# TABLE OF CONTENTS

1. Terminology

2. General Principles

3. The Evaluation Process

4. The Promotion Process

5. Probation

6. Role of Committees
   6.1 Program Promotions Committee
   6.2 Faculty Postgraduate Promotions Committee (FPPC)

7. The Appeal Process
   7.1 Rotation Evaluation and/or Program Promotions Committee Decision
   7.2 Ad Hoc Departmental Appeal Committee
   7.3 FPPC - Requirement to Withdraw
   7.4 Ad Hoc Promotions Review Committee

## PREAMBLE:

This document “Evaluation & Promotion in Postgraduate Training Programs” describes the rules and regulations governing the evaluation and promotion of all residents and fellows in Postgraduate Training programs of McGill University.

It is the professional responsibility of each resident and fellow to read this document and to be familiar with its content. In addition, it is the responsibility of Program Directors and others involved in the supervision of residents and fellows, to follow these guidelines with respect to evaluation and promotion.
1. **TERMINOLOGY:**

1.1 **Academic Year:** The academic year commences July 1 and finishes on June 30. On occasion a resident will be out of phase.

1.2 **Resident:** Resident refers to all residents and fellows registered as students in Postgraduate training programs in the Faculty of Medicine at McGill.

1.3 **Period (or Block):** A period or block is of 4-weeks duration. There are 13 periods in each academic year.

1.4 **Rotation:** A rotation refers to the “content” of the experience, and may be of any duration (e.g. 2 weeks to 3 months). The duration of a given rotation is defined by the Training Program. Most rotations are 4 weeks in duration. In some programs, a rotation may be a “longitudinal” experience, e.g. half-day a week for 6 months.

1.5 **Repeat (rotation):** This refers to a rotation that is being repeated because of a BORDERLINE or UNSATISFACTORY Global Evaluation in that rotation. A resident undertaking a repeat rotation is evaluated by the usual methods.

1.6 **Remedial (rotation):** This term refers to a rotation that has been designed to address specific weaknesses of a resident who has not performed according to expectations (i.e. has received an overall Borderline or Unsatisfactory). A remedial rotation will only occur during a Probationary period and the resident is not formally evaluated during a remedial rotation.

1.7 **Advisor:** An advisor is an individual chosen by a resident or a Faculty member to provide support to a resident or faculty member during a hearing. The advisor must be a member of the University Community, cannot be a member of the legal profession, and cannot be paid for his or her services. The advisor is not a witness or participant in the proceedings. In all hearings under these guidelines, the resident and the Faculty member are entitled to have an advisor present.

1.8 **One45:** One45 is the web-based Medical Rotation Evaluation System used by residents and Faculty in the process of evaluation of residents, faculty members and specific programs.

1.9 **Ad Hoc Departmental Appeal Committee:** This committee is set up by a Department when a resident wishes to contest a Borderline or Unsatisfactory Global Evaluation for one rotation and/or subsequent to a Program Promotions Committee Decision.

1.10 **Program Promotions Committee:** Every postgraduate training program at McGill has a Program Promotions Committee which reviews the progress of every resident in that particular program. This committee makes the decisions concerning promotion, probation, and withdrawal.
1.11 **Faculty Postgraduate Promotions Committee (FPPC):** This is a standing committee in the Faculty of Medicine that monitors the overall process of evaluation and promotion of trainees within the Faculty to ensure that standards are uniform and being maintained, and that residents are being treated fairly. Promotion decisions are not final until approved by this committee.

1.12 **Ad Hoc Promotions Review Committee:** This committee is set up by the Dean at the request of a resident who wishes to appeal a requirement by the FPPC to withdraw from a program.

2. **GENERAL PRINCIPLES**

2.1 It is the responsibility of the Faculty of Medicine to ensure that its graduates have attained the standard required to practice medicine safely and independently. This includes identifying residents who are unable to demonstrate acceptable performance while ensuring that a trainee has received adequate teaching, objective evaluation, constructive feedback, and remediation if necessary.

2.2 The Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, and the Collège des Médecins du Québec, all require satisfactory final in-training evaluations as determined by appropriate Faculty members before a resident is admitted to the certification examinations.

2.3 Each training program will have written learning objectives and the Residents will be provided with these objectives upon entering the program, in paper form or via electronic means (e-documents, website addresses, etc.).

