



McGill

**Office of Postgraduate Medical Education
Faculty of Medicine and Health Sciences
McGill University**

**Assessment and Promotion
in Postgraduate Residency Programs**

July 1, 2024

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PREAMBLE:

This document "Assessment & Promotion in Postgraduate Residency Programs" describes the rules and regulations governing the assessment and promotion of Residents (as defined in section 1.2). These guidelines do not apply to individuals undergoing other forms of training (e.g., fellowships) or candidates in the Pre-Entry Assessment Period (PEAP) at McGill University in Postgraduate Medical Education.

It is the professional responsibility of each Resident to read this document and to be familiar with and abide by its content. In addition, it is the responsibility of Program Directors and others involved in the supervision of Residents, to follow these guidelines with respect to assessment and promotion.

July 2024

1. TERMINOLOGY:

- 1.1 **Academic Year:** The Academic Year commences July 1 and finishes June 30. On occasion a Resident will be out of phase and, in this case, the Academic Year is considered to start when the Resident is promoted from one level of residency to the next.
- 1.2 **Resident:** Individuals registered in a specialty and subspecialty program accredited by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada in Postgraduate Medical Education in the Faculty of Medicine and Health Sciences at McGill University. In this document, the term "Resident" also refers, when applicable, to AFC Trainees that are registered in a Royal College of Physicians and Surgeons of Canada Area of Focused Competence (AFC) program and Residents registered in the CFPC Enhanced Skills Programs.
- 1.3 **Period (or Block):** Subject to section 3.7, a Period or Block is of 4-weeks duration. There are 13 Periods in each Academic Year and the dates of each Period or Block are established by the Office of Postgraduate Medical Education each year. On occasion a Period or Block will vary in duration depending on the dates established by the Office of Postgraduate Medical Education.
- 1.4 **Rotation (or learning experience):** A Rotation, or learning experience, refers to the "content" or substance of the training, and may be of varying duration (e.g. 2 weeks to 6 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. a half-day a week for a year). In all cases, a summative assessment must be prepared and presented to the Resident at a minimum of every 12 weeks.
- 1.5 **Remediation:** This term refers to learning experiences that have been designed to address specific weaknesses of a Resident who has not met the goals and objectives of training and who has not demonstrated the required competencies for their level/stage in their residency program. These can include:
- 1.5 a Informal counselling and support for minor or transient difficulties;
 - 1.5 b Focused Learning EXperiences (FLEX), for significant but potentially remediable difficulties; and
 - 1.5 c Remediation with Probation, for serious and/or persistent difficulties.
- 1.6 **Educational handover:** This term refers to the exchange of information from one clinical supervisor to the next regarding a Resident's competencies in order to further tailor educational experiences to the Resident's needs and to ensure patient safety.
- 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 as defined in the Code of Student Conduct and Disciplinary Procedures and cannot be a member of the legal profession who is paid for this advice. 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 **Approved assessment system:** This is the Office of Postgraduate Medical Education's approved assessment system used by Residents and Faculty in the process of assessing Residents, faculty members, and specific programs. This may include paper forms, observation cards, and online systems, as well as other tools.
- 1.9 **Ad Hoc Appeal Committee:** This committee is set up to hear a Resident's appeal of a Borderline or Unsatisfactory Global Assessment for a Rotation.
- 1.10 **Competence Committee (CC):** Every postgraduate residency program has a Competence Committee (CC) which reviews the progress of the Residents in that particular program. This Committee makes recommendations regarding promotion and Remediation of the Residents in their programs and may recommend promotion, Remediation, suspension or dismissal of a Resident.
- 1.11 **Stages of training:** This refers to the Royal College of Physicians and Surgeons of Canada's outlined stages of training or every postgraduate residency program that has Residents that have transitioned or will be transitioning to Competency-Based Medical Education (CBME) at McGill. These are: (i) transition to discipline, (ii) foundations of discipline, (iii) core of discipline, and (iv) transition to practice.
- 1.12 **Faculty Postgraduate Promotions Committee (FPPC):** This is a standing committee in the Faculty of Medicine and Health Sciences that monitors the overall process of assessment 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 (including Remediation) are not final until approved by this Committee. This Committee may also suspend or dismiss a Resident.
- 1.13 **Ad Hoc Promotions Review Committee:** This committee is set up by the Dean at the request of a Resident who wishes to appeal a decision of the FPPC to dismiss or suspend such Resident from the residency program.

2. GENERAL PRINCIPLES

- 2.1 It is the responsibility of the Faculty of Medicine and Health Sciences 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 assessment, constructive feedback, and Remediation if required.
- 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 residency program will have written goals and objectives and/or competencies that each Resident is required to attain at different levels or stages of training. The Residents will be provided with these upon entering the program and as they are updated by the residency program; either in paper form or via electronic means (e-documents, website addresses, etc.).
- 2.4 The assessment process is based on these goals and objectives and the competencies each Resident is required to attain at different levels or stages of training.
- 2.5 The Program Director of each program ensures that Residents are given access to the rules and regulations governing assessment and promotion.
- 2.6 All Residents will be provided with access to the document “Assessment and Promotion in Postgraduate Residency Programs”, at the beginning of their training and annually at the beginning of each Academic Year, by their respective Program Director. Residents are responsible for familiarizing themselves with the rules.
- 2.7 The assessment of Residents is a confidential process, and the assessments (and related materials) are confidential documents, except in the context of Educational handover (see articles 2.8 and 8.1.c) or Remediation (see articles 5, 6, and 7). Access shall 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.
- 2.8 Educational handover for the educational benefit of a Resident is encouraged. Given that Residents acquire different competencies at different points in time, it is in the best interests of Residents for their clinical supervisors to be aware of the competencies each Resident has already acquired and the competencies they have yet to attain. In this manner, a Resident’s learning experiences can be adapted to their learning needs. Residents should have input into and be aware of the nature and type of Educational handover that occurs during their training. For Residency Programs which have transitioned to CBME, the nature and process for Educational handover should be outlined by the Training Program in their orientation materials and provided to Residents at the beginning of each Academic Year. Program Directors must ensure this intervention

remains centred on Resident learning needs and assures patient safety. It is the Program Director's responsibility (and/or their delegate), in consultation with each of the Residents under his or her authority, to apply this educational technique based on the preceding principles.

