



Max Rady College of Medicine Policy

| | |
|---------------------------|---|
| Policy Name: | CPGME Resident Assessment, Progression/Promotion, Remediation, Probation, Suspension and Dismissal/Withdrawal Policy for Competency-Based Medical Education Residency Programs |
| Application/Scope: | Postgraduate Medical Education Residents in CFPC Competency-Based Medical Education Residency Programs |
| Approved (Date): | PGME Executive April 10, 2018 |
| Review Date: | 5 years from approval date |
| Revised (Date): | |
| Approved By: | Dean’s Council April 24, 2018 College Executive Council May 8, 2018 Senate February 6, 2019 |

BACKGROUND

The College of Family Physicians of Canada (CFPC) in conjunction with Max Rady College of Medicine, Rady Faculty of Health Sciences at the University of Manitoba has the responsibility to ensure that residents are competent and prepared for practice in Family Medicine

Competency-based medical education (CBME) is a method of training physicians to become competent by focusing on explicit abilities or capabilities (competencies) and using these competencies as a means of organizing residency education. In essence, CBME is an outcomes-based approach to postgraduate medical education that focuses on competencies required for practice.

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

With respect to competency-based medical education in Family Medicine, the processes of resident assessment, progression and promotion are guided by the following principles:

- The Family Medicine Residency Program curriculum, including Enhanced Skills is designed according to the **Triple C Competency-Based Curriculum**, conceptualized around four directives: comprehensive education and patient care, continuity of education and patient care, centred in Family Medicine and competency-based
- **CanMEDS-FM 2017** and the **Evaluation Objectives** are the main frameworks for the Triple C Curriculum in Family Medicine. They articulate different dimensions of competence in Family Medicine and can be used to develop and map learning objectives/competencies entrustable professional activities (EPAs) with milestones learning experiences and assessment strategies
- The Family Medicine Residency Program curriculum utilizes a combination of hands-on clinical experience and academic programming organized to promote and assess increasing professional responsibility towards readiness for independent practice
- Teaching faculty act as Preceptors/Competency Coaches for the purpose of resident

improvement

- Resident learning is guided by real-time, high quality feedback from multiple observations
- Competence is assessed across multiple dimensions, defined in the CanMEDS-FM 2017 Competency Framework and the Evaluation Objectives
- The program of assessment in Family Medicine utilizes a **Continuous Reflective Assessment for Training (CRAFT)** approach, mapping, facilitating, monitoring and informing decisions pertaining to the progressive achievement of competence for residents
- Decisions regarding promotion and progression of residents through stages of training are determined by the Resident Progress Committee, responsible for regular review of resident progress using highly integrative data from multiple observations of competencies/objectives/EPA's and associated milestones and timely feedback as well as other assessment data
- The development of the resident competence, entrustment and independence must be documented in an electronic portfolio
- All decisions pertaining to the assessment and the potential outcomes for residents must be justified and must be documented
- The process for assessment and progression must be clear and must be applied uniformly
- It is important that the process for identification of those residents who might be in academic difficulty is timely, transparent, fair and unbiased
- The process must allow the resident to be heard and to respond to issues related to academic or other challenges within a reasonable period of time
- There must be open, ongoing and timely communication between residents and their supervisors
- The process must maintain the principle of mutual accountability whereby progress through training is a joint responsibility of the resident and the Family Medicine Residency Program

DEFINITIONS

Academic Year – is the time interval that commences July 1st and finishes June 30th and constitutes thirteen four-week periods of training for residents. In a hybrid competency-based medical education model of learning, a resident may be out-of-phase and may have a starting date other than July 1st and will be promoted to the next stage of training based on attainment of milestones, EPAs and competencies

Anonymous Materials – materials/information where the authorship has not been disclosed

Assessment – is a process of gathering and analyzing information on competencies from multiple and diverse sources in order to measure a resident’s competence or performance and compare it to defined criteria. Components of the assessment process might include the following:

- **Formative assessment** – assessment for the purposes of providing feedback to guide further learning. Furthermore, it may provide diagnostic information regarding the need for Remediation
- **Summative assessment** – assessment for the purposes of advancement, credentialing or completion
- **Criterion-referencing** – comparing trainee performance to defined criteria. This is required for summative assessment
- **Norm-referencing** – comparing trainee performance to a defined reference group. This is not sufficient for summative assessment, but may be useful as an adjunct to criterion referencing in formative assessment

Block – is one of thirteen time intervals within each academic year. With the exception of Block 1, Block 7 (Winter Holiday) and Block 13, all blocks consist of four-week intervals of training and are considered equivalent for the purpose of scheduling educational activities for residents in the hybrid competency-based medical education model

CanMEDS-FM 2017 – the CFPC framework describing the seven family physician roles: 1. Family Medicine Expert; 2. Communicator; 3. Collaborator; 4. Leader; 5. Health Advocate; 6. Scholar; 7. Professional

Certification – is formal recognition of satisfactory completion of all necessary training, assessment and credentialing requirements of a medical discipline, indicating competence to practice independently

CFPC – College of Family Physicians of Canada

Clinical Supervisor/Preceptor – is the physician to whom the resident reports during a given interval of time, such as an on-call shift

CMPA – Canadian Medical Protective Association

Competence – the array of abilities across multiple domains of competence or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context and stage of training or practice. Competence is multi-dimensional and dynamic; it changes with time, experience and settings

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

Competency – is an observable ability of a health care professional that develops through stages of expertise from novice to master

Competency-Based Medical Education – is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies

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

CPGME – (Max Rady) College (of Medicine) Postgraduate Medical Education

CPSM – College of Physicians and Surgeons of Manitoba

CRAFT – Continuous Reflective Assessment for Training is the CFPC approach to programmatic competency-based assessment for residents in training and is designed to meet the expectations of specialty-specific CanMEDS-FM roles and the Four Principles of Family Medicine relative to the CFPC competency-based residency training guidelines

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

Dismissal – is the termination of the resident’s enrollment in the training program due to academic, professionalism and/or other reasons

Educational Handover – is a process by which information about a resident’s performance is shared with future preceptors in order to facilitate guidance and progress

Entrustable Professional Activity (EPA) – is a “unit of professional practice” that is comprised of measurable tasks and abilities (milestones). Once sufficient competence is achieved, this task is “entrusted to the unsupervised execution by the resident”. There are residency-specific EPAs that are linked to a specific stage of the competence continuum. As the resident progresses through the stages, the residency-specific EPAs become progressively more complex, reflecting the resident’s achievement of more complex milestones

Evaluation Objectives for Certification (Skill Dimensions, Phases of the Clinical Encounter, Priority Topics/Core Procedures and Key Features and Observable Behaviours) - is the guide for assessment of competence in Family Medicine

