

## PGME Evaluation, Promotion, Dismissal, and Appeal Policy

<b>Office of Accountability:</b>	Office of the Dean
<b>Office of Administrative Responsibility:</b>	Postgraduate Medical Education Office
<b>Approver:</b>	Postgraduate Medical Education Committee Senior Management Committee
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### Definitions

<b>Academic Year</b>	The calendar year that commences July 1 and finishes June 30 the following year. On occasion, a resident may be out-of-phase and may have a starting date other than July 1 and will be promoted to the next year of training on the anniversary of their start date, adjusted on an ongoing basis.
<b>Appellant</b>	A resident, or former resident, who appeals a decision.
<b>Assessment</b>	The wide variety of methods that are used by faculty to measure and document the academic readiness, learning progress, and skill acquisition of residents throughout the residency program.
<b>Associate Dean, Postgraduate Medical Education (PGME)</b>	The senior faculty officer, appointed by the Dean of Medicine, who is responsible for the overall conduct and supervision of Postgraduate Medical Education (PGME) in the Faculty of Medicine.
<b>CanMEDS/CanMEDS-FM</b>	A national, needs-based, outcome-oriented, competency framework endorsed by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).

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<b>Clear Promotion</b>	A formal academic standing indicating that a resident can proceed to the next rotation without restrictions.
<b>Dismissal</b>	A formal academic standing wherein a resident is required to leave their residency program.
<b>Evaluation Sub-committee</b>	A sub-committee in a specific discipline, formed with members of the Residency Program Committee (RPC), who reviews all completed rotation evaluations and other related assessment documentation and determines if a resident met the necessary rotation requirements.
<b>Evaluator</b>	A faculty member directly responsible for the resident's professional training, teaching, instruction, assessment, and evaluation during a rotation.
<b>Natural Justice</b>	The principles of natural justice shall apply to the appeals processes and decisions. The principles of natural justice are described in the <a href="#">University Calendar</a> .
<b>PGME Committee</b>	A standing committee of Faculty Council responsible for developing and reviewing all aspects of residency education as outlined in the committee's Terms of Reference.
<b>Probation</b>	A formal academic standing that identifies a resident as being in academic difficulty to the extent that their ability to continue training is, or is likely to be, significantly compromised. When a resident is placed on probation, formal modifications to their training program are implemented to address specific identified weaknesses.
<b>Program Director</b>	The faculty member assigned responsibility for the overall conduct of the residency program in a given discipline.
<b>Promotion</b>	A formal academic standing indicating the resident progresses to the next academic year, with increased responsibilities.
<b>Remediation</b>	A formal program of individualized educational support, assessment, and monitoring designed to assist a resident in correcting identified performance deficiencies.

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<b>Residency Program</b>	A period of training in a specific discipline of medicine prescribed by the RCPSC or CFPC leading to certification by one of these bodies.
<b>Residency Program Committee (RPC)</b>	A committee established to assist the Program Director in the planning, organization, and supervision of the residency program.
<b>Resident</b>	A trainee registered in a residency program accredited by the RCPSC or the CFPC.
<b>Rotation</b>	The training period in one (1) discipline with a specified timeline that has a set of learning objectives to be successfully completed.
<b>Suspension</b>	A formal academic standing which indicates the temporary removal of a resident from the clinical and academic activities of their residency program.

### **Overview**

Residency programs use a variety of assessment methods to evaluate the academic and clinical performance of a resident throughout their clinical rotations. Frequent assessment ensures performance strengths are acknowledged and weaknesses are identified in a timely manner, enabling a resident to be offered the support necessary to adjust their learning strategies and successfully improve them.

The content of this document expands on the relevant [University Regulations](#) for Postgraduate Medical Training Programs.

### **Purpose**

To articulate the policy and procedures for resident evaluation, promotion, dismissal, and appeal.

### **Scope**

Any resident currently or previously enrolled in a residency program at Memorial University, with the exception of residents enrolled in the Family Medicine residency program (including the Enhanced Skills programs) or a residency program that has applied Competence by Design.

