UNIVERSITY OF OTTAWA, FACULTY OF MEDICINE
POLICY AND PROCEDURE FOR THE ASSESSMENT OF
POSTGRADUATE TRAINEES

Effective date: Immediately following approval from the Executive Committee of University Senate.

1. INTRODUCTION

1.1 This policy of The Faculty of Medicine ensures that there is a fair and transparent assessment system for postgraduate trainees enrolled in postgraduate residency training programs and Area of Focused Competency (AFC) diploma programs at the University of Ottawa Faculty of Medicine.

1.2 This policy has been developed to be in compliance with the accreditation standards of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). This policy is also designed to be consistent with the following University of Ottawa academic policies, and policies of the following medical organizations:

a) The University of Ottawa Faculty of Medicine Professionalism Policy;
b) The College of Physicians and Surgeons of Ontario (CPSO) Policy on Professional Responsibilities in Postgraduate Medical Education; and
c) The Canadian Medical Association Code of Ethics (CMA).

2. PURPOSE

2.1 The purpose of this policy, the Policy and Procedure for the Assessment of Postgraduate Trainees (“policy”), is to outline the processes governing assessment for all postgraduate trainees enrolled in accredited residency programs and Area of Focused Competency (AFC) diploma programs at the University of Ottawa Faculty of Medicine.

3. SCOPE

3.1 This policy sets out the procedures for the assessment of trainees. Trainees are responsible for becoming familiar with this policy.

3.2 This policy is designed to apply to both time based and competency based educational experiences and programs.

3.3 This policy does not cover trainees during the Assessment Verification Period (AVP), AVP Extension/remediation period or Pre-Entry Assessment Program (PEAP). For these trainees, the relevant CPSO policies (https://cou.ca/wp-content/uploads/2016/10/AVP-Policy-2016.pdf) apply.
In this policy, the word “must” is used to denote something that is required, and the word “should” is used to denote something that is highly recommended.

4. DEFINITIONS

For the purposes of this Policy,

41 “AFC” means Area of Focused Competence and is a post-residency diploma program that provides additional training and is accredited by the Royal College of Physicians and Surgeons of Canada.

42 “Assessment” is the process of gathering and analyzing information in order to measure a trainee’s competence or performance and compare it to defined criteria.

43 “AVP” means Assessment Verification Period. The AVP is a period of assessment to determine if an international medical graduate (IMG) can function at their appointed level of training prior to full acceptance into the residency program to which they have been accepted. Successful completion is a requirement to obtain an unrestricted postgraduate medical education certificate of registration (educational license) from the College of Physicians and Surgeons of Ontario. A successful AVP should be credited towards residency training time. An extension of an AVP, which must be accompanied by a remediation, may or may not be credited towards residency training.

44 “Competence Committee” as defined by the RCPSC is a subcommittee of the Residency Program Committee (RPC) and is the committee that makes recommendations about promotion and needed academic support to the RPC and the program director. Recommendations are made using highly integrative data from multiple observations and other sources of data, as well as feedback from clinical practice. All recommendations must be reviewed and approved by the RPC and the Program Director.

45 “Designated assessment tools” means assessment tools approved by the RPC and Fellowship Program Committee (FPC) of each program for inclusion in the assessment plan of residents and fellows which are appropriately tailored to the specialty, level or stage of training, and the national training standards.

46 “Educational experience” refers to the activity or setting in which the trainees have the experiences that allows them to achieve pre-defined goals and objectives and/or milestones and competencies. Examples of words commonly used to describe discrete clinical training experiences include rotation, longitudinal clinics, call, etc.

47 “EPA” means entrustable professional activity and is an authentic task of a discipline.
4.8 “Fellow” means a physician registered in an AFC Diploma training program accredited by the RCPSC and who is registered in the Postgraduate Medical Education Office of the Faculty of Medicine of the University.

4.9 “Fellowship Program” means the RCPSC AFC postgraduate fellowship training program.

