

**UNIVERSITY OF OTTAWA, FACULTY OF MEDICINE  
POLICY AND PROCEDURE FOR THE ASSESSMENT OF  
AFC TRAINEES and CLINICAL FELLOWS**

## **1. INTRODUCTION**

**1.1** This policy of The Faculty of Medicine ensures that there is a fair and transparent assessment system for postgraduate trainees enrolled in Clinical Fellowship Programs or Areas of Focused Competence (AFC) diploma programs at the University of Ottawa Faculty of Medicine.

**1.2** This policy has been developed to be compliant with the following University of Ottawa academic policy 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); and
- d) Council of Ontario Universities (COU/COFM).

## **2. PURPOSE**

**2.1** The purpose of this policy, the Policy and Procedure for the Assessment of AFC Trainees and Clinical Fellows (“policy”), is to outline the processes governing assessment for all postgraduate trainees enrolled in AFC or clinical fellowship programs at the University of Ottawa, Faculty of Medicine.

## **3. SCOPE**

**3.1** This policy sets out the procedures for the assessment of AFC trainees and fellows. All trainees are responsible for becoming familiar with this policy.

**3.2** 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** “**AFC**” means Areas of Focused Competence and is a post-residency diploma program that provides additional training and is accredited by the Royal College of Physicians and Surgeons of Canada.

**4.2** “**AFCPC**” means the AFC Program Committee which is the committee that assists the AFC Program Director in the planning, organization, and supervision of the AFC training program and includes representation from the trainees in the program.

**4.3** “**AFC Trainee**” means a physician registered in an AFC Diploma training program, accredited by the RCPSC, and who is registered with the Postgraduate Medical Education Office of the Faculty of Medicine of the University.

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

**4.5** “**CFC**” is the Clinical Fellowship Committee which is the Faculty Postgraduate Medical Education (PGME) committee that coordinates Faculty of Medicine Post-Residency Fellowship Education in all recognized programs and is chaired by the Vice-Dean (PGME).

**4.6** “**Competence Committee**” as defined by the Royal College of Physicians and Surgeons of Canada (RCPSC) is a subcommittee of the Fellowship Program Committee (FPC) or AFCPC and is the committee that makes recommendations about promotion and needed academic support to the FPC/AFCPC and the related 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 FPC/AFCPC.

**4.7** “**Designated assessment tools**” means assessment tools approved by the Program Committee of each program for inclusion in the assessment plan of trainees which are appropriately tailored to the specialty level of training.

**4.8** “**Educational 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 milestones and competencies. Examples of words commonly used to describe discrete clinical training experiences include rotation, longitudinal clinics, call, etc.

**4.9** “**Fellow**” means a postgraduate medical education trainee undertaking post-certification training to acquire specialized expertise not normally obtained during residency training. Fellowship training takes place outside the specialty or subspecialty training requirements of the Royal College of Physicians and Surgeons of Canada (RCPSC) or College of Family Physicians Canada (CFPC) and cannot be credited toward national certification requirements. Fellowship programs include trainees registered in Areas of Focused Competence.

**4.10** “**Formative assessment**” refers to assessments done to monitor a trainee’s progress and to give ongoing feedback.

**4.11** “**FPC**” means the Fellowship Program Committee and it is the committee that assists the Fellowship Program Director in the planning, organization, supervision and assessment of the training program and includes representation from the fellows in the program.

**4.12** “**PEAP**” means Pre-Entry Assessment Program. The PEAP is an assessment process that evaluates an International Medical Graduate to determine whether they can function at the appointed level of training. Successful completion of the PEAP provides an assessment of the candidate’s general knowledge and competency in the specialty in which they are certified and if successfully completed, can be counted towards fulfillment of the AFC diploma or fellowship.

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

**4.14** “**Program or Fellowship Director**” is the faculty member responsible for the overall conduct of the clinical fellowship or AFC training program and reports to the Chair of the University department concerned and to the Vice-Dean (PGME).