- 2.9 It is each Resident's responsibility to request reasonable accommodation required to alleviate the consequences of a disability in a timely manner to the Student Accessibility and Achievement office. The Faculty will help to implement reasonable measures of accommodation, taking into account goals and objectives of the program, learning needs of the Resident and practical considerations linked to the way in which the training is delivered. Failure to declare the need for accommodation in a timely manner may result in portions of training being required to be repeated if it is concluded that the training experience of a Resident was negatively impacted as a result. Furthermore, failure to request accommodation measures required to deal with a condition that was known or should have been known by the Resident shall not be used retrospectively to account for academic difficulties, including lapses in professional behaviour.
- 2.10 In addition to being students of the University and being governed by the Code of Student Conduct and Disciplinary Procedures and the Charter of Students' Rights, Residents are physicians, and therefore are governed by the policies of the hospital(s) or other centres in which they practice their profession and by professional bodies, such as the Collège des médecins du Québec, the Canadian Medical Association (Code of Ethics and Professionalism) and by policies of the Faculty of Medicine and Health Sciences, including the Faculty of Medicine and Health Sciences Code of Conduct. Violation of any of these standards or policies may constitute improper conduct or unprofessional behaviour. It is important to note that revocation of hospital privileges, university student status, or Collège des médecins du Québec training card may result in suspension or dismissal, depending on the circumstances.

3. THE ASSESSMENT PROCESS

- 3.1 A report on the progress of a Resident must be submitted through the Approved Assessment System. Efforts should be made to submit all assessments within two weeks of the completion of a Rotation.
- 3.2 A Rotation, or learning experience, may be of varying length from 2 weeks to six months. Regardless of the duration of the Rotation, a Resident must receive a summative assessment after 12 weeks (maximum) and this must be submitted through the Approved Assessment System. The Resident must be made aware of the length of the Period that is being assessed.
- 3.3 Supervisors of Rotations or longitudinal experiences must make every effort to provide timely ongoing formative feedback to all Residents, and in particular to those with identified weaknesses. This is also true if the assessment is done by the Competence Committee.
- 3.4 For all Residents, but particularly for a Resident with identified weaknesses, the final assessment should also be discussed in person.
- 3.5 Residents must acknowledge in the Approved Assessment System that they have seen their assessment. The Resident may indicate that they disagree with such assessment. The Faculty requires all Residents to review their assessment in the Approved Assessment System 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 a global assessment at the end of each Rotation or longitudinal experience. This assessment is based on the goals and objectives of the Rotation and/or competencies each Resident is required to attain at different levels of training. The global assessment of the Rotation is submitted to the Approved Assessment System either by the Rotation supervisor, or by the Competency Committee Chair in the case of a longer Rotation or longitudinal learning experience. The Resident bears some personal responsibility for ensuring that these assessments are submitted in a timely fashion:
 - 3.6.a In order for a Resident to have access to a Rotation assessment from the Approved Assessment System, they must submit an assessment of the supervisor(s) and of the Rotation.
 - 3.6.b If the assessment is not available within two weeks of the end of the Rotation, the Resident is encouraged to report this to the Program Director's office.

- 3.7 A global assessment 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 they are one of the supervisors), should be given the responsibility of submitting the summative assessment to the Approved Assessment System, which must reflect the opinions of all the supervisors involved. The global assessment must represent a consensus opinion but comments from all supervisors can and should be included.
- 3.8 For an educational experience which is not based on four-week Blocks, the CC Chair must submit a global assessment of the Resident's progress on the Approved Assessment System. This should reflect the consensus opinion of the Competence Committee. It should not cover a period of more than 12 weeks duration.
- 3.9 Successful completion of a Rotation is defined as obtaining a SATISFACTORY or SUPERIOR global assessment.
- 3.9.a A SATISFACTORY global assessment means that the overall performance of the Resident met the goals and objectives of the Rotation and/or that the Resident has demonstrated the required competencies.
- 3.9.b A SUPERIOR global assessment means that the overall performance of the Resident has exceeded either the goals and objectives of the Rotation and/or the required competencies by a significant margin.
- 3.10 When assessing Residents, supervisors of Rotations and members of Competence Committees are expected to take into consideration the following:
- i) The training level of the Resident; and,
 - ii) The goals and objectives of the Rotation and/or the required competencies for the Resident.
- 3.11 The faculty supervisor of a Rotation, or the CC in the case of a longitudinal learning experience, is ultimately responsible for determining whether a Resident has met the goals and objectives and has demonstrated the required competencies during a Rotation. In so doing, the faculty supervisor or CC shall take into account information obtained via direct observation of Resident performance (e.g., Entrustable Professional Activities (EPAs), field notes), indirect observation (e.g., chart or consultation reviews) of Resident performance, and integrated feedback from other individuals (e.g., team members).
- 3.12 An UNSATISFACTORY or BORDERLINE assessment anywhere on the assessment form indicates that weaknesses have been identified.
- 3.13 An UNSATISFACTORY or BORDERLINE global assessment on any Rotation or longitudinal experience is not considered a passing grade. This means the Resident has

not met the goals and objectives of the Rotation and/or has not demonstrated the required competencies for their level during the Rotation.