2.4 The evaluation process is based on these training objectives.

2.5 The Program Director of each program ensures that Residents are familiar with the rules and regulations governing evaluation and promotion.

2.6 All residents will receive the document “Evaluation and Promotion in Postgraduate Training Programs”, at the beginning of their training and annually throughout, by their respective Program Director.

2.7 The evaluation of residents is a confidential process and the evaluations (and related materials) are confidential documents. Access should be restricted to the Program Director, any individual or Committee responsible for making Promotion decisions, external certification and licensing bodies, and the resident him/herself.

In general, forward feeding of a resident’s past performance to subsequent rotation supervisors is not acceptable. Exceptionally, a resident and Program Director may agree that feeding forward is necessary. Under these exceptional circumstances, it could be agreed that it is (i) in the resident’s best interests (for example, to better tailor future
educational experiences to a given resident’s learning needs) or (ii) in the patient’s best interests (for example, if patient safety is involved) to feed forward. If forward feeding is considered under 2.7 (i) above, this must be documented in writing in the resident file, and both the resident and Program Director must agree. The information disclosed as part of the forward feeding process must be limited in nature and scope, and all situations must be handled with utmost discretion.

2.8 In addition to being students of the University, the residents and fellows are physicians, and therefore must be governed by the policies of the professional bodies, such as the Collège des Médecins du Québec, the Canadian Medical Association (Code of Ethics) and by policies of the Faculty of Medicine. These include the Faculty of Medicine Code of Conduct and the disciplinary procedures as outlined in the McGill University Student Rights and Responsibilities Handbook. Violation of any of these standards or policies may constitute improper conduct or unprofessional behaviour.

3. THE EVALUATION PROCESS

3.1 All evaluations of resident performance are submitted on-line using the One45 system.

3.2 Efforts should be made to submit all evaluations within two weeks of the completion of the rotation.

3.3 Supervisors must make every effort to provide timely ongoing formative feedback to all residents, and in particular to those with identified weaknesses.

3.4 For all residents, but particularly for a resident with identified weaknesses, the final evaluation should also be discussed in person.

3.5 Residents should acknowledge in One45 that they have seen their evaluation. The resident may indicate that he/she disagrees with the evaluation. The Faculty encourages all residents to review their evaluations in One45 in a timely manner to keep track of their personal progress and to tailor their self-learning based on feedback.

3.6 A resident will receive an evaluation at the end of each rotation. The resident bears some personal responsibility for ensuring that the rotation evaluations are submitted in a timely fashion:

a) In order for a resident to gain access to their rotation evaluations from one45, he/she must first submit an evaluation of the supervisor(s) and of the rotation. Evaluations of supervisors and rotations will be handled as per PGME policy to ensure resident confidentiality/anonymity is maintained.

b) If the evaluation is not on-line within two weeks of the rotation being completed, the resident is encouraged to report this to the Program Director’s office.

If the resident does not agree with the evaluation, he/she should follow the process outlined in 7.1
3.7 In some programs, a rotation may be longer than 4 weeks (2, 3 or 6 blocks). Regardless of the duration of the rotation, a resident must receive a summative evaluation after 12 weeks (maximum) and this must be submitted through One45.

3.8 The evaluation at the end of each rotation is submitted by the Faculty Supervisor responsible for the resident during the rotation. If more than one faculty member is involved in the supervision of a resident during a rotation, one of those individuals (not the Program Director, unless he/she is one of the supervisors), should be given the responsibility of submitting the summative evaluation to One45, which must reflect the opinions of all the supervisors involved. The Global Evaluation must represent a consensus opinion but comments from all supervisors can and should be included.

3.9 Successful completion of a rotation is defined as obtaining a SATISFACTORY or SUPERIOR global evaluation.

3.10 A BORDERLINE evaluation anywhere on the evaluation form indicates that weaknesses have been identified.

3.11 A BORDERLINE global evaluation on any evaluation is not considered a passing grade.

3.12 A resident with an UNSATISFACTORY or BORDERLINE global evaluation for any rotation, must be notified immediately.

3.13 In order to meet pedagogical requirements, a resident should not miss more than 1/4 of a rotation due to illness, conference leave, vacation, etc. A rotation which includes less than 3/4 of the expected time commitment may be considered INCOMPLETE.

