



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 RCPSC Competency-Based Medical Education Residency Programs (Competence by Design)
Approved (Date):	PGME Executive Committee Jan 12, 2018
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BACKGROUND

The Royal College of Physicians and Surgeons of Canada (RCPSC) in conjunction with Max Rady College of Medicine, Rady Faculty of Health Sciences at the University of Manitoba has the responsibility to ensure that postgraduate trainees are competent and prepared for practice.

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, the processes of resident assessment, progression and promotion are guided by the following principles:

- Every specialty and subspecialty has specific **Entrustable Professional Activities (EPAs)** and associated **milestones** providing discrete markers of competence that are clearly articulated and that incorporate the CanMEDS Roles
- Competencies are sequenced progressively (**Competence Continuum**) in such a manner that specific and distinct, yet integrated stages/phases of training, with categorization of **milestones** and **EPAs** within each stage, are employed to mark increasing progression of the trainee on a continuum of competence toward independence in practice
- Learning experiences are organized to allow the trainee to acquire competencies and to demonstrate entrustment within a **hybrid model** of competency-based and timed rotations
- Learning is guided by real-time, high quality feedback from multiple observations

- Teaching faculty act as academic advisors/coaches for the purpose of trainee improvement
- Competency-based assessment for learning is focused on milestone/EPA observations in the clinical setting/workplace
- Decisions regarding promotion and progression of trainees through stages of training is determined by a Competence Committee, responsible for regular review of learner progress using highly integrative data from multiple EPA and milestone observations and timely feedback as well as other assessment data
- The development of trainee competence, entrustment and independence must be demonstrated and recorded in an electronic portfolio
- All decisions pertaining to the assessment and the potential outcomes for trainees 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 trainees 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 trainees 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 Residency Program

DEFINITIONS

Academic Advisor/Coach – is a faculty member who establishes a longitudinal relationship with a resident for the purpose of monitoring and advising with regards to educational progress

Academic Year – is the time interval that commences July 1st and finishes June 30th and constitutes thirteen four-week blocks of training for residents. In a hybrid competency-based medical education model of learning, a trainee 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 trainee'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 trainees in the hybrid competency-based medical education model

CanMEDS – the RCPSC frameworks describing the seven physician roles: 1. Medical 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

CMPA – Canadian Medical Protective Association

Competence – is the array of abilities across multiple domains or aspects of physician performance

Competence by Design (CBD) – is the RCPSC transformational change initiative aimed at implementing a CBME approach to residency training

Competence Committee – is the committee responsible for assessing the progress of trainees in achieving the specialty-specific requirements of a program

Competence Continuum – is the series of integrated stages in competency-based medical education curriculum. The four stages/phases which apply to residency training include: 1. Transition to Discipline; 2. Foundation of Discipline; 3. Core of Discipline; 4. Transition to Practice

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 at a particular stage of medical education or practice

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

CPSM – College of Physicians and Surgeons of Manitoba

Direct Observation – is a process of assessment whereby the assessor must witness the trainee 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 trainee’s enrollment in the training program due to academic, professionalism and/or other reasons

Educational Handover – is a process by which information about a trainee’s performance is shared with future supervisors 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 trainee. There are residency-specific EPAs that are linked to a specific stage of the competence continuum and integrate multiple CanMEDS milestones from various CanMEDS Roles relevant to that stage. As the trainee progresses through the stages, the residency-specific EPAs become progressively more complex, reflecting the resident’s achievement of more complex milestones

Field Note - is a tool for the real-time recording of resident assessment, intended to provide commentary, usually narrative on a specific trainee educational experience or event

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 trainee 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 trainee (e.g. patient chart review)

LOA – means Leave of Absence

Maximum Allowable Time – is the maximum amount of time which a resident is allowed to take for completion of a particular stage along the competence continuum and/or for completion of training in a particular RCPSC discipline

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

Observers – Individuals who take part in the assessment of a trainee in clinical and academic activities

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 trainee progression and promotion by the RPC, Competence Committees/Resident Progress Subcommittee 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