3.13.a A BORDERLINE global assessment means that the supervisor(s) or CC identified weaknesses in the Resident's performance. When comparing the Resident with other Residents at the same level of training, the supervisor or CC believes that this Resident is weak.

3.13.b An UNSATISFACTORY global assessment means that the overall performance of the Resident or some aspect of that performance was below the minimal standard for a Resident at that level of training.

An UNSATISFACTORY or BORDERLINE assessment will necessitate a FLEX period. If the Resident does not agree with an assessment, they should follow the process outlined in section 9.1.

- 3.14 A Resident with an UNSATISFACTORY or BORDERLINE global assessment must be notified immediately by their faculty supervisor and/or Program Director.
- 3.15 In order to meet pedagogical requirements, a Resident should not be absent more than 1/4 of a Rotation. A Rotation which includes less than 3/4 of the expected time commitment may be considered INCOMPLETE.
- 3.16 An INCOMPLETE Rotation should be completed unless there was sufficient time for the Resident to have achieved the required competencies. The period of time needed to complete such a Rotation 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 based on the goals and objectives of the Residency Program and the Resident's acquired competencies, in consultation with the CC.
- 3.17 The faculty supervisor determines whether or not time spent by the Resident on Rotation was sufficient for meaningful assessment.
- 3.18 If a Resident chooses to take a leave after having received negative feedback on their performance, the assessment of the Resident for the completed portion of the Rotation may be taken into consideration when the file is being reviewed by the CC when reviewing the Resident's progress.
- 3.19 At least twice during the Academic Year, the Program Director (or designate) will meet with each Resident in the program and review all the assessments and the Resident's progress in the program.
- 3.20 A Resident will be advanced to the next stage of training when the CC decides that the Resident has met the goals and objectives and demonstrated the required competencies for that stage of training. If a Resident's training has been extended for any reason during the same Academic Year (e.g., FLEX, Remediation with Probation, leaves), then

advancement to the next stage of training will be delayed by the period of time during which their training was extended.

- 3.21 A Resident will be advanced to the next Postgraduate Year (PGY) level after 13 successful Blocks of training at the same PGY level. If a Resident's training has been extended for any reason during the same Academic Year (e.g., FLEX, Remediation with Probation, leaves), then advancement to the next PGY level will be delayed by the period of time during which their training was extended.
- 3.22 The Waiver of Training Policy does not apply in the context of FLEX and Remediation with Probation.
- 3.23 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 meet these requirements may require the Resident's case to be presented to their CC for consideration of Remediation.

4. THE PROMOTION PROCESS

- 4.1 A Resident who has successfully met the goals and objectives of training and/or who has demonstrated the required competencies for their level in their residency program will generally be promoted to the next academic level and/or stage of training.
- 4.2 When a Resident may not be meeting the goals and objectives of training and/or has not demonstrated the required competencies for their level of training in their residency program the Program Director will, in consultation with the Resident, identify the areas of weakness, and will attempt to support and assist the Resident in addressing those weaknesses by tailoring to the needs of the Resident with an appropriate Remediation plan. If this Remediation involves an extension of training, as in the case of a BORDERLINE or UNSATISFACTORY Rotation assessment or a similar CC decision, then the plan (FLEX or Remediation with Probation) is subject to the approval of the FPPC. See articles 5, 6, and 7 for more details.

5. REMEDIATION - Focused Learning EXperiences (FLEX)

- 5.1 A Resident who is experiencing significant but remediable academic or professional difficulties, as demonstrated by:
- 5.1. a A BORDERLINE or UNSATISFACTORY global assessment in a Rotation, for a Resident who has completed less than the maximum time permitted in FLEX in the same Academic Year (see article 5.3); or
 - 5.1. b A recommendation by the CC (with appropriate supporting documentation), after review of the overall progress in the program based on the goals and objectives and the competencies that the Resident has achieved,
 - 5.1. c A personal request by the Resident to voluntarily extend training in order to achieve program competencies, with the agreement of the program CC that said FLEX is required/reasonable,

will be placed on a period of FLEX. The Resident must meet with the Program Director, or delegate who is preparing the FLEX plan, in order to discuss the details of the plan. This plan is normally prepared by the Competence Committee Chair for the discipline or site. The Resident may or may not accept the final plan, as in articles 5.7 and 5.8. The FLEX plan is subject to approval by the FPPC, but may begin immediately while awaiting a FPPC decision if the Resident approves the plan, as in article 5.7.

- 5.2 The FLEX should start as soon as possible upon completion of the above process. If the Resident is appealing the Borderline or Unsatisfactory Rotation assessment, the preparation of the FLEX plan will begin only if the decision of the Ad Hoc Appeal Committee is to maintain a Borderline or Unsatisfactory assessment.
- 5.3 The duration of the FLEX will be from 1-6 Periods, as recommended by the CC, and approved by the FPPC. The maximum time permitted in FLEX in the same Academic Year is a total of 6 Periods.
- 5.4 The structure of the FLEX will include the required clinical and other educational experiences designed to address the needs of the Resident. The remedial plan must be in writing and include:
- 5.4.1 Resident background training information;
 - 5.4.2 The aspects of the Resident's performance that require particular attention;
 - 5.4.3 The proposed educational plan including learning experiences, mentors, role coaches, and/or reading plan (as applicable);
 - 5.4.4 The specific duration of the FLEX; and,
 - 5.4.5 The expected goals and objectives of the FLEX and how they will be assessed throughout the FLEX as well as upon its conclusion.