Faculty Advisor – is a faculty member who is responsible for establishing and maintaining a longitudinal relationship with the assigned resident

The role of the Faculty Advisor includes the following:

- a) Orient the resident to the discipline of Family Medicine
- b) Discussing with the resident the program objectives and the resident’s specific learning objectives, and designing an appropriate educational plan
- c) Reviewing the educational plan regularly and assisting the resident in finding the resources within the Program necessary to meet their unique learning needs
- d) Assisting the resident with respect to the following:
 - (i) Reflecting on Program choices
 - (ii) Understanding assessment feedback
 - (iii) Setting and revising learning objectives
 - (iv) Defining career plans

Generally, the Faculty Advisor and the Primary Preceptor/Competency Coach are the same

individual, except in larger settings or where the resident has requested that they be different individuals

Field Note – is a tool for the real-time recording of resident assessment, intended to provide commentary, usually narrative, on a specific resident educational experience or event and includes Resident Field Notes, Faculty Field Notes, and Procedural Field Notes

Four Principles of Family Medicine – 1. The Family Physician is a skilled clinician; 2. Family Medicine is a community-based discipline; 3. The family physician is a resource to a defined practice population; 4. The patient-physician relationship is central to the role of the family physician

Global Assessment – is a succinct synthesis and impression of a trainee's progress with respect to movement between stages/phases on the competence continuum

Incomplete Rotation – means that the resident has completed less than the minimum seventy-five per cent time span of the rotation required in order to ensure patient safety, appropriate supervision and opportunities for observation and assessment

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

ITAR – In-training Assessment Report is a tool for assessment at the end of each rotation

LOA – means Leave of Absence

Maximum Allowable Time – is the maximum amount of time which a resident is allowed to take for completion of training in Family Medicine. This maximum allowable time is determined by CFPC

Milestone – is a defined, observable marker of a resident's ability along the developmental continuum of training. Residency-specific EPAs are comprised of multiple milestones. They are used for teaching and assessment

MRA – Mid-Rotation Assessment

MSAS – Medical Staff Administrative Services

Must – as it relates to this policy, the use of the word “must” indicates that meeting the standard is absolutely necessary

Objective (Learning Objective) – is a clear, concise and specific statement of observable behaviors that can be assessed during and at the conclusion of the learning activity. It is also known as a **performance objective** or a **competency**

PARIM – Professional Association of Residents and Interns of Manitoba

PGME Education Advisory Committee (PGME-EAC) – is responsible for reviewing and approving all major decisions related to resident progression and promotion by the Residency Program Committee, Resident Progress Committee and by Program Directors, especially those

related to possible Remediation, Probation, Suspension and Dismissal/Withdrawal from the Residency Program. The PGME-EAC deals with issues of a clinical, academic or professional nature

Preceptor – refers to a teaching health professional

Primary Preceptor/Competency Coach – The teacher who acts as an educational advisor for a resident over the long term, and who is focused on the development and achievement of learning plans, guiding and reviewing portfolios, etc. Generally, the Faculty Advisor and the Primary Preceptor/Competency Coach are the same individual, except in larger settings, or where the resident has requested that they be different individuals

Probation – is an interval/period of training during which the resident is expected to correct areas of serious clinical or academic challenges or concerns about professional conduct that are felt to jeopardize successful completion of the Family Medicine Residency Program. Probation implies the possibility of Dismissal from the Family Medicine Residency Program if sufficient improvement in performance is not identified at the end of the Probation Period. It is comprised of a formal program/plan of individualized educational support, assessment and monitoring designed to assist the resident in correcting identified serious performance deficiencies

Probation Plan – is a formal document approved by the PGME Education Advisory Committee and the Associate Dean, PGME detailing the terms, possible outcomes and specific conditions of the Probation Period

Remediation – is an interval of training consisting of a formal program of individualized educational support, assessment and monitoring which is designed to assist a resident in correcting identified areas of performance deficiencies. The goal of Remediation is to maximize the chance that the resident will successfully complete the Family Medicine Residency Program

Remediation Agreement – is a formal document generated by the Resident Progress Committee and approved by the Family Medicine Program Director, and thereafter approved by the Associate Dean, PGME detailing the terms, outcomes and specific conditions of a remediation

Remediation Plan/Focused Learning Plan – is a formal document outlining the details pertaining to the competencies on which the resident will focus, the resources required and the Remediation Supervisor/Preceptor during the Remediation. This plan constitutes the formal central pillar of the Remediation Agreement

Resident – a physician trainee registered in an accredited Residency Program following eligible undergraduate training leading to certification of attestation in a recognized specialty or subspecialty

Residency Program Committee (RPC) – the committee and sub-committees, as applicable, chaired by the Program Director that supports the Program Director in the administration and coordination of the Residency Program. The Program Director is Chair of the RPC

Resident Progress Committee – is the sub-committee of the Residency Program Committee responsible for coordinating resident assessment in Family Medicine. The Resident Assessment and Evaluation Lead is Chair of this committee

RORP – Report of Resident Progress is a summative narrative report documenting resident assessment and progress in the Family Medicine Residency Program

Rotation – is an interval of time, usually consisting of a portion (two weeks) of a block to multiple blocks to which residents are assigned for training. Rotations may consist of consecutive blocks or may be fractionated over longer periods of time as in the case of horizontal rotations. Learning experiences are organized to allow the resident to acquire competencies and to demonstrate entrustment within a **hybrid model** of competency-based, timed rotations

Rotation Supervisor/Preceptor – is a member of the teaching faculty who has direct responsibility for overseeing the resident’s academic program activities, such as meeting the milestones and competencies during the rotation

Should – the use of the word “should” indicates that meeting the standard is an attribute to be highly desirable.