Primary Reviewer – is the individual assigned by the RCPSC Residency Program to one or more of its trainees to oversee their summative assessments. This person will complete documentation with respect to RORPs and EPA attainment based on feedback from preceptors and will present that information to the Competence Committee. At the discretion of the Residency Program, the primary reviewer might also be the Academic Advisor

Probation – is an interval/period of training during which the trainee 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 Residency Program. Probation implies the possibility of Dismissal from the 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 trainee 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

RCPSC – Royal College of Physicians and Surgeons of Canada

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

Remediation Agreement – is a formal document 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 trainee will focus, the resources required and the Remediation Supervisor 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. The terms resident and trainee will be used interchangeably in this policy

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

RORP – Report of Resident Progress is a summative narrative report documenting resident assessment and progress in the 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 longitudinal rotations. Learning experiences are organized to allow the trainee to acquire competencies and to demonstrate entrustment within a **hybrid model** of competency-based, timed rotations

Secondary Reviewer – is any member of the Competence Committee who is not the **primary reviewer** and who is responsible for reviewing all trainees on the agenda of the Competence Committee meeting. The secondary reviewer is required to come prepared to discuss all trainees' progress

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

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

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

Supplementary Rotation – is an additional rotation required for a trainee 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

Trainee – is an individual in a period of formal structured professional clinical education

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 trainee to achieve the required clinical or academic competencies or might be related to the trainee's professional conduct. This could lead to a series of actions, including Remediation, Probation, Suspension or Dismissal/Withdrawal from the Residency Program

WRHA – Winnipeg Regional Health Authority

Working Days – include Monday through Friday, 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 postgraduate trainees within the competence continuum of competency-based medical education for RCPSC Residency Programs
- 1.2 Outline the policies and procedures for managing postgraduate trainees with areas of deficiency in their attainment of 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 each Residency Program, there **must** be a framework of clearly-articulated competencies for the residents
- 2.2 Competencies are organized as EPAs and associated milestones, as follows:
 - 2.2.1 For **RCPSC** specialty programs (Competence by Design or CBD), the EPA and associated milestones are discipline-specific as developed by each RCPSC Specialty Committee
 - 2.2.2 Competencies are sequenced in a series of integrated stages known as the CBD Competence Continuum, which mark the stages/phases of increasing competence and independence, as follows:
 - Transition to discipline
 - Foundation of discipline
 - Core of discipline
 - Transition to practice
 - 2.2.3 CBD is a hybrid between time-free and time-dependent training as follows:
 - 2.2.3.1 Rotations exist and are treated as a resource for the acquisition of competencies
 - 2.2.3.2 Progression through training stages is flexible and is suited to the individual trainee's development and acquisition of competencies
 - 2.2.3.3 Achievement of milestones is prioritized over time spent in training with respect to resident promotion and subsequent completion of the Residency Program

- 2.2.3.4 The hybrid model maintains and recognizes the service imperative in residency education
- 2.2.3.5 The milestones **must** be used to design educational activities for trainees and to teach specific abilities
- 2.2.3.6 The EPAs, which integrate multiple milestones **must** be used in the assessment of residents
- 2.2.3.7 The EPAs and associated milestones for the Residency Program **must** be distributed to all residents and faculty in a timely manner prior to the commencement of the educational activities
- 2.2.3.8 The EPAs and milestones **must** be reviewed regularly by the Residency Program Committee
- 2.3 For all Residency Programs, the 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
- 2.4 With respect to **RCPSC CBD Residency Programs**, resident learning and assessment are guided by real-time high-quality feedback from multiple direct and indirect observations conducted by but not limited to teachers/preceptors, clinical supervisors, other residents (on- or off-service), other health care professionals and patients-
- 2.5 Resident assessment **must** comply with the following:
- 2.5.1 A variety of formative and summative resident assessment tools are utilized by the **RCPSC CBD Residency Programs**, including, but not limited to the following:
- Direct and indirect observation
 - Multiple source feedback
 - Structured Assessments of a Clinical Encounter (STACER)
 - Technical skills review/procedure logs
 - Patient outcomes
 - Simulation
 - Objective Structured Clinical Examination (OSCE)
 - Oral case presentation
 - Written assigned questions
 - Learning plan

