

Postgraduate Medical Education Policy

Policy on Assessment of Trainees in PGME Programs

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Section A: Introduction

A1: Background

Training requirements defined by the Royal College of Physicians and Surgeons of Canada (Royal College) for specialty and Area of Focused Competence (AFC) programs and the College of Family Physicians of Canada (CFPC) for family medicine outline the specific competencies required for trainees to enter independent practice. The General Standards for Accreditation of Institutions, residency and AFC programs define the policies and procedures that must be developed and followed to ensure appropriate assessment for all trainees following a Royal College or CFPC accredited program.

Royal College residency programs have been transitioning to Competency-Based Medical Education (CBME) with a hybrid model, Competence by Design (CBD), in which training experiences are organized to allow trainees to attain defined competencies within time-based rotations and programs. As the transition to CBD has been staggered, Royal College residency programs may be entirely time-based (traditional stream), CBD-based, or have trainees in both streams.

A2: Definitions

A comprehensive list of definitions can be found in the [PGME Glossary of Definitions and Terms](#).

In this policy, the word “**must**” is used to denote items which are necessary, and the word “**should**” is used to denote items which are highly desirable.

Academic Coach/Advisor: faculty member assigned to a trainee as an educational advisor responsible for overseeing a trainee’s clinical and academic progress.

Academic Year: time interval that commences July 1st and finishes June 30th. In time-based programs, promotion is normally commensurate with the academic year. In programs that have transitioned to CBD, trainees may be promoted to the next **stage** of training based on attainment of competencies. The academic year for CBD programs is relevant only for promotion to the next pay level, which is based on years of training. All trainees, regardless of stream, are expected to complete the requisite minimum number of years defined by the Royal College and CFPC.

Accommodation: is an individualized arrangement which adjusts, reduces, or removes organizational or physical barriers that may limit the ability of trainees with disabilities to fully participate in the program and meet the essential requirements of postgraduate medical education.

Appeal: request for review of summative assessments and/or decisions for Remediation, Suspension, Probation, and Dismissal. Appeals can be made at three different levels: program (level 1), PGME (level 2), and Faculty of Health Sciences (level 3).

Appeals Review Board (ARB): board that adjudicates Level 2 appeals on behalf of the Associate Dean, Postgraduate Medical Education (PGME), residency and fellowship program committees, and

trainees/fellows.

Area of Focused Competence (AFC) program: Royal College accredited program that provides training in supplemental competencies to enhance the practice of physicians in an existing discipline or a highly specific and narrow scope of practice that does not meet the criteria of a subspecialty. Trainees, upon successful completion, will be awarded a Diploma in the AFC program and conferred the status of a *Diplomate of the Royal College (DRCPSC)*.

Assessment: systematic process of gathering and analyzing data from diverse sources on trainee performance with the purpose of determining achievement of competencies required for promotion and graduation to independent practice.

- **Formative Assessment:** process of assessment of trainee performance for the purpose of improvement ('assessment for learning').
- **Summative Assessment:** process of assessment summarizing a trainee's performance against established objectives and expectations, which is conducted at specified intervals within each program.
- **Trainee Status in CBD programs,** as recommended by a Competence Committee (CC), is ratified by the Residency Program Committee (RPC).
 - **Progressing as Expected:** trainee is progressing as expected through their current stage of learning, attaining EPAs/competencies, and achieving learning goals articulated on their learning plan.
 - **Not Progressing as Expected:** trainee is delayed in attaining expected EPAs/competencies and/or is demonstrating a need for a modified learning plan for the attainment of competencies for that stage of learning.
 - **Failure to Progress:** trainee is failing to progress in learning path.
 - **Inactive:** trainee is not actively training in program and is expected to return (parental leave, medical leave, unpaid leave).

Associate Dean, Postgraduate Medical Education (PGME): senior faculty member appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the Faculty of Health Sciences.

Block: one (1) of thirteen (13) time intervals within each academic year, each consisting of 28 days, except for blocks one (1), seven (7) and thirteen (13), which are of varying duration based on the calendar year.

CanMEDS/FM: Royal College and CFPC competency frameworks describing the roles of a physician: Medical Expert, Communicator, Collaborator, Health Advocate, Leader, Scholar, and Professional. All learning objectives for residency training must be formatted according to the CanMEDS framework, and appropriate assessment tools must be designed for each role.

Clinical Supervisor: most responsible faculty member to whom the trainee directly reports during a training experience.

Clinical Teaching Unit (CTU): teaching unit consisting of various levels of trainees who work with faculty members and interdisciplinary health care professionals to care for patients.

Clinical Teaching Unit (CTU) Director: a faculty member within the program responsible for the educational activities, supervision, and safety of trainees within a CTU.

College of Family Physicians of Canada (CFPC): a professional association and the legal certifying body for the practice of family medicine in Canada.

College of Physicians and Surgeons of Ontario (CPSO): health regulatory body of Ontario responsible for ensuring that physicians (including trainees) provide health services in a safe, professional, and ethical manner. This includes setting standards of practice for the profession, investigating complaints about members of the profession, and, when appropriate, disciplinary action.

Competence: array of abilities across multiple domains or aspects of physician performance. Competence is both conditional on, and constrained by, each physician's practice context, is dynamic, and continually changes over time.

Competence by Design (CBD): Royal College hybrid CBME model designed to work within the Canadian context and combines a time-based and an outcomes-based approach to learning, using CanMEDS 2015 as an organizing framework of competencies.

Competence Committee (CC): subcommittee of the Residency Program Committee (RPC) responsible for the formal review of a trainee's clinical and academic progression towards competence, using collated assessment data gathered over time and from multiple sources. The CC makes recommendations to the Program Committee concerning a trainee's status in the program and their eligibility for promotion to the next stage of learning, examination, or certification, and to requirements for an enhanced educational plan (EEP), remediation, probation, and/or dismissal.

Competency-Based Medical Education (CBME): overarching term referring to a competency-based, outcomes-based model of medical training.

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

Department Education Coordinator (DEC) or Associate Chair Education (ACE): faculty member responsible for overseeing the educational activities within a department.

Direct Observation: process of assessment whereby the assessor directly observes the trainee performing a specific task (e.g., patient interview, procedure, examination skills).

Director of Academic Performance Support (APS), PGME: faculty member responsible for maintaining and enhancing processes and best practices within PGME that advance trainee success in addressing academic difficulties and support programs and residents in remediation planning, resources, and faculty development.

Dismissal: termination of the trainee's appointment with the postgraduate program for reasons of academic, professional, or overall unsuitability to continue in the program.

Education Advisory Board (EAB): board, acting on behalf of PGME, that reviews the summative performance of any trainee referred by their program director, Program Committee, CC, trainee, or the Associate Dean, PGME, and makes recommendations to the program director/Program Committee and the Associate Dean, PGME, regarding remediation planning.

Education Plan/Individual Learning Plan (ILP): formal plan that outlines the trainee’s personal learning goals and/or competencies to be attained, tracks educational activities, and monitors attainment of program objectives and overall progress within the program.

Educational Handover: process by which specific and relevant information about a trainee’s performance and education plan is shared with future supervisors to facilitate focused training experiences, appropriate supervision, assessment, and guidance. The trainee must participate in the educational handover and/or be informed about the information to be shared.

Enhanced Education Plan (EEP): formal plan developed to address areas requiring improvement that impede progression but do not meet the criteria for remediation. The EEP recognizes that the trainee would benefit from additional educational supports and/or modifications.

Entrustable Professional Activities (EPA): an essential task of a discipline that an individual can be entrusted to perform safely and independently. In CBD, each EPA has milestones which define the abilities of the task.

Fellow: physician registered in a subspecialty residency program who has not completed core training in North America and is not eligible for certification by the Royal College.

Field Note/Daily Encounter Card: form of work-based assessment (WBA) by which a trainee is provided formative feedback.

Indirect Observation: process of assessment where the assessor utilizes indirect methods to assess attainment of competencies (e.g., case presentation, chart documentation).

In-Training Assessment Report (ITAR): tool of summative assessment used at the end of a training experience.

- CanMEDS-based and linked to objectives of the training experience.
- The primary summative assessment tool used in time-based programs.
- CBME programs may also use ITARs for longitudinal assessment as part of a systematic assessment system. ITARs can be modified to allow for assessment of competencies that are associated with the training experience and not adequately assessed by EPAs.

Milestone: defined observable marker of a trainee’s ability along the developmental continuum of training. In CBD, EPAs are composed of several milestones, organized according to the CanMEDS competency framework.

Modified Educational Plan: formal educational intervention implemented to address specific gaps in performance, with specific learning resources, timelines and outcomes tailored to the needs of the trainee. It is expected that program directors may modify learning plans to fit the individual learning goals of the trainee at any time during the program. For this policy, a modified educational plan is used as a collective term for EEP, remediation and probation plans.

Moonlighting: paid clinical activity outside the training experiences in a residency or fellowship program.

- **Restricted Registration:** certificate for moonlighting beyond an educational license for residents without an independent license used for the purpose of moonlighting in approved clinical areas.

Objectives: all training experiences in both time-based and CBME programs must have objectives that outline the competencies that need to be acquired during the experience (may include description of EPAs that can be achieved).

Postgraduate Medical Education (PGME) Office: Associate Dean, PGME, Postgraduate Program Manager, and other administrative personnel responsible for coordination, administration, and oversight of residency and fellowship programs.

Probation: an interval outside of scheduled training experiences designed to allow specific additional opportunities for a trainee to correct areas of serious clinical, academic, or professional deficiency, as well as to determine the trainee's suitability for continuation in the residency program.

- **Probation Plan/Agreement:** formal document developed by the program director/Program Committee/CC outlining the performance difficulties the trainee is required to correct, clinical and academic resources, assessment and monitoring, and specific outcomes to be achieved.