- 5.5. The Resident should be consulted about the design of the FLEX as described in section 5.1.
- 5.6. The FLEX must be documented in writing and the Resident must be provided with a copy of the written FLEX plan.
- 5.7. If the Resident agrees with the FLEX, they must indicate this by signing the plan and confirming their agreement. In this case the FLEX may begin immediately and before it is presented to the FPPC for approval.
- 5.8. If the Resident does not accept the recommendation of the CC for the FLEX or doesn't agree with the proposed FLEX plan, then the Resident may sign the provided document indicating their disagreement and appeal the CC recommendation to the FPPC. In the case in which a Resident appeals to the FPPC, FLEX may not begin until it is approved by the FPPC. The Resident must present their grounds for disagreement in writing to the FPPC within fourteen days of having been presented with a FLEX plan, and preferably before the next meeting of the FPPC.

The FPPC is not comprised of members of the Resident's discipline. It is not the role of the FPPC to review the determination made by the CC on the Resident's competence. When the Resident does not agree with the proposed FLEX plan, the FPPC will review the plan and the process by which it was made.

If the Resident does not sign the document and/or has not appealed to the FPPC within the 14-day period, the FLEX plan may begin as soon as it is feasible for the program to implement it. The FLEX plan will be reviewed by the FPPC at its next meeting.

- 5.9. While waiting for the decision of the FPPC, a Resident will remain at the same training level, and promotion to another level will be delayed pending the decision of the FPPC. In the event the Resident is thereafter promoted to the next level out of cycle, the Associate Dean of Postgraduate Medical Education shall have discretion concerning whether and how the waiting period will be credited. The Associate Dean of Postgraduate Medical Education may, in exceptional circumstances (involving patient safety or other exceptional issues), require FLEX to begin before review by the FPPC.
- 5.10. During the FLEX, the Program Director (or delegate, usually the CC Chair) and Resident are expected to take an active role in assessing the Resident's progress in achieving the FLEX goals and objectives. This means written assessments should be submitted at least once per Period. If it is determined by the Program Director that the Resident is progressing well, then the FLEX period may continue as originally structured or be reduced in length. If it is determined by the Program Director that the FLEX is not progressing well as documented by assessments of Resident competencies based on the goals and objectives of the FLEX, then the FLEX period should be re-evaluated. This re-evaluation will include reconsideration of the components of the FLEX as well as lengthening the duration. Modifications and extensions of FLEX may be made by the Program Director or delegate, in consultation with the Resident. The modifications must be reviewed by the CC and are then subject to approval by the FPPC. If the Resident is in disagreement with the CC's decision to modify or extend the FLEX plan, the same

process of appeal as described in article 5.8 must be followed. The maximum time permitted in FLEX in the same Academic Year is a total of 6 Periods.

- 5.11 At the end of the FLEX, the CC will review the Resident assessments to determine if the goals and objectives of the FLEX were met and the Resident achieved the required competencies for this period of Remediation. The CC will make this determination.
 - 5.11.a If the CC concludes that the goals and objectives were met and the Resident demonstrated the required competencies, then the CC will recommend that the Resident be reintegrated into the program at the same level of training they were at before starting their FLEX. This recommendation is subject to approval by the FPPC.
 - 5.11.b If the CC concludes that the goals and objectives were not met, and the Resident did not demonstrate the required competencies at the end of the maximum period of 6 Periods of FLEX, then the CC will recommend that the Resident will be required to undergo Remediation with Probation (see article 6). This recommendation is subject to approval by the FPPC.
- 5.12 Vacations or other leaves taken during FLEX may lengthen the duration of the FLEX period. All requests for leaves during the FLEX period must be presented to the CC for the consideration of an extension of the FLEX Period.
- 5.13 The Resident will continue out of phase after successfully completing a FLEX period.
- 5.14 Some Entrustable Professional Activities (EPAs) as defined by the Royal College of Physicians and Surgeons of Canada, may continue to be obtained during a FLEX period, at the discretion of the CC.
- 5.15 Residents that meet criteria for FLEX within 3 months of a scheduled and already approved Rotation in a non-accredited site may attend as planned as long as the Program Director confirms in writing to the Associate Dean of Postgraduate Medical Education that there are no weaknesses involving professionalism and there are no patient safety concerns.

6. REMEDIATION WITH PROBATION

- 6.1 A Resident who is experiencing serious and/or persistent academic or professional difficulties, as demonstrated by:
- 6.1.a Completing the maximum time permitted in a FLEX (6 Periods) without successfully meeting the goals and objectives or achieving the required competencies of the FLEX; or
 - 6.1.b Successfully completing the maximum time permitted in FLEX (a total of 6 Periods) and obtaining a BORDERLINE or UNSATISFACTORY in another Rotation Period during the same Academic Year; or
 - 6.1.c A recommendation by the CC (with appropriate supporting documentation), after review of the overall progress in the program based on the goals and objectives and the competencies that the Resident has achieved, will be placed on a period of Remediation with Probation. The Resident must meet with the Program Director, or the delegate who is preparing the Remediation with Probation plan, in order to discuss the details of the plan. The Resident may or may not accept the final plan, as provided in articles 6.7 and 6.8. The Remediation with Probation plan is subject to approval by the FPPC but may begin immediately while awaiting a FPPC decision if the Resident approves the plan, as provided in article 6.7.
- 6.2 Remediation with Probation should start as soon as possible upon completion of the above process. If the Resident is appealing the Borderline or Unsatisfactory Rotation assessment, the preparation of the Remediation with Probation plan will begin only if the decision of the Ad Hoc Appeal Committee is to maintain a Borderline or Unsatisfactory assessment.
- 6.3 Subject to section 6.10, the duration of the Remediation with Probation will be for six (6) Periods, as recommended by the CC, and/or approved by the FPPC.
- 6.4 The structure of the Remediation with Probation will include the required clinical and other educational experiences designed to address the needs of the Resident. The remedial plan must be in writing and include:
- 6.4.1 Resident background training information;
 - 6.4.2 The aspects of the Resident's performance that requires particular attention;
 - 6.4.3 The proposed educational plan including learning experiences, mentors, role coaches, courses (as applicable);
 - 6.4.4 The specific duration of the Remediation with Probation period; and,
 - 6.4.5 The expected goals and objectives of the Remediation with Probation and how they will be assessed.
- 6.5. The Resident should be consulted about the design of the Remediation with Probation period as described in section 6.1.