- Multiple choice question (MCQ) testing (including the RCPSC examinations)
 - Short answer question (SAQ) testing (including the RCPSC specialty and sub-specialty examinations)
- 2.5.2 Either the teacher/preceptor or the trainee can initiate an EPA Observation
- 2.5.3 Trainees will participate in clinical activities and seek high-quality observations on their progress towards achieving EPAs
- 2.5.4 Teachers/preceptors will observe trainee clinical activities (EPA observation) and **must** provide face-to-face concrete feedback (coaching), thereby creating frequent “low-stakes” assessments of focused clinical tasks
- 2.5.5 Trainee 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
- 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 trainee is allowable
- 2.5.8 Achievement of EPAs is determined using multiple observations, made by multiple observers, in multiple contexts
- 2.5.8.1 The recommended number of observations for an EPA is determined by the Specialty Committee for the discipline
- 2.5.9 Each resident should have an Academic Advisor (Coach) for supervision and support of residents with respect to progression through the stages of residency Training
- 2.5.9.1 For Residency Programs with a small number of residents or with resource constraints, the Program Director may be the Academic Advisor
- 2.5.10 Decisions on resident achievement of EPAs and progression are determined at a group decision-making process of the Competence Committee
- 2.5.11 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
- 2.5.12 The decision to allow appropriate disclosure of resident assessment information (Educational Handover) to future Rotation Supervisors to facilitate guidance and progress rests with the trainee’s Residency Program Committee

- 2.5.13 The trainee may **not** appeal individual formative assessments which provide data on performance **but** are aggregated for use in progress decisions
- 2.5.14 The trainee may appeal summative assessments which aggregate data from multiple sources

3. PROCEDURES – ASSESSMENT (see Appendix 3: RCPSC CBME Resident Assessment-Promotion process map)

3.1 Prior to commencement of a rotation, the following apply:

- 3.1.1 The resident **must** review any pertinent EPAs and associated milestones, clinical and academic learning opportunities and responsibilities associated with the rotation/clinical learning experience and **must** have a plan for learning on the rotation
- 3.1.2 The resident should meet face-to-face with the Rotation Supervisor to review the EPAs and associated milestones and the clinical, academic and professional expectations and duties for the rotation/clinical learning experience

3.2 During the rotation, the following apply:

- 3.2.1 The resident receives assessment and feedback for achievement of the pertinent EPAs and milestones from multiple observations. The assessment information **must** be immediately documented by the observers in the resident's electronic portfolio

3.3 At the completion of the rotation, the following apply:

- 3.3.1 The resident should communicate with the Rotation Supervisor for an exit interview to discuss the resident's experience on the rotation

3.4 With respect to the Academic Advisor (Coach), the following apply:

- 3.4.1 The Academic Advisor **must** review individual resident assessments and portfolios for each assigned resident on a regular basis
- 3.4.2 The Academic Advisor or primary reviewer **must** meet at least semi-annually with each assigned resident to conduct comprehensive reviews of performance and to review, discuss and facilitate the implementation and follow-up of Individualized Learning Plans. More frequent meetings may be scheduled, as required
- 3.4.3 The Academic Advisor **must** formally document the details of the resident meetings
- 3.4.4 The Academic Advisor or primary reviewer **must** prepare summary review reports (RORP) and recommendations to the Competence Committee at least semi-annually, in order to determine the progress of residents in the Residency Program

- 3.4.5 The Academic Advisor liaises directly with the Residency Program Director and Competence Committee to help inform decisions related to a resident's progress
- 3.5 With respect to EPA achievement, the following apply:
 - 3.5.1 If the resident is deemed to have achieved an EPA (EPA is "*achieved*"), then that means that all of the key milestones associated with that EPA are considered to have been achieved
 - 3.5.2 If the EPA has not yet been achieved (EPA is "*in progress*"), the component milestones associated with that EPA can be reviewed individually ("*unpacked*") in order to identify the particular challenge and to address the learning difficulty so as to provide concrete input and feedback to the trainee
- 3.6 In the case of **Incomplete Rotations**, the following apply:
 - 3.6.1 Should a resident fail to complete seventy-five per cent of a rotation, then the Rotation Supervisor and/or Home Program Director **must** record this as an incomplete rotation
 - 3.6.2 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 Home Residency Program
 - 3.6.3 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 Supervisor and the Home Residency Program Director
 - 3.6.4 The time spent during the supplementary rotation may alter the completion of training date. The Program Director and Competence Committee will use their discretion in determining the trainees' new completion of training date