Program Committee: residency (RPC) or AFC Program Committee, and any subcommittees that support the program director in the administration and coordination of the residency program. It is expected that trainee assessment will be the mandate of the competence subcommittee or equivalent. For this document, the term Program Committee may also refer to the relevant subcommittee as appropriate (e.g., competence subcommittee, academic support subcommittee).

Program Director: faculty member responsible for the overall conduct and organization of the residency program and accountable to the Associate Dean, PGME, and the Division/Department Chair.

Programmatic Assessment: system of integrated processes that ensure trainees are consistently assessed and coached for the development of competence to inform decisions for advancement.

Remediation: formal program of individualized training, support, assessment, and monitoring designed to assist a trainee in correcting identified areas of difficulty in academic performance. It is anticipated that the difficulties can be successfully addressed by remediation such that the trainee will be able to achieve the required competencies for progression in the program.

- **Remediation Plan/Agreement:** formal document outlining the details of the performance difficulties the trainee is required to correct, clinical and academic resources, monitoring and assessment, and specific required outcomes to be achieved.

Residency Program/Home Program: Royal College or CFPC accredited postgraduate training program. Home Program refers to the program in which the trainee is registered.

Resident: trainee registered in a Royal College or CFPC accredited postgraduate training program who is eligible for certification in the specialty/subspecialty in which they are enrolled.

- Trainees who are completing Family Medicine Enhanced Skills programs are registered as residents.

Rotation Supervisor: faculty member responsible for the learning experience, including trainee orientation, learning environment, feedback, and assessment.

Royal College of Physicians and Surgeons of Canada (Royal College/RCPC): a regulatory college which acts as a national, non-profit organization to oversee the medical education of specialists in Canada.

Stages of Learning: in CBD, the trainee is promoted across four stages of learning until deemed eligible for certification. The stages are Transition to Discipline, Foundation of Discipline, Core of Discipline, and Transition to Practice.

Suspension: temporary interruption of the trainee's participation in training that has been imposed by the university and/or hospital for reasons including but not limited to professional misconduct, incompetence, or incapacity.

Teacher: an individual with the responsibility for teaching trainees. Teacher is often used interchangeably with terms such as supervisor and preceptor, although it is acknowledged that in some instances, teaching may be an act or set of actions distinct from these other roles.

Time-Based Programs/Streams: programs and/or trainees following the Royal College non-CBD stream, guided by the Royal College Specialty Committee Specialty Training Requirements (STR).

Trainee: within the scope of this policy, trainee refers to a resident registered in a postgraduate training program leading to certification by the Royal College of Physicians and Surgeons of Canada (Royal College or RCPSC) or the College of Family Physicians of Canada (CFPC), or a fellow completing subspecialty training without primary certification (e.g., externally sponsored) or enrolled in an AFC program.

Note: this policy does not include clinical/research fellows in non-AFC fellowship programs.

Training Experience: activity or setting in which a trainee has experiences that provide the opportunity to achieve pre-defined goals, objectives, and competencies. Terms commonly used to describe discrete clinical training experiences include rotation, longitudinal/continuity clinics, on-call, etc.

Triggering event: event that sets a course of action in motion, including but not limited to decisions of remediation, suspension, probation, withdrawal, dismissal, and/or reporting to a regulatory body (e.g., CPSO). The triggering event may be related to failure to achieve required competencies or professional conduct.

Triple-C Competency Curriculum and Residency Training Profile: competency-based curriculum and core professional activities for family medicine residency training based on the CanMEDS–Family Medicine framework and the Assessment Objectives for Certification in Family Medicine.

Workplace Based Assessment (WPBA): group of assessment modalities which evaluates trainees' performance during the clinical settings. Hallmark of WPBA is the element of observation of the

trainee's performance in real workplace environment along with relevant feedback, WPBA include but are not limited to EPAs, encounter cards, field notes.

A3: Purpose

The purpose of this policy is to outline fair, transparent, and effective processes for:

- Systematic assessment, progression, and promotion of trainees towards independent practice at completion of training, in accordance with the Royal College and CFPC training objectives and accreditation standards.
- Management of performance difficulties and development of modified educational plans: EEP, remediation and probation, where necessary, for trainees in postgraduate residency training programs.
- Ensuring consistency with relevant policies and procedures of the Faculty of Health Sciences, McMaster University, Royal College, CFPC and CPSO.

It is the responsibility of each trainee, program director and faculty member involved in assessment decisions to read this policy and become familiar with its content. It is the responsibility of the PGME office to provide access to this policy, support its implementation, and respond to questions or concerns about the application and procedures of the policy.

Note: All timeframes in this report are approximate and subject to extension after a reasonable effort has been made to accommodate the timelines. The trainee must be informed of any extension beyond the timeframe suggested in the policy.

A4: Scope

This policy applies to all postgraduate trainees registered in PGME as:

- Residents
- Fellows in subspecialty programs (i.e., those not eligible for certification)
- Trainees in AFC programs

All assessment processes and decisions fall within the jurisdiction of PGME and FHS, McMaster University. Postgraduate trainees do not have access to the University Senate Appeal process. This policy does not apply to trainees registered in postgraduate training programs at other institutions who complete electives in a postgraduate program at McMaster University.

Section B: General Principles

B1: General Principles for the Assessment of Trainees

1. There must be clearly defined objectives in CanMEDS/FM format for all training experiences.
 - 1.1. Each program must have a curriculum map.
 - 1.2. Assessment must be linked to objectives of the overall program and each training experience.
 - 1.3. Teachers and trainees must receive the objectives/associated EPAs as applicable before the start of the training experience.
 - 1.4. Trainees should be encouraged to develop personal learning goals for each training experience.
 - 1.5. Objectives should be reviewed regularly (e.g., every two years) by the Program Committee.

- 1.6. EPAs must be mapped to the training experiences according to the stage of training for CBD programs.
2. Each program should have program-specific guidelines on the programmatic assessment of trainees that are known to faculty and trainees and are compliant with the *PGME Policy on Assessment of Trainees in Postgraduate Programs*.
 - 2.1. Program-specific guidelines must include the assessment tools that will be used to assess the trainee's performance and their role in promotion to the next level/stage of training.
 - 2.2. Formative and summative assessment tools and consequences for assessment decisions must be defined and known to trainees and teachers.
 - 2.3. Processes for promotion recommendations and decisions must be defined and known to trainees and teachers.
3. Assessments of trainees are considered confidential.
 - 3.1. Access is normally restricted to the program director or delegate, the academic coach/advisor (as applicable), the Program Committee (and/or subcommittee, e.g., CC) and the Associate Dean, PGME.
 - 3.2. Assessment data may be forwarded with the trainee's knowledge to the members of EAB and ARB, sponsoring agencies for externally sponsored trainees (e.g., Saudi Bureau), CPSO, and legal counsel, if required.
 - 3.3. Analytics of assessment data used for evaluation, quality improvement or scholarship will adhere to institutional data governance, security, and privacy policies.
4. The system of assessment must be fair, clear, and transparent to trainees and teachers and employ a variety of assessment tools matched to objectives/competencies. The system of assessment:
 - 4.1. Identifies the level of performance expected of trainees based on level/stage of training with clear linkage to objectives of the training experiences.
 - 4.2. Is designed to assess the trainee's demonstrated ability to attain specific competencies for their level/stage of training for a training experience.
 - 4.3. Includes identification and use of appropriate assessment tools tailored to the specific CanMEDS/FM competencies within the program's training experiences, with emphasis on direct observation, where appropriate.
 - 4.4. Employs the [Professionalism in Practice \(PIP\) guidelines](#) in assessing professionalism.
 - 4.5. Includes multiple assessments of trainee performance during the various training experiences which occur over time, by multiple assessors and in multiple contexts, as appropriate to the program.
 - 4.6. Should include the ability for trainees to comment on summative assessment forms and provide written feedback.
 - 4.7. Defines the criteria and process for appeal of summative assessment in accordance with the [PGME Policy on Appeal of Assessments of Learners in PGME Programs](#).
5. The program fosters an environment where trainees and teachers actively use formative assessment, coaching and feedback to improve trainee performance and promote the development of competencies.
 - 5.1. Trainees may have differing trajectories for achieving the behaviors, knowledge, and skills necessary for independent practice and the role of the program is to actively encourage, support and guide trainees along their individual learning paths.
 - 5.2. Trainees receive regular, timely, meaningful verbal and documented feedback on their

- performance in the moment and over time.
- 5.3. Trainees must be aware of and ideally participate in educational handover to ensure transparency and effectiveness of educational supports and to reinforce the trainee's active role in learning.
 6. Assessment and feedback must be timely and occur regularly.
 - 6.1. Summative feedback and assessment should occur mid-way through a training experience.
 - 6.2. For a trainee experiencing difficulties in performance, documented assessment should occur before the end of the training experience, if possible, to allow the trainee time and opportunity for improvement.
 - 6.3. End of training experience summative assessment must occur with discussion with the trainee and documentation.
 - 6.4. ITARs, if applicable, must be completed by four (4) weeks after the end of the training experience.
 - 6.5. Assessment of WPBA, as applicable, should be completed within seven (7) days of the assessment.
 7. There is appropriate documentation and systematic review of each trainee's progress toward attainment of competencies, which is available to the trainee in a timely manner and accessible via their learning e-portfolio, if applicable.
 - 7.1. Progress decisions are based on the integration and synthesis of information using multiple assessment methods and sources.
 - 7.2. Progress decisions are made by a committee with the mandate to review trainee readiness for increasing professional responsibility, progression through training, promotion, and transition to practice.
 - 7.3. Promotion decisions must be made based on documented qualitative and quantitative assessments.
 - 7.4. The program director/delegate must review trainee performance semi-annually (or more frequently for trainees in difficulty) with documentation in the trainee file.
 8. Teachers and trainees must disclose to the program director/delegate if there is a real or perceived conflict of interest that may affect the ability for objective assessment.
 - 8.1. Relationships that constitute a conflict of interest are defined in the [McMaster Conflict of Interest Policy for Employees](#), including but not limited to:
 - 8.1.1. Family members
 - 8.1.2. Current or former romantic relationships
 - 8.1.3. Financial partnerships
 - 8.2. Program directors must arrange schedules to avoid situations where the teacher/trainee with a conflict of interest is responsible for formative or summative assessment of the trainee.

