



Max Rady College of Medicine Policy

Policy Name:	CPGME Resident Assessment, Promotion, Remediation, Probation, Suspension and Dismissal Policy
Application/Scope:	Postgraduate Medical Education Residents in Time-Based Residency Program Cohorts
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BACKGROUND

The training requirements of Residency Programs define specific competencies attained by residents in accordance with the standards (STR) and objectives (OTR) of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) or equivalent for the non-medical Residency Programs.

The processes of resident assessment, progression and promotion for time-based Residency Program cohorts are guided by the following principles:

- The assessment is linked to the rotation-specific learning objectives
- The assessment is criterion-based
- The process is clear and is uniformly applied
- The assessment provides informative, accurate and timely feedback to the residents and to the Residency Program Directors
- The formative assessment information supports ongoing resident development and provides valuable information to instructors in order to design appropriate Remediation experiences
- Summative assessment information obtained from end of rotation assessments support the ongoing learning of residents and assist in confirming that residents have met the required educational standards and are safe to practice upon completion of their residency training
- The process ensures fairness, including the right of the resident to be heard and to respond within a reasonable period of time

- All decisions pertaining to the assessment and the potential outcomes for residents **must** be justified and documented in writing
- It is important that the process for identification of those learners who may be in academic difficulty is timely, transparent and fair

DEFINITIONS

Academic Year – is the time interval that commences July 1st and finishes June 30th and constitutes thirteen four-week blocks of training for residents. On occasion, a trainee may be out-of-phase and may have a starting date other than July 1st and will be promoted to the next year of training on the anniversary of their start date, adjusted on an ongoing basis

Anonymous materials – materials in which 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 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 exceptions 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

Borderline Assessment – is one where the resident is deemed to have passed but there are weaknesses that warrant further attention. This may occur on a rotation assessment (ITAR/ITER) or on a Summary Assessment

CanMEDS – the RCPSC framework 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

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

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

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

End of Rotation Assessment – see ITAR/ITER

FITER – Final In-training Evaluation Report

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

ITAR/ITER – In-training Assessment Report/In-training Evaluation Report is a tool for assessment at the end of each rotation/clinical learning experience for trainees

LOA – Leave of Absence

MRA – Mid-rotation Assessment

MSAS – Medical Staff Administrative Services Office

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**

OTR – Objectives of Training Requirements (RCPSC)

PARIM – Professional Association of Residents and Interns of Manitoba

PGME – Postgraduate Medical Education is synonymous with CPGME

PGME Education Advisory Committee (PGME-EAC) – is the subcommittee of the PGME Executive Committee which is responsible for reviewing and approving all major decisions related to trainee progression and promotion by the Competence 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

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

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 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. The Remediation Plan/Focused Learning Plan is the central pillar of the Remediation Agreement

Remediation Rotation – is a formal supervised period of time included in the Remediation Plan/Focused Learning Plan

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 overall progress in the Residency Program, including readiness for advancement to the next stage of training/completion of training

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

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

STR – Standards of Training Requirements (RCPSC)

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 not obtained during their 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 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, progression and promotion of postgraduate learners in time-based Residency Program cohorts
- 1.2 Outline the policies and procedures for managing postgraduate learners with areas of deficiency in their training. The policies and procedures will include the following and are illustrated in the process flow chart in **Appendix 1: PGME Assessment, Promotion** process maps and **Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal** process maps:
 - Remediation
 - Probation
 - Suspension
 - Dismissal/Withdrawal from the Residency Program