4.10 “FPC” means the Fellowship Program Committee and it is the committee that assists the Fellowship Program Director in the planning, organization, and supervision of the fellowship training program and includes representation from the fellows in the program.

4.11 “Formative assessment” refers to assessments done to monitor a trainee’s progress and to give ongoing feedback.

4.12 “IMG” means International Medical Graduate and is an individual who has graduated from a non-Liaison Committee on Medical Education/Committee on Accreditation of Canadian Medical Schools (non-LCME/CACMS) medical school, who is either a Canadian citizen or a permanent resident and who meets the criteria of an IMG as defined by the CPSO.

4.13 “Milestone” is an observable marker of an individual’s ability along a developmental continuum.

4.14 “PGEC” means the Faculty Postgraduate Medical Education Committee and is the committee responsible for the development and review of all aspects of postgraduate medical education within the Faculty of Medicine and is chaired by the PGME Vice-Dean.

4.15 “PEAP” means Pre-Entry Assessment Program. The PEAP is an assessment process that evaluates a VISA trainee to determine whether they can function at the appointed level of training. Successful completion of the VISA residency PEAP determines eligibility to enter residency training and therefore is not recorded as part of the residency training program. Successful completion of the VISA fellow PEAP provides an assessment of the candidate’s general knowledge and competency in the specialty in which he/she is certified and if successfully completed, can be counted towards fulfillment of the AFC diploma.

4.16 “Program Director” is the Faculty member responsible for the overall conduct of the residency program in a discipline or diploma program in an AFC discipline and is responsible to the Chair of the University department concerned and to the PGME Vice-Dean.

4.17 “Residency Program” means the RCPSC or CFPC postgraduate residency training program.

4.18 “RPC” means the Residency Program Committee and it is the committee that assists the Residency Program Director in the planning, organization, and supervision of the residency training program and includes representation from the residents in the program.
4.19 “Resident” means a physician registered in a residency training program accredited by the RCPSC or the CFPC and who is registered in the Postgraduate Medical Education Office at the Faculty of Medicine of the University.

4.20 “Senior physician leader” means the head or chief of the medical staff, regardless of the position title, appointed by the health organization (for example: hospitals, medical clinics, primary care agencies, health regions, long-term care organizations, public health agencies) as the senior leader accountable to the board of directors or highest governing body of the health care organization for the quality of patient care at the health organization or for matters in relation to public health.

4.21 “Scoring rubrics” are the scoring guides used to assess performance for individual assessments.

4.22 “Stages of Training” means the four developmental stages in RCPSC Competency Based Medical Education (CBME) programs. They are: Transition to Discipline, Foundation of Discipline, Core of Discipline, and Transition to Practice. Each stage has defined EPAs and milestones for learning and assessment.

4.23 “Summative assessment” refers to a formal written summary of a trainee’s performance against established expectations which is carried out at specified intervals within each program and across assessment plans.

4.24 “Supervisor” means an individual who has taken on the responsibility for their respective training programs to guide, observe and assess the educational activities of trainees.

4.25 “Time Based Program” means a program whose structure is based on goals and objectives and time-based educational experiences.

4.26 “VISA trainee” means an individual who has graduated from a non-LCME/CACMS medical school and who is training at the University of Ottawa without Canadian legal status (i.e. training under a VISA).

5. STANDARDS OF ASSESSMENT

5.1 It is the responsibility of the PGEC to maintain standards for the assessment, promotion, reclassification, remediation, probation, suspension, extension of training, reintegration and dismissal of trainees in all residency and AFC programs. The PGEC will review the assessment process of each residency and AFC program on a regular basis as defined by accreditation standards to ensure that assessment processes and practices are consistent with this Policy, and the minimum standards set by the related professional organizations, including the CPSO, CFPC and the Royal College. The PGEC will monitor the performance of programs either directly or through the relevant subcommittee of the PGEC.
6. PRINCIPLES OF TRAINEE ASSESSMENT

Structure

6.1 Every program must have an Assessment Framework that includes designated assessment tools and scoring rubrics tailored to the specialty or fellowship and level or stage of training which would meet the national training standards.

