Rady Faculty of Health Sciences | UM

Max Rady College of Medicine Policy

Policy Name:	**PGME Resident Assessment, Progression/Promotion, Remediation, Probation, Suspension and Dismissal/Withdrawal Policy for Competency-Based Medical Education Residency Programs**
Application/ Scope:	Postgraduate Medical Education Residents in RCPSC Competency-Based Medical Education Residency Programs (Competence by Design)
Approved (Date):	PGME Executive Committee, January 12, 2018; PGME Policy Development Committee, January 29, 2021; PGME Executive Committee, February 9, 2021
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BACKGROUND

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

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

Assessment is the process of gathering and analyzing information in order to measure a physician's competence or performance and to compare it to defined criteria. With respect to competency-based medical education, the processes of resident assessment, progression and promotion are guided by the following principles:

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

- Learning is guided by real-time, high quality feedback from multiple observations
- Teaching faculty act as academic advisors/coaches for the purpose of resident improvement
- Competency-based assessment for learning is focused on milestone/EPA observations in the clinical setting/workplace
- Decisions regarding promotion and progression of residents through stages of training is determined by a Competence Committee, responsible for regular review of resident progress using highly integrative data from multiple EPA and milestone observations and timely feedback as well as other assessment data
- The development of resident competence, entrustment and independence must be demonstrated and recorded in a file/electronic portfolio
- All decisions pertaining to the assessment and the potential outcomes for residents must be justified and must be documented
- The process for assessment and progression must be clear and must be applied uniformly
- It is important that the process for identification of those residents who might be in academic difficulty is timely, transparent, fair and unbiased
- The process must allow the resident to be heard and to respond to issues related to academic or other challenges within a reasonable period of time
- There must be open, ongoing and timely communication between residents and their supervisors
- The process must maintain the principle of mutual accountability whereby progress through training is a joint responsibility of the resident and the Residency Program

DEFINITIONS

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

Academic Year – is the time interval that commences July 1st and finishes June 30th and constitutes thirteen (13) four (4)-week blocks of training for residents. In a hybrid competency-based medical education model of learning, a resident may be out-of-phase and may have a starting date other than July 1st and will be promoted to the next stage of training based on attainment of milestones, EPAs and competencies

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

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

- **Formative assessment –** assessment for the purposes of providing feedback to guide further learning. Furthermore, it may provide diagnostic information regarding the need for Remediation

- **Summative assessment –** assessment for the purposes of advancement, credentialing or completion (e.g., end of term examination)
- **Criterion-referencing –** Comparing resident performance to defined criteria. This is required for summative assessment
- **Norm-referencing –** Comparing resident 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 (13) time intervals within each academic year. With the exception of Block one (1), Block seven (7) (Winter Holiday) and Block thirteen (13), all blocks consist of four (4)-week intervals of training and are considered equivalent for the purpose of scheduling educational activities for residents in the hybrid competency-based medical education model

CanMEDS/CanMEDS-FM – the RCPSC and CFPC frameworks describing the seven (7) physician roles: 1. Family Medicine Expert; 2. Communicator; 3. Collaborator; 4. Leader; 5. Health Advocate; 6. Scholar; 7. Professional

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

CMPA – Canadian Medical Protective Association

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

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

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

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

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

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

Competent – possessing the required abilities in all domains at a particular stage of medical education or practice

Completion Rotation – is a rotation put in place specifically to make up lost time from an incomplete rotation, irrespective of the completion of rotation goals and objectives or rotation-specific EPAs

CPSM – College of Physicians and Surgeons of Manitoba

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

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

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

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

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

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

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

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

Leave of Absence (LOA) – is an approved planned or unplanned interruption of training (greater than fourteen (14) consecutive calendar days) for any of a variety of reasons, including medical illness, bereavement, maternity, paternity, partner leave and educational leave. Vacation, Religious Observances, statutory holidays, examination days and unplanned sick days are **not** considered leaves of absence

LOA – see Leave of Absence

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

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

Modified Learning Plan – is a formal educational intervention that is put in place to address specific performance gaps, with specific learning resources, timelines and outcomes tailored to the needs of the resident. It is inherent in education, that residents have the flexibility to adapt the pace and resources used for learning to their particular needs and context and this would be considered normal variation. A Modified Learning Plan does not necessarily indicate a Remediation. However, Modified

Learning Plans are always included in Remediation or Probation and they may be utilized outside of the context of Remediation as well, in an attempt to provide correction prior to a need for formal Remediation/Probation

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 behaviours that can be assessed during and at the conclusion of the learning activity. It is also known as a **performance objective** or a **competency**

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

PARIM – Professional Association of Residents and Interns of Manitoba

PGME – means Postgraduate Medical Education and refers to the Office of Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It represents postgraduate medical education at the University of Manitoba through residency, fellowship, Areas of Focused Competence, post-doctoral and other training programs. The programs which PGME oversees are those accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Psychological Association (CPA), the Canadian Academy of Clinical Biochemistry (CACB), the Canadian College of Microbiology (CCM) and the Canadian College of Medical Geneticists (CCMG). Applicable to all of its training programs, PGME develops and administers policies and governs through the PGME committees. The PGME Office is overseen by the Associate Dean, PGME, Max Rady College of Medicine