- 6.6 The Remediation with Probation must be documented in writing and the Resident must be provided with a copy of the Remediation with Probation plan.
- 6.7 If the Resident agrees with the Remediation with Probation, they must indicate this in writing and then the Remediation with Probation may begin as soon as it is developed by the CC and before it is presented to the FPPC.
- 6.8 If the Resident does not accept the recommendation of the CC for the Remediation with Probation or does not agree with the proposed Remediation with Probation plan, then the Resident may sign the provided document indicating their disagreement and appeal the CC recommendation to the FPPC. In that case, Remediation with Probation may not begin until it is approved by the FPPC. The Resident must present their grounds for disagreement in writing to the FPPC within fourteen days of having been presented with the Remediation with Probation plan, and preferably before the next meeting of the FPPC.
- 6.9 While waiting for the decision of the FPPC, a Resident will remain at the same training level, and promotion to another level will be delayed pending the decision of the FPPC. The Associate Dean of Postgraduate Medical Education may, in exceptional circumstances (involving patient safety or other exceptional issues), require Remediation with Probation to begin before review by the FPPC.
- 6.10 During the Remediation with Probation, the Program Director and Resident are expected to take an active role in evaluating the Resident's progress of the Remediation period in achieving its goals and objectives. This means written assessments should be submitted at least once per Period. If it is determined by the Program Director that the Resident is progressing well, then the Remediation with Probation may continue as originally structured. The length of the Remediation with Probation may be shortened to a minimum of three (3) Periods if the CC, on recommendation of the Program Director and with the agreement of the Resident, decide that the goals and objectives of the Remediation with Probation were met and the Resident achieved the required competencies for this period of remedial training. Prior to being asked to agree to a shorter period of Remediation with Probation, the Resident must be reminded by the Program Director that a second Remediation with Probation period is not permitted at any time during residency (as per section 6.13). Subsequent failures in the same postgraduate year will result in dismissal. In subsequent postgraduate years, if the Resident is not successful in the maximum amount of Remediation by FLEX, the Resident will be dismissed. If it is determined by the Program Director that the Remediation with Probation period is not progressing well as documented by assessments of Resident competencies based on the goals and objectives of the Remediation with Probation, then the Remediation with Probation plan should be re-evaluated. This re-evaluation will include reconsideration of the components of the Remediation with Probation. Modifications of Remediation with Probation are to be recommended by the Program Director, in consultation with the Resident, to the CC, and are subject to approval by the FPPC. If the Resident disagrees with the CC modifications to the Remediation with Probation plan, the same process described in article 6.8 must be followed.

- 6.11 At the end of the Remediation with Probation, the CC will review the Resident assessments to determine if the goals and objectives of the Remediation with Probation were met and the Resident achieved the required competencies for this period of remedial training. The CC will make this determination.
- 6.11.a If the CC concludes that the goals and objectives were met and the Resident demonstrated the required competencies, then the CC will recommend that the Resident be reintegrated into the program at the same level of training they were at before starting their Remediation with Probation period. This recommendation is subject to approval by the FPPC.
- 6.11.b If the CC concludes that the goals and objectives were not met and the Resident did not demonstrate the required competencies at the end of the maximum period of 6 Periods of Remediation with Probation, then the CC will recommend that the Resident be dismissed (see article 9.3). This recommendation is subject to approval by the FPPC.
- 6.12 Vacations or other leaves taken during Remediation with Probation may lengthen the duration of the Remediation with Probation period. All leaves requested during Remediation with Probation, not including pre-authorized vacations, must be approved by the Associate Dean of Postgraduate Medical Education.
- 6.13 A Resident is not entitled to more than one Remediation with Probation during their training at McGill. Residents whose lack of progress in the program would require additional Remediation with Probation will be dismissed.
- 6.14 The Resident will continue out of phase after successfully completing a Remediation with Probation period by the length of this Remediation.
- 6.15 Some Entrustable Professional Activities (EPAs), as defined by the Royal College of Physicians and Surgeons of Canada, may continue to be obtained during a Remediation with Probation period, at the discretion of the CC.
- 6.16 Residents that meet criteria for Remediation with Probation cannot attend scheduled and previously approved Rotations at non-accredited sites.

7. ASSESSMENT OF PROFESSIONALISM AND CONDUCT PROBATION

- 7.1 A Resident's professionalism in the clinical context is assessed and documented in each Rotation's global assessment. Unprofessional or unethical behaviour in clinical interactions with patients, colleagues, or other health-care professionals is documented in the end-of-Rotation assessment. Unprofessional or unethical behaviour in the clinical context or in the training environment is considered an academic difficulty.
- 7.2 Persistent or significant lapses of professionalism or ethical behavior in the clinical context or in the training environment are not generally amenable to the usual Remediation strategies. These behaviours include attitudinal deficiencies, behavioural disorders, or chemical dependence, any of which may threaten successful completion of training. A Resident who demonstrates persistent or significant lapses of professionalism may be dismissed or suspended (see sections 8.1.i and 8.2.f). A Resident with lapses of professionalism or ethical behaviour in the clinical context or in the training environment may meet criteria for FLEX or Remediation with Probation.
- 7.3 A Resident who breaches the Code of ethics of physicians of Quebec during their training will also have their case referred to the Collège des médecins du Québec for review and consideration for disciplinary action at that level.
- 7.4 Unprofessional or unethical behaviour occurring outside of the clinical context of patient care and residency training is governed by the Code of Student Conduct and Disciplinary Proceedings only. These are referred to as non-clinical conduct offences (e.g., a breach of the Policy against Sexual Violence, a violation of the Social Media Policy, cheating). Program Directors and/or CC shall refer such cases to the Associate Dean of Postgraduate Medical Education for the purpose of determining whether disciplinary proceedings are warranted. For clarity, decisions regarding non-clinical conduct offences do not come to the FPPC for discussion or ratification.