2. POLICY STATEMENTS – ASSESSMENT

- 2.1 For all Residency Programs, there **must** be a clear statement outlining the goals and the educational objectives for the residents
- 2.2 There **must** be clearly-defined rotation-specific objectives as follows:
 - 2.2.1 The objectives **must** cover the CanMEDS competencies for specialty programs
 - 2.2.2 The educational objectives **must** be reflected in the assessment of residents
 - 2.2.3 The current goals and objectives for the Residency Program **must** be distributed to all residents and faculty prior to the beginning of the rotation
 - 2.2.4 The statement of goals and objectives **must** be reviewed regularly (at least every two years) by the Residency Program Director and the Residency Program Committee
- 2.3 Resident assessment **must** comply with the following:
 - 2.3.1 For all Residency Programs, the residents **must** receive regular and timely feedback on their performance and progress by means of the use of appropriate performance-based assessment informed by direct observation
 - 2.3.2 Unsolicited anonymous materials/data may not be used in any evaluative or disciplinary proceeding or action involving a resident. The Dean or Associate Dean, PGME may inquire or investigate into matters raised by unsolicited anonymous materials
 - 2.3.3 The use of solicited aggregate 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
 - 2.3.4 Assessment **must** occur on a regular basis as follows:
 - 2.3.4.1 Mid-rotation assessment is very important as it is intended to be formative to guide the resident toward successful completion of the rotation. As such, it is **not** subject to appeal
 - 2.3.4.2 End-of-rotation assessment must occur with the resident on a face-to face basis **and** the assessment must be documented
 - 2.3.4.3 At least semi-annually, the Residency Program Director or designate must complete an online summary assessment (RORP) for each resident in the Residency Program and must discuss it with the resident at a face-to-face meeting

2.3.4.3.1 Summary assessments are based on multiple sources such as the following:

- Rotation Assessments
- Feedback from health care team members, patients and families
- In-training and other examination results

2.3.5 Assessment **must** be timely

2.3.6 The assessment **must** meet the specific requirements of the Residency Program

2.3.7 The assessment **must** be appropriate for the competency being assessed

2.3.8 Assessment **must** be based on the rotation-specific goals and objectives

2.3.9 The assessment process **must** include identification of the expected level of resident performance

2.4 All Residency Programs **must** have formal online mid-rotation (MRA) and end-of-rotation assessment tools (ITAR/ITER) which **must** comply with the following:

- Approved by the RPC
- Include assessment of the rotation-specific goals and objectives
- Available to all residents prior to commencement of the rotation
- Include a clear indication of the performance of the residents
- Include ability for the resident to sign the assessment and to include comments

2.5 Assessments are the property of the resident and the University of Manitoba and will be kept confidential unless patient safety might be compromised in the process or for the purposes of educational handover

2.5.1 Educational Handover to Rotation Supervisors of future rotations must be restricted to areas of deficiency requiring improvement. The decision to allow handover and the specific content must be approved by the RPC

2.6 The trainee may appeal summative assessments (including ITAR/ITER) with aggregated data from multiple sources

3. PROCEDURES – ASSESSMENT (see Appendix 1: PGME Assessment, Promotion process maps)

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

- 3.1.1 The resident **must** be provided with and **must** review information from their Home Residency Program that clearly outlines the goals and objectives and the assessment processes for the rotation
- 3.1.2 The resident should meet face-to-face with the Rotation Supervisor and review the goals and objectives, clinical, academic and professional expectations and duties for the rotation
- 3.2 At the **mid-point** of a rotation, the following procedures apply:
 - 3.2.1 For all rotations with a duration of four weeks or greater, the Rotation Supervisor **must** complete an online mid-rotation assessment (MRA) which should be discussed at a timely face-to-face meeting with the resident
 - 3.2.1.1 For rotations less than four weeks in duration, the completion of an online mid-rotation assessment is recommended but optional
 - 3.2.2 For residents considered to **require improvement** or to have **unsatisfactory** performance at the midpoint of a rotation, regardless of the duration of the rotation, the Rotation Supervisor **must** complete an online mid-rotation report (MRA) **and must** discuss it at a face-to-face meeting with the resident
 - 3.2.2.1 The MRA **must** clearly state that the resident's performance **requires improvement** or is **unsatisfactory** and must outline the specific areas of deficiency that require improvement by the completion of the rotation
 - 3.2.2.2 The resident **must** electronically verify that they have read the assessment
- 3.3 At the **completion** of a rotation, the following procedures apply:
 - 3.3.1 The Rotation Supervisor **must** complete the online assessment (ITAR/ITER) which **must** be available to the resident within **ten working days of the last day of the rotation**
 - 3.3.2 The resident **must** electronically verify that they have read the assessment
 - 3.3.2.1 The resident has the option of adding any comments to the report
 - 3.3.3 For the resident whose overall performance meets or exceeds the expectations of the rotation, the Rotation Supervisor **must** discuss the assessment at a face-to-face meeting with the resident, preferably **prior to the last day of the rotation**
- 3.4 For **Borderline Rotation Assessments (ITAR)**, the following procedures apply:
 - 3.4.1 The Rotation Supervisor **must** immediately inform the Home Residency Program Director that the resident has received a **borderline assessment** on the rotation