4. POLICY STATEMENTS – PROGRESSION/PROMOTION

- 4.1 Although the specific timeframes will be impacted by Residency Program design, scheduling of educational activities and service commitments, learners progress through their educational programs at their own pace
- 4.2 With regular feedback and coaching, each resident should achieve the EPAs and related milestones within their current stage of training, within a predictable training timeframe
 - 4.2.1 Limits to overall training duration for the resident requiring extension of training will be based on discipline-specific guidelines regarding the typical duration of overall training as well as the typical duration of each stage of the Competence Continuum
- 4.3 Progression decisions on EPA achievement and promotion to the next stage of training are determined away from the individual teacher-learner interaction, as follows:
 - 4.3.1 The Academic Advisor/Program Director meets with the trainee at least semi annually to review progress in achieving the required competencies

- 4.3.2 Each Residency Program has its own Competence Committee which is responsible for the group decision-making process of determining learner achievement of EPAs and progression through the stages/phases of training toward certification by the RCPSC
- 4.3.3 The Residency Program Competence Committee will report to the Residency Program Committee/Residency Training Committee (**see Appendix 1: Competence Committee – Terms of Reference**)
- 4.4 The Academic Advisor may be enlisted to summarize resident progress for the Competence Committee
- 4.5 The Competence Committee reports outcomes of discussions to the Residency Program Committee in a timely manner in order to ensure fairness and appropriate sequencing of training experience
- 4.6 The trainee may appeal progress decisions of the Competence Committee
- 4.7 Major progression and promotion decisions, including the trainee's final portfolio documenting achievement of competencies **must** be verified and approved by the Residency Program Director and the Associate Dean, PGME
- 4.8 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: PGE Education Advisory Committee – Terms of Reference**)
- 4.8.1 The trainee may appeal decisions of the PGME-EAC

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

- 5.1. Trainees are selected for a planned Competence Committee meeting by the Chair, the Program Director or their delegate
- 5.1.1 Each trainee **must** be discussed at least semi-annually
- 5.1.2 Trainees may be selected for review based on any one of the following criteria:
- Regularly timed review
 - A concern has been flagged on completed assessment(s)
 - Completion of stage requirements and eligible for promotion or completion of training
 - Requirement to determine readiness for the RCPSC examination
 - Concern regarding a significant delay in the trainee's progress or academic performance

- Decision required regarding possible significant acceleration of the trainee's progress
- 5.2. Each trainee selected for the discussion at the Competence Committee meeting is assigned to a designated **primary reviewer** (the trainee's Academic Advisor or a designated member of the Competence Committee) who completes a detailed summary review of each active EPA and of overall trainee performance based on observations and other assessments or reflections included within the trainee's portfolio
- 5.2.1 The primary reviewer **must** consider the trainee's recent numerical data, comments and any other valid sources of information (OSCE; in-training examination performance; other)
- 5.2.2 The primary reviewer will prepare and provide a succinct synthesis and impression of the trainee's progress to the Competence Committee
- 5.2.3 The primary reviewer proposes a resolution on the trainee's status going forward
- 5.3 During the Competence Committee meetings, the following apply for each active trainee:
- 5.3.1 The primary reviewer presents relevant synthesis of information pertaining to each EPA, including reports from the electronic portfolio, important quotes from any observational comments about the trainee and concludes by proposing the following:
- Recommended action on each active EPA
 - **Global assessment** of the trainee's status with respect to the current stage/phase of training and recommended action for the trainee going forward in the Residency Program
- 5.3.2 All other Competence Committee members (**secondary reviewers**) are responsible for reviewing and discussing the trainee's progress
- 5.3.3 Deliberations of the Competence Committee for each active EPA, including the summary assessment by the primary reviewer and Committee recommendations will be documented in the trainee's electronic portfolio and might include the following:
- 5.3.3.1 Trainee has "*completed the EPA*"
- Recommendation is for removal from the active EPA list
- 5.3.3.2 Trainee's "*progress is accelerated*". Possible recommendations for action might include the following:
- Modify Learning Plan
 - Continue without modification
- 5.3.3.3 Trainee is "*progressing as expected*". Possible recommendations for action