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### Policy

#### **1.0 Rotation Training Requirements and Objectives**

- 1.1 The Program Director and Residency Program Committee (RPC) of a resident's discipline are responsible for ensuring that training requirements and educational objectives are clearly outlined and in place for each rotation.
- 1.2 Rotation training objectives must be made known to a resident no later than at the outset of the rotation.
- 1.3 Rotation training objectives must be made known to faculty.
- 1.4 The level of performance a resident is expected to achieve for the residency program's objectives must be clearly outlined.

#### **2.0 Resident Assessment**

- 2.1 The format, methods, and frequency of assessment must be made known to a resident at the onset of the rotation.
  - 2.1.1 The methods of assessment are noted in Schedule A.
- 2.2 The methods of assessment must:
  - 2.2.1 be based on the goals and training objectives set out for that rotation and measure the CanMEDS/CanMEDS-FM competencies;
  - 2.2.2 follow the format and method determined appropriate by the RPC for the educational objectives of the rotation;
  - 2.2.3 be substantiated by documentation, when appropriate.
- 2.3 A resident should receive regular verbal feedback on their rotation performance from their evaluator on an informal basis.
  - 2.3.1 If a weakness in a resident's performance is identified during the rotation, the evaluator must bring it to the attention of the resident promptly, preferably in writing.
- 2.4 Where appropriate, the evaluator can solicit resident performance feedback from other members of the healthcare team who worked with the resident during the

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rotation (i.e. multi-sourced feedback).

- 2.5 A resident is responsible for notifying their Program Director of any circumstances they are aware of that could affect their individual performance.

### 3.0 Professional Conduct

- 3.1 Residents must adhere to the standards of ethical and professional behaviour for the medical profession, with their activities characterized by honesty, integrity, conscientiousness, and reliability.

- 3.2 A resident, whose behaviour violates the ethical and professional standards of the medical profession, may be deemed unfit for the practice of medicine in general.

- 3.2.1 Unfitness is determined by ethical and professional performance as described in Appendix A.

- 3.3 Unfit ethical and professional performance represents a failure to meet the accepted standards of the medical profession, and may result in remediation, probation, suspension, or dismissal.

### 4.0 Incomplete Rotations

- 4.1 A rotation is considered incomplete if a resident completes less than two-thirds of the expected time commitment for that rotation.

- 4.1.1 A resident should not miss more than one-third of a rotation due to any combination of leaves (illness, conference, vacation, etc.)

- 4.2 A resident will be required to complete an incomplete rotation, which may result in an extension of training.

- 4.2.1 The time requirement necessary to complete the rotation will be determined by the Program Director, RPC, and PGME office, based on the nature of the experience, the need for continuity, and the resident's performance within the rotation. The resident may be required to repeat the rotation in full.

### 5.0 Resident Evaluation

- 5.1 Resident's Performance During a Rotation

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- 5.1.1 A resident must receive a written evaluation completed by their evaluator:
    - 5.1.1.1 at the mid-point of any rotation longer than 4 weeks in duration, or at least every three (3) months, when applicable; and,
    - 5.1.1.2 at the end of a rotation.
  - 5.1.2 The evaluator should discuss the written evaluation with the resident in a timely manner, preferably in person.
    - 5.1.2.1 If deficiencies are identified in a written evaluation, they must be discussed with the resident.
  - 5.1.3 The evaluation sub-committee will make the final decision regarding a resident's performance during a rotation, based on all available documentation.
  - 5.1.4 A resident must indicate on the evaluation form whether or not they are in agreement with their performance assessment.
  - 5.1.5 A resident will only receive credit for the successful completion of a rotation.
  - 5.2 At least twice during the academic year, the Program Director or delegate (e.g. Faculty Advisor) must meet face-to-face with each resident in the residency program to review the resident's performance assessments, written evaluations, and training progress.
  - 5.3 The Program Director must inform the Associate Dean, Postgraduate Medical Education (PGME), in writing, of any resident who is in academic or non-academic difficulty.
  - 5.4 The RPC is responsible for reviewing the assessment and evaluation documentation for each resident in the residency program to determine if the resident can be promoted to the next academic year.
- 6.0 Promotion**
- 6.1 After a Completed Rotation
    - 6.1.1 A resident shall be granted clear promotion to the next rotation if they

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successfully met the necessary rotation requirements.