PGME Committee for Education Support and Remediation (PGME-CESaR) – is responsible for reviewing and approving all major decisions related to resident progression and promotion by the Residency Program Committee, Resident Progress Committee and by Program Directors, especially those related to possible Remediation, Probation, Suspension and Dismissal/Withdrawal from the Residency Program. The PGME-CESaR deals with issues of a clinical, academic or professional nature

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

Probation – is an interval/period of training during which the resident is expected to correct areas of serious clinical or academic challenges or concerns about professional conduct that are felt to jeopardize successful completion of the 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 resident in correcting identified serious performance deficiencies

Probation Agreement – is a formal document generated by the Residency 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 Probation. This document must be signed by the resident, Residency Program Director, Probation Supervisor, the Chair, PGME-CESaR and the

Associate Dean, PGME

Probation Plan – is a formal document approved by the PGME Committee for Education Support and Remediation (PGME-CESaR) and the Associate Dean, PGME detailing the terms, possible outcomes and specific conditions of the Probation Period

Provincial Medical Administration Office (PMAO) – is the office or person designated to receive and maintain records, applications, correspondence and information pertaining to the Medical Staff (including residents) provincially

RCPSC – Royal College of Physicians and Surgeons of Canada

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

Remediation Agreement – is a formal document generated by the Residency Program Committee and approved by the Residency Program Director, and thereafter approved by the Associate Dean, PGME detailing the terms, outcomes and specific conditions of a Remediation. This document is signed by the resident, Residency Program Director, Remediation Supervisor, the Chair, PGME-CESaR and the Associate Dean, PGME

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

Resident – an individual enrolled in one of the accredited Residency Programs under the authority of the Associate Dean, PGME. The following is a listing of Resident categories within PGME at the Max Rady College of Medicine:

- A postgraduate resident who has obtained a Doctorate of Medicine (MD) or Doctorate of Osteopathic Medicine (DO) and has an educational or a general license from the College of Physicians and Surgeons of Manitoba (CPSM)
- A resident enrolled in the Clinical Health Psychology Program
- A resident enrolled in one of the Post-Doctoral Residency Programs:
    - Clinical Biochemistry
    - Clinical Microbiology
    - Genetic and Genomic Diagnostics
- A resident enrolled in one of the College of Dentistry Programs
    - Oral and Maxillofacial Surgery
    - Pediatric Dentistry

Rotation – is an interval of time, usually consisting of a portion (two (2) weeks) of a block to multiple blocks to which residents are assigned for training. Rotations may consist of consecutive blocks or may be fractionated over longer periods of time as in the case of horizontal rotations. Learning experiences are organized to allow the resident to acquire competencies and to demonstrate

entrustment within a **hybrid model** of competency-based, timed rotations

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

Shared Health – is the organization that delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations

Should – the use of the word "should", indicates that meeting the standard is a highly-desirable attribute

Summary Review Report – is a summative narrative report documenting resident assessment and progress in the Residency Program

Supervising Physician/Preceptor – a physician who oversees and is the most responsible provider for the clinical activities of one or more residents. Also, the preceptor must have the appropriate privileges at the clinical setting

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 resident to meet all of the goals and objectives or rotation-specific EPAs of an original rotation

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

Trainee – in the case of PGME, is any PGME Program resident or fellow who is appropriately registered with and licensed by CPSM or other applicable licensing authority and who is fulfilling the certification requirements for a primary discipline, subspecialty, certification of special competence or enrolled in a program designated as "Accreditation without Certification" or enrolled in a program to gain an educational experience beyond certification requirements

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

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

1. PURPOSE

1.1 Outline the policies and procedures for the fair and transparent assessment and progression of postgraduate residents within the competence continuum of competency- based medical

education for RCPSC Residency Programs

1.2 Outline the policies and procedures for managing postgraduate residents with areas of deficiency in their attainment of milestones/EPAs. The policies and procedures include the following:

- Modified Learning Plan
- Remediation
- Probation
- Suspension
- Dismissal/Withdrawal from the Residency Program

2. POLICY STATEMENTS – ASSESSMENT

2.1 For each Residency Program, there **must** be a framework of clearly-articulated competencies for the residents

2.2 Competencies are organized as EPAs and associated milestones, as follows:

2.2.1 For **RCPSC** specialty programs (Competence by Design or CBD), the EPA and associated milestones are discipline-specific as developed by each RCPSC Specialty Committee

2.2.2 Competencies are sequenced in a series of integrated stages known as the CBD Competence Continuum, which mark the stages/phases of increasing competence and independence, as follows:

- Transition to discipline
- Foundation of discipline
- Core of discipline
- Transition to practice

2.2.3 CBD is a hybrid between time-free and time-dependent training as follows:

2.2.3.1 Rotations exist and are treated as a resource for the acquisition of competencies

2.2.3.2 Progression through training stages is flexible and is suited to the individual resident's development and acquisition of competencies

2.2.3.3 Achievement of milestones is prioritized over time spent in training with respect to resident promotion and subsequent completion of the Residency Program

