotion to the next level of training and assuming more clinical responsibilities. This option may be used where the resident has encountered difficulties during the year, difficulties obtaining the next level of responsibility in the program or is on a slower trajectory to obtain required competencies, but such difficulties/trajectory are insufficient to warrant a formal period of remediation or probation, or because the resident has failed a rotation or educational experience that must be repeated. In such cases, the resident will be required to continue training at the same level for a predetermined amount of time, typically not to exceed 12 weeks.

An extension of training may also be required following a reassessment/reclassification where a resident is reclassified at a lower PGY training level and requires extension of time to complete the program training requirements.

12.2 Recommendations for extension of training must be brought to the Program's RPC by the Program Director or competency committee. A decision regarding an extension of training will be taken by the Program's RPC. The decision must be ratified by the Vice-Dean, PGME or delegate.

12.3 The nature and length of the extension of training will be determined by the program's RPC. The resident **must** be consulted about the plan and **must** be provided with a copy of the plan before the period begins.

12.4 An Extension of Training plan **must** be completed by the Program which **must** include the following:

12.4.1 details regarding the reasons for extension of training;

12.4.2 the specific areas of deficiency in the resident's educational trajectory;

12.4.3 the objectives during the extension of training that need to be met for the expected educational trajectory at the resident's stage of training;

12.4.4 the methods of assessment during the extension of training;

12.4.5 the duration of the extension of training;

12.4.6 the possible outcomes of the extension of training; and

12.5 If rotation(s) or training experiences are required outside the resident's program, these will be discussed and arranged with the supervisor of that rotation (or educational experience) prior to finalizing the extension of training.

12.6 The extension of training plan **must** be ratified by the Vice-Dean (PGME) or delegate prior to its implementation.

12.7 At the end of the Extension of Training period, the RPC or delegate, will review the resident's performance and determine the appropriate outcomes as per this policy.

13. REMEDIATION

13.1 Remediation is a formal program of individualized training during which the resident is expected to correct identified weaknesses and/or deficiencies where it is anticipated that those weaknesses can be successfully addressed to allow the resident to meet the standards of training. Remediation shall normally be for a period of two to six clinical blocks (approximately equivalent to 2 to 6 months).

13.2 Recommendations for remediation must be brought to the Program's RPC by the Program Director or Competency Committee. A decision regarding remediation will be taken by the Program's RPC. The decision must be ratified by the Vice-Dean (PGME) or delegate.

13.3 A remediation plan **must** be completed by the Program which **must** include the following:

13.3.1 details regarding the reasons for remediation;

13.3.2 the specific areas of deficiency, EPAs and milestones or other deficiencies where the resident is off their educational trajectory;

13.3.3 the objectives during the formal remediation; EPAs, milestones and other outcomes that need to be met for the expected educational trajectory at the resident's stage of training;

13.3.4 the methods of assessment during the remediation;

13.3.5 the duration of the remedial period;

13.3.6 the possible outcomes of the remediation; and

13.4 If rotation(s) or training experiences are required outside the resident's program, these will be discussed and arranged with the supervisor of that rotation (or educational experience) prior to finalizing the period of remediation.

13.5 The remediation plan **must** be ratified by the Vice-Dean (PGME) or delegate where the resident's rotation or training experience is taking place prior to its implementation.

13.6 At the end of a remediation period, the program's RPC, or delegate, must complete a Final Remediation Outcome form. The Program Director will inform the resident in person and in writing as to the results of the remediation and the recommendation(s) of the RPC. The outcome of the remediation **must** be ratified by the Vice-Dean (PGME) or delegate.

13.7 A resident may receive credit for training successfully completed during a period of remediation as decided by the RPC.

13.8 If the resident's performance in remediation is unsatisfactory, the resident will be placed in their home program pending the deliberations of the RPC, or may be placed on a paid interruption in training. Where the remediation is unsuccessful, the RPC may recommend to the Vice-Dean (PGME) or delegate that the resident enter a further period of remediation or probation.

13.9 A resident may have a maximum 2 remedial periods at any time during a residency program. Probation and dismissal may be considered as an outcome of a second remedial period; these remedial periods do not need to be consecutive.

14. PROBATION

14.1 A resident will be placed on probation in circumstances where the resident is expected to correct identified serious problems not subject to usual remedial training including but not limited to, academic, professionalism or patient safety issues that are assessed to jeopardize successful completion of the residency program. Probation may be applied where a resident:

14.1.1 has failed a period of remediation;

14.1.2 has successfully completed two remediation periods at any time during their training and subsequently has encountered difficulties; or

14.1.3 has encountered serious academic, patient safety or professionalism issues where the program's RPC determines that an immediate period of probation is warranted.