might include the following:

- Monitor learning
- Modify Learning Plan
- Continue learning the EPA without modification

5.3.3.4 Trainee is “*not progressing as expected*”. Possible recommendations for action might include the following:

- Modify Learning Plan
- Remediation of EPA

5.3.3.5 Trainee has demonstrated “*failure to progress*”. Possible recommendations for action might include the following:

- Remediation of EPA
- Probation of EPA
- Dismissal/Withdrawal from the Residency Program

5.3.4 Deliberations of the Competence Committee for **global assessment** of the trainee’s status with respect to the current stage/phase of training and recommended action going forward in the Residency Program, including the summary assessment by the primary reviewer, the resolution of the Committee on the trainee’s status and associated progress recommendations are documented in the trainee’s electronic portfolio and might include the following:

5.3.4.1 Trainee has “*completed the current stage/phase*”

- Recommendation is for advancement to the next stage/phase at the earliest appropriate opportunity

5.3.4.2 Trainee’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 Trainee is “*progressing as expected*”. Possible recommendation for action might include the following:

- Monitor learning
- Modify Learning Plan

- Continue in the stage/phase without modification
- 5.3.4.4 Trainee is “*not progressing as expected*”. Possible recommendations for action might include the following:
- Modify Learning Plan
 - Remediation
- 5.3.4.5 Trainee has demonstrated “*failure to progress*”. Possible recommendations for action might include the following:
- Remediation
 - Probation
 - Dismissal/Withdrawal from the Residency Program
- 5.3.5 The Competence Committee members vote on the recommendations of the primary reviewer
- 5.3.6 Decisions can be deferred if additional information is required, but the deferred decision **must** be revisited within four weeks
- 5.3.7 A status decision on the trainee is recorded in the Competence Committee’s archives
- 5.3.8 As soon as possible after the Competence Committee decision, the Academic Advisor, Residency Program Director or other appropriate delegate will discuss the decision of the Competence Committee with the trainee
- 5.3.9 Changes to the trainee’s Learning Plan, assessments or rotation schedule are developed and implemented as soon as feasible
- 5.3.10 The trainee may appeal decisions of the Competence Committee
- 5.3.11 In the event that a trainee’s performance on a previously attained EPA indicates that “*EPA entrustment is no longer appropriate*”, that EPA will be reactivated and added to the ongoing list of EPAs for assessment at the Competence Committee meetings. Possible progression recommendations would depend on the EPA and on the degree of lapse and might include the following:
- Reactivation of the EPA with or without Remediation or Probation of the EPA and one of the following:
 - Continue in the current stage/phase with a modified Learning Plan
 - Continue in the current stage/phase on Remediation
 - Continue in the current stage/phase on Probation

5.3.12 With respect to the trainee whose status is *“inactive”* (Leave of Absence or Suspension), the Competence Committee will discuss the current status of the trainee and will document the discussion and related recommendation in the trainee’s portfolio. Possible recommendations for action might include the following:

- Return to training (re-entry point and conditions will be specified)
- Monitor learning for expected return from LOA or Suspension
- Remediation
- Probation
- Dismissal/Withdrawal from the Residency Program

5.4 Major progression and promotion decisions, including the trainee’s final portfolio documenting achievement of competencies and promotion to certification **must** be forwarded by the Competence Committee to the Residency Program Director and on to the Associate Dean, PGME for verification and approval prior to submission to the RCPSC