3.14 An INCOMPLETE rotation should be completed, the duration of which is determined by the nature of the experience and the need for continuity: e.g. a 2-week illness during an Emergency rotation could be made up by 2 weeks in the Emergency room, whereas a 2-week illness during an ICU rotation might require a 4-week ICU rotation in order to be considered complete. This will be determined by the Program Director.

3.15 For any clinical interaction, it is the Faculty Supervisor who determines whether or not the contact with the resident was sufficient for meaningful evaluation.

3.16 If a resident chooses to take a leave after having received negative feedback on his/her performance, the assessment of the resident for the completed portion of the rotation may be taken into consideration when the file is being reviewed.

3.17 At least twice during the academic year, the Program Director (or designate) will meet with each resident in the program, and review all the evaluations and the resident’s progress in the program.

4. THE PROMOTION PROCESS
4.1 Promotion of a resident to the next academic level occurs if all rotation periods during the year have been completed with SATISFACTORY or higher global evaluations.

4.2 When it is recognized that a resident is in academic difficulty, the Program Director (or delegate) will identify the areas of weakness, and will attempt to support and assist the resident in addressing those weaknesses.

4.3 During an academic year, an UNSATISFACTORY in one rotation period, with SATISFACTORY completion of all others, requires the resident to repeat a complete rotation of the same duration with similar clinical exposures. This will be determined by the Program Director in consultation with the Program Promotions Committee.

4.4 During an academic year, a BORDERLINE evaluation in one rotation period with SATISFACTORY completion of all others may (and usually does) require a repeat rotation. This is left to the discretion of the Program Director and Program Promotions Committee, and the decision must be made towards the end of the academic year.

4.5 A repeat rotation is not to be undertaken until completion of the academic year, and must be completed before promotion to the subsequent academic year.

4.6 Repeat rotations, whenever possible, should be undertaken in a different hospital/setting.

4.7 An UNSATISFACTORY or BORDERLINE evaluation in a repeat rotation period on the basis of 4.3 or 4.4 above, will require that a Resident be placed on PROBATION.

4.8 During an academic year, an UNSATISFACTORY and/or BORDERLINE Global Evaluation in two rotation periods will require the resident to be placed on PROBATION.

4.9 In some programs, there is an additional requirement for promotion, often related to performance on standardized written exams or clinical exams, usually given annually to all residents in training. These requirements must be clearly outlined to the resident at the beginning of the academic year. Failure to successfully comply with these requirements may require the resident to be placed on PROBATION.

5. PROBATION: ACADEMIC and/or PROFESSIONALISM

5.1 A resident will be placed on ACADEMIC PROBATION for any of the following reasons:

5.1.a UNSATISFACTORY or BORDERLINE in a repeat rotation period. (4.7)
5.1.b UNSATISFACTORY and/or BORDERLINE in two rotation periods in one academic year. (4.8)
5.1.c Upon recommendation by the Program Promotions Committee (with appropriate supporting documentation). Please see article 7.
5.1.d Upon recommendation by the Faculty Postgraduate Promotions Committee.
5.2 The PROBATIONARY period should start as soon as possible.

5.3 The duration of the probationary period will be from 6 to 10 blocks, as determined by the Program Director.

5.4 The structure of the probationary period will be the (i) remedial (2-6 periods) portion followed by the (ii) evaluated portion (4 periods).

5.5 Anywhere from the first 2 to 6 periods of the probationary period will be considered remedial rotations, whereby a program is set up to address specific areas of weakness. The duration of remedial time will be determined by the Program Director at the outset, but may be modified in order to help the resident, if approved by the Associate Dean. The rotations chosen should provide time for the resident to work on the identified weaknesses. Reducing call might be an option. Assigning a mentor and/or reading program are other options. The resident is given feedback and evaluation, but the evaluations are not used in a formal manner.

5.6 Four periods of the probationary period will include clinical experiences that are appropriate for the resident’s level of training. These constitute the evaluated component of the probationary period, and an evaluation will be provided at the end of each period.

5.7 The evaluated portion of the probationary period should not be interrupted by a leave of absence, vacation, conference or study leave. Permission for such interruptions may exceptionally be granted by the Associate Dean for Postgraduate Medical Education (hereafter referred to as “Associate Dean”).

5.8 In the event a trainee requires a Sick Leave or a Vacation Leave during the remedial period, this will extend the remedial component of the probationary period by an equivalent number of blocks.