- 3.4.2 The Rotation supervisor or delegate **must** discuss the assessment at a face-to-face meeting with the resident **within five working days** of the end of the rotation and preferably by the last day of the rotation
 - 3.4.3 The Home Residency Program Director **must** discuss the assessment at a face-to-face meeting with the resident **within ten working days of the last day of the rotation**. (If completed within five working days, this may also serve as the meeting as per 3.4.2)
 - 3.4.4 While a single **borderline** assessment is not in and of itself a failure, the Residency Program Director may decide that **Remediation** is the most appropriate option, which should be documented on a RORP detailing the context and rationale that justifies the Remediation
 - 3.4.5 Two **borderline** assessments documented on an ITAR for a specific rotation must be considered equivalent to an **unsatisfactory** assessment. This situation constitutes grounds for **Remediation**, which should be documented on a RORP detailing the context and rationale that justifies the Remediation
 - 3.4.6 The Home Program Director **must** notify the Associate Dean, PGME and Chair of PGME-EAC (by email or hard copy) upon completion of a RORP indicating a need for Remediation
 - 3.4.7 Two **borderline** assessments will be considered equivalent to an **unsatisfactory** assessment for the purpose of calculating the maximum of three **unsatisfactory** assessments
- 3.5 For **Failed Rotation Assessments (ITAR)**, the following procedures apply:
- 3.5.1 The Rotation Supervisor will immediately inform the Home Residency Program Director that the resident has **failed** the rotation
 - 3.5.2 The Rotation Supervisor or delegate **must** discuss the assessment at a face-to-face meeting with the resident **within five working days** of the end of the rotation and preferably by the last day of the rotation
 - 3.5.3 The Residency Program Director **must** discuss the assessment at a face-to-face meeting with the resident **within ten working days of the last day of the rotation**. (If completed within five working days, this may also serve as the meeting for 3.5.2)
 - 3.5.4 The Residency Program Director will inform the resident that they will require **Remediation** in light of the assessment
 - 3.5.5 The Residency Program Director will submit a request (email or hard copy) for **Remediation, Probation or Dismissal** to the Associate Dean, PGME and Chair of PGME-EAC **within five working days of receiving notification of the assessment** by the Rotation Supervisor

- 3.5.6 The decision to request a Remediation should be documented on a RORP detailing the context and rationale that justifies the Remediation
- 3.5.7 In the case of an assessment that indicates unsatisfactory resident performance and the Residency Program Director considers there to be a clinical, academic or professional deficiency of a particularly serious nature, then the Residency Program Director **must** consult the Chair of PGME-EAC and Associate Dean, PGME for advice with respect to considering Probation/Dismissal
- 3.6 For Incomplete **Rotations**, the following procedures apply:
- 3.6.1 Should a resident fail to complete seventy-five per cent of a rotation, then the Rotation Supervisor and/or Residency Program Director will record this as an incomplete rotation on the rotation assessment
- 3.6.1.1 Trainees who are demonstrating a pattern of incomplete rotations will be subject to review by the Residency Program Director and/or the Associate Dean, PGME
- 3.6.2 In order to receive credit on the rotation the resident **must** complete a supplementary rotation and **must** meet all of the goals and objectives of the rotation, taking both the original incomplete and the supplementary rotation credits into account
- 3.6.2.1 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 conjointly by the Rotation Supervisor and the Residency Program Director
- 3.6.2.2 If a resident completes a supplementary rotation and passes, then they will receive credit for a pass on one rotation
- 3.6.2.3 If the resident's assessment is **borderline** or **unsatisfactory** on the combination of the incomplete and supplementary rotations taken as a whole, then this will be considered to be the equivalent of a **borderline** or **unsatisfactory** assessment on the original rotation
- 3.6.3 Length of training will be extended by the duration of incomplete rotation
- 3.7 For Summary **Assessments (RORP)**, the following procedures apply:
- 3.7.1 A RORP will be completed by the Residency Program Director under the following circumstances:
- Semi-annually for each resident
 - In the event of a decision to request Remediation, Probation or Dismissal, whether based on global performance or cumulative borderline ITARs