2.2.3.4 The hybrid model maintains and recognizes the service imperative in residency education

2.2.3.5 The milestones must be used to design educational activities for residents and to teach specific abilities

2.2.3.6 The EPAs, which integrate multiple milestones must be used in the assessment of residents

2.2.3.7 The EPAs and associated milestones for the Residency Program must be distributed to all residents and faculty in a timely manner prior to the commencement of the educational activities

2.2.3.8 The EPAs and milestones must be reviewed regularly by the Residency Program Committee

2.3 For all Residency Programs, the residents must receive regular and timely feedback on their performance and progress by means of performance-based assessment tools as well as by direct observation

2.4 With respect to **RCPSC CBD Residency Programs**, resident learning and assessment are guided by real-time high-quality feedback from multiple direct and indirect observations conducted by but not limited to teachers/preceptors, clinical supervisors, other residents (on- or off-service), other health care professionals and patients

2.5 Resident assessment must comply with the following:

2.5.1 A variety of formative and summative resident assessment tools are utilized by the **RCPSC CBD Residency Programs**, including, but not limited to the following:

- Direct and indirect observation
- Multiple source feedback
- Structured Assessments of a Clinical Encounter (STACER)
- Technical skills review/procedure logs
- Patient outcomes
- Simulation
- Objective Structured Clinical Examination (OSCE)
- Oral case presentation
- Written assigned questions
- Learning plan
- Multiple choice question (MCQ) testing (including the RCPSC examinations)
- Short answer question (SAQ) testing (including the RCPSC specialty and sub-specialty examinations)

2.5.2 Either the teacher/preceptor or the resident can initiate an EPA Observation

2.5.3 Residents will participate in clinical activities and seek high-quality observations on their progress towards achieving EPAs

2.5.4 Teachers/preceptors will observe resident clinical activities (EPA observation) and must provide face-to-face concrete feedback (coaching), thereby creating frequent “low-

stakes" assessments of focused clinical tasks

2.5.5 Resident assessment feedback information must be concrete and actionable and must be recorded/documented in the resident's file/electronic portfolio in order to facilitate the educational changes and progression

2.5.6 Unsolicited anonymous materials/data may not be used in any assessment or disciplinary proceeding or action involving the resident. The Associate Dean, PGME may inquire or investigate into matters raised by unsolicited anonymous materials

2.5.7 The use of solicited aggregated anonymous materials/data such as multisource (360-degree) feedback designed to provide clinical performance measures as well as attitudinal and professional behavior assessment of the resident is allowable

2.5.8 Achievement of EPAs is determined using multiple observations, made by multiple observers, in multiple contexts

2.5.8.1 The recommended number of observations for an EPA is determined by the Specialty Committee for the discipline

2.5.9 Each resident should have an Academic Advisor (Coach) for supervision and support of residents with respect to progression through the stages of residency training

2.5.9.1 For Residency Programs with a small number of residents or with resource constraints, the Residency Program Director may be the Academic Advisor

2.5.10 Decisions on resident achievement of EPAs and progression are determined at a group decision-making process of the Residency Program Competence Committee

2.5.11 Assessments are the property of the University of Manitoba and the resident. Such information will be kept confidential unless there might be a threat to patient safety in the process

2.5.12 The decision to allow appropriate disclosure of resident assessment information (Educational Handover) to future Rotation Supervisors to facilitate guidance and progress rests with the resident's Residency Program Committee

2.5.13 The resident may not appeal individual formative assessments which provide data on performance but are aggregated for use in progress decisions

2.5.14 The resident may appeal summative assessments which aggregate data from multiple sources

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

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

3.1.1 The resident must review any pertinent EPAs and associated milestones, clinical and academic learning opportunities and responsibilities associated with the rotation/clinical learning experience and must have a plan for learning on the rotation

3.1.2 The resident should meet with the Rotation Supervisor to review the EPAs and

associated milestones and the clinical, academic and professional expectations and duties for the rotation/clinical learning experience

3.2 During the rotation, the following apply:

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

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

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

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

3.4.1 The Academic Advisor must review individual resident assessments and portfolios for each assigned resident on a regular basis

3.4.2 The Academic Advisor or primary reviewer must meet at least semi-annually with each assigned resident to conduct comprehensive reviews of performance and to review, discuss and facilitate the implementation and follow-up of Individualized Learning Plans. More frequent meetings may be scheduled, as required

3.4.3 The Academic Advisor must formally document the details of the resident meetings

3.4.4 The Academic Advisor or primary reviewer must prepare summary review reports which will be retained in the resident's file/electronic portfolio and recommendations to the Residency Program Competence Committee at least semi- annually, in order to determine the progress of residents in the Residency Program

3.4.5 The Academic Advisor liaises directly with the Residency Program Director and the Residency Program Competence Committee to help inform decisions related to a resident's progress

3.5 With respect to EPA achievement, the following apply:

3.5.1 If the resident is deemed to have achieved an EPA (EPA is "*achieved*"), then that means that all of the key milestones associated with that EPA are considered to have been achieved

3.5.2 If the EPA has not yet been achieved (EPA is "*in progress*"), the component milestones associated with that EPA can be reviewed individually ("unpacked") in order to identify the particular challenge and to address the learning difficulty so as to provide concrete input and feedback to the resident