B2: Reporting to the Associate Dean, PGME and Professional Authorities

9. There are requirements for program directors to report assessment decisions to the Associate Dean, PGME, and for the PGME office to report to other authorities.
 - 9.1. Under s.85.5 of the Health Professions Procedural Code of the Regulated Health Professions Act 1991, the PGME offices of the province must report to the Registrar of the CPSO within 30 days of the following triggering events:

- Dismissal
 - Suspension
 - Practice restrictions or placement on Leave of Absence if the trainee’s clinical practice has been modified or the trainee has been placed on a leave of absence for reasons of professional misconduct, incompetence, or incapacity.
- 9.2. Reporting to CPSO by PGME may also occur upon recommendation of the EAB.
 - 9.3. Reporting to CPSO must occur through the PGME office and requires the approval of the Associate Dean, PGME.
 - 9.4. Appeals in progress do not alter the mandatory reporting requirements to CPSO.
 - 9.5. Programs must report the following assessment decisions to the Associate Dean, PGME:
 - Remediation ([Chart 2: Level 2 – Remediation](#))
 - Probation
 - Suspension
 - Failure to Progress decision in CBD Programs
 - Decisions of Level 1 Appeals ([PGME Appeal of Assessments of Trainees Policy](#) and Level 1 appeal template)
 - 9.6. Assessment summary reports may be submitted to the sponsoring agency for an externally sponsored trainee in accordance with the contract between McMaster University and the sponsoring agency and that of the trainee and the sponsoring agency.

Section C: Process for Assessment During Training Experiences

C1: Beginning of the Training Experience

10. The rotation supervisor (or delegate) must meet with the trainee at the beginning of the training experience to review expectations and the assessment process, including discussion regarding:
 - 10.1. The trainee’s objectives and learning needs and the home program’s defined objectives and competencies to be achieved, as applicable.
 - 10.2. The role and responsibilities of the trainee.
 - 10.3. The level of responsibility expected of the trainee.
 - 10.4. The specific assessment tools, including the prescribed assessment format particular to the trainee’s home program.
 - 10.5. The timing of assessments, including but not limited to ongoing formative assessment, midway (if applicable) and end of training experience summative assessments.

C2: During the Training Experience

11. Clinical supervisors should provide regular formative feedback to trainees throughout the training experience, based on direct and indirect observation and including strengths and areas for improvement.
12. Approximately halfway through the training experience, the clinical supervisor should provide verbal feedback summarizing performance to date. Written midway summative documentation must be provided:
 - 12.1. By three (3) blocks if the training experience is longer than three (3) blocks.

- 12.2. If significant concerns in performance are noted that may lead to a less than satisfactory decision at the end of the teaching experience. In such instances, the clinical supervisor is expected to:
 - 12.2.1. Provide verbal feedback and a written summative assessment in a timely manner (either mid-way or as soon as the deficiencies are identified).
 - 12.2.2. Ensure the trainee has the opportunity to read the written assessment in a timely manner.
 - 12.2.3. Ensure that the trainee has understood the areas of concern and consequences if not corrected by the end of the training experience and document the discussion.
 - 12.2.4. Provide coaching, support, and opportunity for improvement.
 - 12.2.5. Consider whether notification of the CTU director and/or program director/academic coach is warranted.
 - 12.2.6. Direct the trainee to contact their program director/academic coach, as applicable.

C3: End of the Training Experience

13. The clinical supervisor (or delegate) must discuss a summative performance assessment with the trainee, preferably in the final week of the training experience.
14. The clinical supervisor must provide a written summative assessment of the training experience, if applicable.
 - 14.1. ITARs are to be completed within four (4) weeks of the end of the training experience.
 - 14.2. WPBAs are to be completed within seven (7) days (e.g., EPAs, field notes etc.).
 - 14.3. The program director or delegate should be notified if there are significant deficiencies leading to a less than satisfactory performance.

C4: Promotion

15. All programs, time-based or CBME stream, must have a CC or equivalent that systematically reviews all assessment data and makes recommendations for promotion, exam-eligibility, and completion of program.
 - 15.1. The CC or equivalent must follow the national competency framework established by the specialty committees of the Royal College, CFPC, [General Standards of Accreditation for Residency Programs](#), and the *PGME Policy on Assessment of Learners in PGME Programs*.
 - 15.2. The CC must have clear terms of reference (TOR) known to trainees and teaching faculty in the program.
 - 15.2.1. The TOR or adjunct document must outline the assessment tools used by the committee to inform recommendations.
 - 15.2.2. The TOR or adjunct document must outline the process used by the CC for recommendations to ensure consistency and transparency.
 - 15.3. All recommendations of the CC must be ratified by the Program Committee.
 - 15.3.1. The process for ratification by the Program Committee is at the discretion of the program but should be transparent and consistent amongst trainees.
 - 15.4. The CC must have adequate quality and quantity of assessment data to inform decisions of progression to the next stage/level of training.
 - 15.4.1. The CC must have consistent and standardized processes for decision-making if there is insufficient data.

- 15.4.2. CC recommendations are based on written documentation available at the time of the CC review.
- 15.5. For continuous quality improvement (CQI) of the CC in Royal College CBD programs, there should be an annual report by the CC to the Program Committee and PGME summarizing recommendations and any patterns of difficulties with decision-making and/or achievement of EPAs.
16. Trainees must demonstrate progressive attainment of competencies over the course of their training.
- 16.1. The trainee will be promoted to the next academic level/stage when all program requirements have been determined to have been met for the level/stage of training, including the successful completion of any enhanced and/or remedial training.
- 16.2. The program must clearly outline which competencies are to be achieved at a given level/stage of training for promotion to the next level/stage.
- 16.3. The CC in CBD programs will determine satisfactory achievement of EPAs during a stage and recommend promotion to the next stage of training.
- 16.4. It is at the discretion of the Program Committee and/or subcommittee to promote trainees while engaged in remediation and to grant credit for training completed during this period.
- 16.5. Training during probation will not be counted toward certification, therefore, a trainee cannot be promoted while in a period of probation.
17. At the request of the PGME office, program directors will provide information concerning reappointment/promotion for their trainees in January of each year for the next academic year. The program director may defer the decision if a trainee is in an enhanced education/remediation/probationary period.
- 17.1. The academic year for CBD trainees is used for the assignment of pay commensurate to the year of training.
- 17.2. The trainee may appeal the decision of the Program Committee concerning promotion.

Section D: Principles of Assessment in Royal College CBD Programs

18. Each residency program has specific EPAs with associated milestones mapped to the specific stages of the competence continuum.
- 18.1. The competence continuum is a series of integrated stages which mark increasing competence as residents progress towards independent practice:
- Transition to Discipline
 - Foundation of Discipline
 - Core of Discipline
 - Transition to Practice
- 18.2. EPAs must be used in the assessment of residents, and completion of EPAs is a necessary (but not the sole) marker for progression to subsequent stages, exam eligibility, and completion of training.
- 18.3. Each program must have a curriculum map that clearly identifies the training experience within each stage of training and the associated EPAs.
- 18.4. Competency-based assessment for learning is focused on milestones/EPA observations in the clinical setting/workplace, using direct and indirect observation.

- 18.5. Triggering EPAs during the training experience is the dual responsibility of clinical supervisors and trainees.
 - 18.6. Programs must utilize assessment tools other than EPAs (e.g., narratives, ITARs, 360 evaluations) to ensure a longitudinal picture of the trainee's progress in the program and appropriate assessment of all CanMEDS roles.
 - 18.7. Assessment tools used to inform the completion of EPAs must have a clear linkage to the EPAs and the associated milestone(s).
19. Training experiences are organized to allow the trainee to acquire competencies within a hybrid model of competency-based and timed training experiences (e.g., rotations).
 - 19.1. Progression through the training stages of the competence continuum is flexible and dependent on the trainee's acquisition of competencies.
 - 19.2. The total time within a CBD program for trainees remains defined by the Royal College for the specific residency program.
 - 19.3. Trainees who demonstrate accelerated progress are expected to complete residency training within the time frames established by the Royal College. Programs are expected to design advanced educational opportunities for trainees who have completed program requirements prior to the designated end date of the residency program.
 20. The CC makes recommendations regarding promotion and progression through the stages of training of the competency continuum, following a regular review of trainee progress using assessment data, including but not limited to the achievement of EPAs.
 21. The CC Medical School Information System (MedSIS) dashboard must be used to document the development of competence and achievement of EPAs per stage of training and must be accessible to the trainee, program director, and CC members assigned to review the trainee's progress.

Section E: Levels of Education Plan

E1: Principles of Education Plans

22. Every trainee should have a written education plan based on the program and trainee objectives and/or competencies.
 - 22.1. The program director/delegate, academic advisor, if applicable, and trainee must provide input into the education plan. The program director/delegate and/or academic advisor, if applicable should review the education plan regularly with the trainee.
 - 22.2. The trainee must have the opportunity to participate in the design of any EEP and/or remediation/probation plans.
 - 22.3. The design of all EEP/remediation/probation plans must consider the recommendations of the CC.
 - 22.4. The CC should review all modified educational plans to ensure that the plan addresses the areas identified as deficiencies with reasonable strategies for appropriate exposure and feedback.
23. The program director/delegate must meet with the trainee to discuss the performance difficulties that have led to the decision of a modified education plan, the process, their involvement in the

development of the program, and their right to appeal, if applicable.