**4.15** “**RCPSC**” means the Royal College of Physicians and Surgeons of Canada

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

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

**4.20** “**VISA trainee**” means an individual who is training at the University of Ottawa without Canadian legal status (i.e. is neither a Canadian citizen nor permanent resident of Canada) and is training under a work permit.

## **5. STANDARDS OF ASSESSMENT**

**5.1** It is the responsibility of the CFC to maintain standards for the assessment, promotion, remediation, probation, suspension and dismissal of trainees in clinical fellowship and AFC programs.

5.1.1 Assessment during the PEAP must adhere to the guidelines set out by PGME for this process. Formal acceptance into the program will occur after successful completion of the PEAP. Thereafter, this Policy will apply.

5.1.2 The CFC will review the assessment process of each clinical fellowship and AFC programs on a regular basis 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 and the RCPSC as appropriate. The CFC will monitor the performance of programs either directly or through the relevant subcommittee of the CFC.

## **Structure**

**6.1** Every program **must** have an Assessment Framework that includes designated assessment tools and scoring rubrics tailored to the AFC or clinical fellowship training.

**6.2** The purpose of the Assessment Framework is as follows:

**6.2.1** To provide a framework for the assessment of the trainee's knowledge, skills, attitudes and competencies by the supervisor;

**6.2.2** To facilitate feedback to the trainee by a supervisor or the Fellowship/AFC Program Director;

**6.2.3** To serve as a record of the performance and progress of the trainee for the program;

**6.2.4** To enable the Fellowship/AFC Program Director to assist supervisors in ongoing supervision of the trainee;

**6.2.5** To establish a basis for confirmation of progress, identification of needs, evidence for promotion, remediation and probation.

## **Assessment and feedback**

**6.3** During their AFC training or clinical fellowship, trainees 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.
- 6.3.2 Goals and objectives **must** be assessed with a range of assessment tools.
- 6.3.3 Goals and objectives **must** be made available to trainees and faculty at the beginning of each rotation or educational experience to guide trainee in learning and assessment strategies. The goals and objectives **should** be reviewed by the trainee.
- 6.3.4 Assessment and feedback is the joint responsibility of both the trainee and the program. When written feedback is completed, trainees **should** read written feedback within 14 days of being notified that it has been completed.
- 6.3.5 All trainees **must** receive a written summative assessment at least quarterly. The summative assessment **must** outline the progress that has been made by a trainee in addressing any areas of concern that have been identified.
  - 6.3.5.1 Where in-training evaluation reports (ITERS) are used as summative assessments, ITERS **should** be completed within 14 days of the completion of the rotation/educational experience.
  - 6.3.5.2 There **should** be documented, mid-rotation, formative feedback when the rotation is two blocks or longer.
  - 6.3.5.3 In situations where trainees are 'on trajectory', the Fellowship/AFC Program Director or delegate **must** discuss summative assessments with the trainee at least quarterly. 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 trainees are 'off trajectory', the Fellowship/AFC Program Director or delegate **must** discuss the summative assessment with the trainee. This discussion **should** occur within 14 days of the completion of the ITER 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 There **must** be regular, verbal informal feedback provided to trainees as well as formal feedback and assessment as required by this policy.
- 6.3.7 Trainees **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 in the trainee's file.

**6.3.9** Both the supervising physician or Fellowship/AFC Program Director or delegate and the trainee **should** sign or validate the summative assessment within 14 days. The trainee'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 trainee. Failure of the trainee to sign/validate the form does not invalidate the summative assessment or the discussion.

**6.4** The AFC or Fellowship Program Committee makes decisions regarding the successful completion of an assessment period, educational experience, rotation, and academic year for the program.

**6.5** Decisions regarding completion of program, remediation, probation, suspension or dismissal **must** be ratified by the Vice-Dean (PGME) or delegate. If any of these decisions are made by the PGME Professionalism Subcommittee, ratification by the Vice-Dean (PGME), or delegate, is not required. Decisions by the Vice-Dean (PGME) or delegate, PGME Professionalism Subcommittee regarding remediation, probation must be ratified by the senior physician leader of the health organization where the trainee's rotation or training experience is taking place. In cases of suspension or dismissal, ratification by the senior physician leader is not required, however, the PGME office will notify the senior physician leader of the suspension or dismissal.