Site Education Director – refers to that faculty member in Family Medicine most accountable for and knowledgeable of the progress of residents within their respective Educational Stream/Site

Site/Stream Resident Progress Committee – is the representation of preceptor’s in the respective site/stream and is coordinated by the Site/Stream Director. The purpose of which is to oversee and determine resident progress of the site/stream

Supplementary Rotation – is an additional rotation required for a resident to meet all of the goals and objectives of an original rotation

Suspension – is the temporary removal of a resident from clinical and academic activities

Trigger Event – is any event that sets a course of action in motion. Previous decisions are revisited and new needs are recognized. With respect to resident training, assessment and progression, the trigger event might be related to failure of the resident to achieve the required clinical or academic competencies or might be related to the resident’s professional conduct. This could lead to a series of actions, including Remediation, Probation, Suspension or Dismissal/Withdrawal from the Family Medicine Residency Program

Triple C Curriculum – is a competency-based curriculum for Family Medicine residency training based on the CanMEDS-FM 2017 framework and the Evaluation Objectives in Family Medicine. The three components of Triple C include: 1. Comprehensive educational patient care; 2. Continuity of education and patient care; 3. Centred in Family Medicine

WRHA – Winnipeg Regional Health Authority

Working Days – include Monday through Friday and exclude weekend days, statutory holidays and acknowledged University of Manitoba closure days

1. PURPOSE

- 1.1 Outline the policies and procedures for the fair and transparent assessment and progression of residents within the competence continuum of competency-based medical education for the Family Medicine Residency Program
- 1.2 Outline the policies and procedures for managing Family Medicine residents with areas of deficiency in their attainment of competencies/milestones/EPAs. The policies and procedures include the following:
 - Remediation
 - Probation
 - Suspension
 - Dismissal/Withdrawal from the Residency Program

2. POLICY STATEMENTS – ASSESSMENT

- 2.1 For the Family Medicine Residency Program, there must be clearly-articulated competencies/objectives based on the CanMEDS-FM 2017 and on the essential skills and other elements of the Evaluation Objectives frameworks
 - 2.1.1 Competencies shall be organized as EPAs and associated milestones for elements of the Residency Program
 - 2.1.2 The competencies/objectives must be used to design educational activities for residents and to teach specific abilities
 - 2.1.3 The competencies/objectives must be used in the assessment of resident performance
 - 2.1.4 The competencies/objectives for the Residency Program must be distributed to all residents and faculty in a timely manner prior to the commencement of the educational activities
 - 2.1.5 The competencies/objectives must be reviewed regularly by the Family Medicine Residency Program Committee
- 2.2 Each resident **must** have a Primary Preceptor/Competency Coach whose role is as follows:
 - Orientation of the resident to Family Medicine
 - Discussion of the Program objectives with the resident
 - Discussion of the resident's specific learning objectives and designing an appropriate educational plan for the resident
 - Reviewing the resident's educational plan/program choices on a regular basis

- Assisting the resident in understanding assessment feedback
- Setting and revising learning objectives for the resident
- Reporting on the resident's progress at the Site Resident Progress Committee meeting
- Defining career plans

2.3 In the Family Medicine Residency Program residents **must** receive regular and timely feedback on their performance and progress by means of performance-based assessment tools as well as by direct observation. During Family Medicine Block Time (FMBT), it is the Primary Preceptor/Competency Coach who is responsible for the following duties:

- Supervision of Rotation
- Completion of the MRA
- Meeting with the resident
- Completion of the ITAR

2.4 The following tools are utilized for assessment/feedback for the Family Medicine resident:

- Resident Field Notes, Faculty Field Notes, Procedural Field Notes
- Direct Observation Forms
- End of Shift Feedback Forms/Reports
- Mid-rotation Assessment (MRA)
- ITAR (at completion of rotation for summative assessment)
- Summative reports (RORP) are completed by the Primary Preceptor/Competency Coach or delegate
 - Summative reports reflect the current level of competence achieved by the resident and **must** not reflect past difficulties that have been managed satisfactorily

2.5 Assessment and feedback for the Family Medicine resident should lead to guided self-assessment, reflection, revision of learning plans as necessary and gradual achievement of mastery in the required competencies

2.5.1 All pertinent activities, both clinical and non-clinical should be assessed and the assessment should be specific to the activities

2.5.2 The level of performance expected for each activity should be clearly defined and clearly understood by the resident and the preceptor-assessor

- 2.5.3 Assessment and feedback for the Family Medicine resident **must** be timely and **must** occur on a regular basis, as follows:
 - 2.5.3.1 Regular assessment of learning activities **must** be an integral part of resident assessment
 - 2.5.3.2 Mid-rotation assessment (MRA) is very important as it is intended to be formative in order to guide the resident toward successful attainment of competencies
 - 2.5.3.3 End-of-rotation summative assessment **must** occur with the resident on a face-to-face basis and **must** be documented on the ITAR
 - 2.5.3.4 Summative reports (RORP) **must** be completed on a semi-annual basis
 - 2.5.4 Assessment and feedback for the Family Medicine resident **must** include face-to-face meetings with the resident to review and discuss their progress
 - 2.5.5 Resident assessment feedback information must be concrete and actionable and **must** be recorded/documented in the resident's portfolio in order to facilitate the educational changes and progression
 - 2.5.6 Unsolicited, anonymous materials/data may not be used in any assessment or disciplinary proceeding or action involving the resident. The Associate Dean, PGME may inquire or investigate into matters raised by unsolicited anonymous materials. Ordinarily, such materials will only be used in formative evaluations
 - 2.5.7 The use of solicited aggregated anonymous materials/data such as multisource (360-degree) feedback designed to provide clinical performance measures as well as attitudinal and professional behavior assessment of the resident is allowable
 - 2.6 Decisions on resident achievement of competencies and progression are determined at a group decision-making process of the Resident Progress Committee
 - 2.7 Assessments are the property of the University of Manitoba and the resident. Such information will be kept confidential unless there might be a threat to patient safety in the process
 - 2.8 The decision to allow appropriate disclosure of resident assessment information (Educational Handover) to future Rotation Supervisor/Preceptor to facilitate guidance and progress rests with the Residency Program Committee
 - 2.9 The resident may **not** appeal individual formative assessments which provide data on performance **but** are aggregated for use in progress decisions
 - 2.10 The resident may appeal summative assessments which aggregate data from multiple sources
- 3. PROCEDURES – ASSESSMENT (see Appendix 3: CFPC CBME Resident Assessment/Promotion process map)**

3.1 Prior to commencement of the rotation the following apply:

- 3.1.1 The resident must review the pertinent competencies/objectives/EPAs and associated milestones covered on the rotation/clinical learning experience
- 3.1.2 The resident should meet face-to-face with the Rotation Supervisor/Preceptor to review the competencies/objectives/EPAs and associated milestones and the clinical, academic and professional expectations and duties for the rotation

3.2 During the rotation, the following apply:

- 3.2.1 The resident receives assessment and feedback for achievement of the pertinent EPAs, milestones and competencies from multiple observations, documented in field notes (at least two field notes per week). The assessment information **must** be documented immediately in the resident's electronic portfolio
- 3.2.2 At the **mid-point** of the rotation, the Rotation Supervisor/Preceptor **must** complete an MRA and in the case where the resident is considered to have "significant *concerns about progress*", **must** discuss it at a face-to-face meeting with the resident in order to address the specific areas of deficiency that require improvement by the completion of the rotation
- 3.2.3 At the **completion** of the rotation, the Rotation Supervisor/Preceptor will incorporate the resident assessment information, including that from field notes, relevant learning experiences and clinical assessment to complete the ITAR which **must** be available to the resident on electronic portfolio within twenty working days of the last day of the rotation
 - 3.2.3.1 The resident **must** provide verification of having read the ITAR. This implies neither agreement nor acceptance of the assessment rating on the part of the resident
 - 3.2.3.2 The Rotation Supervisor/Preceptor **must** discuss the ITAR at a face-to-face meeting with the resident, preferably prior to the last day of the rotation