24. The Director of Academic Performance Support (APS) must review all remediation plans for quality assurance and improvement. The Director of APS, in consultation with the program director and Associate Dean, PGME, can request a case conference by the EAB if deemed appropriate after review of the remediation plan.
 - 24.1. Program directors and trainees may also request an EAB case conference for assessment decisions which result in a modified educational plan.
25. An EAB case conference must occur if:
 - 25.1. The trainee agrees with the decision for remediation but disagrees with components of the plan.
 - 25.2. Significant extension of training is recommended.
 - 25.3. Unsuccessful first remediation and/or requests for extension of the remediation period if a case conference has not previously been done at the start of the remediation period.
 - 25.4. Second or subsequent remediation period.
 - 25.5. Decision for probation.
 - 25.6. All recommendations by the EAB require approval by the Associate Dean, PGME.
 - 25.7. Submissions to the EAB for a case conference must be made in writing to the PGME office outlining the specific deficiencies. The PGME office will facilitate a case conference with the EAB, as required. Refer to the [EAB Terms of Reference](#) and [process](#).
26. Program directors must submit follow-up reports to the PGME office for all trainees on remediation and probation.
27. Programs must incorporate approved academic accommodations into all education plans and modified education plans.
28. Trainees should be encouraged to contact the office of Resident Affairs for support through any period of academic difficulty.

E2: Enhanced Education Plan (EEP)

See Chart 1 on page 26

29. Trainees may require an EEP during their training to tailor training experiences and supports to meet their specific learning needs.
 - 29.1. The EEP should be designed within four weeks of the decision that an EEP is required.
 - 29.2. An EEP does not increase the duration of training, i.e., the performance concerns can be addressed within a subsequent training experience.
 - 29.3. The trainee may not appeal the requirement for an EEP.
 - 29.4. The period for an EEP is generally one (1) to four (4) blocks.
 - 29.5. The written EEP must specify at a minimum:
 - Objectives and/or competencies to be achieved based on the identified performance concerns.
 - Teaching and learning strategies for improvement and correction.
 - Assessment tools to be used to document performance.
 - Timeframe for assessment of successful completion.

- Parameters of successful completion.
 - Consequences if completion of the EEP is less than Satisfactory/Not Progressing as Expected/Failure to Progress (refer to the [PGME EEP template](#)).
30. Triggers for an EEP include, but are not limited to the following:
- 30.1. Provisional satisfactory on ITAR, as applicable.
 - 30.2. Not progressing as expected designation after CBD CC review.
 - 30.3. All programs:
 - 30.3.1. Less than satisfactory assessment on other assessment tools (e.g., examinations: written/oral examinations/ OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment guidelines.
 - 30.3.2. Repeated difficulties noted in one or more competencies across training experiences.
 - 30.3.3. Concerns about the professional conduct of the trainee. Refer to the [PIP guidelines](#).
 - 30.3.4. Review of a successful remediation/probation period has determined that an EEP is required for areas to be further strengthened.
 - 30.3.5. Review from a suspension has determined that an EEP is required upon return to training.
31. Process for the development of an EEP:
- 31.1. The EEP must be designed and reviewed by the trainee, program director/delegate, CC, and the academic advisor, as applicable.
 - 31.2. The program director/delegate and trainee must sign the plan; the trainee must receive a copy of the plan.
 - 31.3. The program director, at their discretion, may review the EEP with the Director of APS for assistance and advice and/or submit the plan for review at an EAB case conference.
 - 31.4. The trainee must be notified of any modifications to the EEP.
32. Possible Outcomes of the EEP:
- 32.1. The assessments from the EEP will be reviewed by the program director/CC/Program Committee to determine the outcome.
 - 32.2. The program director/delegate/academic advisor must meet at regular intervals during the EEP to assess progress and obtain feedback from the trainee.
 - 32.3. The trainee and program director/delegate must meet within ten (10) business days after the completion of the EEP to discuss the outcome.
 - 32.4. The CC in CBD programs must receive the assessments for the period of the EEP.
 - 32.5. All decisions must be communicated in writing to the trainee.
 - 32.6. In situations where the requirements for successful completion of the EEP are not achieved, the trainee must be advised of the Appeals Policy, if applicable.
 - 32.7. Outcomes of the EEP include:
 - Satisfactory/Progressing as Expected: Trainee has completed the learning objectives/competencies of the EEP. Trainee continues in their regular training program.
 - Provisional Satisfactory/Not Progressing as Expected: progress has been made but insufficient to correct all performance concerns and/or new deficiencies have been identified.
 - The trainee continues training with an EEP (revised as necessary) for an additional period. The program director/delegate may wish to have the EEP

reviewed by the Director of APS and/or the EAB.

- Unsatisfactory/Failure to Progress: No significant progress has been made, and a remediation plan must be developed. In this circumstance, the Associate Dean, PGME, must be notified of the decision, and the Director of APS must review the remediation plan.

E3: Remediation Plan

See Chart 2 on page 27

33. Remediation is required to remedy identified deficiencies in performance that impede the trainee's progress in the program.
- 33.1. Remediation may extend the duration of training in a program.
 - 33.2. A remediation period may include new training experiences or the requirement to repeat training experiences, or other program-specific requirements. Training experiences may be clinical or non-clinical, depending on the difficulties leading to the decision of remediation.
 - 33.3. The period of remediation is generally two (2) to three (3) blocks.
 - 33.4. Extension of the original remediation period is permitted to a maximum of six (6) blocks provided progress has been demonstrated.
 - 33.5. The remediation should be designed by the program within four (4) weeks of the triggering event (e.g., unsatisfactory ITAR, recommendation/decision of the CC/RPC for failure to progress). The program director/delegate must meet with the trainee promptly to review the concerns and the decision for remediation.
 - 33.6. It is at the discretion of the Program Committee to promote trainees while engaged in remediation and to grant credit for training completed during this period.
 - 33.7. The trainee may appeal the requirement for remediation and must be advised of this option per the appeals policy.
34. Triggers for remediation include, but are not limited to, the following:
- Unsatisfactory ITAR.
 - Failure to Progress decision after CC review.
 - One or more Provisional Satisfactory/Not Progressing as Expected assessments, i.e., deficiencies are significant enough to be better addressed by remediation than EEP (e.g., extension of training duration is required or significant changes to the clinical curriculum).
 - Less than satisfactory assessment/Not Progressing as Expected based on program assessment plan (e.g., EPA assessments, ITARs, tests of knowledge, examinations written, OSCE, oral, mini CEX, STACER) as defined by the program in the program-specific assessment guidelines.
 - Repeated difficulties noted in one or more competencies across several training experiences even if the trainee has received satisfactory on summative assessments, i.e., difficulties are significant enough to be more appropriately addressed by remediation than EEP (e.g., extension of training is required).
 - Concerns about the professional conduct of the trainee. Refer to [PIP guidelines](#).
 - Review from a suspension has determined that remediation is required upon return to training.
 - Unsatisfactory/Failure to progress following an EEP.
35. The written remediation plan must specify, at a minimum:
- Duration of the remediation plan: it is recommended that the duration be a minimum of two (2) blocks to a maximum of six (6) blocks, depending on the identified deficiencies and proposed

educational experiences.

- The identified performance deficiencies outlined according to CanMEDS/FM roles.
- Learning objectives/competencies based on the identified performance deficiencies.
- Teaching and learning strategies for improvement and correction.
- Assessment tools to be used to document performance.
- Schedule of feedback and assessment during the remediation plan.
- Consequences if completion of the remediation is less than satisfactory/Not Progressing as Expected/Failure to Progress.
- Any practice restrictions during the remediation period.
- Any extension of training required for successful completion of the program.

36. Process for the development of a remediation plan:

- 36.1. Remediation plans can be designed by the CC, program director or delegate, followed by review and approval from the Program Committee. There must be a consistent process for the design of all remediation plans within a program.
- 36.2. Programs are encouraged to use the [PGME remediation plan template](#) to ensure consistency across programs.
- 36.3. Trainees must be involved in designing a remediation plan with an opportunity for feedback and incorporation of self-identified goals and objectives.
- 36.4. The program director/delegate and trainee must both sign the remediation plan; the trainee must receive a written copy of the plan.
- 36.5. All remediation plans must be reviewed by the Director of APS for quality assurance and quality improvement.
 - 36.5.1. Remediation plans are to be forwarded to the PGME Manager at sophiab@mcmaster.ca.
 - 36.5.2. The Director of APS may recommend an EAB case conference in consultation with the program director and the Associate Dean, PGME.
 - 36.5.3. The Director of APS will inform the Associate Dean, PGME, of all decisions for trainee remediation.
- 36.6. An EAB case conference is required in the following instances:
 - If there is a disagreement with the trainee regarding specific details of the remediation plan.
 - If an extension of the original remediation is required and a case conference was not held at the outset of the remediation period.
 - If a second or subsequent remediation is indicated, even if for different reasons than previous remediation periods.
- 36.7. The trainee must be notified of any modifications to the remediation plan.
- 36.8. All EAB case conference summaries and recommendations must be approved by Associate Dean, PGME.

37. Restrictions:

- 37.1. Moonlighting or applications for Restricted Registration are not permitted during the period of remediation.
- 37.2. Electives should not be undertaken during the remediation period.
- 37.3. The remediation period will be extended by any requested time away during this period (leave of absence; vacation); time off will not be counted toward the remediation period.
- 37.4. Any vacation or leave of absence request must be approved in writing in advance by the

program director. If the program director determines that a leave of absence is appropriate, the remediation will be considered incomplete. In such circumstances, the program director may redesign the remediation in consultation with the Program Committee/CC upon the trainee's return.

38. Process for the remediation period:

- 38.1. Faculty supervising the remediation period must be made aware of the identified deficiencies, remediation plan, and expected assessments.
 - 38.1.1. Frequent feedback must be provided to trainees during the remediation period.
- 38.2. The trainee must receive documented interim assessments (minimum of every four [4] weeks) during each training experience of the remediation period.
- 38.3. The program director/delegate and/or academic advisor, if applicable, should arrange regular meetings with the trainee to review progress and any concerns of the trainee.