3.6 In the case of Incomplete Rotations, the following apply:

3.6.1 Should a resident fail to complete seventy-five per cent of a rotation, then the Rotation Supervisor and/or Home Residency Program Director must record this as an incomplete rotation

3.6.2 Even if all EPAs associated with the rotation have already been met and academic credit is not required, the resident still might be required to fulfil a Completion rotation at the discretion of the Home Residency Program

3.6.3 The exact nature and duration of a Completion rotation may vary depending on the nature of the original rotation and the proportion missed, but shall not exceed the duration of the original rotation. This will be determined by the Rotation Supervisor and the Home Residency Program Director

3.6.4 The time spent during the supplementary rotation might alter the completion of training date. The Program Director and Residency Program Competence Committee will use their discretion in determining the resident's new completion of training date

4. POLICY STATEMENTS – PROGRESSION/PROMOTION

4.1 Although the specific timeframes will be impacted by Residency Program design, scheduling of educational activities and service commitments, learners progress through their educational programs at their own pace

4.2 With regular feedback and coaching, each resident should achieve the EPAs and related milestones within their current stage of training, within a predictable training timeframe

4.2.1. Limits to overall training duration for the resident requiring extension of training will be based on discipline-specific guidelines regarding the typical duration of overall training as well as the typical duration of each stage of the competence continuum

4.3 Progression decisions on EPA achievement and promotion to the next stage of training are determined away from the individual teacher-learner interaction, as follows:

4.3.1. The Academic Advisor/Residency Program Director meets with the resident at least semi- annually to review progress in achieving the required competencies

4.3.2. Each Residency Program has its own Competence Committee which is responsible for the group decision-making process for determining resident achievement of EPAs and progression through the stages/phases of training toward certification by the RCPSC

4.3.3. The Residency Program Competence Committee will report to the Residency Program Committee (see Appendix 1: Competence Committee – Terms of Reference)

4.4 The Academic Advisor may be enlisted to summarize resident progress for the Residency Program Competence Committee

4.5 The Residency Program Competence Committee reports outcomes of discussions to the Residency Program Committee in a timely manner in order to ensure fairness and appropriate sequencing of training experience

4.6 The resident may appeal progress decisions of the Residency Program Competence Committee

4.7 Major progression and promotion decisions, including the resident's final portfolio documenting achievement of competencies must be verified and approved by the Residency Program Director and the Associate Dean, PGME

4.8 All decisions leading of Remediation, Probation, Suspension or Dismissal/Withdrawal from the Residency Program must be reviewed and approved by the PGME Committee for Education Support and Remediation (PGME-CESaR) prior to approval by the Associate Dean, PGME

(see Appendix 2: PGME Committee for Education Support and Remediation – Terms of Reference)

4.8.1. The resident may appeal decisions of the PGME-CESaR

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

5.1. Residents are selected for a planned Residency Program Competence Committee meeting by the Chair, the Residency Program Director or their delegate

5.1.1 Each resident must be discussed at least semi-annually

5.1.2 Residents may be selected for review based on any one of the following criteria:

- Regularly timed review
- A concern has been flagged on completed assessment(s)
- Completion of stage requirements and eligible for promotion or completion of training
- Requirement to determine readiness for the RCPSC examination
- Concern regarding a significant delay in the resident's progress or academic performance
- Decision required regarding possible significant acceleration of the resident's progress

5.2. Each resident selected for the discussion at the Residency Program Competence Committee meeting is assigned to a designated primary reviewer (the resident's Academic Advisor or a designated member of the Residency Program Competence Committee) who completes a detailed summary review of each active EPA and of overall resident performance based on observations and other assessments or reflections included within the resident's file/electronic portfolio

5.2.1 The primary reviewer must consider the resident's recent numerical data, comments and any other valid sources of information (OSCE; in-training examination performance; other)

5.2.2 The primary reviewer will prepare and provide a succinct synthesis and impression of the resident's progress to the Residency Program Competence Committee

5.2.3 The primary reviewer will propose a resolution on the resident's status going forward

5.3. During the Residency Program Competence Committee meetings, the following apply for each active resident:

5.3.1 The primary reviewer will present relevant synthesis of information pertaining to each EPA, including reports from the file/electronic portfolio, important quotes from any observational comments about the resident and concludes by proposing the following:

- Recommended action on each active EPA

- Global assessment of the resident's status with respect to the current stage/phase of training and recommended action for the resident going forward in the Residency Program

5.3.2 All other Residency Program Competence Committee members (secondary reviewers) are responsible for reviewing and discussing the resident's progress

5.3.3 Deliberations of the Residency Program Competence Committee for each active EPA, including the summary review by the primary reviewer and the Residency Program Competence Committee recommendations will be documented in the resident's file/electronic portfolio and might include the following:

- Resident has "*completed the EPA"*
    - Recommendation is for removal from the active EPA list
- Resident *"progress is accelerated"*. Possible recommendations for action might include the following:
    - Modify Learning Plan
    - Continue without modification
- Resident is *"progressing as expected"*. Possible recommendations for action might include the following:
    - Monitor learning
    - Modify Learning Plan
    - Continue learning the EPA without modification
- Resident is *"not progressing as expected"*. Possible recommendations for action might include the following:
    - Modify Learning Plan
    - Remediation of EPA
- Resident has demonstrated *"failure to progress"*. Possible recommendations for action might include the following:
    - Remediation of EPA
    - Probation of EPA
    - Dismissal/Withdrawal from the Residency Program