3.3 Summative reports (RORP) are completed by the resident's Primary Preceptor/Competency Coach on a regular, predetermined basis (at least semi-annually) and **must** be based on multiple independently documented observations from several observers in different situations and **must** be compiled and judged by more than one clinical faculty

- 3.3.1 Summative reports (RORP) reflect the current level of competence achieved by the resident and do not reflect past difficulties that have been managed satisfactorily

3.4 In the case of **Incomplete Rotations**, the following apply:

- 3.4.1 Should a resident fail to complete seventy-five per cent of a rotation, then the Rotation Supervisor/Preceptor and/or Site Education Director **must** record this as an incomplete rotation

- 3.4.2 Even if all EPAs associated with the rotation have already been met and academic credit is not required, the resident may still be required to complete a supplementary rotation at the discretion of the Resident Progress Committee
- 3.4.3 The exact nature and duration of a supplementary rotation may vary depending on the nature of the original rotation and the proportion missed, but shall not exceed the duration of the original rotation. This will be determined by the Rotation Coordinator/Supervisor and the Resident Progress Committee

4. POLICY STATEMENTS – PROGRESSION/PROMOTION

4.1 Progression and promotion decisions are determined away from the individual teacher-resident interaction, as follows:

4.1.1 The Family Medicine resident **must** meet with their Primary Preceptor/Competency Coach at least semi-annually to discuss progress towards the essential Family Medicine skills and competencies and to develop an individualized learning plan (Periodic Review of Resident Progress meeting)

4.1.1.1 A summary report of the semi-annual meeting with the resident **must be** documented in the resident's portfolio in a timely manner (RORP)

4.1.2 Educational sites/streams involved in the training of Family Medicine residents shall have a Site Resident Progress Committee where information on resident achievement of competence and progression is reported and discussed on a regular basis

4.1.3 Decisions on resident achievement of competencies and progression are determined at group decision-making processes of the Resident Progress Committee. (**see Appendix 1: Resident Progress Committee – Terms of Reference**)

4.1.4 The Resident Progress Committee will review the resident assessments presented by Site Education Directors in order to make recommendations to the Family Medicine Program Director regarding the following:

- Promotion
- Eligibility for the Certification Examination in Family Medicine
- Confirmation of Completion of Training
- Recommending to the PGME Education Advisory Committee (PGME-EAC) and the Associate Dean, PGME via the Family Medicine Program Director with respect to Remediation Plans/Learning Plans and Probation Plans
- Determining the need for appropriate disclosure of resident information (Educational Handover) to Rotation Supervisor/Preceptor

of future rotations

- Reviewing resident requests for accommodations and making appropriate recommendations to the Family Medicine Program Director

4.1.4.1 The resident may appeal decisions of the Resident Progress Committee

4.2 Major progression and promotion decisions, including the resident's final portfolio documenting achievement of competencies, Eligibility for the Certification Examination in Family Medicine, and Completion of Training including the Family Medicine resident's final portfolio documenting achievement of competencies **must** be verified by means of a Certificate of Completion by the Family Medicine Program Director and the Associate Dean, PGME

4.3 All decisions leading to Remediation, Probation, Suspension or Dismissal/Withdrawal from the Residency Program **must** be reviewed and approved by the PGME Education Advisory Committee (PGME-EAC) prior to approval by the Associate Dean, PGME (**see Appendix 2: PGME-Education Advisory Committee – Terms of Reference**)

4.3.1 The resident may appeal decisions of the PGME-EAC

5. PROCEDURES – PROGRESSION/PROMOTION (see Appendix 3: CFPC CBME Resident Assessment/Promotion process map)

5.1 Residents and their Primary Preceptor/Competency Coach schedule semi-annual Reviews of Resident Progress meetings to discuss the following:

- Information prepared by the resident with respect to reflection and self-assessment covering skill dimensions and CanMEDS-FM 2017 competencies (Periodic Review of Resident Progress Form)
- Resident continuity with patients
- Communication from other preceptors
- Follow-up on previous action plans
- Status of program requirements

5.1.1 The goal of the resident Primary Preceptor/Competency Coach discussion is as follows:

- Reaching consensus regarding the resident's progress
- Establishing action plans for the resident

5.1.2 The action plan is documented in the Report of Resident Progress (RORP) Form

- 5.1.3 The Site Program Administrator (Assistant) ensures that Program Requirements and EPA Tracking Tool (if applicable) information in the Report of Resident Progress (RORP) Form is updated
- 5.2 The progress of the residents at each educational site/stream is reported by the corresponding Primary Preceptor/Competence Coach at the site Resident Progress Committee meeting, held on a regular basis
- 5.3 The Site Education Directors from each educational site/streams report centrally to the Resident Progress Committee in order to make recommendations to the Family Medicine Program Director
- 5.3.1 Reviewing resident assessments presented by Site Education Director in order to make recommendations to the Family Medicine Program Director regarding the following:
- Promotion of residents across all sites in the Family Medicine Program
 - Eligibility for the Certification Examination in Family Medicine
 - Confirmation of Completion of Training
 - Recommending to the PGME Education Advisory Committee (PGME-EAC) and the Associate Dean, PGME via the Family Medicine Program Director, Remediation and Probation Plans, Suspension and Dismissal/Withdrawal from the Family Medicine Program
 - Providing oversight of resident Remediation and Probation Plans
 - Determining the need for appropriate disclosure of resident information to Rotation Supervisors/Preceptor of future rotations
 - Responding to resident requests for accommodations and making appropriate recommendations to the Family Medicine Program Director
- 5.3.2 Discussions of the Resident Progress Committee are confidential
- 5.3.2.1 Minutes of the Resident Progress Committee do not include the name of the resident under discussion, only the resident's student number
- 5.3.3 Decisions of the Resident Progress Committee are reached by majority vote
- 5.3.4 Decisions of the Resident Progress Committee will determine the **global assessment** and recommended action for the resident in the Family Medicine Program going forward, as follows:
- 5.3.4.1 Resident has "completed *the current stage/phase*"
- Recommendation for advancement to the next stage/phase