14.2 Recommendations for probation must be brought to the program's RPC by the Program Director or Competency Committee. A decision regarding probation will be taken by the program's RPC. The decision **must** be ratified by the Vice-Dean (PGME) or delegate.

14.3 The nature and length of the probation period will be determined by the program's RPC. Probation should not exceed 3 rotation blocks/months. In cases where it has been determined that a resident has acted unprofessionally, probation will be managed in accordance with Faculty of Medicine Professionalism Policy.

14.4 A probation plan **must** be completed by the program which **must** address the following:

- 14.4.1** details regarding the reasons for probation;
 - 14.4.2** the specific areas of deficiency; EPAs and milestones or other deficiencies where the resident is off their educational trajectory;
 - 14.4.3** the objectives during probation; EPAs and milestones and other outcomes that need to be met for the expected educational trajectory at the resident's stage of training;
 - 14.4.4** the methods of assessment during the probation;
 - 14.4.5** the duration of the probation period;
 - 14.4.6** the possible outcomes of the probation; and
- 14.5** If rotation(s) or training experiences are required outside the resident's program, these will be discussed and arranged with the supervisor of that rotation (or educational experience) prior to finalizing the period of probation.
- 14.6** The probation plan **must** be ratified by the Vice-Dean (PGME) or delegate where the resident's rotation or training experience is taking place prior to its implementation. The senior physician leader of the health organization may be notified as necessary.
- 14.7** At the completion of the probation period, the resident shall be placed on a paid interruption in training pending the deliberations of the RPC.
- 14.8** At the end of the probation period, the program's RPC **must** complete a Final Probation Outcome form. The Program Director will inform the resident in person and in writing as to the results of the probation and the recommendation(s) of the RPC. The outcome of the probation **must** be ratified by the Vice-Dean (PGME) or delegate.
- 14.9** A resident may receive credit for training successfully completed during a period of probation as decided by the RPC.
- 14.10** Where the probation has been unsuccessful, the Program Director on the advice of the RPC will recommend to the Vice-Dean (PGME) or delegate that the resident be dismissed from the program.

15. SUSPENSION

- 15.1** Suspension is a temporary interruption of a resident's participation in the residency program and includes interruption of clinical and educational activities.
- 15.2** The conduct of residents is governed by the policies of professional bodies such as the CPSO and by the Professionalism Policy of the Faculty of Medicine, University of Ottawa. Violation of any of these standards and policies may constitute improper conduct warranting

suspension. A single serious incident of unprofessionalism or a series of incidents of unprofessionalism may justify suspension.

15.3 A supervisor may immediately remove a resident from clinical or non-clinical responsibilities if the resident's conduct is deemed to pose a safety risk to patients, staff, students, or the public that uses the setting. The supervisor must notify the program director as soon as possible. Only a program director, Vice-Dean (PGME) or delegate, or the PGME Professionalism Subcommittee may formally suspend a resident. If the program director suspends a resident, the suspension **must** be ratified by the Vice Dean (PGME) or delegate.

15.4 The Vice-Dean (PGME) or delegate **must** notify the resident in writing of the suspension and the notification **must** include the reasons for and duration of the suspension. The resident will continue to be paid during the suspension as per the terms of the PARO-OHT agreement pending review by the Vice-Dean or delegate, and/or the Professionalism Subcommittee.

15.5 The PGME office will notify the senior physician leader of the health organization (Vice Chair Education or delegate) where the resident's rotation or training experience took place that the resident is suspended from clinical duties pending investigation and adjudication of the issue leading to suspension.

16. DISMISSAL FROM THE PROGRAM

16.1 A resident may be dismissed from the program if any of the following conditions exist:

16.1.1 a resident has a second failure of remediation;

16.1.2 a resident fails a probation period;

16.1.3 a resident does not maintain the standards of the profession as described in the Faculty's Professionalism Policy;

16.1.4 a resident meets the criteria of the Regulated Health Professions Act of Ontario for clinical incompetence or incapacitation; or,

16.1.5 lack of a training site/faculty available to train arising from professionalism or patient safety concerns.