6.2 The purpose of the Assessment Framework is as follows:

   6.2.1 To provide a framework for the assessment of the trainee’s knowledge, skills, attitudes and competencies by the supervisor;
   6.2.2 To facilitate feedback to the trainee by a supervisor or the Program Director;
   6.2.3 To serve as a record of the performance and progress of the trainee for the program;
   6.2.4 To enable the Program Director to assist supervisors in ongoing supervision of the trainee;
   6.2.5 To establish a basis for confirmation of progress, identification of needs, evidence for promotion, reclassification, extension of training, remediation and probation.

Assessment and feedback

6.3 During their postgraduate training program, trainees will receive fair, timely, equitable and unbiased formative and summative assessments and feedback on an ongoing basis. The principles governing assessment are as follows:

   6.3.1 The assessment process must be tied to educational objectives, or to EPAs and milestones.
   6.3.2 Goals and objectives, EPAs and milestones must be assessed with a range of assessment tools.
   6.3.3 Goals and objectives, or EPAs and milestones must be made available to trainees and faculty at the beginning of each rotation or educational experience to guide trainee learning and assessment strategies. The goals and objectives, or EPAs and milestones, should be reviewed by the trainee.
   6.3.4 Assessment and feedback is the joint responsibility of both the resident and the program. When written feedback is completed, residents should read written feedback within 14 days of being notified that it has been completed.
6.3.5 All trainees must receive a written summative assessment at least quarterly. The summative assessment must outline the progress that has been made by a trainee in addressing any areas of concern that have been identified.

6.3.5.1 In traditional time-based programs where in-training evaluation reports (ITERs) are used as summative assessments, ITERs should be completed within 14 days of the completion of the rotation/educational experience.

6.3.5.2 In traditional time-based programs, there should be documented, mid-rotation, formative feedback when the rotation is two blocks or longer.

6.3.5.3 In situations where trainees are ‘on trajectory’, the program director or delegate must discuss summative assessments with the trainee at least twice per year. This discussion should occur face-to-face. When logistics make face-to-face impossible, the communication must occur in a real time mode such as phone, Facetime or Skype.

6.3.5.4 In situations where trainees are ‘off trajectory’, the program director or delegate must discuss the summative assessment with the trainee. This discussion should occur within 14 days of the completion of the ITER or summative assessment, and must also be given face-to-face. When logistics make face-to-face impossible, the communication must occur in a real time mode such as phone, Facetime or Skype.

6.3.6 In CBD programs, the Competency Committee must provide the RPC with quarterly summative assessments and recommendations.

6.3.7 There must be regular, verbal informal feedback provided to trainees as well as formal feedback and assessment as required by this policy.

6.3.8 Residents must be informed of performance deficiencies in a timely manner so that they can have adequate opportunity to remedy them prior to the end of the educational experience. The feedback must be documented and entered into the resident’s file.

6.3.9 Both the supervising physician or program director or delegate and the trainee should sign or validate the summative assessment within 14 days. The trainee’s signature/validation does not necessarily imply that he/she agrees with the summative assessment; rather the signature/validation indicates that it has been seen by the trainee. Failure of the trainee to sign/validate the form does not invalidate the summative assessment or the discussion.
6.4 The Residency Program Committee makes decisions regarding the successful completion of an assessment period, educational experience, rotation, stage of training and academic year or of the program as well as completion of the CITER, STACER and FITER, where applicable.

6.5 The Competence Committee’s mandate is to review and discuss trainee’s performance and progress in order to advise/guide resident learning and growth, modify a resident’s learning plan, make decisions on a trainee’s achievement of EPAs, and recommend trainee status changes to the Residency Program Committee as per the Royal College.

6.6 Decisions regarding completion of program, reclassification, extension of training, remediation, probation, suspension or dismissal must be ratified by the Vice-Dean, PGME or delegate. If any of these decisions are made by the PGME Professionalism Subcommittee, ratification by the Vice-Dean of PGME, or delegate, is not required. Decisions by the Vice-Dean, PGME or delegate, PGME Professionalism Subcommittee regarding remediation, probation or reintegration/reassessment must be ratified by the senior physician leader of the health organization where the trainee’s rotation or training experience is taking place. In cases of suspension or dismissal, ratification by the senior physician leader is not required, however, the PGME office will notify the senior physician leader of the suspension or dismissal.