5.5 All decisions leading to Remediation, Probation, Suspension or Dismissal/Withdrawal from the Residency Program **must** be forwarded by the Residency Program Director to the PGME Education Advisory Committee (PGME-EAC) Chair for review. The PGME-EAC Chair will forward all relevant documentation and recommendation to the Associate Dean, PGME for approval

5.6 Annual promotion principles pertaining to the PARIM - WRHA Collective Agreement whereby residents are remunerated is based in annual advancement of PGY level

5.6.1 The Residency Program Director **must** submit on behalf of each resident, a Trainee Appointment eForm annually (**see Appendix 4: PGME 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 EPA, as appropriate to the nature and scope of the observed deficiency

6.3 The decision for a trainee to undergo Remediation is determined by the Competence Committee based on one of the following trigger events:

- Trainee is *“not progressing as expected”*
- Trainee has demonstrated *“failure to progress”*
- Trainee’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 trainee 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 trainee in authentic practice conditions
- 6.5 The trainee 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 trainee'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. 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 discipline-specific guidelines regarding the typical duration of overall training as well as the typical duration of each stage of the Competence Continuum
- 6.10 In the event that the Residency Program Director determines that a Leave of Absence (LOA) is necessary for a trainee during the Remediation, then the Remediation Program is considered incomplete
 - 6.10.1 The Remediation Plan/Focused Learning Plan will be redesigned upon the trainee's return from the LOA
- 6.11 The trainee may appeal only the outcome decision at the conclusion of the Remediation
- 6.12 During Remediation, the trainee is allowed to apply for a transfer to another Residency Program

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

- 7.1 The Residency Program Director **must** submit a formal request for Remediation to the Associate Dean, PGME or Chair of PGME-EAC within five working days of the "trigger event" decision of the Residency Program Competence 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 Residency Program Director **must** submit a formal **Remediation Agreement**, which includes a **Remediation Plan/Focused Learning Plan** to the Associate Dean, PGME or Chair of PGME-EAC **within fifteen working days of the notification of the Program Director of the “trigger event” decision** of the Residency Program Competence 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 should 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 (approved by the PGME-EAC) as recommended by the RPC. The Residency Program Director may not be the trainee’s Remediation Supervisor
 - The criteria for completion of the Remediation such as any of, but not limited to the following:
 - Completion of milestones
 - Examination performance
 - Potential outcomes for each interim assessment of the Remediation, which might include the following:
 - Trainee has *“completed the element”*: Possible recommendation for action might include the following:
 - Advancement to the next stage/phase if appropriate for Remediation Plan
 - Remove EPA from active EPA list, if appropriate for Remediation Plan
 - Trainee is *“progressing as expected”*: Possible recommendations for action might include the following:
 - Discontinuation of Remediation and resumption of element
 - Continuation of Remediation
 - Trainee is *“not progressing as expected”*: Recommendations for action

might include the following:

- Continuation of Remediation
- Probation
- Trainee 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 respective Residency Program Directors

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, Residency Program Director, Remediation Supervisor, Chair, 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, Academic Advisor prior to implementation

7.7 The Program Director **must** meet with the trainee to discuss the Remediation Plan

7.8 The Remediation Supervisor is responsible for monitoring the trainee’s progress during the Remediation, as follows:

7.8.1 Assessment feedback information from Clinical Supervisors and other teaching faculty is reviewed by the Remediation Supervisor

7.8.2 The Remediation Supervisor **must** meet with the trainee regularly to discuss their progress with respect to the Remediation/Focused Learning Plan

7.8.3 The Remediation Supervisor **must** report the trainee’s progress, including the outcome of the Remediation to the Residency Program Competence Committee

7.9 The Residency Program Competence Committee **must** review the trainee’s progress in order to decide on the outcome of the Remediation and the status of the trainee as

follows:

- Trainee is “*progressing as expected*” and has successfully completed the Remediation
- Trainee is “*not progressing as expected*” and requires further Remediation
- Trainee 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 Residency Program Director and prior to approval will ensure that all policies and procedures have been followed

7.11 The Residency 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 trainee 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 Residency Program