39. Possible Outcomes of the Remediation:

- 39.1. The assessments from the remediation will be reviewed by the program director/CC/Program Committee to determine the outcome.
- 39.2. The trainee and program director/delegate must meet within ten business days to discuss the outcome. All decisions must be communicated in writing to the trainee, and the trainee must be advised of the appeals policy if the remediation has not been successful.
- 39.3. The program director will advise the Director of APS and the Associate Dean, PGME, of their decision.
 - 39.3.1. Satisfactory/Progressing as Expected: Trainee has made sufficient progress in addressing the documented difficulties. The trainee will continue in the postgraduate program at a level determined by the program director/CC/Program Committee. The trainee may require an EEP for any residual difficulties that require ongoing monitoring and support.
 - 39.3.2. Provisional Satisfactory/Not Progressing as Expected: The trainee has made some progress in addressing the documented difficulties, but more time will be needed for improvement. The program director may request an extension of the period of remediation. A revised remediation plan must be submitted to the Director of APS requesting review and approval of the extension.
 - 39.3.2.1. All extensions of the remediation period require an EAB case conference if not previously convened at the outset of the remediation.
 - 39.3.3. Unsatisfactory/Failure to Progress: The trainee is unsuccessful in achieving the objectives/competencies required for a successful remediation. The trainee transitions to a second remediation period or probation. The Director of APS and Associate Dean, PGME, are to be notified, and an EAB case conference is required. A copy of an updated remediation or probation plan draft should be submitted for review in advance of the EAB case conference.
 - 39.3.4. Two Unsatisfactory/Failure to Progress remediation periods for the same deficiencies can lead to dismissal without the requirement for a probation period in situations where success is not anticipated and/or unsuitability for ongoing training in the residency program has been established.

E4: Level 3 – Probation

See Chart 3 on page 29

40. A probation period is an interval outside of scheduled training experiences designed to allow specific additional opportunities for a trainee to correct areas of serious clinical, academic, or professional deficiency and to determine the trainee's suitability for continuation in the residency program. The trainee must demonstrate sufficient achievement and progression during the probationary period to be allowed to continue in the training program.
41. The decision for probation must be approved by the Program Committee and the Associate Dean, PGME.
42. Trainees must be notified of the decision for probation with a meeting with the program director, preferably in person. The meeting must be documented with a copy to the trainee
The meeting must include discussion of:
 - 42.1. The reasons for the probation decision and allow the trainee to respond to the concerns.
 - 42.2. The process of development of the probation plan.
 - 42.3. The requirement for an EAB case conference to review the probation plan and provide recommendations.
 - 42.4. Option to appeal the decision for probation.
 - 42.5. Consequences of unsuccessful probation, including but not limited to dismissal from the program.
 - 42.6. Support for the trainee, including but not limited to Resident Affairs.
43. A probation period should not be longer than three (3) blocks. Any exceptions to this must have prior approval by the Associate Dean, PGME, with consultation with the Director of APS.
 - 43.1. The probation period may be extended to a maximum of four (4) blocks if there are extenuating circumstances and/or evidence of progress.
 - 43.2. Training during the probation will not be counted toward certification, therefore, a trainee cannot be promoted while engaged in probation.
44. Triggers for probation include, but are not limited to, the following:
 - Unsatisfactory/Failure to Progress assessment on completion of a remediation period.
 - If repeated deficiencies after two remediation periods, even if the prior remediation has been successful.
 - A prior probation period for the same issue(s), even if the probation was successfully completed.
 - Following a suspension (see Section 15) after an investigation of the critical incident has been conducted by the program, hospital and/or the PGME office.
 - A critical incident related to professionalism and/or patient safety.
45. The written probation plan must specify, at a minimum:
 - Duration of the probation period: it is recommended that the duration be a minimum of one (1) block to three (3) blocks, depending on the identified deficiencies and proposed educational experiences.
 - The identified performance deficiencies outlined according to CanMEDS/FM roles.
 - Learning objectives/competencies based on the identified performance deficiencies.
 - Teaching and learning strategies for improvement and correction.

- Assessment tools to be used to document performance.
- Schedule of feedback and assessment during the probation period.
- Consequences if completion of the probation is less than satisfactory/Not Progressing as Expected/Failure to Progress. It must be stated that dismissal from the program may occur after an unsuccessful probation period.
- Any practice restrictions during the probation period.
- Any extension of training required for successful completion of the program.

46. Process of a probation plan:

- 46.1. The decision for probation must be approved by the Associate Dean, PGME.
- 46.2. The probation plan must be designed and reviewed by the trainee and the program director/delegate/CC (as appropriate).
- 46.3. The program director and trainee must both sign the probation plan; the trainee must receive a copy of the plan.
- 46.4. The probation plan must be reviewed and approved by the Program Committee.
- 46.5. The program director must submit the probation plan to the EAB for review in advance of the case conference that must be arranged. Ideally, this should be done before the start of the probation period.
- 46.6. Submissions to the EAB must be made in writing to the PGME office, outlining the specific deficiencies. The PGME office will facilitate a case conference with the EAB.
- 46.7. The trainee must be notified of any modifications to the probation plan.
- 46.8. Recommendations of the EAB and the probation plan must be approved by the Associate Dean, PGME.

47. Restrictions:

- 47.1. Moonlighting or applications for Restricted Registration are not permitted during the period of probation.
- 47.2. The trainee cannot complete electives during the probation period.
- 47.3. The probation period will be extended by any requested time away during this period (leave of absence; vacation); time off will not be counted toward the probationary period.
- 47.4. Any vacation or leave of absence request must be approved in writing in advance by the program director. If the program director determines that a leave of absence is appropriate, the probation will be considered incomplete. In such circumstances, the probation may be redesigned by the program director in consultation with the Program Committee/CC upon the trainee's return.

48. Process for the probation period:

- 48.1. Faculty supervising the probation period must be made aware of the identified deficiencies, remediation plan, and expected assessments.
- 48.2. Trainees must receive frequent verbal feedback on performance.
- 48.3. The trainee must receive documented interim assessments (minimum of every **two** [2] weeks) during each training experience of the probation period.
- 48.4. The program director/delegate and/or academic advisor, if applicable, should arrange regular meetings with the trainee to review progress and any concerns of the trainee.

49. Outcomes of the probation:

- 49.1. The Program Committee will review the assessments from the probation period to determine the outcome. The Program Committee will meet within five (5) business days to

- avoid any undue hardship to the trainee. The program director will advise the trainee and Associate Dean, PGME, within two (2) business days of the decision. The trainee and the PGME office must be informed in writing. The trainee must be advised of the Appeals Policy if unsuccessful probation.
- 49.2. The PGME office will inform the Director of APS of the outcome of probation for information and tracking.
- 49.2.1. Satisfactory/Progressing as Expected: the trainee has demonstrated sufficient progress in addressing the documented deficiencies to be permitted to continue in the program and fully comply with all other academic expectations as outlined in the probation plan and any other terms and conditions prescribed by the Program Committee/CC. The trainee will continue in the program at a level determined by Program Committee/CC. The Program Committee/CC may consider an EEP after successful completion of probation if additional supports and/or monitoring of performance is felt to be required.
- 49.2.2. Provisional Satisfactory/Not Progressing as Expected: the trainee has made progress in addressing the documented deficiencies, but more time and/or support is required to correct identified deficiencies. The program director/Program Committee may request a one-time extension of the period of probation, up to a maximum of three (3) blocks. A revised probation plan must be submitted to the EAB, requesting written approval of the additional probation period.
- 49.2.3. Unsatisfactory/Failure to Progress: the trainee fails to achieve the objectives/competencies outlined in the probation plan with no evidence of significant performance improvement. In the event of an unsatisfactory outcome, the Program Committee/CC will recommend dismissal. The recommendation will be immediately forwarded to the Associate Dean, PGME, for review and decision. See [Section E2](#) on Dismissal.

Section F: Suspension and Dismissal

F1: Suspension

See Chart 4 on page 30

50. All suspensions of a trainee must be approved by the program director/Program Committee in consultation with the Associate Dean, PGME. A trainee can be suspended from their duties for any of the following reasons, which are viewed as critical event(s):
- Concerns about patient care and safety when considered egregious.
 - Substance abuse impacting performance.
 - Inappropriate patient/physician interactions, reflecting physician-patient boundary violations, as defined by CPSO.
 - Unprofessional conduct as outlined in the [PIP guidelines](#).
 - Suspension of registration with the CPSO.
 - Suspension from clinical activities, as determined by hospital leadership at an affiliated teaching site.
 - Alleged criminal activity, leading to charges and/or conviction.
 - Any other reasonable factor as determined by the program director/Program Committee, in

consultation with the Associate Dean, PGME.

51. Process for Suspension:

- 51.1. Clinical supervisors, hospital leadership, the program director with consultation with the Program Committee, and/or the Associate Dean, PGME, may place a trainee on immediate suspension for one of the above reasons.
- 51.2. Clinical supervisor and/or hospital leadership must immediately notify the trainee's program director.
- 51.3. The program director must immediately notify the Associate Dean, PGME, for review and consultation. The program director may convene a Program Committee meeting to review the recommendation for suspension.
- 51.4. If determined that a suspension is warranted, the program director and/or the Associate Dean, PGME, will then notify the trainee in writing that they are suspended with pay, pending further investigation.
- 51.5. The Associate Dean, PGME will inform the CPSO of the suspension.
- 51.6. The trainee must be informed of their right to appeal the decision of suspension, per the [PGME Policy on Appeal of Assessments of Trainees in PGME Programs](#).

52. The process for investigation after a trainee has been suspended:

Please note this policy describes the process of suspension initiated by the program with consultation of the Associate Dean, PGME. Suspension initiated by hospital/teaching site leadership will follow their specific internal processes (including timelines). All processes of the teaching site, including but not limited to communication with the trainee, must include the program director and/or the Associate Dean, PGME.

