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 CFPC Competency-Based Medical Education Residency Programs
Approved (Date):	PGME Executive, April 10, 2018; PGME Policy Development Committee, January 29, 2021; PGME Executive Committee, February 9, 2021
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BACKGROUND

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

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

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

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

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

improvement

- Resident learning is guided by real-time, high quality feedback from multiple observations
- Competence is assessed across multiple dimensions, defined in the CanMEDS-FM Competency Framework and the Evaluation Objectives
- The program of assessment in Family Medicine utilizes a **Continuous Reflective Assessment for Training (CRAFT)** approach, mapping, facilitating, monitoring and informing decisions pertaining to the progressive achievement of competence for residents
- Decisions regarding promotion and progression of residents through stages of training are determined by the Resident Progress Committee, responsible for regular review of resident progress using highly integrative data from multiple observations of competencies/objectives/EPAs and associated milestones and timely feedback as well as other assessment data
- The development of the resident competence, entrustment and independence must be documented in 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 Family Medicine Residency Program

DEFINITIONS

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 trainee may be out-of-phase and may have a starting date other than July 1st and will be promoted to the next stage of training based on attainment of milestones, EPAs and competencies

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

Assessment – is a process of gathering and analyzing information on competencies from multiple and diverse sources in order to measure a 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 trainee performance to defined criteria. This is required for summative assessment
- **Norm-referencing –** comparing trainee performance to a defined reference group. This is not sufficient for summative assessment, but may be useful as an adjunct to criterion referencing in formative assessment

Block – is one of thirteen (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

CFPC – College of Family Physicians of Canada

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

CMPA – Canadian Medical Protective Association

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

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

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

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

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

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

CRAFT – Continuous Reflective Assessment for Training is the CFPC approach to programmatic competency-based assessment for residents in training and is designed to meet the expectations of

specialty-specific CanMEDS-FM roles and the Four Principles of Family Medicine relative to the CFPC competency-based residency training guidelines

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

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

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

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

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

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

The role of the Faculty Advisor includes the following:

a) Orient the resident to the discipline of Family Medicine

b) Discussing with the resident the program objectives and the resident's specific learning objectives, and designing an appropriate educational plan

c) Reviewing the educational plan regularly and assisting the resident in finding the resources within the Program necessary to meet their unique learning needs

d) Assisting the resident with respect to the following:

   (i) Reflecting on Program choices

   (ii) Understanding assessment feedback

   (iii) Setting and revising learning objectives

   (iv) Defining career plans

Generally, the Faculty Advisor and the Primary Preceptor/Competency Coach are the same individual, except in larger settings or where the resident has requested that they be different individuals

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

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

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

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

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

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

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

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

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

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 learners 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 formal need for Remediation/Probation

MRA – Mid-Rotation Assessment

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

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

PARIM – Professional Association of Residents and Interns of Manitoba

PGME – 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

Preceptor – refers to a teaching health professional

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

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

Probation 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 trainees) provincially

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 must be 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 learner 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 learner enrolled in the Clinical Psychology Program
- A learner enrolled in one of the Post-Doctoral Residency Programs:
    - Clinical Biochemistry
    - Genetic and Genomic Diagnostics
    - Clinical Microbiology
- A learner enrolled in one of the College of Dentistry Programs
    - Oral and Maxillofacial Surgery
    - Pediatric Dentistry

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

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

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

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

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 an attribute to be highly desirable

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

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

Summary Review Report – is a summative narrative report documenting resident assessment and

progress in the Family Medicine Residency Program

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 learner 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 Family Medicine Residency Program

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

WRHA – Winnipeg Regional Health Authority

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

1. PURPOSE

1.1 Outline the policies and procedures for the fair and transparent assessment and progression of residents within the competence continuum of competency-based medical education for the Family Medicine Residency Program

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

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

2. POLICY STATEMENTS – ASSESSMENT

2.1 For the Family Medicine Residency Program, there must be clearly-articulated competencies/objectives based on the CanMEDS-FM and on the essential skills and other

elements of the Evaluation Objectives frameworks

2.1.1 Competencies shall be organized as EPAs and associated milestones for elements of the Residency Program

2.1.2 The competencies/objectives must be used to design educational activities for residents and to teach specific abilities

2.1.3 The competencies/objectives must be used in the assessment of resident performance

2.1.4 The competencies/objectives for the Residency Program must be distributed to all residents and faculty in a timely manner prior to the commencement of the educational activities