5.9 A trainee may choose to take an unpaid leave of absence prior to starting the probationary period. This request must be made in writing to the Associate Dean and will delay the start of the probationary period. There may be a restriction placed on the duration of the requested leave.

5.10 The terms of the Probationary Period must be outlined in writing to the resident, with copies to the Associate Dean.

5.11 During the Probationary period, efforts will be made to assist the resident in addressing specific areas of weakness.

5.12 During the Probationary period, the resident should complete any of the BORDERLINE or UNSATISFACTORY rotations that led to being placed on probation, ideally in a different location/setting.
5.13 One UNSATISFACTORY or BORDERLINE global evaluation during the evaluated component of the Probationary period will require the Resident to withdraw from the program.

5.14 A resident will be placed on ACADEMIC PROBATION on only one occasion during postgraduate training. If, at any time, a Resident meets the criteria for ACADEMIC PROBATION a second time, the Resident must withdraw from the program. This regulation applies even when a Resident changes from one program to another.

5.15 Successful completion of a Probationary period requires SATISFACTORY global evaluations on all evaluated rotations. Under usual circumstances, the Resident will not receive academic credit for a successful Probationary period but will continue in the program out of phase. Under exceptional circumstances, a Program Promotions Committee might recommend that credit be given for the Probationary period but this must be approved by the Faculty Postgraduate Promotions Committee.

5.16 After successful completion of a Probationary period, for the purposes of promotion regulations, the remainder of that academic year and the subsequent academic year are considered as one.

5.17 Neither the Program Director nor the Program Promotions Committee can require ‘additional training’ for a resident while denying them access to the examinations. If a resident requires ‘additional training’ before being allowed to write the exams, then the pathway of ACADEMIC PROBATION must be pursued and the regulations followed.

5.18 As per articles 5.1.c and 5.1.d, a resident may be placed on PROFESSIONALISM PROBATION by a Program Promotions Committee or by the Faculty Postgraduate Promotions Committee in cases where the trainee exhibited unprofessional or unethical behaviour in his/her clinical interactions with patients, colleagues, or other health-care professionals. Please see article 7.

5.18.a PROFESSIONALISM PROBATION may occur in conjunction with ACADEMIC PROBATION. In this situation, the resident completes the academic probationary period, and the status of PROFESSIONALISM PROBATION is maintained until training is complete.

5.18.b PROFESSIONALISM PROBATION may be applied to reflect unprofessional behaviour when the academic performance is otherwise satisfactory. Here also, the status of PROFESSIONALISM PROBATION will be maintained until training is complete.

5.18.c For any resident on PROFESSIONALISM PROBATION, a recurrence of unprofessional or unethical behaviour will result in dismissal from the Faculty of Medicine.
5.18.d Recommendation for dismissal from the Faculty of Medicine will normally come from the Program Director and/or Program Promotions Committee. This recommendation should be submitted to the Associate Dean for a decision.

5.18.e The decision of the Associate Dean to dismiss a resident on PROFESSIONALISM PROBATION based on a recurrence of unprofessional or unethical behaviour is subject to review by the Faculty Postgraduate Promotions Committee.

5.19 A decision taken to place a resident on Probation must be approved by the Faculty Postgraduate Promotions Committee. The Associate Dean can approve a Probation decision pending approval by the Faculty Postgraduate Promotions Committee.

6. ROLE OF COMMITTEES

6.1 Program Promotions Committee

6.1.a Within each training program, there must exist a Program Promotions Committee which monitors the evaluation and promotion of residents in the program. This committee must be set up separately from the Residency Training Committee, with promotion as its specific objective.

6.1.b The membership of the Program Promotions Committee should include the Program Director, the Chair of the department (or designate) and 1 or 2 faculty involved in resident education. There must not be a resident on this committee. The Program Director should not be the Chair of the Program Promotions Committee.

6.1.c The principle of confidentiality must be strictly respected. Discussions held and decisions taken with respect to the evaluation and promotion of residents are confidential and should never be shared with other faculty or residents.

6.1.d The Program Promotions Committee should meet at least twice yearly (generally in December and June), to review the progress of the residents in the program.

6.1.e The entire record of a resident who has received a BORDERLINE or UNSATISFACTORY global evaluation during any rotation must be reviewed by the Committee.