- 5.3.4.2 Resident's "*progress is accelerated*". Possible recommendations for action might include the following:
- Modify Learning Plan
 - Continue in current stage/phase without modification
- 5.3.4.3 Resident is "*progressing as expected*". Possible recommendations for action might include the following:
- Monitor learning
 - Modify Learning Plan by means of additional focus on EPAs and milestones
 - Continue in the stage/phase without modification
- 5.3.4.4 Resident is "*not progressing as expected*". Possible recommendations for action might include the following:
- Modify Learning Plan
 - Remediation
- 5.3.4.5 Resident has demonstrated "*failure to progress*". Possible recommendations for action might include the following:
- Remediation
 - Probation
 - Dismissal/Withdrawal from the Residency Program
- 5.3.4.6 Resident's status is "*inactive*" (Leave of Absence or Suspension). Possible recommendations for action might include the following:
- Monitor resident for expected return for Leave of Absence or Suspension
 - Remediation
 - Probation
 - Dismissal/Withdrawal from Residency Program
- 5.3.5 Decisions on resident progression/promotion are recorded in the Resident Progress Committee archives/minutes
- 5.3.6 Decisions on resident progression/promotion are documented in a timely manner

in the resident's portfolio

- 5.4 Major progression and promotion decisions including the resident's final portfolio documenting achievement of competencies, Eligibility for Certification Examination in Family Medicine and Completion of Training must be forwarded by the Family Medicine Resident Progress Committee to the Family Medicine Program Director and on to the Associate Dean, PGME for verification and approval prior to submission to the CFPC
- 5.5 All decisions leading to Remediation, Probation, Suspension or Dismissal/Withdrawal from the Residency Program **must** be forwarded by the Family Medicine Program Director to the PGME Education Advisory Committee (PGME-EAC) Chair for review. The PGME-EAC Chair will forward all relevant documentation and recommendations to the Associate Dean, PGME for approval
- 5.6 Annual promotion principles pertaining to the PARIM-WRHA Collective Agreement where by residents are remunerated based on annual advancement of PGY level
 - 5.6.1 The Family Medicine Program Director **must** submit on behalf of each resident, a Trainee Appointment eForm annually (**see Appendix 4: PGME Process: How to Process a Trainee Appointment eForm**)

6. POLICY STATEMENTS – REMEDIATION

- 6.1 Remediation represents a formal, individualized learning opportunity intended to guide the resident towards successful attainment of clinical, academic or professional competencies
- 6.2 Remediation might be required for an entire stage/phase of training or for an individual competency/objective/EPA and associated milestones
- 6.3 The decision for a resident to undergo Remediation is determined by the Resident Progress Committee based on one of the following trigger events:
 - Resident is *“not progressing as expected”*
 - Resident has demonstrated *“failure to progress”*
 - Resident's status is *“inactive”* but it has been determined that the resident requires a Focused Learning Plan in order to achieve the required competencies upon return from a Leave of Absence or Suspension
 - A single egregious event involving the resident and demonstrating serious deficiency or performance below the currently assessed level of progress
- 6.4 The Remediation Plan/Focused Learning Plan will focus on ensuring that the learning experiences are organized to immerse the resident in authentic practice conditions
- 6.5 The resident should be actively involved and engaged in the development of the Remediation Plan/Focused Learning Plan

- 6.6 Once developed, the Remediation Plan/Focused Learning Plan becomes a mandatory feature of the resident's training
- 6.7 The PGME Education Advisory Committee (PGME-EAC) and the Associate Dean, PGME **must** review and approve all Remediation Plans prior to commencement
- 6.8 The resident's participation in the Remediation Plan/Focused Learning Plan is a prerequisite for ongoing participation in the Residency Program
- 6.9 Progress during Remediation is based on documentation of competency attainment rather than on successful completion of time-based rotations
 - 6.9.1 Time-based rotations will continue to be an organizing structure for residency training. Therefore, depending on the individual circumstance, Remediation might lead to an extension of the resident's training
 - 6.9.2 Limits to overall training duration for the resident requiring extension of training will be based on CFPC-specific rules regarding the allowed duration of overall training in Family Medicine
- 6.10 In the event that the Family Medicine Program Director determines that a Leave of Absence (LOA) is necessary for a resident during the Remediation, then the Remediation Program is considered incomplete
 - 6.10.1 The Remediation Plan/Focused Learning Plan will be redesigned upon the resident's return from the LOA
- 6.11 The resident may appeal only the outcome decision at the conclusion of the Remediation
- 6.12 During Remediation, the resident is allowed to apply for transfer to another Residency Program

7. PROCEDURES – REMEDIATION (see Appendix 5: PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process map)

- 7.1 The Family Medicine Program Director **must** submit a formal request for Remediation to the Associate Dean, PGME and the Chair of PGME-EAC within five working days of the “trigger event” decision of the Resident Progress Committee
 - 7.1.1 The reason(s) for the request for Remediation **must** be included in the submission
 - 7.1.2 The Associate Dean, PGME or PGME-EAC Chair will confirm if the Remediation is warranted to proceed
- 7.2 The Family Medicine Program Director **must** submit a formal **Remediation Plan/Focused Learning Plan**, in conformity with **Remediation Plan/Focused Learning Plan Agreement** to the Associate Dean, PGME and to the Chair PGME-EAC within fifteen working days of the notification of the Family Medicine Program Director of the “trigger event” decision of the Resident Progress Committee. The Remediation

Plan/Focused Learning Plan **must** include the following:
(see Appendix 6: Max Rady College of Medicine Remediation Agreement)

- Identified competencies on which to focus during Remediation
- Time frame for elements of the Remediation Program. The Focused Learning Plan may include time-based rotations which continue to be an organizing structure for residency training
- The specific resources being deployed for competency attainment during the Remediation
- Remediation Supervisor/Preceptor (appointed by the PGME-EAC) as recommended by the Family Medicine Program Director or delegate. The Family Medicine Program Director may not be the resident's Remediation Supervisor/Preceptor
- The criteria for completion of the Remediation such as any of, but not limited to the following:
 - Completion of milestones/competencies/objectives
 - Examination performance
- Potential outcomes for each interim assessment of the Remediation, which might include the following:
 - Resident has "*completed the element*". Possible recommendation for action might include the following:
 - Advancement to the next stage/phase if appropriate for Remediation Plan
 - Remove competency/objective/EPA from the active list, if appropriate for Remediation Plan
 - Resident is "*progressing as expected*". Possible recommendations for action might include the following:
 - Discontinuation of Remediation and resumption of element
 - Continuation of Remediation
 - Resident is "*not progressing as expected*". Recommendations for action might include the following:
 - Continuation of Remediation
 - Probation