8. ROLE OF COMMITTEES

8.1 Competence Committee (CC)

- 8.1.a Within each residency program, there must exist a Competence Committee which monitors the assessment and promotion of Residents in the program. This committee must be set up separately from the Residency Training Committee.
- 8.1.b The membership of the CC should include, at a minimum, the CC Chair, the Program Director, and 2 other faculty members involved in Resident education within the program. There must not be a Resident as a member of this committee. The Program Director should not be the Chair of the CC.
- 8.1.c The principle of confidentiality must be respected by the CC. Discussions held, and decisions taken with respect to the assessment and promotion of Residents by the CC are confidential. Decisions of the CC will be shared with the Resident, a Resident's Program Director, the Associate Dean of Postgraduate Medical Education, the FPPC, and other appropriate individuals responsible for overseeing and monitoring residency training at McGill. Decisions of the CC may be shared with clinical supervisors to the extent required for appropriate Educational handover.
- 8.1.d The CC should meet at least twice yearly (generally in December and June and/or midway and before the end of each stage of training), to review the progress of the Residents in the program.
- 8.1.e The entire record of a Resident who has received a BORDERLINE or UNSATISFACTORY global assessment during any Rotation must be reviewed by the CC.
- 8.1.f The Associate Dean of Postgraduate Medical Education must be informed in writing by the CC immediately of any Resident who is experiencing academic difficulties or unethical or unprofessional behaviours occurring outside of the clinical context.
- 8.1.g The overall performance of any Resident can be reviewed by the CC, at the discretion of the Program Director. This may occur even in the absence of a BORDERLINE or UNSATISFACTORY global assessment.
- 8.1.h The CC can recommend Remediation, described in more detail in articles 5 and 6.
- 8.1.i The CC can recommend the suspension or dismissal of a Resident from a program, subject to approval by the FPPC.

- 8.1.j Large programs may have a site Competence Committee that reviews the progress of Residents at a particular clinical site. Recommendations for Remediation or disciplinary actions must be brought from the site CC to the CC of that program for discussion and recommendation. The site Competence Committee Chair may, at the discretion of the program CC be the delegate of the Competency Committee Chair to prepare and discuss the FLEX plans with the Resident and present it to the FPPC.

8.2 Faculty Postgraduate Promotions Committee (FPPC)

- 8.2.a The FPPC is a standing Committee which reports to the Associate Dean of Postgraduate Medical Education and includes one (1) Resident representative from the Association of Residents of McGill (ARM). The Associate Dean of Postgraduate Medical Education sits as a non-voting member. The Chair is appointed by the Dean.
- 8.2.b The FPPC monitors the overall process of assessment and promotion to ensure that standards of training are being maintained.
- 8.2.c The FPPC ensures that these regulations and guidelines have been adhered to, and that Residents are being treated fairly.
- 8.2.d All Remediation decisions must be approved by the FPPC.
- 8.2.e No Remediation, suspension or dismissal recommendation is considered final until it has been approved by the FPPC.
- 8.2.f The FPPC can require the suspension or dismissal of a Resident from a residency program for academic difficulties, including unethical or unprofessional behaviour in the academic context.
- 8.2.g The Associate Dean of Postgraduate Medical Education can approve promotion and Remediation decisions, pending subsequent ratification by the FPPC.
- 8.2.h In cases of emergency, and in addition to their function as a disciplinary officer pursuant to the Code of Student Conduct and Disciplinary Procedures, the Associate Dean of Postgraduate Medical Education may order the suspension of a Resident from a program for academic difficulties or lack of professionalism or ethics in the clinical context of patient care and residency training subject to subsequent review/approval by the FPPC.
- 8.2.i A Resident who disagrees with a CC recommendation to undergo FLEX or Remediation with Probation may appeal this decision to the FPPC.
- 8.2.j In the case of a Resident who is appealing the recommendation of their CC to undergo FLEX or Remediation with Probation to the FPPC, the Resident is

permitted to provide written comments to the FPPC, as provided in section 8.2.m which will be considered by the FPPC. The FPPC will base its decision on the documents considered by the CC, the Resident's academic performance as documented in the Resident's assessments, as well as written comments provided by the Resident. Patient medical records are not admissible and will not be considered by the FPPC.

- 8.2.k A Resident has the right to appear before the FPPC if one of the options considered is suspension or dismissal from the program.
- 8.2.l A Resident who appears before the FPPC will have access to all relevant written assessments/correspondence/recommendations in their record. Patient medical records are not admissible in these proceedings.
- 8.2.m All relevant and admissible written assessments, correspondence and/or documentation must be made available to the Secretary of the FPPC at least ten (10) working days prior to the meeting, for distribution to all parties prior to the meeting.
- 8.2.n Relevant and admissible documentation will be provided to involved parties at least five (5) working days before the meeting of the FPPC.
- 8.2.o The FPPC will request the presence of the Program Director or delegate.
- 8.2.p The Program Director or delegate and the Resident may be accompanied by an Advisor (as per article 1.7).
- 8.2.q Both parties will appear before the FPPC and withdraw simultaneously. The meeting is informal and non-confrontational.
- 8.2.r The parties are informed verbally by the Associate Dean of Postgraduate Medical Education or delegate as soon as the decision has been made, and in writing, as soon as possible. If the decision dismissing the Resident is upheld, the Collège des médecins du Québec is informed and the Resident's registration and training card are terminated effective that date.
- 8.2.s The FPPC will review the matter and arrive at a decision in a timely manner.
- 8.2.t There is no appeal of a decision of the FPPC concerning FLEX or Remediation.