6.1.f The Associate Dean must be informed in writing immediately of any resident who is in academic or non-academic difficulty.

6.1.g The overall performance of any resident can be reviewed by the Program Promotions Committee, at the discretion of the Program
Director. This may occur even in the absence of BORDERLINE or UNSATISFACTORY global evaluations.

6.1.h The Program Promotions Committee can place a resident on Academic and/or Professionalism Probation if indicated.

6.1.i The Program Director can recommend the suspension or withdrawal of a resident from a training program for academic or non-academic reasons, pending subsequent approval by the Program Promotions Committee. Please see article 7.

6.1.j The Program Promotions Committee can recommend the suspension or withdrawal of a resident from a training program for academic or non-academic reasons, including unprofessional behaviour.

6.2 Faculty Postgraduate Promotions Committee

6.2.a The Faculty Postgraduate Promotions Committee is a standing Committee which reports to the Associate Dean and includes 1 resident representative from the ARM. The Associate Dean sits as a non-voting member. The chair is appointed by the Dean.

6.2.b The Faculty Postgraduate Promotions Committee will monitor the overall process of evaluation and promotion to ensure that the standards are being maintained.

6.2.c The Faculty Postgraduate Promotions Committee ensures that the regulations and guidelines have been adhered to, and that the resident has been treated fairly.

6.2.d All promotion and probation decisions must be approved by the Faculty Postgraduate Promotions Committee.

6.2.e No probation or withdrawal decision is considered final until it has been approved by the Faculty Postgraduate Promotions Committee.

6.2.f The Faculty Postgraduate Promotions Committee can review the entire record of any resident who is in academic or non-academic difficulty. This Committee can place a resident on Probation.

6.2.g The Faculty Postgraduate Promotions Committee can require the suspension or withdrawal of a resident from a training program for academic reasons as well as inappropriate physician/patient interactions, unethical behaviour, or unprofessional behaviour.
6.2.h The Faculty Postgraduate Promotions Committee can require the suspension or withdrawal of a resident from a training program for non-academic reasons, such as: drug or substance abuse, criminal activity.

6.2.i The Associate Dean can approve promotion and probation decisions, pending subsequent ratification by the Faculty Postgraduate Promotions Committee.

6.2.j The Associate Dean may require the suspension or withdrawal of a resident from a training program for academic or non-academic reasons, pending subsequent review/approval by the Faculty Postgraduate Promotions Committee.

6.2.k A resident has the right to appear before the Faculty Postgraduate Promotions Committee if one of the options is suspension or withdrawal from the Program.

6.2.l A resident who appears before the Faculty Postgraduate Promotions Committee will have access to all relevant written evaluations/correspondence in his/her record. Patients’ medical records are not admissible in these proceedings.

6.2.m All relevant and admissible written evaluations, correspondence and/or documentation must be made available to the Secretary of the Faculty Postgraduate Promotions Committee at least ten (10) working days prior to the meeting, for distribution to all parties prior to the meeting.

6.2.n The Faculty Postgraduate Promotions Committee may request the presence of the Program Director.

6.2.o The Faculty member and the resident may be accompanied by an advisor. (as per Article 1.7)

6.2.p Both parties will appear before the Committee and withdraw simultaneously. The meeting is informal and non-confrontational.

6.2.q The parties are informed verbally by the Associate Dean or delegate as soon as the decision has been made, and in writing, as soon as possible. If the decision requiring the resident to withdraw is upheld, the resident’s registration and training are terminated effective that date, including the training card.

7. THE APPEAL PROCESS

7.1.a ROTATION: A resident who is not in agreement with a rotation evaluation should first discuss that evaluation with the Faculty Supervisor who wrote it. The resident might provide additional information or suggest other supervisors
he/she worked with during that same rotation who could speak positively on his/her behalf. They are only to discuss the rotation in question and they must not discuss the promotion implications of the evaluation. The supervisor has two options:

i) The supervisor may revise the evaluation and the ‘revised’ evaluation becomes the official one, or
ii) The original evaluation is not revised.

A resident who wishes to formally contest a rotation evaluation which is globally UNSATISFACTORY or BORDERLINE may appeal this decision (see 7.1.c).

7.1.b PROGRAM PROMOTIONS COMMITTEE DECISION: A resident who is not in agreement with the Program Promotions Committee’s Decision that he be placed on ACADEMIC PROBATION (as per article 5.1.c) or PROFESSIONALISM PROBATION (as per a portion of article 5.19), may appeal this decision.