### **Trainee Wellness**

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

## **7. PROGRAM COMPLETION**

**7.1** For Fellowships, the Program Committee (FPC) will determine the rotation or educational experience requirements for the program. The rotation or educational experiences requirements may be amended from time to time and **must** be communicated to the trainees.

**7.2** For AFC Programs, the Program Committee (AFCPC) will determine the rotation or educational experience requirement for the program based on the AFC standards. Rotation or educational experiences requirements may be amended from time to time and **must** be communicated to the trainees.

**7.3** Trainees will complete the fellowship when all requirements have been met. This determination shall be made by the FPC/AFCPC or delegate.

**7.4** Where the academic performance of a trainee results in assessment of unsatisfactory performance, the trainee's training will be addressed in accordance with the options for unsatisfactory performance as outlined below.

## **8. UNSATISFACTORY PERFORMANCE**

Unsatisfactory performance may be identified when it is determined that the trainee did not meet the defined educational objectives.

**8.1** Reasons why a trainee's performance may be deemed unsatisfactory include:

**8.1.1** a summative assessment or a decision by the FPC/AFPCPC demonstrates that the trainee has not met the required objectives or competencies;

**8.1.2** a trainee has not satisfied the standards of professionalism as per the Faculty's Professionalism Policy ([Policy on Professionalism - FA | Faculty of Medicine \(uottawa.ca\)](#)) and the level of the professionalism breach is determined to be at a level 2 or 3;

**8.1.3** a trainee is in breach of the policies of the health organization where the trainee's rotation or training experience is taking place;

**8.1.4** the trainee has been absent without receiving appropriate approval from their Fellowship/AFC Program Director, as per the PGME Leave of Absence Policy.

**8.1.5** the Program Director and FPC/AFPCPC determines that the trainee has not satisfactorily completed a rotation or educational experience.

**8.1.6** 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", "below expectations", "unsatisfactory", "does not meet expectations for level of training", "off trajectory", or any other language explicitly defined by the program to denote unsatisfactory performance.

**8.1.7** 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 or dismissal decision. This **must** be documented in the trainee's file.

**8.1.8** 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 remediation, probation, suspension or dismissal decision.

**8.2** The determination of whether a trainee 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 trainee's individual performance and experience, the total length of the training experience, and the nature of the educational experience being missed.

**8.3** Where there has been an unsatisfactory or incomplete performance, the program committee must decide what action is required and whether to recommend that the trainee 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 trainee has been referred to the Professionalism Subcommittee for professionalism concerns as per the Faculty of Medicine Professionalism Policy, the Professionalism Subcommittee may decide that the trainee be required to enter one of the following remedial measures listed below. A decision of the Professionalism Subcommittee does not require ratification by the Vice-Dean (PGME) or delegate.

**8.4** Where concerns have been raised regarding a trainee's performance, the Fellowship/AFC Program Director, or delegate, **must** review the concerns with the trainee. 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.

**8.5** The program committee will review all relevant supporting documentation prior to making a decision regarding a trainee's unsatisfactory or incomplete performance. The trainee **must** be provided with the opportunity to address the concerns with the FPC/AFCPC; this communication may be verbal or written.

## **9. REMEDIAL MEASURES**

**9.1** In the event that a trainee's performance has been deemed unsatisfactory, the trainee may be required to undergo the following:

9.1.1 remediation

9.1.2 probation

**9.2** This remedial measure is intended to deal with problems which are not expected to be readily corrected in the normal course of the fellowship program.

## **10. REMEDIATION**

**10.1** Remediation is a formal program of individualized training during which the trainee is expected to correct identified weaknesses and/or deficiencies where it is anticipated that those weaknesses can be successfully addressed to allow the trainee to meet training requirements.

Remediation shall normally be for a period of **no more than** two blocks (approximately equivalent to 2 months).