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

- Resident has *"completed the current stage/phase"*
    - Recommendation is for advancement to the next stage/phase at the earliest appropriate opportunity
- Resident *"progress is accelerated"*. Possible recommendations for action might include the following:
    - Modify Learning Plan
    - Continue in current stage/phase without modification
- Resident is *"progressing as expected"*. Possible recommendation for action might include the following:
    - Monitor learning
    - Modify Learning Plan
    - Continue in the stage/phase without modification
- Resident is *"not progressing as expected"*. Possible recommendations for action might include the following:
    - Modify Learning Plan
    - Remediation
- Resident has demonstrated *"failure to progress"*. Possible recommendations for action might include the following:
    - Remediation
    - Probation
    - Dismissal/Withdrawal from the Residency Program

5.3.5 The Residency Program Competence Committee members will vote on the recommendations of the primary reviewer

5.3.6 Decisions may be deferred if additional information is required, but the deferred decision must be revisited within four weeks

5.3.7 A status decision on the resident is recorded in the Residency Program Competence Committee's archives

5.3.8 As soon as possible after the Residency Program Competence Committee decision, the Academic Advisor, Residency Program Director or other appropriate delegate will discuss the decision of the Competence Committee with the resident

5.3.9 Changes to the resident's Learning Plan, assessments or rotation schedule will be developed and implemented as soon as feasible

5.3.10 The resident may appeal decisions of the Residency Program Competence Committee

5.3.11 In the event that a resident's performance on a previously attained EPA indicates that *"*EPA *entrustment is no longer appropriate"*, that EPA will be reactivated and added to

the ongoing list of EPAs for assessment at the Competence Committee meetings. Possible progression recommendations would depend on the EPA and on the degree of lapse and might include the following:

- Reactivation of the EPA with or without Remediation or Probation of the EPA and one of the following:
  - Continue in the current stage/phase with a Modified Learning Plan
  - Continue in the current stage/phase on Remediation
  - Continue in the current stage/phase on Probation

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

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

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

5.5. All decisions leading to Remediation, Probation, Suspension or Dismissal/Withdrawal from the Residency Program must be forwarded by the Residency Program Director to the Chair, PGME-CESaR for review

5.6. The Chair, PGME-CESaR will forward all relevant documentation and recommendation to the Associate Dean, PGME for approval

5.7. The principles pertaining to the PARIM Collective Agreement whereby residents are remunerated, are based on the annual advancement of the resident's PGY level following successful completion of each year of training in the Residency Program, irrespective of their advancement along the competence continuum

5.7.1 The Residency Program Director must submit on behalf of each resident, a Trainee Appointment eForm annually (see Appendix 4: PGME How to Process a Trainee Appointment eForm)

6. POLICY STATEMENT – MODIFIED LEARNING PLAN

6.1 The decision to undertake a Modified Learning Plan is determined by the Residency Program Competence Committee when the trajectory of the resident is concerning but a formal

Remediation trigger has not yet been encountered

6.2 A Modified Learning Plan, as a formal educational intervention, must comply with the following principles:

6.2.1 Must be discussed explicitly with the resident

6.2.2 Must be documented formally in the resident's file/electronic portfolio

6.2.3 Must include specific deliverables by the resident

6.2.4 Must include specific educational resources

6.2.5 Must specify a timeline for completion

6.2.6 Must specify the expected outcome

6.2.6.1 Must include the targeted assessments to demonstrate the expected outcome

6.3 The Modified Learning Plan must be designed specifically to meet the needs of the resident and the context of the educational gap and thus it might not have a prescribed content or structure. Therefore, the Modified Learning Plan may include the following:

- Assessments of learning, emotional or general health of the resident
- A wide range of specific learning resources
- Various determinants of success for the resident

7. PROCEDURES – MODIFIED LEARNING PLAN

7.1 The Residency Program Competence Committee must discuss and will document in the resident's portfolio, the specific area(s) of concern and the decision to implement a Modified Learning Plan

7.2 The Residency Program Competence Committee will recommend a Modified Learning Plan to the Residency Program Director

7.3 The Residency Program Director, or delegate and the Academic Advisor will design a Modified Learning Plan and will submit it to the Chair, PGME-CESaR for review (see Appendix 8: Max Rady College of Medicine Modified Learning Plan Template)

7.4 The Chair, PGME-CESaR will review the Modified Learning Plan and will make recommendations to optimize the plan, if applicable

7.5 The Residency Program Director, or delegate will discuss the final Modified Learning Plan with the resident and will enter it into the resident's portfolio

7.6 The Academic Advisor will monitor the resident's progress with the Modified Learning Plan and will assist the resident with implementation, as applicable

8. POLICY STATEMENTS – REMEDIATION

8.1 Remediation represents a formal, individualized learning opportunity intended to guide the resident towards successful attainment of clinical, academic or professional competencies