9. APPEAL PROCESSES

9.1 Rotation (or Learning Experience) Global Assessment:

- 9.1.a A Resident who is not in agreement with a Rotation assessment that has been posted in the Approved Assessment System should first discuss that assessment with the faculty supervisor or CC Chair who wrote it. The Resident might provide additional information or suggest other supervisors they worked with during that same Rotation who could speak on their behalf. They are only to discuss the Rotation in question, and they must not discuss the promotion implications of the assessment. The supervisor or CC Chair has two options:
- i) They may revise the assessment and the “revised” assessment becomes the official one, or
 - ii) The original assessment is not revised.
- 9.1.b A Resident who wishes to formally contest a Rotation global assessment which is UNSATISFACTORY or BORDERLINE may appeal this decision.
- 9.1.c The Resident who wishes to appeal a global borderline or global unsatisfactory assessment of a Rotation must submit the Appeal Request Form duly completed to the Program Director within fourteen (14) days of the assessment being posted in the Approved Assessment System. The request for an appeal must indicate which enunciated grounds underlie the appeal laid out in section 9.2.p below, and provide the factual information on which the Resident is relying to support such grounds. All fields in the form must be completed, and it must be signed and dated by the Resident appealing the global evaluation. Only appeals that meet the criteria laid out in section 9.2.p will be considered. An Ad Hoc Appeal Committee will be set up by the Training Program of the Resident.

9.2 The Ad Hoc Appeal Committee:

- 9.2.a The Chair of the FPPC (or delegate) will select the Chair of the Ad Hoc Appeal Committee. The Chair of the Ad Hoc Appeal Committee will be a faculty member in the Faculty of Medicine and Health Sciences who has not been involved in the assessment of the Resident in the past.
- 9.2.b The Ad Hoc Appeal Committee shall be composed of the Chair and a minimum of three (3) other faculty members of the Faculty of Medicine and Health Sciences chosen by the Program Director of the training program of the Resident or delegate. An extra member will be appointed if the Resident chooses to have a Resident as part of the Ad Hoc Appeal Committee, as described in section 9.2.d, below. The Training Program of the Resident is responsible for organizing the Ad Hoc Appeal Committee.

- 9.2.c The Ad Hoc Appeal Committee shall be composed of faculty members from the Faculty of Medicine and Health Sciences, with a Resident chosen by the Association des médecins residents de McGill (ARM) if the Resident has requested an ARM representative. The Chair of the Ad Hoc Appeal Committee and the ARM Resident must be from a different department than the Resident who is appealing. Those other members who are chosen by the Program Director of the training program (as in 9.2.b) should not have been involved in the assessment of the Resident in the past. If it is impossible to find a faculty member from that Department who has not evaluated the Resident in the past, then a faculty member who has been involved in the assessment of the Resident may be part of the Committee, as long as it was not an UNSATISFACTORY or BORDERLINE assessment. The membership of the Ad Hoc Appeal Committee may also include faculty members of other departments, if it is impossible to find faculty from the training program who meet the above criteria.
- 9.2.d The Resident contesting the assessment may choose whether or not to include a Resident as a member of the Ad Hoc Appeal Committee (as in section 9.2.c). They cannot, however, choose a particular Resident as a member of the Committee. 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. The ARM will appoint the Resident voting member when requested.
- 9.2.e The Resident must have access to:
- i) All final written assessments/correspondence on their performance relating to the Rotation being appealed;
 - ii) All documentation presented to the Ad Hoc Appeal Committee.
- 9.2.f Patient medical records are not admissible in these proceedings.
- 9.2.g The Resident and the faculty supervisor or CC Chair should ensure that any relevant and admissible correspondence or documentation to be presented is made available to the Secretary of the Committee at the deadline determined by the Secretary. Both parties must be informed in writing of this date.
- 9.2.h Relevant and admissible documentation will be provided to the involved parties at least five (5) calendar days before the hearing.
- 9.2.i Both the faculty supervisor (or CC Chair) and the Resident may be accompanied by an Advisor (as per article 1.7).
- 9.2.j The faculty supervisor or CC Chair who submitted the Global BORDERLINE or UNSATISFACTORY Rotation assessment being contested, should attend the hearing.

- 9.2.k The faculty supervisor or CC Chair may bring additional supervisors from that Rotation who contributed to the Resident’s assessment. Similarly, the Resident may invite supervisors from that Rotation who would support the Resident’s position. Both parties should be informed of the names of those invited to attend at least three (3) days before the hearing.
- 9.2.l The Program Director should not participate in the hearing of an Appeal of a Rotation Assessment unless the Program Director was one of the supervisors of the Resident during the Rotation being contested.
- 9.2.m The faculty supervisor or CC Chair and the Resident appear before the Committee and withdraw simultaneously. The meeting is informal and non-confrontational.
- 9.2.n The mandate of the Ad Hoc Appeal Committee is to review only the specific Rotation assessment being contested. Other assessments 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 assessment. The future status of the Resident in the training program as a result of the assessment should not be discussed. Any attempt to discuss promotion implications at an appeal must be curtailed by the Chair of the Committee.

The decision about whether an accommodation plan was or was not followed must be made by the Student Accessibility and Achievement office and not by the Ad Hoc Appeal Committee. If the Student Accessibility and Achievement office determines that an accepted accommodation plan was not followed, the Ad Hoc Appeal Committee may then consider this when determining if the Rotation assessment should be altered.