Trainee Wellness

6.7 All residents who are put on a remediation measure should be referred for a wellness assessment (e.g. Faculty Wellness Program, OMA PHP) as part of the support provided during this process. The program director or delegate should review the process of referral, including the confidential nature of the referral with the trainee.

7. PROMOTION

7.1 The Program Director, in consultation with the Residency Program Committee (RPC) for the program, will determine the rotation or educational experience requirements for each year or stage of the program. The rotation or educational experiences requirements may be amended from time to time and must be communicated to the trainees.

7.2 Trainees will be promoted to the next academic year or stage when all requirements have been met for the level or stage of training. This determination shall be made by the RPC, or delegate.

7.3 The promotion of a trainee to the next year or next stage of training in any program may be delayed based on any of the following:

7.3.1 pending completion of an extension of training, or a remedial or probationary period, or repeat of a failed rotation;
7.3.2 the trainee is under suspension;
7.3.3 the trainee has not met the training requirements for that postgraduate year or stage;
7.3.4 the trainee has taken an extended leave of absence from training which has resulted in an incomplete educational experience for stage or year of training.

7.4 Where the promotion of a trainee has been delayed as a result of unsatisfactory performance, the trainee’s training will be addressed in accordance with the options for unsatisfactory performance as outlined in section 10 below.

7.5 Trainees will not be promoted during a period of reintegration, remediation, probation or suspension.

7.6 For trainees completing a period of remediation or probation, the Residency Program Committee will review rotations and training experiences completed during the remediation or probation period and will determine whether any of these may receive credit towards RCPSC or CFPC training requirements. If adequate credit is awarded, a retroactive promotion may be granted in cases where promotion may have otherwise occurred during the remedial or probation period.

8. REINTEGRATION/REASSESSMENT

8.1 Where a trainee has been on an extended leave of absence, a period of reintegration/reassessment to assess knowledge, skills and competencies may be warranted prior to resuming formal training. Trainees will be placed at the appropriate level or stage as determined by the RPC, at the completion of the reintegration/reassessment period. If the trainee has lost knowledge, skills or competencies, it may be determined that the trainee should be reclassified to a more junior level of training (year or stage), it may be determined that the trainee requires a period of remediation, or it may be determined that both are required.

8.2 A trainee may receive credit for training which is successfully completed during a period of reintegration/reassessment as decided by the RPC or FPC but this will only be determined at the completion of the period of reintegration/reassessment period.

8.3 The nature and length of the reintegration/reassessment period will be determined by the program’s RPC or FPC. The period of reintegration/reassessment will generally be four to eight weeks and should not exceed 12 weeks. The trainee must be consulted about the plan and must be provided with a copy of the plan before the reintegration/reassessment period begins.

8.4 A reintegration/reassessment plan must be completed by the Program which must address the following:
8.4.1 details regarding the reasons for the reintegration/reassessment period;

8.4.2 the specific areas of reintegration/reassessment, and goals and objective or EPAs and milestones the trainee is to be benchmarked to;

8.4.3 the goals and objectives or EPAs and milestones that are to be assessed in determining the trainee’s stage or level of training;

8.4.4 the methods of assessment to be used during the reintegration/reassessment;

8.4.5 the duration of the reintegration/reassessment period;

8.4.6 the possible outcomes of the reintegration/reassessment; and

8.4.7 outline the methods by which the final decision will be made around whether the trainee has successfully completed a period of reintegration/reassessment and how stage or level will be determined.

8.5 The plan must be drafted by the RPC or delegate and must be ratified by the Vice-Dean PGME or delegate and the senior physician leader of the health organization where the trainee’s rotation or training experience is taking place.