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

8.3 The decision for a resident to undergo Remediation is determined by the Residency Program Competence Committee based on one of the following trigger events:

- Resident is *"not progressing as expected*"
- Resident has demonstrated "*failure to progress*"
- Resident's status is "*inactive*" but it has been determined that the resident requires a Modified Learning Plan in order to achieve the required competencies upon return from a Leave of Absence or Suspension
- A single egregious event involving the resident and demonstrating serious deficiency or performance below the currently assessed level of progress

8.4 The Remediation Plan will focus on ensuring that the learning experiences are organized to immerse the resident in authentic practice conditions

8.5 The resident should be actively involved and engaged in the development of the Remediation Plan

8.6 Once developed, the Remediation Plan becomes a mandatory feature of the resident's training

8.7 The PGME-CESaR and the Associate Dean, PGME must review and approve all Remediation Plans prior to commencement of the Remediation

8.8 The resident's participation in the Remediation Plan is a prerequisite for ongoing participation in the Residency Program

8.9 Progress during Remediation is based on documentation of competency attainment rather than on successful completion of time-based rotations

8.9.1 Time-based rotations will continue to be an organizing structure for residency training. Depending on the individual circumstance, Remediation might lead to an extension of the resident's training

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

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

8.10.1 The Remediation Plan will be redesigned upon the resident's return from the LOA

8.11 During Remediation, the resident is allowed to apply for a transfer to another Residency Program

8.12 The resident may appeal the outcome decision only at the conclusion of the Remediation

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

9.1 The Residency Program Director must submit a formal request for Remediation to the Associate Dean, PGME or Chair, PGME-CESaR within five (5) working days of the "trigger event" decision of the Residency Program Competence Committee

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

9.2 The Associate Dean, PGME or Chair, PGME-CESaR will confirm if the Remediation is warranted to proceed

9.3 The Residency Program Director must submit a formal Remediation Agreement, which includes a Remediation Plan to the Associate Dean, PGME or Chair, PGME-CESaR within fifteen (15) working days of the notification of the Program Director of the "trigger event" decision of the Residency Program Competence Committee. The Remediation Plan must include the following (see Appendix 6: Max Rady College of Medicine Remediation Agreement):

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

- Resident is *"not progressing as expected"*. Recommendations for action might include the following:
  - Continuation of Remediation
  - Probation
- Resident has demonstrated *"failure to progress"*. Recommendations for action might include the following:
  - Continuation of Remediation
  - Probation
  - Dismissal/Withdrawal from the Residency Program

9.4 The PGME-CESaR must review all submitted formal Remediation Plans in a timely manner and must reach a consensus with respect to one of the following:

- Approval of the Remediation Plans without revision
- Revision and approval of the Remediation Plans

9.5 The PGME-CESaR must communicate all Remediation Plan decisions to the respective Residency Program Directors

9.6 The formal Remediation Plan must be detailed in conformity with the Remediation Agreement Document of the Max Rady College of Medicine, University of Manitoba and must be signed by the resident, Residency Program Director, Remediation Supervisor, Chair, PGME-CESaR and Associate Dean, PGME (see Appendix 6: Max Rady College of Medicine Remediation Agreement)

9.7 The Residency Program Director must discuss the approved Remediation Plan with the Remediation Supervisor and Academic Advisor prior to implementation

9.8 The Residency Program Director must meet with the resident to discuss the Remediation Plan

9.9 During the interval between the "trigger event" decision and the formal approval by the PGME-CESaR, the Residency Program Director may assign the resident to any of the following, as determined by the circumstances

- Commencement of the Remediation as planned - this would be the typical approach but if selected, would apply to initiation of a Modified Learning Plan without the formality of summative assessment or consequences until the Remediation is formally approved
- Deployment of the resident to a non-Remediation rotation to work on EPA achievement
- Commencement of LOA if there are any concerns about safety of the resident or patients

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

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

9.10.2 The Remediation Supervisor must meet with the resident regularly to discuss their

progress with respect to the Remediation Plan

9.10.3 The Remediation Supervisor must report the resident's progress, including the outcome of the Remediation to the Residency Program Competence Committee

9.11 The Residency Program Competence Committee must review the resident's progress to decide on the outcome of the Remediation and on the status of the resident as follows:

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

9.12 The Associate Dean, PGME in consultation with the Chair, PGME-CESaR will consider the recommendations of the Residency Program Director and prior to approval will ensure that all policies and procedures have been followed

9.13 The Residency Program Director must complete the Assessment and Outcome sections of the Remediation Agreement Document for review and approval by the PGME-CESaR and the Associate Dean, PGME

10. POLICY STATEMENTS – PROBATION

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

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

10.3 The decision for a resident to undergo Probation is determined by the Residency Program Competence Committee for RCPSC CBD Residency Programs based on one or more of the following "trigger events":