2.1.5 The competencies/objectives must be reviewed regularly by the Family Medicine Residency Program Committee

2.2 Each resident must have a Primary Preceptor/Competency Coach whose role is as follows:

- Orientation of the resident to Family Medicine
- Discussion of the Program objectives with the resident
- Discussion of the resident's specific learning objectives and designing an appropriate educational plan for the resident
- Reviewing the resident's educational plan/program choices on a regular basis
- Assisting the resident in understanding assessment feedback
- Setting and revising learning objectives for the resident
- Reporting on the resident's progress at the Site Resident Progress Committee meeting
- Defining career plans

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

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

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

- Resident Field Notes, Faculty Field Notes, Procedural Field Notes
- Direct Observation Forms
- End of Shift Feedback Forms/Reports
- Mid-rotation Assessment (MRA)

- ITAR (at completion of rotation for summative assessment)
- Summary review reports are completed by the Primary Preceptor/Competency Coach or delegate
    - Summary reports reflect the current level of competence achieved by the resident and must not reflect past difficulties that have been managed satisfactorily

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

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

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

2.5.3 Assessment and feedback for the Family Medicine resident must be timely and must occur on a regular basis, as follows:

2.5.3.1 Regular assessment of learning activities must be an integral part of resident assessment

2.5.3.2 Mid-rotation assessment (MRA) is very important as it is intended to be formative in order to guide the resident toward successful attainment of competencies

2.5.3.3 End-of-rotation summative assessment of the resident must occur and the assessment must be documented on the ITAR

2.5.3.4 Summary review reports must be completed for the resident on a semi-annual basis and the reports must be documented in the resident's file/electronic portfolio

2.5.4 Assessment and feedback for the Family Medicine resident must include meetings with the resident to review and discuss their progress

2.5.5 Resident assessment feedback information must be concrete and actionable and must be recorded/documented in the resident's 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. Ordinarily, such materials will only be used in formative evaluations

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

2.6 Decisions on resident achievement of competencies and progression are determined at a group decision-making process of the Resident Progress Committee

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

2.8 The decision to allow appropriate disclosure of resident assessment information (Educational Handover) to future Rotation Supervisor/Preceptor to facilitate guidance and progress rests with the Residency Program Committee

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

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

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

3.1 Prior to commencement of the rotation the following apply:

3.1.1 The resident must review the pertinent competencies/objectives/EPAs and associated milestones covered on the rotation/clinical learning experience

3.1.2 The resident should meet with the Rotation Supervisor/Preceptor to review the competencies/objectives/EPAs and associated milestones and the clinical, academic and professional expectations and duties for the rotation

3.2 During the rotation, the following apply:

3.2.1 The resident receives assessment and feedback for achievement of the pertinent EPAs, milestones and competencies from multiple observations, documented in field notes (at least two field notes per week). The assessment information must be documented immediately in the resident's file/electronic portfolio

3.2.2 At the mid-point of the rotation, the Rotation Supervisor**/**Preceptor must complete an MRA and in the case where the resident is considered to have **"***significant concerns about progress*", must discuss it at a meeting with the resident in order to address the specific areas of deficiency that require improvement by the completion of the rotation

3.2.3 At the completion of the rotation, the Rotation Supervisor/Preceptor will incorporate the resident assessment information, including that from field notes, relevant learning experiences and clinical assessment to complete the ITAR which must be available to the resident on electronic portfolio within twenty (20) working days of the last day of the rotation

3.2.3.1 The resident must provide verification of having read the ITAR. This implies neither agreement nor acceptance of the assessment rating on the part of the resident

3.2.3.2 The Rotation Supervisor/Preceptor must discuss the ITAR at a meeting with the resident, preferably prior to the last day of the rotation

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

3.3.1 Summary review reports reflect the current level of competence achieved by the resident and do not reflect past difficulties that have been managed satisfactorily

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

3.4.1 Should a resident fail to complete seventy-five (75) per cent of a rotation, then the Rotation Supervisor/Preceptor and/or Site Education Director must record this as an incomplete rotation

3.4.2 Even if all EPAs associated with the rotation have already been met and academic credit is not required, the resident may still be required to complete a Completion rotation at the discretion of the Resident Progress Committee

3.4.3 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 Coordinator/Supervisor and the Resident Progress Committee

4. POLICY STATEMENTS – PROGRESSION/PROMOTION

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

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

4.1.1.1 A summary report of the semi-annual meeting with the resident must be documented in the resident's file/electronic portfolio in a timely manner