8.2 Probation might be required for an entire stage/phase of training or for an individual EPA, as appropriate to the nature and scope of the observed deficiency

8.3 The decision for a trainee to undergo Probation is determined by the Competence Committee for RCPSC CBD Residency Programs based on one of the following “trigger events”:

- Trainee 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 trainee is undergoing Remediation
- Trainee 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
- Trainee 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 trainee where there is a significant and immediate concern

- 8.3.1 In situations where the incident or “trigger event” related to a trainee’s professional conduct requires immediate action, the Residency Program Director or delegate has the option of implementing the Probation procedures in advance of the Competence Committee discussion
- 8.3.2 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 trainee himself/herself, the Residency Program Director or delegate **must** consider immediate Suspension of the trainee as an interim measure prior to the Competence Committee Probation discussion and decision (**see Suspension**)
- 8.4 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, Residency Program Director, Probation Supervisor Chair, PGME Education Advisory Committee (PGME-EAC) and the Associate Dean, PGME prior to implementation
- 8.5 The trainee’s participation in the Probation Plan is a prerequisite for ongoing participation in the Residency Program.
- 8.6 The Program Director **must** meet and discuss the Probation Plan with the trainee
- 8.7 The Program Director should advise the trainee to meet with the Associate Dean, PGME Student Affairs for counselling
- 8.8 In circumstances where the reason for Probation is related to issues of professionalism, the trainee **must** meet with the Associate Dean, Professionalism for counselling
- 8.9 The trainee **must** fully comply with the conditions specified in the Probation Plan
- 8.10 The trainee **must** fully comply with any other conditions prescribed by the PGME-EAC and Associate Dean, PGME for the Probation
- 8.11 During Probation, the trainee is **not** allowed to apply for transfer to another Residency Program
- 8.12 Progress during Probation is based on documentation of competency attainment and correction of serious deficiencies rather than on successful completion of time-based rotations
 - 8.12.1 Time-based rotations will continue to be an organizing structure for residency training. Depending on the individual circumstance, Probation might lead to an extension of the resident’s training
 - 8.12.2 Limits to overall Residency Program training duration for the resident requiring extension of training will be based on discipline-specific guidelines regarding the typical duration of overall training as well as the typical duration of each stage of the Competence Continuum
- 8.13 In the event that the Residency Program Director determines that a Leave of Absence (LOA) is necessary for a trainee during the Probation, then the Probation Program is

considered incomplete

8.13.1 The Probation Plan will be redesigned upon the trainee's return from the LOA

8.14 The trainee 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 Residency Program Director **must** submit a formal request for Probation to Associate Dean, PGME or Chair of PGME-EAC within five working days of the “trigger event” decision of the Residency Program Competence 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 Chair of PGME-EAC will confirm if the probation is warranted to proceed

9.2 The Residency Program Director **must** submit a formal **Probation Agreement** which includes a **Probation Plan Agreement Document** to the Associate Dean, PGME or Chair of PGME-EAC within fifteen working days of the notification of the Program Director of the “trigger event” decision of the Residency Program Competence 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 RPC
- 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:
 - Trainee is “*progressing as expected*” and has successfully completed the Probation

- Trainee is “*not progressing as expected*” and requires further Probation or Dismissal/Withdrawal from the Residency Program
 - Trainee 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 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:
- Residency 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 and **must** be signed by the resident, Residency Program Director, Remediation Supervisor, Chair, PGME Education Advisory Committee (PGME-EAC) Chair and the Associate Dean, PGME
- 9.6 The Program Director **must** meet with the trainee to discuss the approved Probation Plan
- 9.7 The Program Director **must** discuss the approved Probation Plan with the Probation Supervisor prior to implementation
- 9.8 The Probation Supervisor is responsible for monitoring the trainee’s progress during the Probation, as follows:
- 9.8.1 Assessment feedback information from Clinical Supervisors and other teaching faculty is reviewed by the Probation Supervisor
 - 9.8.2 The Probation Supervisor **must** meet with the trainee regularly to discuss their progress with respect to the Probation Plan
 - 9.8.3 The Probation Supervisor **must** report the trainee’s progress, including the outcome of the Probation to the Residency Program Competence Committee
- 9.9 The Residency Program Competence Committee **must** review the trainee’s progress in order to decide on the outcome of the Probation and the **status** of the trainee as follows:
- 9.9.1 Trainee is “*progressing as expected*” and has successfully completed the Probation