9. UNSATISFACTORY AND INCOMPLETE PERFORMANCE

Unsatisfactory or incomplete performance may be identified when it is determined that the trainee did not meet the defined educational objectives, EPAs or milestones.

9.1 Reasons why a trainee’s performance may be deemed unsatisfactory include:

9.1.1 a summative assessment or a decision by the competency committee demonstrates that the trainee has not met the required objectives or competencies;

9.1.2 a trainee has not satisfied the standards of professionalism as per the Faculty’s Professionalism Policy (https://med.uottawa.ca/professional-affairs/policies/professionalism-policy) and the level of the professionalism breach is determined to be at a level 2 or 3;

9.1.3 a trainee is in breach of the policies of the health organization where the trainee’s rotation or training experience is taking place;

9.1.4 the trainee has been absent without receiving appropriate approval from their Program Director, as per the processes set out by the PARO-CAHO Collective Agreement and/or the PGME Leave of Absence Policy.
9.1.5 the Program Director, RPC, or Competence Committee determines that the trainee has not satisfactorily completed a rotation or educational experience.

9.1.6 an unsatisfactory rotation or educational experience can be identified using any of the following language (as defined by individual Program standards and outlined on Assessments): “marginal”, “borderline”, “inconsistently” or “partially meets expectations for level of training”, “unsatisfactory”, “does not meet expectations for level of training”, “off trajectory”, or any other language explicitly defined by the program to denote unsatisfactory performance

9.1.7 any serious patient safety issue/concern may be defined as a performance deficiency and lead to an unsatisfactory completion of a rotation or educational experience. This must be documented in the trainee’s file.

9.1.8 uncorrected performance deficiencies on any type of assessment may contribute to an unsatisfactory completion of a rotation or educational experience, and/or may independently contribute subsequently to an extension of training, remediation, probation and dismissal decision.

9.2 Incomplete rotations indicate that:

9.2.1 The supervisor has been unable to properly and fully assess the trainee because the trainee’s time spent on the training experience was insufficient to support meaningful assessment. As the training experience is incomplete, time will have to be made up to fulfill the requirement. The amount of time will be determined by the competence committee, RPC or FPC.

9.2.2 The determination of whether a trainee can or cannot be assessed should be made on an individual, case-by-case basis. The assessment should take into account factors such as the trainee’s individual performance and experience, the total length of the rotation or training experience, the future time a trainee may spend on the same rotation, and the nature of the educational experience being missed.

9.3 Where there has been an unsatisfactory performance, the program’s RPC or FPC must decide what action is required and whether to recommend that the trainee be required to enter one of the following remedial periods listed below. In programs with a competency committee, this decision would be guided by the committee’s recommendations. In cases where the trainee has been referred to the Professionalism Committee for professionalism concerns as per the Faculty of Medicine Professionalism Policy, the Professionalism Committee may decide that the trainee be required to enter one of the following remedial measures listed below. A decision of the Professionalism Committee does not require ratification by the Vice-Dean, PGME or delegate.
9.4 Where concerns have been raised regarding a trainee’s performance, the Program Director, or delegate, must review the concerns with the trainee. The purpose of this communication is to ensure a full assessment of the issues as well as disclosure of the evidence and rationale for the concerns.

9.5 The program’s RPC or FPC will review all relevant supporting documentation prior to making a decision regarding a trainee’s unsatisfactory performance. The trainee must be provided with the opportunity to address the concerns with the RPC or FPC; this communication may be verbal or written.

10. REMEDIAL MEASURES

10.1 In the event that a trainee’s performance has been deemed unsatisfactory or incomplete, the trainee may be required to undergo one or more of the following:

   10.1.1 extension of training;
   10.1.2 remediation; or
   10.1.3 probation.

10.2 These remedial measures are intended to deal with problems which are not expected to be readily corrected in the normal course of the residency program.

10.3 A trainee may be placed into whichever one/ones of these remedial measures is most relevant to his/her academic situation.