7.1.c The resident who wishes to appeal a global borderline or global unsatisfactory evaluation or the decision of the Program Promotions Committee placing him or her on academic probation or professionalism probation must submit the request in writing to the Program Director within twenty-eight (28) days of receiving such evaluation or decision. An Ad Hoc Departmental Appeal Committee will be set up. This Committee is usually composed of faculty members of the Division or Department where the evaluation took place or the decision was made.

7.2 The Ad Hoc Departmental Appeal Committee:

7.2.a The Chair of the Department (or delegate) will appoint the Chair of the committee (see 7.1.c).

7.2.b There will be 3 or 4 committee members who have not been involved in the evaluation of the resident in the past. The membership may include faculty members from other departments and this is often helpful for small departments.

7.2.c Whether or not to include a resident as a member of this committee should be a decision made by the resident contesting the evaluation. He/she cannot choose a particular resident, but will decide whether or not to have a resident as a committee member. For all appeal committees, the resident member should be from another training program. The resident selected should have had no previous contact or link with the resident requesting the appeal.
7.2.d The resident must have access to all final written evaluations/correspondence on his/her performance as follows:

i) In the case of an appeal of a BORDERLINE or UNSATISFACTORY global evaluation: to documentation relating to that rotation only.

ii) In the case of an appeal of a Program Promotions Committee Decision: to all relevant documentation and evaluations since the start of the Residency or Fellowship.

iii) In all cases: Patients’ medical records are not admissible in these proceedings.

7.2.e The resident should ensure that any relevant and admissible correspondence or documentation to be presented is made available to the Secretary of the committee at least ten (10) working days prior to the meeting.

7.2.f Relevant and admissible documentation will be provided to involved parties at least five (5) working days before the hearing.

7.2.g Both the Faculty and the resident may be accompanied by an Advisor (as per Article 1.7).

7.2.h In the case of an appeal of a BORDERLINE or UNSATISFACTORY global evaluation, the Faculty Supervisor who submitted the Global BORDERLINE or UNSATISFACTORY Rotation evaluation being contested, should attend the hearing.

7.2.i In the case of an appeal of a BORDERLINE or UNSATISFACTORY global evaluation, the Faculty Supervisor may bring additional supervisors from that rotation who contributed to the resident’s evaluation.

7.2.j The Program Director should not participate in the hearing of an Appeal of a Rotation Evaluation unless he/she was one of the supervisors of the trainee during the rotation being contested.

7.2.k The Chair of the Program Promotions Committee represents the Program Promotions Committee at an Appeal of a Program Promotions Decision to place a resident on ACADEMIC and/or PROFESSIONALISM PROBATION.

7.2.l The Faculty and the Resident appear before the committee and withdraw simultaneously. The meeting is informal and non-confrontational.

7.2.m Appeal of a Rotation Evaluation: The mandate of this committee is to review only the specific rotation (7.1.a) or decision (7.1.b) being contested. For an appeal of a rotation evaluation (7.1.a), other evaluations in the resident’s dossier must not be reviewed or discussed. It is not the mandate of this committee to discuss the “promotion implications” of the given evaluation.
The future status of the resident in the training program as a result of the evaluation should not be discussed. Any attempt to discuss promotion issues at an appeal must be curtailed by the Chair of the Committee.

7.2.n For an appeal of a rotation evaluation (7.1.a), the committee determines that the evaluation given was accurate and fair based on the following definitions:

- A BORDERLINE Global Evaluation means that the supervisor(s) identified weaknesses in the resident’s performance. In comparison to other residents at the same level of training, the supervisor believes that this resident is weak;
- An UNSATISFACTORY global evaluation means that the overall performance of the resident or some aspect of that performance was below the minimal standard accepted for a resident at that level.

In making its determination, the Committee may review whether:

- The supervisor was aware of the training level of the resident;
- In the supervisor’s opinion, there was adequate time and exposure to evaluate performance;
- The supervisor had input from other sources if appropriate;
- The student was treated in accordance with the Faculty of Medicine’s Code of Conduct.

7.2.o Grounds for overturning the decision of the Program Promotions Committee (7.1.b) should be limited to the following:

i) Faculty regulations and procedures were not followed or
ii) All relevant evidence was not taken into consideration when a decision affecting the resident was taken.