- As often as determined necessary by the Residency Program Director to document ongoing progress in training
- 3.7.2 The RORP will include the resident's strengths and weaknesses and opportunities for improvement
- 3.7.3 The RORP will include a recommendation by the Residency Program Director as to the resident's progress in the Residency Program as follows:
- The resident should continue with no interruption
 - The resident should continue with no interruption but **must** demonstrate resolution of noted areas of weakness by the next assessment
 - The resident should undertake a Remediation
 - The resident should undertake a Probation
- 3.7.4 The Summary Assessment may conclude that a resident's performance is **deficient** based on global outcomes despite the absence of similar outcomes on individual rotation assessment (ITAR)
- 3.7.5 Upon completion of the RORP as an online document, the Residency Program Director will arrange a timely face-to-face meeting with the resident to discuss the RORP
- 3.7.6 In the event of a recommendation for Remediation, Probation or Dismissal, the Residency Program Director **must** comply with the following:
- Notify the Associate Dean, PGME and Chair of PGME-EAC (email or hard copy immediately)
 - Accelerate completion of the RORP within five working days of the decision
 - Discuss the assessment with the resident at a face to face meeting within ten working days of the decision
- 3.7.7 The resident must verify online that they have read each RORP
- 3.7.8 The resident may add any pertinent comments to the RORP
- 3.7.9 In the case of an **unsatisfactory** Summary Assessment in which the Residency Program Director considers there to be a clinical, academic or professional deficiency of a particularly **serious nature**, then the Residency Program Director must consult the Associate Dean, PGME for advice with respect to considering Probation (see Section 8 and Section 9)

4. POLICY STATEMENTS – PROMOTION

- 4.1 A resident shall be promoted from one to the next level of training when they have overall met expectations with respect to assessment for **all** rotations and Summary Assessments for the preceding academic year
- 4.2 Time spent on **Remediation** may or may not be counted toward the total of the thirteen blocks comprising the year of training
- 4.3 Time spent on **Probation** ordinarily would not be counted toward the total of the thirteen blocks comprising the year of training

5. PROCEDURES – PROMOTION (see Appendix 1: PGME Assessment, Promotion process maps)

- 5.1 The Residency Program Director in discussion with the Residency Program Committee (RPC) must approve all promotions of residents in the Residency Program
- 5.2 The Residency Program will ensure documentation of the resident's promotion online
 - 5.2.1 Any changes in the resident's starting date for the next year of training must be documented
- 5.3 For a resident in their final year of training who is expected to successfully complete the Residency Program, the completed and signed **Final In-Training Evaluation Report (FITER)** must be submitted for signed approval by the Associate Dean, PGME

6. POLICY STATEMENTS – REMEDIATION

- 6.1 Remediation is generally considered a learning opportunity for the resident to correct a deficiency related to clinical, academic or professional competencies or objectives
- 6.2 A resident is required to undergo a remedial rotation on the basis of one or more of the following trigger events:
 - One **unsatisfactory** rotation assessment
 - Two **borderline** rotation assessments
 - A pattern of consistent deficiency or weakness on a Summary Assessment
 - A failing grade on an in-training examination or other progress assessment
- 6.3 The duration of a Remediation must be based on the expected time required to meet the goals and objectives of the Remediation

6.3.1 The Maximum allowed total duration of a Remediation for one trigger event is one year after which the Remediation is deemed unsatisfactory

6.4 The duration of a Remediation must not be less than one-half the length of the failed rotation or four weeks

6.5 The PGME Education Advisory Committee (PGME-EAC) and the Associate Dean, PGME **must** review and approve all Remediation Plans prior to commencement

6.6 In the event that the Program Director determines that a Leave of Absence (LOA) is necessary for a resident during the Remediation, then the Remediation Program is considered incomplete