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

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

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

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

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

4.1.4.1 The resident may appeal decisions of the Resident Progress Committee

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

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

4.3.1 The resident may appeal decisions of the PGME-CESaR

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

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

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

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

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

5.1.2 The action plan is documented in the summary review report for the resident

5.1.3 The Site Program Administrator (Assistant) ensures that Program Requirements and EPA Tracking Tool (if applicable) information in the summary review report is updated

5.2 The progress of the residents at each educational site/stream is reported by the corresponding Primary Preceptor/Competence Coach at the site Resident Progress Committee meeting, held on a regular basis

5.3 The Site Education Directors from each educational site/stream report centrally to the Resident Progress Committee in order to make recommendations to the Family Medicine

Program Director

5.3.1 Reviewing resident assessments presented by Site Education Director in order to make recommendations to the Family Medicine Program Director regarding the following:

- Promotion of residents across all sites in the Family Medicine Program
- Eligibility for the Certification Examination in Family Medicine
- Confirmation of Completion of Training
- Recommending to the PGME-CESaR and the Associate Dean, PGME via the Family Medicine Program Director, Modified Learning Plans, Remediation Plans and Probation Plans, Suspension and Dismissal/Withdrawal from the Family Medicine Program
    - Providing oversight of resident Modified Learning Plans, Remediation Plans and Probation Plans
- Determining the need for appropriate disclosure of resident information to Rotation Supervisors/Preceptor of future rotations
- Responding to resident requests for accommodations and making appropriate recommendations to the Family Medicine Program Director

5.3.2 Discussions of the Resident Progress Committee are confidential

5.3.2.1 Minutes of the Resident Progress Committee do not include the name of the resident under discussion, only the resident's student number

5.3.3 Decisions of the Resident Progress Committee are reached by majority vote

5.3.4 Decisions of the Resident Progress Committee will determine the global assessment and recommended action for the resident in the Family Medicine Program going forward, as follows:

5.3.4.1 Resident has *"*completed *the current stage/phase"*

- Recommendation for advancement to the next stage/phase

5.3.4.2 Resident's *"progress is accelerated"*. Possible recommendations for action might include the following:

- Modify Learning Plan
- Continue in current stage/phase without modification

5.3.4.3 Resident is *"progressing as expected"*. Possible recommendations for action might include the following:

- Monitor learning
- Modify Learning Plan by means of additional focus on EPAs and milestones
- Continue in the stage/phase without modification

5.3.4.4 Resident is *"not progressing as expected"*. Possible recommendations for action might include the following:

- Modify Learning Plan
- Remediation

5.3.4.5 Resident has demonstrated *"failure to progress"*. Possible recommendations for action might include the following:

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

5.3.4.6 Resident's status is "*inactive"* (Leave of Absence or Suspension). Possible recommendations for action might include the following:

- Monitor resident for expected return for Leave of Absence or Suspension
- Remediation
- Probation
- Dismissal/Withdrawal from Residency Program

5.3.5 Decisions on resident progression/promotion are recorded in the Resident Progress Committee archives/minutes

5.3.6 Decisions on resident progression/promotion are documented in a timely manner in the resident's file/electronic portfolio

5.4 Major progression and promotion decisions including the resident's final portfolio documenting achievement of competencies, Eligibility for Certification Examination in Family Medicine and Completion of Training must be forwarded by the Family Medicine Resident Progress Committee to the Family Medicine Program Director and on to the Associate Dean, PGME for verification and approval prior to submission to the CFPC

5.5 All decisions leading to Remediation, Probation, Suspension or Dismissal/Withdrawal from the Residency Program must be forwarded by the Family Medicine Program Director to the Chair, PGME-CESaR for review. The Chair, PGME-CESaR will forward all relevant documentation and recommendations to the Associate Dean, PGME for approval

5.6 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

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

6. POLICY STATEMENTS – MODIFIED LEARNING PLAN

6.1 The decision to undertake a Modified Learning Plan is determined by the Residency Program 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 Should 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 trainee 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 Resident Progress Committee must discuss and will document in the resident's file/electronic portfolio, the specific area(s) of concern and the decision to implement a Modified Learning Plan

7.2 The Resident Progress Committee will recommend a Modified Learning Plan to the Family Medicine Program Director

7.3 The Family Medicine Program Director, or delegate and the Primary Preceptor will design a Modified Learning Plan and will submit it to the Chair, PGME-CESaR for review