- 52.1. Depending on the nature of the suspension, the investigation can be led by the program in consultation with the Associate Dean, PGME, or led by the Associate Dean, PGME.
- 52.2. The investigation should be completed within fifteen (15) business days of issuance of the notice of suspension. The trainee must be notified if the period is extended beyond fifteen (15) business days after reasonable attempts (e.g., absences, CPSO review).
- 52.3. The program director must meet with the trainee to review the reasons and the events leading up to the suspension of the trainee. This meeting will occur as soon as possible to avoid causing any undue hardship to the trainee. A colleague or other support person may accompany the trainee. The trainee must inform the program director if they have retained legal counsel to be present at the meeting. In that circumstance, University counsel will be asked to attend the meeting with the program director at the request of the Associate Dean, PGME.
- 52.4. The program director/delegate must meet with other relevant parties (e.g., the clinical supervisor/CTU Director) as applicable and gather documentation.
- 52.5. A formal review by the Program Committee must occur once the investigation has been completed. The Program Committee will meet as soon as possible to avoid any undue hardship to the trainee. All members of the Program Committee and the trainee will receive the documentation prior to the meeting. Individuals on the Program Committee who may have a conflict of interest must declare this before the meeting and withdraw from the committee proceedings. The trainee will be invited to participate in this meeting with a maximum of two (2) support people.
- 52.6. There must be a written record of the deliberation of the meeting, which can be forwarded to the Associate Dean, PGME, upon request.

53. The program director will advise the trainee and the Associate Dean, PGME, in writing of the Program Committee's recommendation within three (3) business days. The Associate Dean, PGME, will make the decision for suspension or consider options to seek alternative solutions.
54. Recommendations from the Program Committee regarding the suspension include, but are not limited to:
 - 54.1. Reinstatement into the program.
 - 54.2. Reinstatement into the program with an EEP, remediation, or probation, with EAB review.
 - 54.3. Deferral of the decision until further evaluation either internally at the Faculty of Health Sciences level or by an external organization (e.g., Faculty of Health Sciences Professional Panel, CPSO, Physician Health Program of the Ontario Medical Association).
 - 54.4. Dismissal from the program.
55. The Associate Dean, PGME, will review the documentation and decide whether the recommendation is upheld. The Associate Dean, PGME, will review the documentation as soon as possible to avoid any undue hardship to the trainee.
 - 55.1. The Associate Dean, PGME, may also consult with the Office of Professionalism, Vice-Dean, Education, and McMaster legal counsel as applicable and/or request a PGME ARB hearing prior to approval of the decision. The Associate Dean, PGME, will advise the trainee and the program director of such consultations in writing and/or decision to convene the ARB.
 - 55.2. The Associate Dean, PGME, will advise the trainee and the program director of the decision within ten days of receipt of recommendations, provided no additional consultations, as described above.

F2: Dismissal

See Chart 5 on page 31

56. Triggers that may lead to dismissal include but are not limited to:
 - 56.1. Two (2) or more unsuccessful remediation periods.
 - 56.2. Unsuccessful probation period.
 - 56.3. Following suspension.
 - 56.4. Loss of CPSO license.
 - 56.5. Loss of hospital privileges.
57. Process for Dismissal:
 - 57.1. The Program Committee/CC will make a recommendation to the Associate Dean, PGME, regarding dismissal of a trainee. The Program Committee/CC is mandated to make decisions within their jurisdiction; however, the Associate Dean, PGME, will make the final decision regarding accepting the recommendations or seeking alternative solutions. The trainee must be advised by the program director, in writing, of the recommendation for dismissal from the program and the reasons for this decision.
 - 57.2. The Associate Dean, PGME, will review the documentation surrounding the dismissal and determine whether the recommendation is accepted or declined. The review will occur as soon as possible to avoid any undue hardship to the trainee.
 - 57.3. The Associate Dean, PGME, may also consult with the Office of Professionalism, McMaster legal counsel, Vice-Dean Education and/or request a meeting of the ARB, as applicable. The Associate Dean, PGME, will advise the trainee and the program director, in writing, of the decision to convene the ARB. The Associate Dean, PGME, will advise both as soon as

- possible to avoid any undue hardship to the trainee.
- 57.4. The trainee will be notified in writing of the decision of the Associate Dean, PGME. The PGME office must advise hospital administration, as appropriate, and CPSO when a trainee is dismissed.
 - 57.5. The trainee will be advised of the option to appeal this decision and the appeals process.

Section G: Charts

Chart 1: Level 1 – Enhanced Education Plan (EEP)

See page 16 for full details

Enhanced Education Plan (EEP) – does not extend training

Triggers include, but are not limited to:

- One or more Provisional Satisfactory/Not Progressing as Expected summative assessments.
- Less than satisfactory assessment/Not Progressing as Expected/Failure to Progress based on program assessment plan, (e.g., EPA Assessments, ITARs, tests of knowledge base, examinations: written, OSCE, oral, mini CEX, STACER) as defined by the program in the program-specific assessment guidelines.
- Repeated deficiencies noted in one or more competencies across training experiences, even if the trainee achieved overall Satisfactory/Progressing as Expected on summative assessments.
- Concerns about the professional conduct of the trainee. Refer to [Professionalism in Practice \(PIP\) guidelines](#).
- Review from a Suspension has determined that EEP is required.

Restrictions: None.

Appeals: The requirement to do an EEP cannot be appealed; however, the outcome decision may be appealed.

Process:

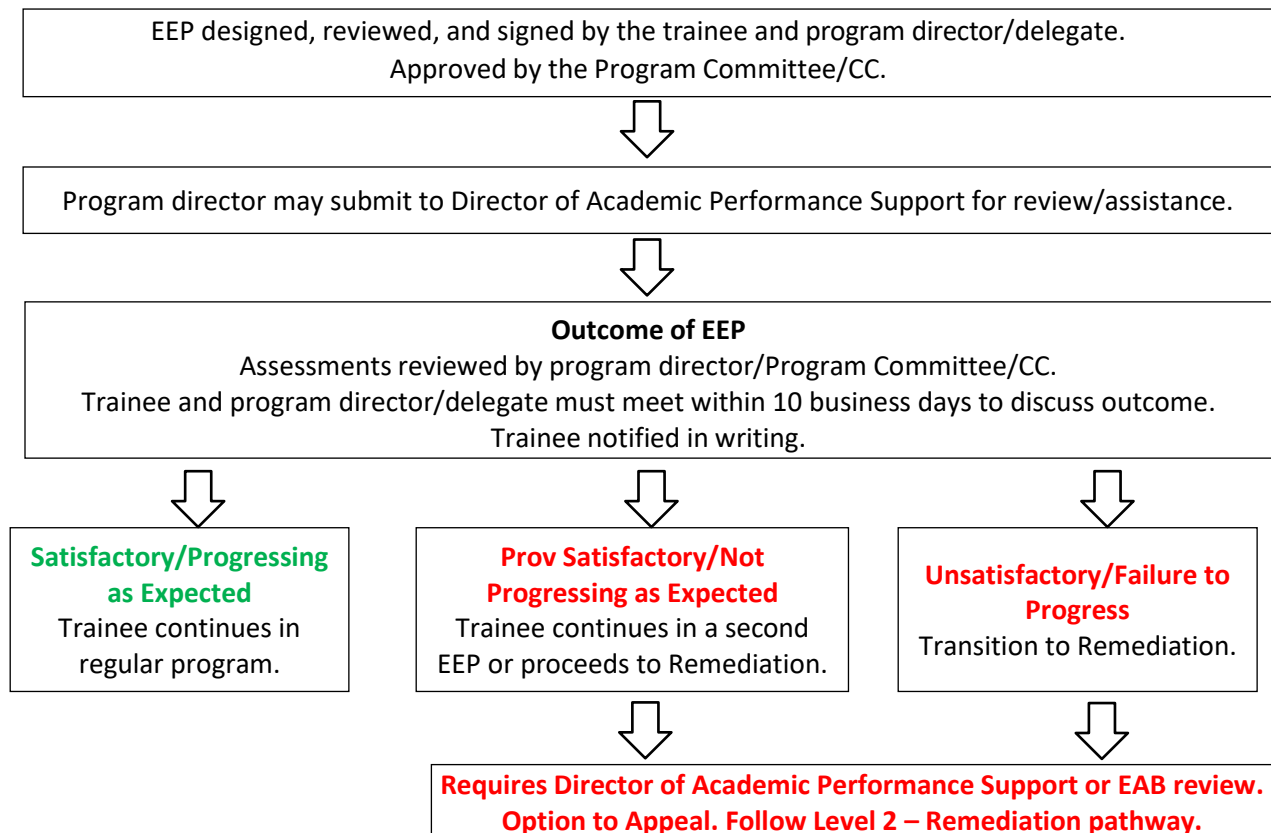


Chart 2: Level 2 – Remediation

See page 17 for full details

Remediation – may extend training

Triggers include, but are not limited to:

- Unsatisfactory/Failure to Progress on EEP.
- One or more Provisional Satisfactory/Not Progressing as Expected summative assessments and deficiencies are felt to be better addressed by Remediation rather than EEP (e.g., extension of duration of training is required)
- Less than satisfactory assessment/Not Progressing as Expected/Failure to Progress based on program assessment plan, (e.g., EPA Assessments, ITARs, tests of knowledge, examinations: written, OSCE, oral, mini CEX, STACER, etc.) as defined by the program in the program-specific assessment guidelines.
- Repeated deficiencies noted in one or more competencies across training experiences, even if the trainee achieved overall Satisfactory/Progressing as Expected on summative assessments.
- Concerns about the professional conduct of the trainee. Refer to [Professionalism in Practice \(PIP\) guidelines](#).
- Review from a Suspension has determined that Remediation is required.
- Modifications to clinical responsibilities/practice restrictions required.
- Extension of training required.

Restrictions: Moonlighting or applications for Restricted Registration are not permitted for the duration of the Remediation.

Appeals: Trainees have the option to appeal the decision for Remediation.