16.2 A decision regarding dismissal of a resident will only be taken by the program's RPC on the recommendation of the Program Director or by the PGME Professionalism Subcommittee. When the decision has been made by the program's RPC, the decision **must** be ratified by the

Vice-Dean (PGME) or delegate. Decisions of the PGME Professionalism Subcommittee do not require Vice-Dean (PGME) ratification.

16.3 The resident **must** be informed of the decision in writing. The notification **must** include the reason(s) for dismissal.

16.4 The PGME office will notify the senior physician leader of the health organization where the resident's rotation or training experience took place that the resident is dismissed from the program.

17. APPEALS

17.1 A resident has the right to appeal a final decision regarding extension of training, reclassification, remediation, probation, suspension or dismissal as ratified by the Vice-Dean (PGME) or delegate or by the PGME Professionalism Subcommittee to the Faculty Council Appeals Committee. A decision regarding rotation failure for which the consequences are limited to repeating the rotation and/or reducing time available for electives is not eligible for appeal.

17.2 An appeal is not an opportunity for the resident to repeat the information provided previously during the process leading up to the final decision. The resident's right to an appeal is not automatic and an appeal will only be considered by the Faculty Council Appeals Committee if it meets the following requirements:

17.2.1 The appeal to the Faculty Council Appeals Committee must be made in writing and within 10 business days after the date of the final decision that is the subject of the appeal; and

17.2.2. The appeal must include the reasons for the appeal, the reasons why the appeal should be granted, the arguments in support of the appeal and the outcome sought; and

17.2.3. The resident must demonstrate that,

17.2.3.1. there has been a fundamental procedural error in the making of the final decision and that such error has caused or will cause actual prejudice to the person seeking the appeal (for example: policies and procedures were not followed or the decision-maker did not consider evidence relevant to the final decision); or

17.2.3.2. there are new facts relevant to the final decision that were not available and could not have been provided during the process leading up to the final decision.

17.3 The following is a list of some additional examples of situations where an appeal would not meet the requirements of paragraph 17.2:

17.3.1. The appeal asks for review of a consequence or measure that has not yet been finally decided or approved.

17.3.2. The appeal repeats arguments previously made during the process leading up to the final decision and does not provide any new information relevant to the final decision.

17.3.3. The appeal is based only on a disagreement with a finding of fact, including findings made about the credibility of witnesses.

17.3.4. The appeal raises new arguments that were not made previously, but the resident could have made these arguments during the process leading to the final decision.

17.3.5. The appeal amounts to a mere speculation or a bald statement of a procedural error causing prejudice, and does not provide detailed and convincing information to establish the error and to establish a link between the error and actual prejudice or a reasonable expectation of prejudice to the resident.

17.4 The resident should consult the Faculty Council Appeals Committee procedures (section 9.3 of the Faculty of Medicine bylaws (<https://www.uottawa.ca/faculty-medicine/policies-and-bylaws>) concerning the preparation and submission of an appeal and the applicable deadlines.

17.5 While a resident may appeal a final decision regarding extension of training, reclassification, remediation or probation as ratified by the Vice-Dean (PGME), or delegate, or a PGME Professionalism Subcommittee decision to the Faculty Council Appeals Committee, the resident is required to undertake the period of extension, reclassification, remediation or probation plan pending the results of the Appeal. Failure to do so will result in the resident being placed on leave from training for the duration of the appeal process. If the appeal is upheld for the resident, the period of training will receive credit to the extent possible.

17.6 While a resident may appeal a final decision regarding suspension or dismissal, as ratified by the Vice-Dean PGME, or delegate, or a PGME Professionalism Committee decision to the Faculty Council Appeals Committee, the resident will remain on leave from training pending the results of the Appeal.

17.7 A resident may appeal the decision of the Faculty Council Appeals Committee to the University Senate Appeals Committee. The resident should consult the Office of the Secretary-General concerning the preparation and submission of such an appeal and the applicable deadlines.

18. NOTIFICATION

18.1 When a resident is assessed by the RPC near the end of the training program as having met the prerequisites for certification by the RCPSC or the CFPC, the Vice-Dean (PGME) or delegate will notify the RCPSC or the CFPC of this in the required manner.

19. GENERAL

19.1 This policy replaces any previous versions of the policies and procedures on PGME evaluations.

20. REVIEW

20.1 This policy will be reviewed 1 year after adoption and every 3 years subsequently.

Committee

PGEC
Faculty Council
Executive Committee of the Senate

Approval

June 14, 2023
November 7, 2023
December 5, 2023