10.4 In general, it is recommended that a period of probation be preceded by a period of remediation as part of a progressive approach. However, under certain circumstances (e.g. unsatisfactory performance in several CanMEDS domains; level 2 or 3 professionalism concerns), the trainee may be placed on probation without having first been placed on remediation.

11. EXTENSION OF TRAINING

11.1 An extension of training may be utilized to allow a trainee to achieve a required level of competence prior to assuming more responsibilities. This option may be used where it has been determined that a trainee should not be promoted to the next level or stage of training because he/she has encountered difficulties during the year, difficulties obtaining a stage of the program or is on a slower trajectory to obtain competency, but such difficulties/trajectory are not significant enough to warrant a formal period of remediation or probation, or because the trainee has failed a rotation or educational experience that must be repeated. In such cases, the trainee will be required to continue training at the same level for a predetermined amount of time, not
to exceed 12 weeks. An extension of training may follow a reintegration/reassessment if deemed necessary by the RPC or FPC.

11.2 Recommendations for extension of training must be brought to the Program’s RPC or FPC by the Program Director or competency committee. A decision regarding an extension of training will be taken by the Program’s RPC or FPC. The decision must be ratified by the Vice-Dean, PGME or delegate.

11.3 The nature and length of the extension of training will be determined by the program’s RPC or FPC. The trainee must be consulted about the plan and must be provided with a copy of the plan before the period begins.

11.4 An Extension of Training plan must be completed by the Program which must include the following:

11.4.1 details regarding the reasons for extension of training;
11.4.2 the specific areas of deficiency, EPAs and milestones where the trainee is off their educational trajectory;
11.4.3 the objectives during the extension of training; EPAs and milestones that need to be met for the expected educational trajectory at the trainee’s stage of training;
11.4.4 the methods of assessment during the extension of training;
11.4.5 the duration of the extension of training;
11.4.6 the possible outcomes of the extension of training; and

11.5 If rotation(s) or training experiences are required outside the trainee’s program, these will be discussed and arranged with the respective Program Director(s) prior to finalizing the extension of training.

11.6 The extension of training plan must be ratified by the Vice-Dean, PGME or delegate prior to its implementation.

11.7 At the end of the Extension of Training period, the RPC, FPC, or delegate, will review the trainee’s performance and determine the appropriate outcomes as per this policy.

12. REMEDIATION

12.1 Remediation is a formal program of individualized training during which the trainee is expected to correct identified weaknesses and/or deficiencies where it is anticipated that those weaknesses can be successfully addressed to allow the trainee to meet the standards of training. Remediation shall normally be for a period of two to six clinical blocks (approximately equivalent to 2 to 6 months).
12.2 Recommendations for remediation must be brought to the Program’s RPC or FPC by the Program Director or competency committee. A decision regarding remediation will be taken by the Program’s RPC or FPC. The decision must be ratified by the Vice-Dean, PGME or delegate.

12.3 A remediation plan must be completed by the Program which must include the following:

12.3.1 details regarding the reasons for remediation;

12.3.2 the specific areas of deficiency, EPAs and milestones where the trainee is off their educational trajectory;

12.3.3 the objectives during the formal remediation; EPAs and milestones that need to be met for the expected educational trajectory at the trainee’s stage of training;

12.3.4 the methods of assessment during the remediation;

12.3.5 the duration of the remedial period;

12.3.6 the possible outcomes of the remediation; and

12.4 If rotation(s) or training experiences are required outside the trainee’s program, these will be discussed and arranged with the respective Program Director(s) prior to finalizing the period of remediation.

12.5 The remediation plan must be ratified by the Vice-Dean, PGME or delegate and the senior physician leader of the health organization where the trainee’s rotation or training experience is taking place prior to its implementation.

12.6 At the end of a remediation period, the program’s RPC, FPC, or delegate, must complete a Final Remediation Outcome form. The Program Director will inform the trainee in person and in writing as to the results of the remediation and the recommendation(s) of the RPC or FPC. The outcome of the remediation must be ratified by the Vice-Dean, PGME or delegate.

12.7 A trainee may receive credit for training which is successfully completed during a period of remediation as decided by the RPC or FPC.