- Resident is deemed to be *"not progressing as expected"* or *"failing to progress"* on any assessment to the extent that they are considered likely to exceed the maximum allowable time for the element for which the resident is undergoing Remediation
- Resident is deemed to be *"not progressing as expected"* on an assessment related to a Remediation and it has been determined that further Remediation is not appropriate
- Resident has demonstrated *"failure to progress"* status despite following the Remediation Plan and it has been determined that further Remediation is not an option
- The occurrence of an egregious incident or event of a clinical, academic or professional nature involving a resident, that is determined by the PGME-CESaR to be either non-

remediable or of sufficient gravity to warrant Probation

10.3.1 If it is determined that immediate action is warranted as a result of the "trigger event", the Residency Program Director or delegate has the option of implementing the Probation procedure in advance of the Residency Program Competence Committee discussion and decision

10.3.2 In situations where the "trigger event" leading to possible Probation might pose a threat of self-harm to the resident and/or might pose a threat to the well-being or safety of patients, colleagues, students and/or the staff, the Residency Program Director or delegate must consider immediate Suspension of the resident as an interim measure prior to the Residency Program Competence Committee Probation discussion and decision (see section below on Suspension)

10.4 The resident's participation in the Probation Plan is a prerequisite for ongoing participation in the Residency Program

10.5 The resident must fully comply with the conditions specified in the Probation Plan

10.6 The resident must fully comply with any other conditions for the Probation prescribed by the PGME-CESaR and Associate Dean, PGME

10.7 The Residency Program Director should advise the resident to meet with the Associate Dean, PGME Student Affairs and Wellness for counselling

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

10.9 Progress during Probation is based on documentation of competency attainment and correction of serious deficiencies rather than on successful completion of time-based rotations

10.9.1 Time-based rotations will continue to be an organizing structure for residency training. Depending on the individual circumstance, Probation might lead to an extension of the resident's training

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

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

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

10.11 During Probation, the resident is not allowed to apply for transfer to another Residency Program

10.12 The resident may appeal the outcome decision only at the conclusion of the Probation

11. PROCEDURES – PROBATION (see Appendix 5: PGME Remediation, Probation,

Suspension, Dismissal, Withdrawal process map)

11.1 The Residency Program Director must submit a formal request for Probation to Associate Dean, PGME or Chair of PGME-CESaR within five (5) working days of the "trigger event" decision of the Residency Program Competence Committee

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

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

11.3 The Residency Program Director must submit a formal Probation Agreement which includes a Probation Plan Agreement Document to the Associate Dean, PGME or Chair, PGME-CESaR within fifteen (15) working days of the notification of the Program Director of the "trigger event" decision of the Residency Program Competence Committee. The Probation Plan must include the following (see Appendix 7: Max Rady College of Medicine Probation Agreement):

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

11.4 The PGME-CESaR must review all submitted documents and materials pertaining to all requests for Probation and the formal Probation Plan from the Program Director in a timely manner and must reach a consensus with respect to the following:

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

11.5 The PGME-CESaR must communicate the Probation Plan decision to the following:

- Residency Program Director
- Resident
- Associate Dean, PGME

11.6 The formal Probation Plan must be detailed in conformity with the Probation Agreement Document of the Max Rady College of Medicine, University of Manitoba and must be signed by the resident, Residency Program Director, Remediation Supervisor, Chair, PGME-CESaR and the Associate Dean, PGME

11.7 The Residency Program Director must meet with the resident to discuss the approved Probation Plan

11.8 The Residency Program Director must discuss the approved Probation Plan with the Probation Supervisor prior to implementation

11.9 During the interval between the "trigger event" decision and the formal approval by the PGME-CESaR, the Residency Program Director may assign the resident to any of the following, as determined by the circumstances

- Commencement of the Probation as planned - this would be the typical approach but if selected, would apply to initiation of a Modified Learning Plan without the formality of summative assessment or consequences until the Probation is formally approved
- Deployment of the resident to a remedial rotation to work on EPA achievement
- Commencement of LOA if there are any concerns about safety of the resident or patients

11.10 The Probation Supervisor is responsible for monitoring the resident's progress during the Probation, as follows:

11.10.1 Assessment feedback information from Clinical Supervisors and other teaching faculty is reviewed by the Probation Supervisor

11.10.2 The Probation Supervisor must meet with the resident regularly to discuss their progress with respect to the Probation Plan

11.10.3 The Probation Supervisor must report the resident's progress, including the outcome of the Probation to the Residency Program Competence Committee

11.11 The Residency Program Competence Committee must review the resident's progress in order to decide on the outcome of the Probation and the status of the resident as follows:

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

- Further Probation
- Dismissal/Withdrawal from the Residency Program

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

11.13 The Residency Program Director must complete the Assessment and Outcome sections of the Probation Agreement Document for review and approval by the PGME-CESaR and the Associate Dean, PGME

12. POLICY STATEMENTS – SUSPENSION

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

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

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

12.2.1 Licensure and registration with CPSM are inactivated (lifted)

12.2.2 Payment through PMAO might be suspended

12.2.3 Medical malpractice coverage (CMPA) might be suspended

12.2.4 Depending on the individual circumstances, Suspension might lead to extension of the resident's training

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

12.3 The Residency Program Director should advise the resident to meet with the Associate Dean, PGME Student Affairs and Wellness for counselling

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

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

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

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

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

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

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

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

13.3 The resident should be provided the opportunity of a face-to-face meeting with the Residency Program Director to discuss the following:

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

13.4 The request for the resident's Suspension must be reviewed by the Associate Dean, PGME who will determine the course of action as follows:

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

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

13.5.1 The Associate Dean, PGME has the option of requesting the assistance of the PGME-

CESaR in the investigation and the final decision with respect to the Suspension

13.6 When the resident is placed on or taken off Suspension, the PGME Office must ensure the following:

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

14. POLICY STATEMENTS – DISMISSAL/WITHDRAWAL

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

- Residency Program Competence Committee decision on the basis of a resident's progress, as follows:
  - Resident is persistently *"not progressing as expected"* despite having undergone Remediation and/or Probation
  - Resident has demonstrated persistent "*failure to progress*" and Remediation and/or Probation was considered not to be an option
  - Failure of the resident to agree to or comply with an approved Remediation or Probation Plan
  - Resident's status is "*inactive*" (Leave of Absence (LOA) or Suspension) and it has been determined that successful return to or completion of the Residency Program is unlikely
- The resident has exceeded or is reasonably expected to exceed the maximum allowable time for completion of a particular stage along the competence continuum and/or for completion of training in a particular RCPSC discipline, pro-rated for part-time training and approved LOA
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Residency Program would cause self-harm to the resident and/or would pose a threat to the well-being or safety of patients, colleagues, students and/or the staff
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Residency Program would pose a threat to University of Manitoba, Shared Health/other relevant Health Authority or other property
- The resident is considered unsuitable for practice on the basis of behavior that would be considered inconsistent with reasonable standards of professionalism, ethics, competence and judgment

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

Policy)

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

14.3 The Program Director should advise the resident to meet with the Associate Dean, PGME Student Affairs and Wellness for counselling

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

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

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

15.1 The Residency Program Director, after consultation with the Residency Program Committee/Competence Committee must submit a formal request for Dismissal from the Residency Program to the Associate Dean, PGME within five (5) working days of that decision notification to the Program Director of the "trigger event" for Dismissal from the Residency Program, including the reason(s) for the request

15.1.1 The resident must receive a copy of the documented request

15.2 The Associate Dean, PGME must notify the Chair, PGME-CESaR of the request for Dismissal from the Residency Program immediately

15.3 The Chair of PGME-CESaR will convene a meeting of that committee to review and to consider approval of the request for Dismissal within ten (10) working days of notification by the Associate Dean, PGME

15.3.1 If the PGME-CESaR upholds the Dismissal, then the Chair, PGME-CESaR will inform the Associate Dean, PGME, immediately through formal documentation

15.4 The Associate Dean, PGME must present the decision regarding Dismissal to the PGME Executive Committee for final review and approval

15.4.1 If the PGME Executive Committee upholds the decision for Dismissal, then the resident will be dismissed from all further postgraduate training at the University of Manitoba immediately and may not reapply for future postgraduate training at the University of Manitoba

15.5 When the resident is dismissed or withdraws from the Residency Program, the PGME Office must ensure the following:

- Notification of the CPSM by formal documentation regarding licensure and registration
- Notification of PMAO regarding payment and medical malpractice coverage (CMPA)
- Notification of PARIM by formal documentation (email or hard copy) that the resident has been dismissed/has withdrawn within twenty-four (24) 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

RCPSC CBD Policy Working Group Communique: Remediation
https://www.royalcollege.ca/rcsite/cbd/cbd-guidance-e

RCPSC CBD Policy Working Group Communique: Graduated Responsibility
https://www.royalcollege.ca/rcsite/cbd/cbd-guidance-e

RCPSC CBD Policy Working Group Communique: Waivers of Training
https://www.royalcollege.ca/rcsite/cbd/cbd-guidance-e

RCPSC Glossary of Competence by Design Terminology
http://www.royalcollege.ca/rcsite/educational-initiatives/terminology-medical-education-project-e

RCPSC Terminology in Medical education working glossary October 2012
https://www.royalcollege.ca/rcsite/documents/educational-strategy-accreditation/terminology-in-medical-education-working-glossary-october-2012.pdf

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

University of 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)
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Assessments_Attendance_and_Evaluation

University of Manitoba, Max Rady College of Medicine, Resident Appeals- Residency Program and Departmental Process
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Appeals

University of Manitoba, Max Rady College of Medicine, Student Appeals Policy
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Appeals

University of Manitoba, Student Discipline Bylaw
https://umanitoba.ca/admin/governance/governing_documents/students/student_discipline.html

University of Manitoba, Voluntary Withdrawal from PGME Residency Training Policy
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Assessments_Attendance_and_Evaluation

University of Toronto, PGME Guidelines: Appropriate Disclosure of Learner Needs
http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/

APPENDICES

Appendix 1: Competence Committee – Terms of Reference

Appendix 2: PGME Committee for Education Support and Remediation – Terms of Reference

Appendix 3: RCPSC CBME Resident Assessment-Promotion process map

Appendix 4: PGME Process: How to Process a Trainee Appointment eForm

Appendix 5: PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process map

Appendix 6: Max Rady College of Medicine Remediation Agreement

Appendix 7: Max Rady College of Medicine Probation Agreement

Appendix 8: Max Rady College of Medicine Modified Learning Plan Template