7.2.p The Ad Hoc Departmental Appeal Committee has the following options under 7.2.n:

i) The evaluation may remain unchanged;
ii) An Unsatisfactory Global Evaluation may be changed to Borderline or to Satisfactory;
iii) A Borderline Global Evaluation may be changed to Satisfactory or to Unsatisfactory.

7.2.q The Ad-Hoc Departmental Appeal Committee has the following options under 7.2.o:

i) The decision may remain unchanged;
ii) The decision may be reversed;
iii) The decision may be modified based on the Ad-Hoc Departmental Appeal Committee’s findings.

In exceptional circumstances if the Committee is unable to reach a decision as a result of incomplete information or a procedural error, this must be reflected in the minutes and the matter referred to the Associate Dean and the Faculty Postgraduate Promotions Committee.

7.2.r The parties are informed verbally by the Chair of the Ad-Hoc Departmental Appeal Committee or delegate as soon as the decision has been made, and in writing, as soon as possible.

7.2.s Minutes must be kept of the meeting. The minutes and all written communication must be sent to the Associate Dean.

7.2.t If a resident is appealing an evaluation or Program Promotions Committee decision to an Ad Hoc Departmental Appeal Committee, this process should be completed within four (4) weeks from the date of the written request.

7.3 Faculty Postgraduate Promotions Committee – Suspension or Requirement to Withdraw

If a Program Promotions Committee suspends or requires a resident to withdraw from a program, that decision must be approved by the Faculty Postgraduate Promotions Committee. Under these circumstances a resident has the right to appear in front of the FPPC before the final decision is taken, as per articles 6.2.k to 6.2.q.

7.4 Ad Hoc Promotions Review Committee

If a resident is suspended or required to withdraw by the Faculty Postgraduate Promotions Committee and wishes to appeal that decision, he/she must make the request in writing, including a clear statement of the grounds for requesting the appeal, within fourteen (14) working days to the Dean of the Faculty who will then appoint an Ad Hoc Promotions Review Committee.

7.4.a The committee will consist of four (4) members of the Faculty’s academic staff and one (1) senior trainee who is registered in a McGill University residency training program. All members will be knowledgeable about the postgraduate training process but must have had no previous knowledge of the resident or the case under appeal. One member will be designated as Chair.

7.4.b In order to give the resident time to prepare for the meeting, there will be a minimum two-week notice period. It may be scheduled earlier if the resident requests it or agrees in advance to the shorter notice period.
7.4.c The Secretary will call for a dossier from each party which will be circulated to the Committee members and all parties prior to the meeting. The dossier must be submitted to the Secretary at least ten (10) working days prior to the meeting.

7.4.d The Ad Hoc Promotions Review Committee has the right to review the entire record of the resident.

7.4.e The Chair of the Faculty Postgraduate Promotions Committee, or delegate, represents the Faculty Postgraduate Promotions Committee.

7.4.f Either party may be accompanied by an advisor (as per Article 1.7). Witnesses may be called if needed. The Secretary must be informed of the names of witnesses and advisors at least five (5) working days prior to the hearing.

7.4.g Both parties will appear before the Committee and withdraw simultaneously. The meeting is informal and non-confrontational.

7.4.h The Chair of the Faculty Postgraduate Promotions Committee will present the Faculty Postgraduate Promotions Committee position, and the resident will present his/her position. The Committee members may ask questions of either party. The parties may also question each other in order to clarify points.

7.4.i The Secretary to the Faculty (or delegate) acts as a technical advisor and secretary to the Committee.

7.4.j All members of the Committee including the Chair, have a vote.

7.4.k The parties are informed verbally by the Secretary as soon as the decision has been made, and in writing, as soon as possible.

7.4.l Grounds for overturning the decision of the Faculty Postgraduate Promotions Committee should be limited to the following:

i) Faculty regulations and procedures were not followed or
ii) All relevant evidence was not taken into consideration when a decision affecting the resident was taken.

7.4.m The Ad Hoc Promotions Review Committee may refuse to give formal hearing to an appeal, after considering the written submissions of the resident, if by unanimous consent of the members present, there is no basis for the appeal.

7.4.n Within the Faculty of Medicine, decisions of the Ad Hoc Promotions Review Committee are final.