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 Family Medicine Program Director, or delegate will discuss the final Modified Learning Plan with the resident and will enter it into the resident's file/electronic portfolio

7.6 The Primary Preceptor 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 competency/objective/EPA and associated milestones

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

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

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

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. Therefore, 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 CFPC-specific rules regarding the allowed duration of overall training in Family Medicine

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

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 transfer to another Residency Program

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

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

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

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

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

9.2 The Family Medicine Program Director must submit a formal Remediation Plan, in conformity with Remediation Plan Agreement to the Associate Dean, PGME and to the Chair, PGME-CESaR within fifteen (15) working days of the notification of the Family Medicine Program Director of the "trigger event" decision of the Resident Progress 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 may include time-based rotations which continue to be an organizing structure for residency training
- The specific resources being deployed for competency attainment during the Remediation
- Remediation Supervisor/Preceptor (appointed by the PGME-CESaR) as recommended by the Family Medicine Program Director or delegate. The Family Medicine Program Director may not be the resident's Remediation Supervisor/Preceptor
- The criteria for completion of the Remediation such as any of, but not limited to the following:
  - Completion of milestones/competencies/objectives
  - Examination performance
- Potential outcomes for each interim assessment of the Remediation, which might include the following:
  - Resident has *"completed the element"*: Possible recommendation for action might include the following:
    - Advancement to the next stage/phase if appropriate for Remediation Plan
    - Remove competency/objective/EPA from the active list, if appropriate for Remediation Plan
  - Resident is *"progressing as expected"*. Possible recommendations for action might include the following:
    - Discontinuation of Remediation and resumption of element
    - Continuation of Remediation
  - Resident is "*not progressing as expected*". Recommendations for action might include the following:
    - Continuation of Remediation
    - Probation
  - Resident has demonstrated "*failure to progress*". Recommendations for action might

include the following:

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

9.3 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 Plan without revision
- Revision and approval of the Remediation Plan

9.4 The PGME-CESaR must communicate all Remediation Plan decisions to the Family Medicine Program Director

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

9.6 The Family Medicine Program Director must discuss the approved Remediation Plan with the Remediation Supervisor and Academic Advisor prior to implementation

9.7 The Family Medicine Program Director must meet with the resident to discuss the Remediation Plan

9.8 During the interval between the "trigger event" decision and the formal approval by the PGME-CESaR, the Family Medicine 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

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

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

9.9.2 The Remediation Supervisor/Preceptor must meet with the resident regularly to discuss their progress with respect to the Remediation

9.9.3 The Remediation Supervisor/Preceptor must report the resident's progress, including the outcome of the Remediation to the Resident Progress Committee

9.10 The Resident Progress Committee must review the resident's progress in order to decide on the outcome of the Remediation and the status of the resident as follows:

- Resident is "*progressing as expected*" and has successfully completed the Remediation

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

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

9.12 The Family Medicine Program Director must complete the Assessment and Outcome portions 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 Family Medicine Residency Program

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

- Resident is deemed to be *"not progressing as expected"* or *"failing to progress"* on any assessment to the extent that they are considered likely to exceed the maximum allowable time for the element for which the resident is undergoing Remediation
- Resident is deemed to be *"not progressing as expected"* on an assessment related to a Remediation and it has been determined that further Remediation is not appropriate
- Resident has demonstrated *"failure to progress"* status despite following the Remediation Plan 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 In situations where the incident or "trigger event" related to a resident's professional conduct requires immediate action, the Family Medicine Residency Program Director or delegate has the option of implementing the Probation procedures in advance of the Resident Progress Committee discussion

10.4 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 Family Medicine Program Director or delegate must consider immediate Suspension of the resident as an interim measure prior to the Resident Progress Committee Probation discussion and decision (see section below on Suspension)

10.5 The formal Probation Plan must be detailed in conformity with the Probation Agreement Document of the University of Manitoba Max Rady College of Medicine and must be

signed by the Resident, Family Medicine Program Director, Probation Supervisor, Chair, PGME-CESaR and Associate Dean, PGME prior to implementation (see Appendix 7: Max Rady College of Medicine Probation Plan)

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

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

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

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

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

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

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

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

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

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

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

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

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

11.1 The Family Medicine Program Director must submit a formal request for Probation to the Associate Dean, PGME and the Chair, PGME-CESaR within five (5) working days of the "trigger event" decision of the CFPC Family Medicine Program Resident Progress 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 the Chair, PGME-CESaR will confirm if the probation is warranted to proceed