9.9.2 Trainee is “*not progressing as expected*” and requires one of the following:

- Further Probation
- Dismissal/Withdrawal from the Residency Program

9.9.3 Trainee 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 Residency Program Director and prior to approval will ensure that all policies and procedures have been followed

9.11 The Residency 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 trainee 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 trainee 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 trainee in the Residency Program would pose a threat to University of Manitoba, WRHA or other property
- Failure of the trainee 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 circumstances, Suspension might lead to extension of the resident's training

10.2.4.1 Limits to overall Residency Program training duration for the resident requiring extension of training will be based on discipline-specific guidelines regarding the typical duration of overall training as well as the typical duration of each stage of the Competence Continuum

10.3 The Program Director should advise the trainee 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 trainee **must** meet with the Associate Dean, Professionalism for counselling

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

10.6 The trainee 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 trainee, the Residency 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 trainee's interim Suspension pending determination of the appropriate subsequent course of action

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

11.3 The trainee should be provided the opportunity of a face-to-face meeting with the Residency 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 trainee'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 trainee 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 trainee is placed on or taken off Suspension, the CPGME Office **must** ensure the following:

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

12. POLICY STATEMENTS – DISMISSAL/WITHDRAWAL

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

- Competence Committee decision on the basis of a trainee's progress, as follows:
 - Trainee is persistently "*not progressing as expected*" despite having undergone Remediation and/or Probation
 - Trainee has demonstrated persistent "*failure to progress*" and Remediation and/or Probation was considered **not** to be an option
 - Failure of the trainee to agree to or comply with an approved Remediation or Probation Plan
 - Trainee'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 trainee has exceeded or is reasonably expected to exceed the maximum allowable time for completion of a particular stage along the competence continuum

and/or for completion of training in a particular RCPSC discipline, 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 trainee 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 trainee in the Residency Program would pose a threat to University of Manitoba, WRHA or other property
- The trainee 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 trainee may voluntarily withdraw from the Residency Program prior to the decision for Dismissal or at any time for reason(s) independent of Dismissal (**Reference: PGME Voluntary Withdrawal from PGME Residency Training Policy**)

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

12.3 The Program Director should advise the trainee 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 trainee **must** meet with the Associate Dean, Professionalism for counselling

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

13. PROCEDURES – DISMISSAL/WITHDRAWAL (see Appendix 5: PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process map)

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

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

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

13.3 The Chair of PGME-EAC convenes a meeting of that committee 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 trainee 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 trainee is dismissed or withdraws from the 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 trainee has been dismissed/has withdrawn within twenty-four hours of such Dismissal/Withdrawal

POLICY CONTACT: Associate Dean, PGME

REFERENCES

RCPSC CBD Policy Advisory WG_Remediation Communique

<http://www.royalcollege.ca/rcsite/search-e?Ntt=CBD+policy+communique&Nty=1&op=Search>

RCPSC CBD Policy Communique_Grad Resp (2)

<http://www.royalcollege.ca/rcsite/search-e?Ntt=CBD+policy+communique&Nty=1&op=Search>

RCPSC CBD Policy Waiver of Training

<http://www.royalcollege.ca/rcsite/search-e?Ntt=CBD+policy+communique&Nty=1&op=Search>

RCPSC Glossary of Competence by Design Terminology

<http://www.royalcollege.ca/rcsite/educational-initiatives/terminology-medical-education-project-e>

RCPSC Terminology in Medical education working glossary October 2012

<http://www.royalcollege.ca/rcsite/cbd/cbd-tools-resources-e>

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/>

University of Manitoba – Voluntary Withdrawal from PGME Residency Training Policy

http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

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: [Competence Committee – Terms of Reference](#)

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

Appendix 3: [RCPSC CBME Resident Assessment-Promotion process map](#)

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

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](#)