Remediation continued

Process:

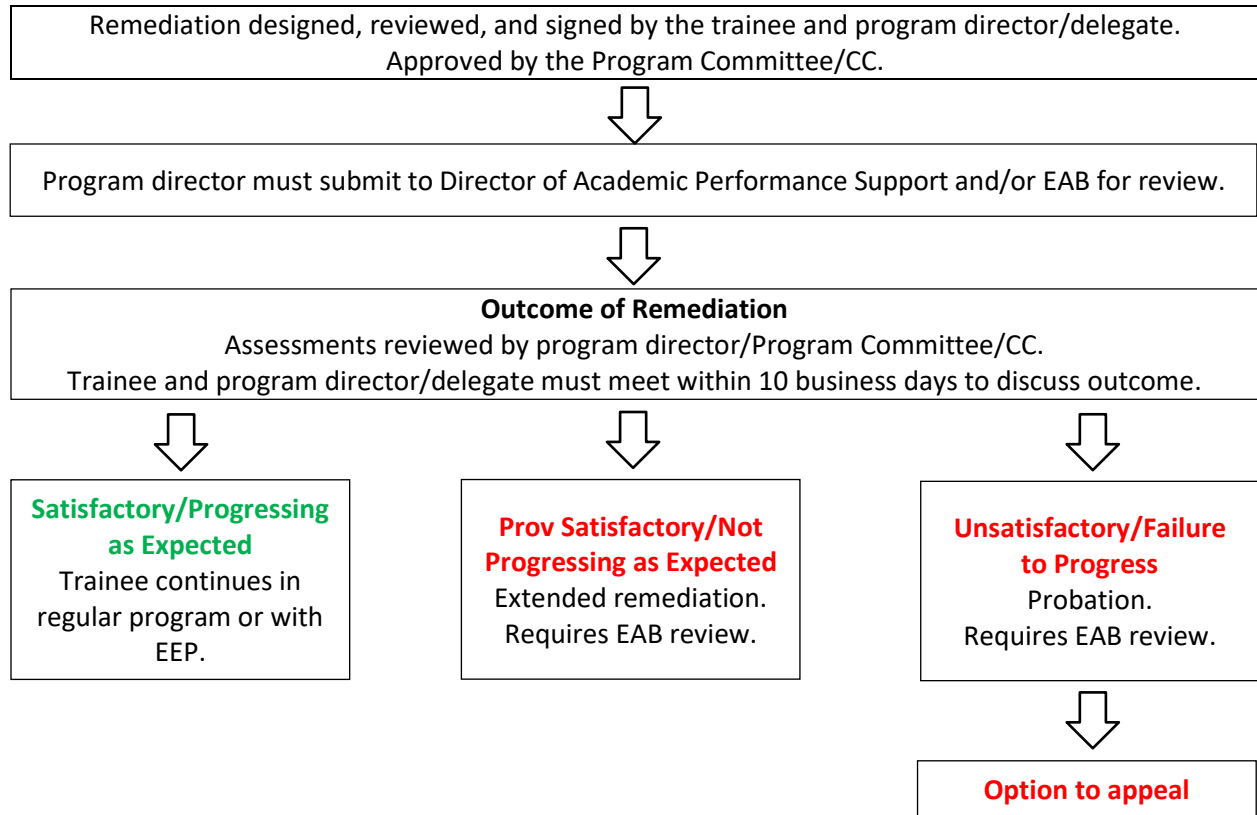


Chart 3: Level 3 – Probation

See page 20 for full details

Probation – will extend training

Triggers:

- Unsatisfactory/Failure to Progress summative assessment on one or a maximum of two Remediation periods.
- More than two repeated Remediations for the same issue, even if Remediations have been successful.
- A prior Probation period for the same issue(s), even if the Probation was successful.
- Following Suspension (see Section 15). The designation of Probation will take effect after an investigation of the critical incident has been conducted by the program, hospital and/or the PGME office.
- Critical incident related to professionalism and/or patient safety that requires modification of clinical responsibilities.

Restrictions: Moonlighting or applications for Restricted Registration are not permitted during Probation. The trainee cannot do electives during the Probation period. Any vacation or leave of absence request must be approved in writing in advance.

Appeals: Trainees have the option to appeal the decision for Probation.

Process:

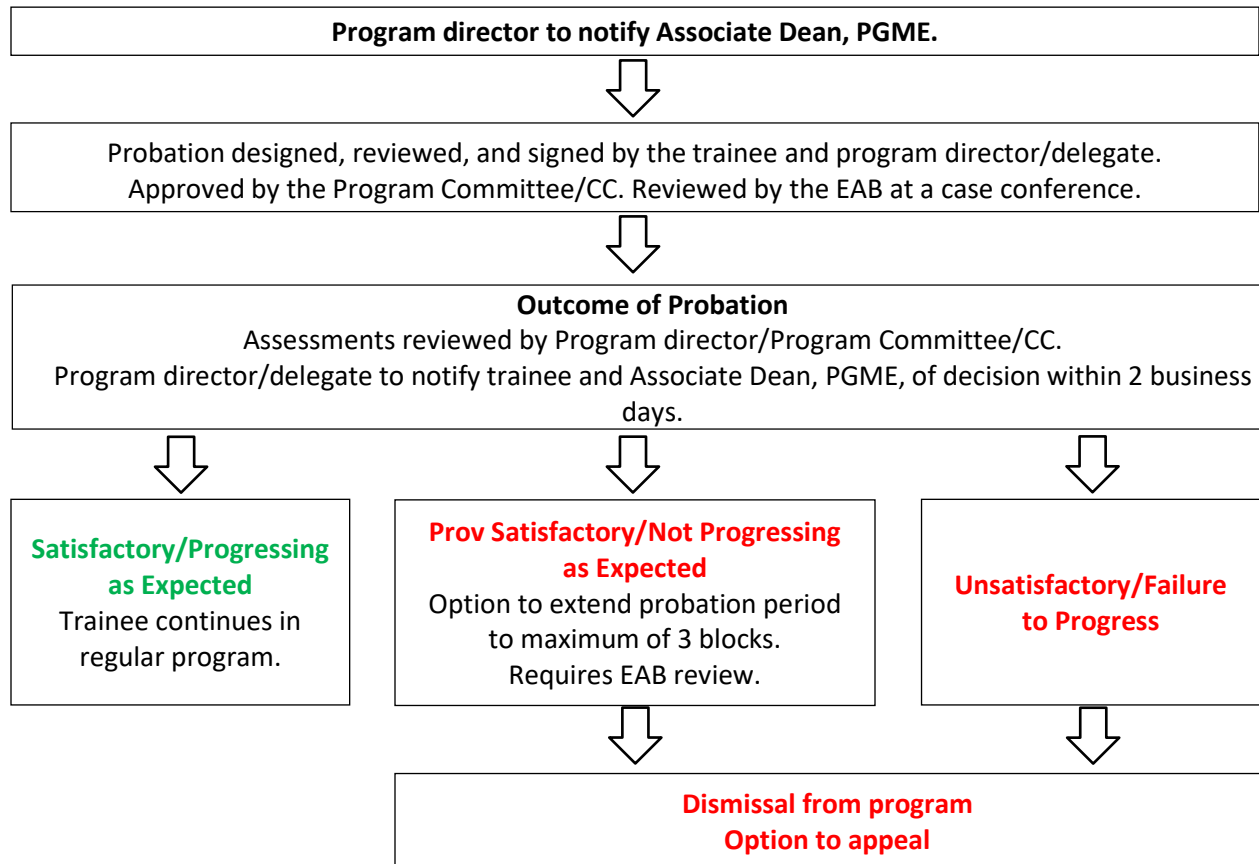


Chart 4: Suspension

See page 23 for full details

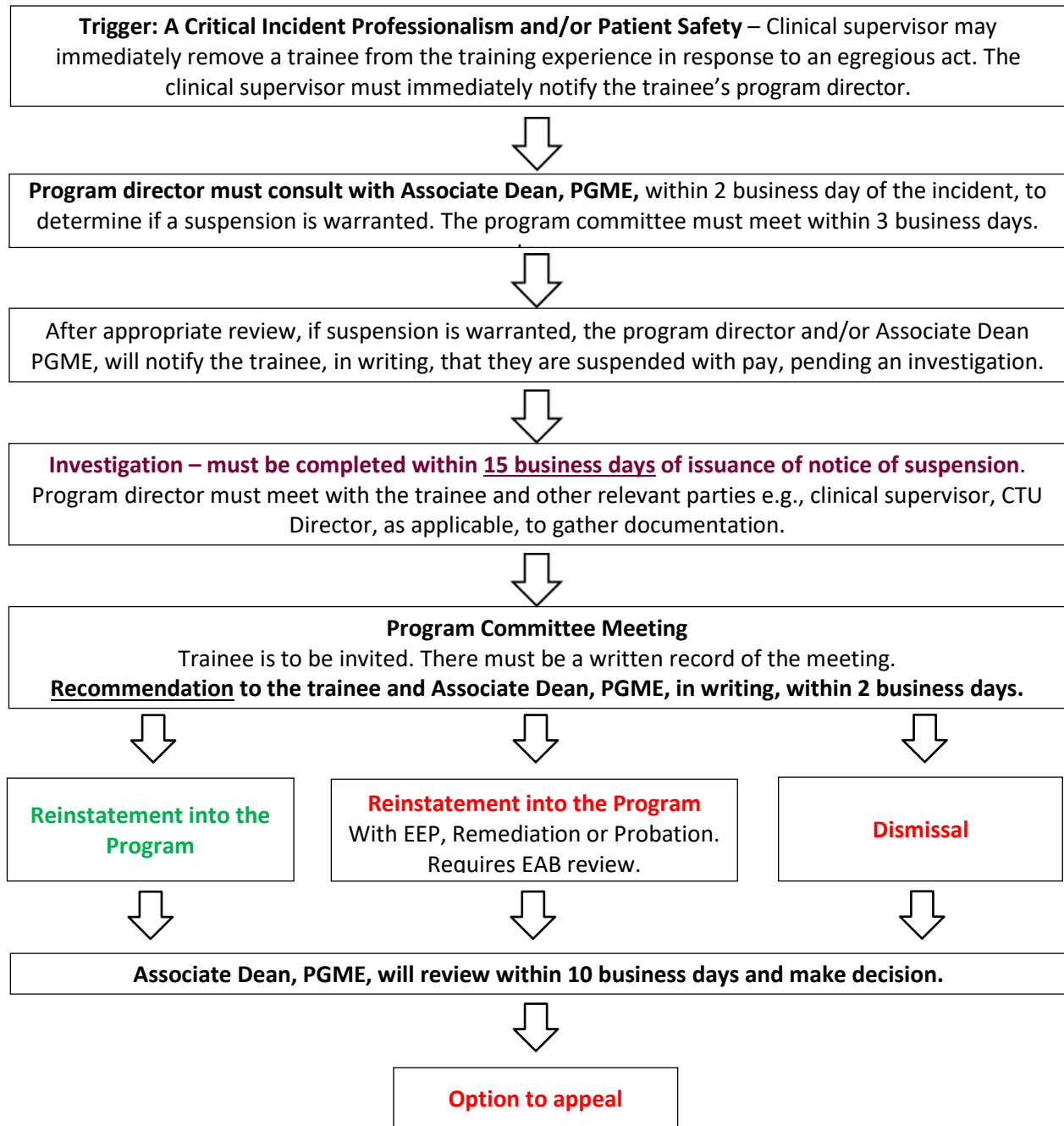
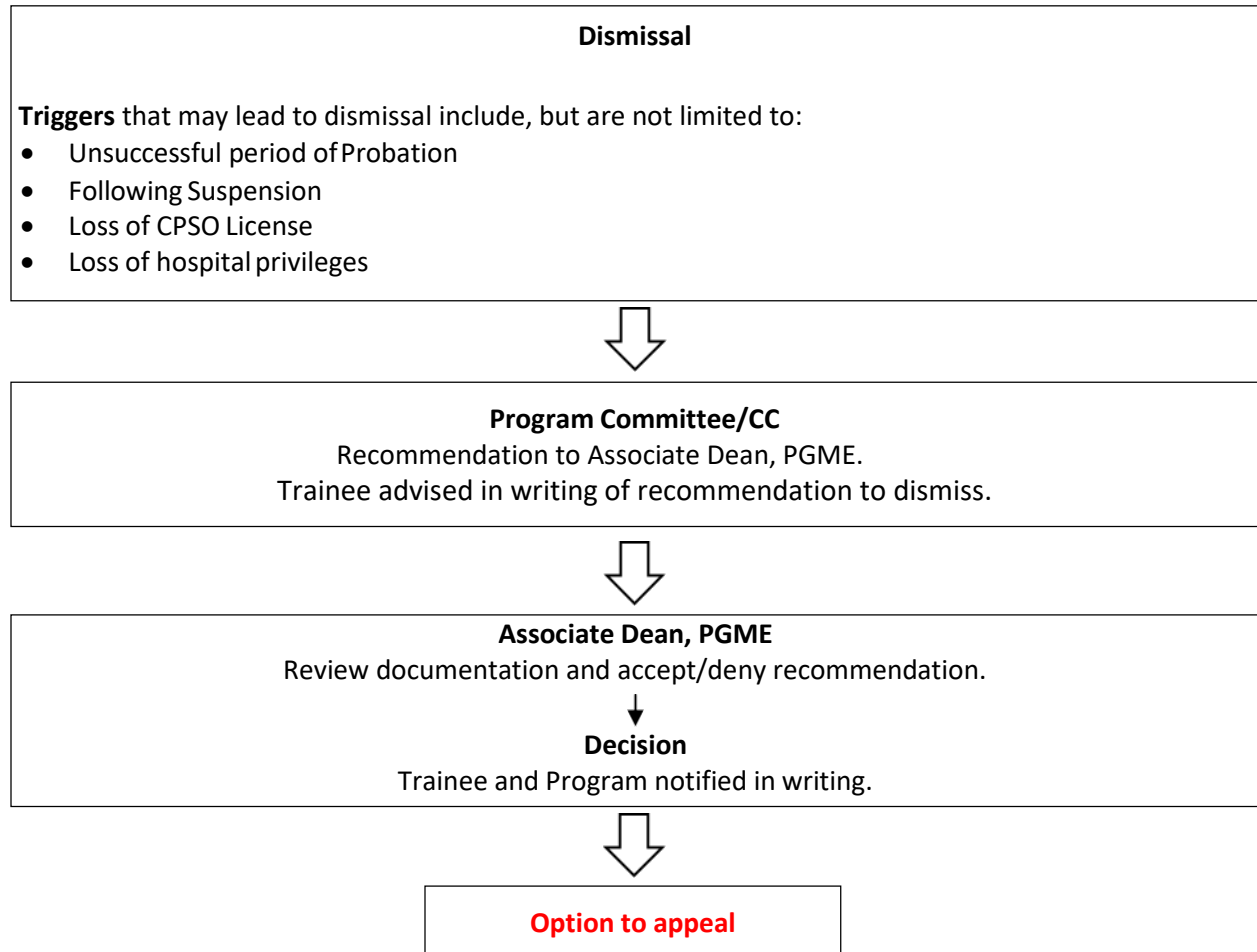


Chart 5: Dismissal

See page 24 for full details



Appendices

Appendix 1: In-training Assessment Reports (ITARs) and Summary of Key Timelines

Rating Scale on the ITAR

Within each domain on the ITAR, there may be several levels of competence identified. However, the summative assessment on the ITAR must indicate one of the following designations:

Satisfactory/ Progressing as Expected	Trainee has successfully attained the objectives and/or competencies of the training experience.
Provisional Satisfactory/Not Progressing as Expected	Trainee has demonstrated significant deficiencies in one or more of the Royal College/CFPC competencies identified in the objectives and/or competencies, or any other requirement of the training experience and that while such deficiencies require attention, they are not so severe to necessitate the trainee repeating the entire training experience . The clinical supervisor believes that the trainee can satisfy the objectives/competencies/requirements during other training experiences. In some cases, a trainee may need to repeat part of the training experience to gain the required competencies specific to that training experience.
Unsatisfactory/ Failure to Progress	Trainee has demonstrated significant deficiencies in one or more of the Royal College/CFPC competencies identified in the objectives/programmatic assessment, or any other requirement of the training experience and the clinical supervisor believes that the objectives/competencies/ requirements can only be reasonably met by Remediation and having the trainee repeat the training experience . (For example, a designation of “Unsatisfactory” is appropriate and Remediation is necessary where the deficiency is in the “Medical Expert” category of the rotation.)
Incomplete	Incomplete indicates that the clinical supervisor has been unable to properly and fully assess the trainee because the trainee’s time spent on the training experience was insufficient , for any reason (e.g., illness, extenuating circumstances, etc.). As the training experience is incomplete, time will have to be made up to fulfill the requirement.

Completion of the narrative section on all ITARs and other summative assessments is strongly recommended and is *required* when the overall assessment is Provisional Satisfactory or Unsatisfactory. A trainee may appeal an overall assessment of Unsatisfactory or Provisional Satisfactory based on process related issues.

Notes:

- The ITAR must be completed within twenty (20) business days of the training experience. The trainee may add comments to the ITAR (e.g., to indicate agreement or disagreement, to clarify specific points, to add information).
- If the ITAR is not completed by the clinical supervisor within twenty (20) business days, the trainee’s program director may report this to the Department Education Coordinator (DEC)/ACE or delegate

of the supervisor’s home department for follow up. It is the department/division’s responsibility to have a mechanism in place to address delayed assessments.

Identification of performance concerns; Provisional Satisfactory/Unsatisfactory

Where a designation of “Provisional Satisfactory” or “Unsatisfactory” is indicated, the usual process applies (refer to section C.2 Beginning and C.3 During Training Experience).

If the final ITAR is Provisional Satisfactory/Unsatisfactory:

- The clinical supervisor must meet with the trainee to review the trainee’s performance, preferably within one week prior to completion of the rotation.
- The clinical supervisor and the trainee must sign and date the ITAR.
- The trainee must receive a copy of this assessment.
- The clinical supervisor should advise the trainee of the option to appeal the assessment.

In addition, the program director/delegate must meet with the trainee within ten (10) business days of notification of the Provisional Satisfactory/Unsatisfactory assessment to review the assessment and advise the trainee of the option to appeal.

For all ITARs		
Who	What	When
For Satisfactory ITARs		
Clinical Supervisor	Meet to review trainee performance. ITAR to be completed.	Prior to the end of the training experience. Within 20 business days after the end of the training experience
For Provisional Satisfactory/Unsatisfactory ITARs		
Clinical Supervisor	Mid-Unit: Meet to review trainee performance; identify areas of deficiency and suggestions for improvement. End of training experience: Meet to review trainee performance; identify areas of deficiency/areas for improvement. ITAR to be completed. Trainee to receive a copy of the assessment. Advise trainee of the option to appeal.	Mid-unit <u>written</u> assessment must take place where concerns or deficiencies are identified regarding a trainee’s performance that may result in a less than Satisfactory summative assessment. Within 10 business days after the completion of the training experience.
Trainee	Review and sign provided assessments.	Meet with program director/ delegate.
Program Director and/or Delegate	Review the ITAR. Discuss with Clinical Supervisor. Advise trainee of the option to appeal.	Set up meeting within 10 business days of notification.

Related Documents for Further Reference

- [Policy on Appeal of Assessments of Trainees in PGME Programs](#)
- [McMaster Conflict of Interest Policy for Employees](#)
- [Competence Committee Process and Procedure Suggested Guidelines](#)
- [Guidelines for Assessment of Trainees in PGME Programs During COVID-19](#)
- [General Standards of Accreditation for Institutions with Residency Programs](#)