6.6.1 The Remediation Plan/Focused Learning Plan will be redesigned upon the resident's return from the LOA

6.7 The trainee may appeal Remediation decisions

6.8 During Remediation, the trainee is allowed to apply for a transfer to another Residency Program

7. PROCEDURES – REMEDIATION (see Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process map)

7.1 The Residency Program Director, in consultation with the RPC **must** submit a formal request for Remediation to the Associate Dean, PGME and Chair of PGME-EAC with a copy to the resident, within **five working days of the notification to the Program Director of the “trigger event” for the Remediation**. The decision to request a remediation should be documented on a RORP detailing the context and rationale that justifies the remediation

7.1.1 The Associate Dean, PGME or Chair of PGME-EAC will confirm if the remediation is warranted to proceed

7.2 The Residency Program Director **must** submit a formal **Remediation Plan/Focused Learning Plan** to the Associate Dean, PGME and Chair of PGME-EAC **within fifteen working days of the notification to the Program Director of the occurrence of the “trigger event”** for the Remediation. An extension of this timeline may be allowed, upon request to the Associate Dean, PGME in cases of marked complexity. The Remediation Plan must include the following:

- Description of the deficiencies
- The specific resources being offered and deployed for correcting the deficiencies
- Duration of the Remediation rotation
- Intervals for interim assessments

- Potential outcomes
- Remediation Supervisor, who is one of the following:
 - One of the Residency Program faculty
 - Not the Rotation Supervisor
 - Not administratively involved in the sequence of events that led to the Remediation

7.2.1 The Education Advisory Committee (PGME-EAC) will review all submitted documents and materials pertaining to the request for Remediation and the formal Remediation Plan from the Program Director in a timely manner and will reach a consensus with respect to approval of the request for Remediation

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 Residency 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, Residency Program Director, Remediation Supervisor, Chair, Education Advisory Committee (PGME-EAC) and Associate Dean, PGME (**see Appendix 4: PGME Remediation Agreement Template**)

7.6 The Program Director **must** discuss the approved Remediation Plan with the Remediation Supervisor, Academic Advisor prior to implementation

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

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

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

7.7.3 The Remediation Supervisor **must** report the trainee's progress, including the outcome of the Remediation to the Residency Program Committee

7.8 A rotation assessment will be completed for the Remediation rotation

7.9 If the resident passes the Remediation rotation, then they subsequently return to their regularly scheduled rotations in the Residency Program

7.9.1 The time spent during Remediation is usually **not** credited toward the final requirements of training

7.9.2 The Associate Dean, PGME will exercise discretion in determining whether the Remediation is credited in accordance with the requirements of the RCPSC

7.10 If the resident does **not** pass the Remediation rotation, then the Residency Program Director, in consultation with the RPC will recommend to the Associate Dean, PGME, one of the following:

- An extended Remediation rotation
- A Probation rotation
- Dismissal from the Residency Program

7.11 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

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

8. POLICY STATEMENTS – PROBATION

8.1 A resident may be required to undergo Probation on the basis of one or more of the following trigger events:

- One **unsatisfactory** Remediation rotation assessment or a failure to progress at an interim assessment on a Remediation
- One **unsatisfactory** regular rotation assessment, if the clinical, academic or professional deficiency is considered by the PGME-EAC to warrant immediate Probation
- Two **borderline** rotation assessments, if the clinical, academic, or professional deficiency is considered by the PGME-EAC to warrant immediate Probation

- A failing grade on an in-training examination, if the deficiency is considered by the PGME-EAC to be of sufficient gravity to warrant immediate Probation
- One **unsatisfactory** Summary Assessment, if the clinical, academic or professional deficiency is considered by the PGME-EAC to warrant immediate Probation
- The occurrence of a clinical, academic or professional event or incident that indicates a deficiency considered by the PGME-EAC to be either non-remediable or of sufficient gravity to warrant immediate Probation

8.2 The duration of a Probation rotation will be at least four weeks or one-half of the duration of the failed rotation, whichever is longer

8.3 The duration of the Probation rotation will not exceed twelve weeks or the duration of the failed rotation, whichever is shorter

8.4 The PGME Education Advisory Committee (PGME-EAC) and the Associate Dean, PGME **must** review and approve all Probation Plans prior to commencement

8.5 In the event that the Program Director determines that a Leave of Absence (LOA) is necessary for a resident during the Probation, then the Probation Program is considered incomplete