12.8 If the trainee’s performance in remediation is unsatisfactory, he/she will be placed in his/her home program pending the deliberations of the RPC or FPC, or may be placed on a paid interruption in training. Where the remediation is unsuccessful, the RPC or FPC may recommend to the Vice-Dean PGME or delegate that the trainee enter a further period of remediation or probation.

12.9 A trainee may have a maximum 2 remedial periods at any time during a residency program. Dismissal may be considered as an outcome of a second remedial period; these remedial periods do not need to be consecutive.
13. PROBATION

13.1 A trainee will be placed on probation in circumstances where the trainee is expected to correct identified serious problems which are not subject to usual remedial training including but not limited to, academic or professionalism issues that are assessed to jeopardize successful completion of the residency or fellowship program. Probation may be applied where a trainee:

13.1.1 has failed a period of remediation;
13.1.2 has successfully completed two remediation periods at any time during their training and subsequently has encountered difficulties; or
13.1.3 has encountered serious academic, patient safety or professionalism issues where the program’s Residency Program Committee determines that an immediate period of probation is warranted.

13.2 Recommendations for probation must be brought to the program’s RPC or FPC by the Program Director or competency committee. A decision regarding probation will be taken by the program’s RPC or FPC. The decision must be ratified by the Vice-Dean, PGME or delegate.

13.3 The nature and length of the probation period will be determined by the program’s RPC or FPC. Probation should not exceed 3 blocks/months. In cases where it has been determined that a trainee has acted unprofessionally, probation will be managed in accordance with Faculty of Medicine Professionalism Policy.

13.4 A probation plan must be completed by the program which must address the following:

13.4.1 details regarding the reasons for probation;
13.4.2 the specific areas of deficiency; EPAs and milestones where the trainee is off their educational trajectory;
13.4.3 the objectives during probation; EPAs and milestones that need to be met for the expected educational trajectory at the trainee’s stage of training;
13.4.4 the methods of assessment during the probation;
13.4.5 the duration of the probation period;
13.4.6 the possible outcomes of the probation; and

13.5 If rotation(s) or training experiences are required outside the trainee’s program, these will be discussed and arranged with the respective Program Director(s) prior to finalizing the period of probation.

13.6 The probation plan must be ratified by the Vice-Dean, PGME or delegate and the senior physician leader of the health organization where the trainee’s rotation or training experience is taking place prior to its implementation.
13.7 At the completion of the probation period, the trainee shall be placed on a paid interruption in training pending the deliberations of the RPC or FPC.

13.8 At the end of the probation period, the program’s RPC or FPC must complete a Final Probation Outcome form. The Program Director will inform the trainee in person and in writing as to the results of the probation and the recommendation(s) of the RPC or FPC. The outcome of the probation must be ratified by the Vice-Dean, PGME or delegate.

13.9 A trainee may receive credit for training which is successfully completed during a period of probation as decided by the RPC or FPC.

13.10 Where the probation has been unsuccessful, the Program Director on the advice of the RPC or FPC will recommend to the Vice-Dean, PGME or delegate that the trainee be dismissed from the program.

14. SUSPENSION

14.1 Suspension is a temporary interruption of a trainee’s participation in the residency or fellowship program, and includes interruption of clinical and educational activities.

14.2 The conduct of trainees is governed by the policies of professional bodies such as the CPSO and by the Professionalism Policy of the Faculty of Medicine, University of Ottawa. Violation of any of these standards and policies may constitute improper conduct warranting suspension. A single serious incident of unprofessionalism or a series of incidents of unprofessionalism may justify suspension.

14.3 A supervisor may immediately remove a trainee from clinical or non-clinical responsibilities if the trainee’s conduct is deemed to pose a safety risk to patients, staff, students, or the public that uses the setting, and the supervisor must notify the program director as soon as possible. Only a program director, Vice-Dean of PGME or delegate, or the PGME Professionalism Subcommittee may formally suspend a trainee. If the program director suspends a trainee, the suspension must be ratified by the Vice Dean of PGME or delegate.