- Resident has demonstrated “*failure to progress*”. Recommendations for action might include the following:
 - Continuation of Remediation
 - Probation
 - Dismissal/Withdrawal from the Residency Program
- 7.3 The PGME Education Advisory Committee (PGME-EAC) **must** review all submitted formal Remediation Plans/Focused Learning Plans in a timely manner and **must** reach a consensus with respect to one of the following:
- Approval of the Remediation Plans/Focused Learning Plans without revision
 - Revision and approval of the Remediation Plans/Focused Learning Plans
- 7.4 The PGME-EAC **must** communicate all Remediation Plan/Focused Learning Plan decisions to the Family Medicine Program Director
- 7.5 The formal **Remediation Plan must** be detailed in conformity with the **Remediation Agreement Document** of the University of Manitoba Max Rady College of Medicine and **must** be signed by the resident, Family Medicine Program Director, Remediation Supervisor/Preceptor, the Chair, PGME Education Advisory Committee (PGME-EAC) and Associate Dean, PGME (**see Appendix 6: Max Rady College of Medicine Remediation Agreement**)
- 7.6 The Program Director **must** discuss the approved Remediation Plan with the Remediation Supervisor and Academic Advisor prior to implementation
- 7.7 The Program Director **must** meet with the resident to discuss the Remediation Plan
- 7.8 The Remediation Supervisor/Preceptor is responsible for monitoring the resident’s progress during the Remediation, as follows:
- 7.8.1 Assessment feedback information from Clinical Supervisors/Preceptor and other teaching faculty is reviewed by the Remediation Supervisor/Preceptor
 - 7.8.2 The Remediation Supervisor/Preceptor **must** meet with the resident regularly to discuss their progress with respect to the Remediation/Focused Learning Plan
 - 7.8.3 The Remediation Supervisor/Preceptor **must** report the resident’s progress, including the outcome of the Remediation to the Resident Progress Committee
- 7.9 The Resident Progress Committee **must** review the resident’s progress in order to decide on the outcome of the Remediation and the **status** of the resident as follows:
- Resident is “*progressing as expected*” and has successfully completed the Remediation

- Resident is “*not progressing as expected*” and requires further Remediation
- Resident has demonstrated “*failure to progress*” and requires one of the following:
 - Further Remediation
 - Probation
 - Dismissal/Withdrawal from the Residency Program

7.10 The Associate Dean, PGME in consultation with the PGME-EAC will consider the recommendations of the Family Medicine Program Director and prior to approval will ensure that all policies and procedures have been followed

7.11 The Family Medicine Program Director **must** complete the Assessment and Outcome portions of the **Remediation Agreement Document** for review and approval by the PGME-EAC and the Associate Dean, PGME

8. POLICY STATEMENTS – PROBATION

8.1 Probation is a formal process in which the resident is **expected** to correct areas of serious clinical or academic challenges or concerns about professional conduct that are felt to jeopardize successful completion of the Family Medicine Residency Program

8.2 The decision for a resident to undergo Probation is determined by the Resident Progress Committee based on one of the following trigger events:

- Resident is deemed to be “*not progressing as expected*” or “*failing to progress*” on any assessment to the extent that they are considered likely to exceed the maximum allowable time for the element for which the resident is undergoing Remediation
- Resident is deemed to be “*not progressing as expected*” on an assessment related to a Remediation and it has been determined that further Remediation is not appropriate
- Resident has demonstrated “*failure to progress*” status despite following the Remediation Plan/Focused Learning Plan and it has been determined that further Remediation is not an option
- A single egregious event involving a resident where there is a significant and immediate concern

8.2.1 In situations where the incident or “trigger event” related to a resident’s professional conduct requires immediate action, the Family Medicine Residency Program Director or delegate has the option of implementing the Probation procedures in advance of the Resident Progress Committee discussion

8.2.2 In situations where the “trigger event” leading to possible Probation might pose a threat to the well-being or safety of patients, colleagues, students, staff and/or the

resident himself/herself, the Family Medicine Program Director or delegate **must** consider immediate Suspension of the resident as an interim measure prior to the Resident Progress Committee Probation discussion and decision (**see Suspension**)

- 8.3 The formal Probation Plan **must** be detailed in conformity with the Probation Agreement Document of the University of Manitoba Max Rady College of Medicine and **must** be signed by the Resident, Family Medicine Program Director, Probation Supervisor, Chair, PGME Education Advisory Committee (PGME-EAC) and Associate Dean, PGME prior to implementation
(**see Appendix 7: Max Rady College of Medicine Probation Plan**)
- 8.4 The resident's participation in the Probation Plan is a prerequisite for ongoing participation in the Residency Program
- 8.5 The Family Medicine Program Director **must** meet and discuss the Probation Plan with the resident
- 8.6 The Family Medicine Program Director should advise the resident to meet with the Associate Dean, PGME Student Affairs for counselling
- 8.7 In circumstances where the reason for Probation is related to issues of professionalism, the resident **must** meet with the Associate Dean, Professionalism for counselling
- 8.8 The resident **must** fully comply with the conditions specified in the Probation Plan
- 8.9 The resident **must** fully comply with any other conditions prescribed by the PGME-EAC and Associate Dean, PGME for the Probation
- 8.10 During Probation, the resident is **not** allowed to apply for transfer to another Residency Program
- 8.11 Progress during Probation is based on documentation of competency attainment and correction of serious deficiencies rather than on successful completion of time-based rotations
 - 8.11.1 Time-based rotations will continue to be an organizing structure for residency training. Therefore, depending on the individual circumstance, Probation might lead to an extension of the resident's training
 - 8.11.2 Limits to overall Family Medicine training duration for the resident requiring extension of training will be based on CFPC-specific rules regarding the allowed duration of overall training in Family Medicine
- 8.12 In the event that the Family Medicine Program Director determines that a Leave of Absence (LOA) is necessary for a resident during the Probation, then the Probation Program is considered incomplete
 - 8.12.1 The Probation Plan will be redesigned upon the resident's return from the LOA
- 8.13 The resident may appeal **only** the outcome decision at the conclusion of the Probation

9. PROCEDURES – PROBATION (see Appendix 5: PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process map)

9.1 The Family Medicine Program Director **must** submit a formal request for Probation to the Associate Dean, PGME and Chair of PGME-EAC within five working days of the “trigger event” decision of the CFPC Family Medicine Program Resident Progress Committee

9.1.1 The reason(s) for the request for Probation **must** be included in the submission

9.1.2 The Associate Dean, PGME or PGME-EAC Chair will confirm if the probation is warranted to proceed

9.2 The Family Medicine Program Director **must** submit a formal **Probation Plan**, in conformity with **Probation Plan Agreement Document** to the Associate Dean, PGME and Chair of PGME-EAC within fifteen working days of the notification of the Family Medicine Program Director of the “trigger event” decision of the CFPC Family Medicine Program Resident Progress Committee. The Probation Plan **must** include the following: (see Appendix 7: Max Rady College of Medicine Probation Agreement)