8.5.1 The Probation Plan will be redesigned upon the resident's return from the LOA

8.6 The trainee may appeal **only** the outcome decision at the conclusion of the Probation

8.7 During Probation, the trainee is not allowed to apply for transfer to another Residency Program

9. PROCEDURES – PROBATION (see Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process map)

9.1 The Residency Program Director, in consultation with the Residency Program Committee (RPC) will submit a formal request for Probation to the Associate Dean, PGME and Chair of PGME-EAC with a copy to the resident **within five working days of the notification to the Program Director of the occurrence of the “trigger event” for the Probation**. The decision to request a probation should be documented on a RORP detailing the context and rationale that justifies the probation

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

9.2 The Residency Program Director will 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 Program Director of the “trigger event” decision of the RPC. The Probation Plan **must** include the following:

- Identified competency deficiencies on which to focus during Probation (Probation rotation)
- Time frame for elements of the Probation Program/duration of the Probation
- The specific resources being deployed for competency attainment during the Probation
- Probation Supervisor shall be appointed by the PGME-EAC as recommended by the Program Director
- Potential outcomes of the Probation

9.3 The PGME Education Advisory Committee (PGME-EAC) will review all submitted documents and materials pertaining to the request for Probation **and** the formal Probation Plan from the Program Director in a timely manner and will reach a consensus with respect to approval of the request for Probation

9.3.1 If the request for Probation is approved, then the PGME-EAC must reach consensus with respect to one of the following:

- Approval of the Probation Plan without revision
- Revision and approval of the Probation Plan

9.4 The Chair of PGME-EAC will communicate the Probation Plan decision to the Residency Program Director

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, Probation Supervisor and Associate Dean, PGME. The Associate Dean, PGME and Chair of PGME-EAC **must** approve the Probation Plan decision prior to implementation (**see Appendix 5: Max Rady College of Medicine Probation Agreement**)

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

9.9 The Probation Supervisor **must** report the trainee's progress, including the outcome of the Probation to the RPC which will review the trainee's progress to decide on the outcome of the Probation as follows:

- Trainee has successfully completed the Probation
- Trainee requires further Probation
- Dismissal 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 Chair of PGME-EAC and the Associate Dean, PGME

10. POLICY STATEMENTS – SUSPENSION

10.1 Suspension of a trainee may be imposed as an interim measure while determining 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 the 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 the 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

10.3 Time-based rotations will continue to be an organizing structure for residency training

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

10.3.2 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

10.4 The Program Director should advise the trainee to meet with the Associate Dean, PGME Student Affairs for counselling

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

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 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process maps)

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 outcome 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, including one of the following:

- 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 (see Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process maps)

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

- A resident might be dismissed after **unsatisfactory** (failing) assessments on any three rotations over the course of his/her Residency Program. Typically, these would be **unsatisfactory** assessments on a rotation and the subsequent Remediation and Probation, **but** it could also include any combination of regular rotations and Remediation rotations
- The trainee is on an extended 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 time specified by the Specialty Committee of the RCPSC as the maximum 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 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 or other property
- The trainee is considered unsuitable for practice on the basis of behaviour that would be considered inconsistent with reasonable standards of professionalism, ethics, competence and judgment

12.2 The trainee may voluntarily withdraw from the Residency Program prior to the decision for Dismissal

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 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process maps)

13.1 The Residency Program Director, after consultation with the Residency Program Committee **must** submit a formal (email or hard copy) request for Dismissal to the Associate Dean, PGME within five working days of the notification to the Program Director of the occurrence of the “trigger event “for the Dismissal, including the reason(s) for the request

13.1.1 A copy of the request **must** be sent to the resident

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 immediately informs the Associate Dean, PGME through formal documentation (email or hard copy)

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 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

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

University of Manitoba – Voluntary Withdrawal from PGME Residency Training Policy

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

APPENDICES

Appendix 1: PGME Assessment, Promotion process maps

Appendix 2: PGME Remediation, Probation, Suspension, Dismissal Withdrawal process maps

Appendix 3: PGME-Education Advisory Committee – Terms of Reference

Appendix 4: Max Rady College of Medicine Remediation Agreement

Appendix 5: Max Rady College of Medicine Probation Agreement