14.4 The Vice-Dean or delegate must notify the trainee in writing of the suspension and the notification must include the reasons for and duration of the suspension. The trainee will continue to be paid during the suspension as per the terms of the PARO-CAHO agreement pending review by the Vice-Dean or delegate, and/or the Professionalism Subcommittee.

14.5 The PGME office will notify the senior physician leader of the health organization where the trainee’s rotation or training experience took place that the trainee is suspended from clinical duties pending investigation and adjudication of the issue leading to suspension.
15. DISMISSAL FROM THE PROGRAM

15.1 A trainee may be dismissed from the program if any of the following conditions exist:

15.1.1 a trainee has a second failure of remediation;

15.1.2 a trainee fails a probation period;

15.1.3 a trainee does not maintain the standards of the profession as described in the Faculty’s Professionalism Policy;

15.1.4 a trainee meets the criteria of the Regulated Health Professions Act of Ontario for clinical incompetence or incapacitation; or,

15.1.5 lack of a training site/faculty available to train as a result of professionalism or patient safety concerns.

15.2 A decision regarding dismissal of a trainee will only be taken by the program’s RPC or FPC on the recommendation of the Program Director or by the Professionalism Committee. When the decision has been made by the program’s RPC or FPC, the decision must be ratified by the Vice-Dean, PGME or delegate. Decisions of the Professionalism Committee do not require Vice-Dean PGME ratification.

15.3 The trainee must be informed of the decision in writing. The notification must include the reason(s) for dismissal.

15.4 The PGME office will notify the senior physician leader of the health organization where the trainee’s rotation or training experience took place that the trainee is dismissed from the program.

16. APPEALS

16.1 A trainee has the right to appeal a final decision regarding extension of training, reclassification, remediation, probation, suspension or dismissal as ratified by the Vice-Dean, PGME or delegate or by the Professionalism Committee to the Faculty Council Appeals Committee. A decision regarding rotation failure for which the consequences are limited to repeating the rotation and/or reducing time available for electives is not eligible for appeal.

16.2 An appeal referred to in 16.1 may be made on the basis of a final decision that is incorrect due to the following: an error in procedure or of fact; or there are new facts relevant to the final
decision that were not available and could not have been provided during the process leading up to the final decision.

16.3 The trainee should consult the Faculty Council Appeals Committee procedures (section 9.3 of the Faculty of Medicine bylaws https://med.uottawa.ca/en/about/faculty-policies/bylaws) concerning the preparation and submission of an appeal and the applicable deadlines.

16.4 While a trainee may appeal a final decision regarding extension of training, reclassification, remediation or probation as ratified by the Vice-Dean, PGME, or delegate, or a Professionalism Committee decision to the Faculty Council Appeals Committee, the trainee is required to undertake the period of extension, reclassification, remediation or probation plan pending the results of the Appeal. Failure to do so will result in the trainee being placed on leave from training for the duration of the appeal process. If the appeal is upheld for the trainee, the period of training will receive credit to the extent possible.

16.5 While a trainee may appeal a final decision regarding suspension or dismissal, as ratified by the Vice-Dean PGME, or delegate, or a Professionalism Committee decision to the Faculty Council Appeals Committee, the trainee will remain on leave from training pending the results of the Appeal.

16.6 A trainee may appeal the decision of the Faculty Council Appeals Committee to the University Senate Appeals Committee. To do this, the trainee should consult the Office of the Secretary-General concerning the preparation and submission of such an appeal and the applicable deadlines.

17. NOTIFICATION

17.1 When a trainee is assessed by the RPC or FPC near the end of the training program as having met the prerequisites for certification by the Royal College or the CFPC, the PGME Vice-Dean will notify the Royal College or the CFPC of this in the required manner.

18. GENERAL

18.1 This policy replaces any previous versions of the policies and procedures on PGME evaluations.

19. REVIEW

19.1 This policy will be reviewed 1 year after adoption and every 3 years subsequently.
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<td>PGEC</td>
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<tr>
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