- Identified competency deficiencies on which to focus during Probation
- Time frame for elements of the Probation Program/duration of the Probation
- The Probation Plan may include time-based rotations which continue to be an organizing structure for residency training
- The specific resources being deployed for competency attainment during the Probation
- Probation Supervisor (appointed by the PGME-EAC) as recommended by the Family Medicine Program Director or delegate
- Potential outcomes, as follows:
 - With respect to competency attainment, the following apply:
 - Competency “*Achieved*”
 - Competency “*In progress*”
 - With respect to progress in training, the following apply:
 - Resident is “*progressing as expected*” and has successfully completed the Probation
 - Resident is “*not progressing as expected*” and requires further Probation or Dismissal/Withdrawal from the Residency Program
 - Resident has demonstrated “*failure to progress*” and requires further

Probation or Dismissal/Withdrawal from the Residency Program

- 9.3 The PGME Education Advisory Committee (PGME-EAC) **must** review all submitted documents and materials pertaining to all requests for Probation **and** the formal Probation Plans from the Family Medicine Program Director in a timely manner and **must** reach a consensus with respect to the following:
- Approval of the Probation Plan without revision
 - Revision and approval of the Probation Plan
- 9.4 The PGME-EAC **must** communicate the Probation Plan decision to the following:
- Family Medicine Program Director
 - Resident
 - Associate Dean, PGME
- 9.5 The formal Probation Plan **must** be detailed in conformity with the Probation Agreement Document of the University of Manitoba Max Rady College of Medicine. The plan **must** be signed by the Resident, Family Medicine Program Director, Probation Supervisor/Preceptor, the Chair, PGME Education Advisory Committee (PGME-EAC) and the Associate Dean, PGME prior to implementation
- 9.6 The Family Medicine Program Director **must** meet with the resident to discuss the approved Probation Plan
- 9.7 The Family Medicine Program Director **must** discuss the approved Probation Plan with the Probation Supervisor/Preceptor prior to implementation
- 9.8 The Probation Supervisor/Preceptor is responsible for monitoring the resident's progress during the Probation, as follows:
- 9.8.1 Assessment feedback information from Clinical Supervisors/Preceptor and other teaching faculty is reviewed by the Probation Supervisor/Preceptor
- 9.8.2 The Probation Supervisor/Preceptor **must** meet with the resident regularly to discuss their progress with respect to the Probation Plan
- 9.8.3 The Probation Supervisor/Preceptor **must** report the resident's progress, including the outcome of the Probation to the Resident Progress Committee
- 9.9 The Resident Progress Committee **must** review the resident's progress in order to decide on the outcome of the Probation and the **status** of the resident as follows:
- 9.9.1 Resident is "*progressing as expected*" and has successfully completed the Probation
- 9.9.2 Resident is "*not progressing as expected*" and requires one of the following:

- Further Probation
- Dismissal/Withdrawal from the Residency Program

9.9.3 Resident has demonstrated “*failure to progress*” and requires one of the following:

- Further Probation
- Dismissal/Withdrawal from the Residency Program

9.10 The Associate Dean, PGME, in consultation with the PGME-EAC will consider the recommendation of the Family Medicine Program Director and prior to approval will ensure that all policies and procedures have been followed

9.11 The Family Medicine Program Director **must** complete the Assessment and Outcome portions of the **Probation Agreement Document** for review and approval by the PGME-EAC and the Associate Dean, PGME

10. POLICY STATEMENTS – SUSPENSION

10.1 Suspension of a resident may be imposed as an interim measure for determination of the best definitive course of action in the following circumstances:

- There is a breach of the policies, by-laws or codes of conduct and/or suspension of clinical privileges by one of the following:
 - University of Manitoba
 - WRHA
 - CPSM
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Residency Program would pose a threat to the well-being or safety of patients, colleagues, students, staff and/or himself/herself
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Residency Program would pose a threat to University of Manitoba, WRHA or other property
- Failure of the resident to agree to or comply with an approved Remediation or Probation Plan

10.2 When a resident is placed on Suspension, the following principles apply:

10.2.1 Licensure and registration with CPSM are inactivated (lifted)

10.2.2 Payment through MSAS might be suspended

10.2.3 Medical malpractice coverage (CMPA) might be suspended

10.2.4 Depending on the individual circumstance, Suspension might lead to an extension of the resident's training

10.2.4.1 Limits to overall Family Medicine Residency Program training duration for the resident requiring extension of training will be based on CFPC-specific rules regarding the allowed duration of overall training in Family Medicine

10.3 The Family Medicine Program Director should advise the resident to meet with the Associate Dean, PGME Student Affairs for counselling

10.4 In circumstances where the reason for Suspension is related to issues of Professionalism, the resident must meet with the Associate Dean, Professionalism for counselling

10.5 A resident who is on Suspension is **not** allowed to apply for transfer to another Residency Program

10.6 The resident may appeal the decision for Suspension from the Residency Program

10.7 The University of Manitoba has the authority to implement a **Disciplinary Suspension** in accordance with the **Student Discipline By-Law**

11. PROCEDURES – SUSPENSION (see Appendix 5: PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process map)

11.1 In a situation where a “trigger event” warrants Suspension of a resident, the Family Medicine Program Director, acting on behalf of the Residency Program Committee, **must** immediately notify the Department Head and the Associate Dean, PGME through formal documentation (email or hard copy), the following:

- The “trigger event” leading to the Suspension
- The request for the resident's interim Suspension pending determination of the appropriate subsequent course of action

11.2 The Family Medicine Program Director **must** inform the resident immediately through formal documentation (email or hard copy) of a request for Suspension

11.3 The resident should be provided the opportunity of a face-to-face meeting with the Family Medicine Program Director to discuss the following:

- Reason(s) for the Suspension
- Expected duration of the Suspension
- Expected outcomes of the Suspension

11.4 The request for the resident's Suspension **must** be reviewed by the Associate Dean,

PGME who will determine the course of action as follows:

- Denial of the request for Suspension
- Affirmation of the Suspension on an interim basis pending further investigation
- Recommendation of proceeding directly to Remediation, Probation or Dismissal/Withdrawal from the Residency Program

11.5 Where a Suspension of the resident is affirmed, the Associate Dean, PGME **must** conduct a timely investigation of matters related to the “trigger event” that led to the Suspension and thereafter **must** make a final decision as to how the matters should be addressed

11.5.1 The Associate Dean, PGME has the option of requesting the assistance of the PGME-EAC in the investigation and the final decision with respect to the Suspension

11.6 When the resident is placed on or taken off Suspension, the CPGME Office **must** ensure the following:

- Notification of CPSM regarding licensure and registration of the resident
- Notification of MSAS regarding payment and medical malpractice coverage (CMPA)
- Notification of PARIM through immediate formal documentation (email or hard copy) that the resident has been placed on Suspension