**10.2** Recommendations for remediation must be brought to the Program's training committee (FPC/AFPC) by the Program Director or competency committee. A decision regarding remediation will be taken by the FPC/AFPC. The decision must be ratified by the Vice-Dean (PGME) or delegate.

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

**10.3.1** details regarding the reasons for remediation;

**10.3.2** the specific areas of deficiency where the trainee is off their educational trajectory;

**10.3.3** the objectives during the formal remediation and other outcomes that need to be met for the expected educational trajectory at the trainee's stage of training;

**10.3.4** the methods of assessment during the remediation;

**10.3.5** the duration of the remedial period;

**10.3.6** the possible outcomes of the remediation; and

**10.4** The remediation plan **must** be ratified by the Vice-Dean (PGME) or delegate prior to its implementation.

**10.5** At the end of a remediation period, the FPC/AFPC, or delegate, must complete a Final Remediation Outcome form. The Fellowship/AFC Program Director will inform the trainee in person and in writing as to the results of the remediation and the recommendation(s) of the FPC/AFPC. The outcome of the remediation **must** be ratified by the Vice-Dean (PGME) or delegate.

**10.6** A trainee may receive credit for training which is successfully completed during a period of remediation as decided by the FPC/AFPC.

**10.7** If the trainee's performance in remediation is unsatisfactory, they may be placed on an unpaid interruption in training. Where the remediation is unsuccessful, the FPC/AFPC may recommend to the Vice-Dean (PGME) or delegate that the trainee enter a period of probation.

**10.8** A trainee may have a maximum of two (2) remedial periods (including probation as one of the remedial periods) at any time during a fellowship or AFC training program. Dismissal may be considered as an outcome of a second remedial period; these remedial periods do not need to be consecutive.

## **11. PROBATION**

**11.1** A trainee will be placed on probation in circumstances where the trainee is expected to correct identified serious problems including but not limited to, academic, professionalism or patient safety issues that are assessed to jeopardize successful completion of the training program. Probation shall not exceed 2 blocks/months.

**11.2** Recommendations for probation must be brought to the FPC/AFPCPC by the Program Director or competency committee. A decision regarding probation will be taken by the FPC/AFPCPC. The decision must be ratified by the Vice-Dean (PGME) or delegate.

**11.3** In cases where it has been determined that a trainee has acted unprofessionally, probation will be managed in accordance with Faculty of Medicine Professionalism Policy.

**11.4** A probation plan **must** be completed by the Program which **must** include the following:

**11.4.1** details regarding the reasons for probation;

**11.4.2** the specific areas of deficiency where the trainee is off their educational trajectory;

**11.4.3** the objectives during the probationary period that need to be met for the expected educational trajectory at the trainee's stage of training;

**11.4.4** the methods of assessment during the probationary period;

**11.4.5** the duration of the probationary period;

**11.4.6** the possible outcomes of the probation;

**11.5** The probation plan **must** be ratified by the Vice-Dean (PGME) or delegate and the senior physician leader of the health organization where the trainee's rotation or training experience is taking place prior to its implementation.

**11.6** At the end of a probation period, the FPC/AFPCPC, or delegate, must complete a Final Probation Outcome form. The Fellowship/AFC Program Director will inform the trainee in person and in writing as to the results of the probationary period and the recommendation(s) of the program committee. The outcome of the probation **must** be ratified by the Vice-Dean (PGME) or delegate.

**11.8** A trainee may receive credit for training which is successfully completed during a period of probation as decided by the FPC/AFPCPC

**11.8** Where the probation is unsuccessful, the FPC/AFPCPC may recommend to the Vice-Dean (PGME) or delegate that the trainee be dismissed from the program.

## **12. SUSPENSION**

**12.1** Suspension is a temporary interruption of a trainee's participation in the clinical fellowship or AFC training program and includes interruption of clinical and educational activities.