11.3 The Family Medicine Program Director must submit a formal Probation Plan, in conformity with Probation Plan Agreement Document to the Associate Dean, PGME and the Chair,

PGME-CESaR within fifteen (15) working days of the notification of the Family Medicine Program Director of the "trigger event" decision of the CFPC Family Medicine Program Resident Progress Committee. The Probation Plan must include the following:

- 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 Family Medicine Program Director or delegate
- Potential outcomes, as follows:
  - With respect to competency attainment, the following apply:
    - Competency "*Achieved*"
    - Competency "*In progress*"
  - With respect to progress in training, the following apply:
    - Resident is "*progressing as expected*" and has successfully completed the Probation
    - Resident is "*not progressing as expected*" and requires further Probation or Dismissal/Withdrawal from the Residency Program
    - Resident has demonstrated "*failure to progress*" and requires further Probation or Dismissal/Withdrawal from the Residency Program

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 Family Medicine Program Director in a timely manner and must reach a consensus with respect to the following:

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

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

- Family Medicine 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, Family Medicine Program Director, Probation Supervisor/Preceptor, the Chair, PGME-CESaR and the Associate Dean, PGME prior to implementation

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

11.8 The Family Medicine Program Director must discuss the approved Probation Plan with the Probation Supervisor/Preceptor prior to implementation

11.9 During the interval between the "trigger event" decision and the formal approval by the PGME-CESaR, the Family Medicine Program Director may assign the resident to any of the following, as determined by 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 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/Preceptor is responsible for monitoring the resident's progress during the Probation, as follows:

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

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

11.10.3 The Probation Supervisor/Preceptor must report the resident's progress, including the outcome of the Probation to the Resident Progress Committee

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

- 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 Family Medicine Program Director and prior to approval, will ensure that all policies and procedures have been followed

11.13 The Family Medicine 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, bylaws 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 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, WRHA, Shared Health/other relevant 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 circumstance, Suspension might lead to an extension of the resident's training

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

12.3 The Family Medicine 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 Bylaw

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 Family Medicine 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 Family Medicine 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 meeting with the Family Medicine Program Director to discuss the following:

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

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:

- Resident Progress Committee decision on the basis of a resident’s progress, as follows:
  - Resident is persistently *“not progressing as expected”* despite having undergone Remediation and/or Probation
  - Resident has demonstrated persistent “*failure to progress*” and Remediation and/or Probation was considered not to be an option

- Failure of the resident to agree to or comply with an approved Remediation or Probation Plan
- Resident's status is "*inactive*" (Leave of Absence (LOA) or Suspension) and it has been determined that successful return to or completion of the Residency Program is unlikely

- The resident has exceeded or is reasonably expected to exceed the time specified by the CFPC as a maximum allowable time of training for the Residency Program, pro-rated for part-time training and approved LOA
- There is reasonable suspicion of improper conduct of such a nature that the continued presence of the resident in the Family Medicine Residency Program would 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 Family Medicine Residency Program would pose a threat to University of Manitoba, WRHA, 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 Family Medicine Residency Program prior to the decision for Dismissal or at any time for reason(s) independent of Dismissal

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 Family Medicine 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 7: PGME Remediation, Probation, Suspension, Dismissal, Withdrawal process map)

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

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, PGME-CESaR will convene a meeting of the PGME-EAC 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 Family Medicine 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

College of Family Physicians of Canada – CanMEDS-FM 2017 https://www.cfpc.ca/en/education-professional-development/educational-frameworks-and-reference-guides/canmeds-family-medicine

College of Family Physicians of Canada – Family Medicine Professional Profile https://www.cfpc.ca/en/about-us/family-medicine-professional-profile

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

College of Family Physicians of Canada, The Red Book: Specific Standards for Family Medicine Residency Programs https://www.cfpc.ca/en/education-professional-development/residency-program-accreditation

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

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_appe

als_policy.html

University of Manitoba, Max Rady College of Medicine, Family Medicine Preceptor Toolkit
http://umanitoba.ca/faculties/health_sciences/medicine/units/family_medicine/media/Preceptor_Toolkit_2018-July_23_2018.pdf

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

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

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

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

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

APPENDICES

Appendix 1: Resident Progress Committee – Terms of Reference

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

Appendix 3: CFPC CBME Resident Assessment-Promotion Process Map

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

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

Appendix 6: Max Rady College of Medicine Remediation Agreement

Appendix 7: Max Rady College of Medicine Probation Agreement