12. POLICY STATEMENTS – DISMISSAL/WITHDRAWAL

12.1 A resident may be dismissed from the Residency Program under the following circumstances:

- Resident Progress Committee decision on the basis of a resident’s progress, as follows:
 - Resident is persistently “*not progressing as expected*” despite having undergone Remediation and/or Probation
 - Resident has demonstrated persistent “*failure to progress*” and Remediation and/or Probation was considered **not** to be an option
 - Failure of the resident to agree to or comply with an approved Remediation or Probation Plan
 - Resident’s status is “*inactive*” (Leave of Absence (LOA) or Suspension) and it has been determined that successful return to or completion of the Residency Program is unlikely

- The resident has exceeded or is reasonably expected to exceed the time specified by the CFPC as a maximum allowable time of training for the Residency Program, pro-rated for part-time training and approved LOA
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Family Medicine Residency Program would pose a threat to the well-being or safety of patients, colleagues, students, staff and/or himself/herself
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Family Medicine Residency Program would pose a threat to University of Manitoba, WRHA or other property
- The resident is considered unsuitable for practice on the basis of behavior that would be considered inconsistent with reasonable standards of professionalism, ethics, competence and judgment

12.2 At the discretion of the Associate Dean, PGME, the resident may voluntarily withdraw from the Family Medicine Residency Program prior to the decision for Dismissal or at any time for reason(s) independent of Dismissal

12.2.1 A resident who voluntarily withdraws from the Residency Program may reapply for future postgraduate training at the University of Manitoba

12.3 The Family Medicine Program Director should advise the resident to meet with the Associate Dean, PGME Student Affairs for counselling

12.4 In circumstances where the reason for Dismissal is related to issues of professionalism, the resident **must** meet with the Associate Dean, Professionalism for counselling

12.5 The resident may appeal the decision for Dismissal from the Residency Program

13. PROCEDURES – DISMISSAL/WITHDRAWAL (see Appendix 7: PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process map)

13.1 The Family Medicine Program Director, after consultation with the Resident Progress Committee **must** submit a formal request for Dismissal from the Residency Program to the Associate Dean, PGME within five working days of notification to the Family Medicine Program Director of the “trigger event” for Dismissal from the Residency Program, including the reason(s) for the request

13.1.1 The resident **must** receive a copy of the documented request

13.2 The Associate Dean, PGME **must** immediately notify the Chair of the PGME-EAC of the request for Dismissal from the Residency Program

13.3 The Chair convenes a meeting of the PGME-EAC to review and to consider approval of the request for Dismissal within ten working days of notification by the Associate Dean, PGME

- 13.3.1 If the PGME-EAC upholds the Dismissal, then the Chair of the Committee informs the Associate Dean, PGME, immediately through formal documentation
- 13.4 The Associate Dean, PGME **must** present the decision regarding Dismissal at the CPGME Executive Committee for final review and approval
- 13.4.1 If the CPGME Executive Committee upholds the decision for Dismissal, then the resident will be dismissed immediately from all further postgraduate training at the University of Manitoba and may **not** reapply for future postgraduate training at the University of Manitoba
- 13.5 When the resident is dismissed or withdraws from the Family Medicine Residency Program, the CPGME Office **must** ensure the following:
- Notification of the CPSM by formal documentation regarding licensure and registration
 - Notification of MSAS regarding payment and medical malpractice coverage (CMPA)
 - Notification of PARIM by formal documentation (email or hard copy) that the resident has been dismissed/has withdrawn within twenty-four hours of such Dismissal/Withdrawal

POLICY CONTACT: Associate Dean, PGME

REFERENCES

University of Manitoba – Max Rady College of Medicine- Family Medicine Preceptor Toolkit
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/Preceptor Toolkit_2018-July_23_2018.pdf](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/Preceptor_Toolkit_2018-July_23_2018.pdf)

University of Manitoba – Max Rady College of Medicine- Family Medicine – Resident Educational Support and Assessment Framework
[http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/Resident Educational Support and Assessment Framework 2018 -19.pdf](http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/Resident_Educational_Support_and_Assessment_Framework_2018_-19.pdf)

University of Dalhousie Assessment of Training and Promotion Regulations
<https://medicine.dal.ca/departments/core-units/postgraduate/calendar/academic-guidelines-policies/assessment-of-training.html>

University of Toronto Guidelines for the Assessment of Postgraduate Residents
<http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>

College of Family Physicians of Canada, Triple C Curriculum
http://www.cfpc.ca/Triple_C/

College of Family Physicians of Canada, The Red Book: Specific Standards for Family Medicine Residency Programs
<http://www.cfpc.ca/ProjectAssets/Templates/Column1a.aspx?id=5636&terms=red+book>

University of Manitoba – Voluntary Withdrawal from PGME Residency Training Policy
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

College of Family Physicians of Canada – CanMEDS-FM 2017
<http://www.cfpc.ca/canmedsfm/>

<http://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=3031&terms=family+medicine+professional+profile>

College of Family Physicians of Canada – Family Medicine Professional Profile
<http://www.cfpc.ca/ProjectAssets/Templates/Category.aspx?id=10821&terms=family+medicine+professional+profile>

College of Family Physicians of Canada – Priority Topics and Key Features for Category 1 Enhanced Skills Programs
<http://www.cfpc.ca/CAC/>

CanERA Excellence in Residency Accreditation- standards of accreditation
<http://www.canrac.ca/canrac/general-standards-e>

University of Manitoba, Max Rady College of Medicine, Resident Appeals- Residency Program and Departmental Process
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

University of Manitoba, Max Rady College of Medicine, Student Appeals Policy
http://umanitoba.ca/faculties/health_sciences/medicine/policies_procedures.html

University of Manitoba, Governing Documents: Senate Committee on Appeals Policy and Procedure
http://umanitoba.ca/admin/governance/governing_documents/students/senate_committee_on_appeals_policy.html

University of Manitoba, Max Rady College of Medicine Appropriate Disclosure of Learner Needs (Educational Handover) Feb 8, 2017
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Appropriate_Disclosure_of_Learner_Needs_Policy.pdf

APPENDICES

[Appendix 1: Resident Progress Committee – Terms of Reference](#)

[Appendix 2: PGME-Education Advisory Committee – Terms of Reference](#)

[Appendix 3: CFPC CBME Resident Assessment-Promotion Process Map](#)

[Appendix 4: PGME Process: How to Process a Trainee Appointment eForm](#)

[Appendix 5: PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process map](#)

[Appendix 6: Max Rady College of Medicine Remediation Agreement](#)

[Appendix 7: Max Rady College of Medicine Probation Agreement](#)