- 9.2.o For an appeal of a Rotation assessment, the Committee determines that the assessment given was accurate and fair based on the following definitions:
 - A BORDERLINE global assessment 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 assessment means that the overall performance of the Resident or some aspect of that performance was below the minimal standard for a Resident at that level.

And in both cases the Resident has not met the goals and objectives of the Rotation and/or has not demonstrated the required competencies for their level during the Rotation.

- 9.2.p The Ad Hoc Appeal Committee is to evaluate whether the process of assessment described above in article 3 was followed. In making its determination, the Committee will review whether:

- The supervisor or CC Chair was aware of and took into account the training level of the Resident;
- The supervisor or CC Chair was aware of and took into account the goals and objectives of the Rotation, or longitudinal experience and/or the required competencies for the Resident;
- Whether there was adequate time and exposure to assess performance;
- The supervisor or CC had input from other sources if appropriate and took them into account;
- The Resident was treated in accordance with the Faculty of Medicine and Health Sciences' Code of Conduct.

9.2.q The Ad Hoc Appeal Committee has the following options:

- i) The global assessment may remain unchanged;
- ii) An UNSATISFACTORY global assessment may be changed to BORDERLINE or to SATISFACTORY;
- iii) A BORDERLINE global assessment may be changed to SATISFACTORY or to UNSATISFACTORY.
- iv) In the case in which the Ad Hoc Appeal Committee decides that there was not enough time and exposure to assess performance, the global assessment may be changed to INCOMPLETE.

If the decision of the Ad Hoc Appeal Committee is to change the final assessment category, this decision changes only the overall final assessment category but does not change any of the comments or assessments in the subcategories in the assessment form. The Committee may recommend that these comments be reassessed by the program. 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 FPPC.

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

9.2.s Minutes must be kept of the meeting. The minutes and all written communication must be sent to the Associate Dean of Postgraduate Medical Education.

9.2.t The appeal process should be completed within four (4) weeks from the date of the written request to appeal.

9.2.u While waiting for the outcome of the appeal process, a Resident will remain at the same training level, and promotion to another level will be delayed pending the outcome of the appeal. If the appeal results in a SATISFACTORY global assessment and the Resident's promotion to the next training level was delayed pending the outcome of the appeal, the Resident will be promoted to the next

training level. In this circumstance, the start date for the Resident's promotion to the next training level must be after the outcome of the appeal is known. In the event the appeal is successful, the Associate Dean of Postgraduate Medical Education shall have discretion concerning whether and how the waiting period will be credited. If the appeal results in a BORDERLINE or UNSATISFACTORY global assessment the Resident will be considered for Remediation at their current level. The FLEX period or period of Remediation with Probation is counted as being part of the Academic Year in which the Remediation was requested.

- 9.2.v If a Resident appealing a global Rotation assessment is not present at the meeting at the time stipulated by the organizer of the meeting, without a documented and legitimate excuse, the Resident forfeits the right to appeal and the current global evaluation will remain unchanged, be considered final and not subject to further appeal. If the supervisor or CC Chair is not present at the meeting at the time stipulated by the organizer of the meeting, without a documented and legitimate excuse, the Chair may proceed with the hearing and a decision in the supervisor's absence or, at the Chair's discretion, postpone the start of the hearing. If the hearing proceeds in the supervisor's or CC Chair's absence, all rights contingent on the supervisor's or CC Chair's presence are forfeited.

9.3 Ad Hoc Promotions Review Committee

If a Resident is suspended or dismissed by the Faculty Postgraduate Promotions Committee and wishes to appeal that decision, they must make a request to appeal in writing to the Dean, including a clear statement of the grounds for appeal within fourteen (14) working days of the decision to dismiss. The Dean will then appoint an Ad Hoc Promotions Review Committee.

- 9.3.a The Committee will consist of a minimum of four (4) members of the Faculty's academic staff and one (1) senior Resident 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.
- 9.3.b In order to give the Resident time to prepare for the meeting, there will be a minimum of two weeks between the notice of appeal and the meeting of the Ad Hoc Promotions Review Committee. It may be scheduled earlier if the Resident requests it or agrees in advance to the shorter notice period.
- 9.3.c The Secretary will call for a dossier from each party which will be circulated to the Committee members and the parties prior to the hearing. The parties shall submit all dossiers and documents to the Secretary within five (5) days of such call. The dossier must be submitted to the Secretary at least ten (10) working days prior to the meeting of the Ad Hoc Promotions Review Committee.

- 9.3.d Relevant and admissible documentation will be provided to involved parties at least five (5) working days before the hearing.
- 9.3.e The Secretary to the Faculty (or delegate) acts as a technical advisor and secretary to the Committee.
- 9.3.f The Ad Hoc Promotions Review Committee has the right to review the entire record of the Resident.
- 9.3.g The Associate Dean PGME will represent the Faculty. The Chair of the FPPC, or delegate, will be in attendance to present the conclusions of the FPPC.
- 9.3.h 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.
- 9.3.i Both parties will appear before the Committee and withdraw simultaneously. The meeting is informal and non-confrontational.
- 9.3.j The Chair of the FPPC will present the FPPC conclusion, and the Resident will present their position. The Committee members may ask questions of either party. The parties may also question each other in order to clarify points.
- 9.3.k All members of the Committee including the Chair, have a vote.
- 9.3.l The Committee will deliberate *in camera*.
- 9.3.m The parties are informed verbally by the Secretary as soon as the decision has been made, and in writing, as soon as possible.
- 9.3.n Grounds for overturning the decision of the FPPC shall 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 was taken.
- 9.3.o 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, there is no basis for the appeal.
- 9.3.p Within the Faculty of Medicine and Health Sciences, decisions of the Ad Hoc Promotions Review Committee are final.