**12.2** The conduct of trainees 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.

**12.3** A supervisor may immediately remove a trainee from clinical or non-clinical responsibilities if the trainee'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 Fellowship/AFC Program Director, Vice-Dean (PGME) or delegate, or the PGME Professionalism Subcommittee may formally suspend a trainee. If the Program Director suspends a trainee, the suspension **must** be ratified by the Vice-Dean (PGME) or delegate.

**12.4** The Vice-Dean (PGME) or delegate **must** notify the trainee in writing of the suspension and the notification **must** include the reasons for and duration of the suspension. During the suspension period, payment to the trainee will be in accordance with the fellow/AFC trainee contract pending review by the Vice-Dean (PGME) or delegate, and/or the Professionalism Subcommittee.

**12.5** The PGME office will notify the senior physician leader of the health organization where the trainee's rotation or training experience took place that the trainee is suspended from clinical duties pending investigation and adjudication of the issue leading to suspension.

### **13. DISMISSAL FROM THE PROGRAM**

**13.1** A trainee may be dismissed from the program if any of the following conditions exist:

**13.1.1** a trainee fails a probation period;

**13.1.2** a trainee does not maintain the standards of the profession as described in the Faculty's Professionalism Policy;

**13.1.3** a trainee meets the criteria of the Regulated Health Professions Act of Ontario for clinical incompetence or incapacitation; or,

**13.1.4** lack of a training site and/or faculty available to provide training because of concerns for professionalism or patient safety.

**13.2** A decision regarding dismissal of a trainee will only be taken by the program's FPC/AFPCPC on the recommendation of the Program Director or by the Professionalism Subcommittee. When the decision has been made by the program's FPC/AFPCPC, the decision **must** be ratified by the Vice-Dean (PGME) or delegate. Decisions of the Professionalism Subcommittee do not require Vice-Dean (PGME) ratification.

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

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

## **14. APPEALS**

**14.1** A trainee has the right to appeal a final decision regarding remediation, probation, suspension or dismissal as ratified by the Vice-Dean (PGME) or delegate or by the Professionalism Subcommittee to the Faculty Council Appeals Committee. A decision regarding failure of a single training experience for which the consequences are limited to repeating the required training is not eligible for appeal.

**14.2** An appeal is not an opportunity for the trainee to repeat the information provided previously during the process leading up to the final decision. The trainee'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:

**14.2.1** 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

**14.2.2.** 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

**14.2.3.** The trainee must demonstrate that,

**14.2.3.1.** 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

**13.2.3.2.** 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.

**14.3** The following is a list of some additional examples of situations where an appeal would not meet the requirements of paragraph 14.2:

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

**14.3.2.** 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.

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

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

**14.3.5.** 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 trainee.

**14.4** The trainee should consult the Faculty Council Appeals Committee procedures (section 9.3 of the Faculty of Medicine bylaws [Policies and Bylaws | Faculty of Medicine \(uottawa.ca\)](https://www.uottawa.ca/faculty-of-medicine/policies-and-bylaws)) concerning the preparation and submission of an appeal and the applicable deadlines.

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

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

**14.7** A trainee may appeal the decision of the Faculty Council Appeals Committee to the University Senate Appeals Committee. To do this, the trainee should consult the Office of the Secretary-General concerning the preparation and submission of such an appeal and the applicable deadlines.

## **15. NOTIFICATION**

**15.1** When a trainee is assessed by the AFCPC near the end of the training program as having met the prerequisites for certification by the RCPSC, the Vice-Dean (PGME) will notify the RCPSC of this through a Confirmation of Competencies Acquired (CCA), in the required manner. At the request of the AFC Program Director, the PGME office will issue a certificate of completion.

**15.2** When a trainee is assessed by the FPC at the end of the training program as having met the training objectives of the Clinical Fellowship, at the request of the Fellowship Program Director, the PGME office will issue a certificate of completion.

## **16. GENERAL**

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

## **17. REVIEW**

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

### **Committee**

Clinical Fellowship Committee

Faculty Council

Executive Committee of the Senate

### **Approval**

November 1, 2023

November 7, 2023

December 5, 2023