### 6.2 End of Academic Year

6.2.1 A resident shall be promoted to the next academic year if they have:

6.2.1.1 met the necessary requirements for all rotations in the current academic year, including any additional training, remediation, or probation;

6.2.1.2 completed the components of the Teaching Effectiveness Program as per the **Resident Teaching Effectiveness Program Policy**; and,

6.2.1.3 met additional criteria for promotion as stipulated by their residency program.

6.2.2 A resident who has shown consistently weak performance may not be promoted if they are not adequately prepared to succeed at the next academic level.

6.2.3 All decisions by the RPC regarding a denied promotion must be discussed with the Associate Dean, PGME.

6.3 A resident who does not meet the criteria for promotion will require appropriate modifications to their training, supervision, and assessment.

## 7.0 Additional Training

7.1 A resident may be required to complete additional training when minor deficiencies in their performance have been identified that can be readily addressed within the scope of a normal rotation.

7.2 Additional training plans are designed by the evaluation sub-committee or RPC as appropriate, in consultation with the PGME office.

7.3 A resident must comply with, and meet the requirements of, an additional training plan.

## 8.0 Remediation

8.1 Remedial Rotation

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8.1.1 A resident who has failed to meet the necessary requirements of a given rotation must repeat the rotation. This will typically result in an extension of training.

8.1.1.1 The time requirement necessary to complete the remedial rotation will be determined by the Program Director, RPC and PGME office based on the nature of the experience, the need for continuity, and the resident's performance within the rotation. The resident may be required to repeat the rotation in full.

8.1.2 Whenever possible, all measures should be taken to ensure a resident does not complete a remedial rotation with the same evaluator from the unsuccessful rotation.

### **8.2 Remedial Program**

8.2.1 A remedial program may be recommended:

8.2.1.1 when a resident's performance in several areas, or in one critical area, is below expectations and requires training beyond that which can be provided within a remedial rotation; or,

8.2.1.2 when a pattern of deficiencies is identified in a resident's performance from previous rotation evaluations;

8.2.1.3 when significant concerns about the professional conduct of a resident have been raised and are in areas that are deemed remediable.

8.2.2 The completion of a remedial program will result in an extension of training.

8.2.3 The terms and conditions of a remedial program are developed by the Program Director, RPC, and PGME office, and must be outlined in a written contract.

8.2.3.1 The resident must sign the contract in order to complete the remedial program.

8.2.4 A resident's performance must be evaluated at the mid-point and end of a remedial program.



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- 8.2.4.1 The PGME office may request more frequent evaluations.
- 8.2.4.2 Written evaluations must be completed by the remediation evaluator.
- 8.2.5 The Program Director and RPC are responsible for:
  - 8.2.5.1 making the final decision of whether a resident met the terms and conditions of a remedial program; and,
  - 8.2.5.2 determining if the resident can continue on in their residency program or if they require additional remediation, or probation.
- 8.2.6 Except in special circumstances as recommended by the Program Director and approved by the Associate Dean, PGME, no credit will be separately granted for the successful completion of a remedial program.

### **8.3 General Remediation Requirements**

- 8.3.1 A resident must comply with, and meet the necessary requirements of, the remedial training.
- 8.3.2 A resident who meets the necessary requirements of the remedial training may continue in their regular residency program, out of phase.
- 8.3.3 No leave of absence during a remediation period is permitted unless under exceptional circumstances.

## **9.0 Probation**

- 9.1 Circumstances that require a resident to be placed on probation are:
  - 9.1.1 A resident fails to meet the necessary rotation requirements for two (2) rotations within an academic year;
  - 9.1.2 A resident fails to meet the necessary rotation requirements for a remedial rotation.
- 9.2 Circumstances that may require a resident to be placed on Probation:
  - 9.2.1 A resident fails to meet the terms and conditions of a remedial program.

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- 9.3 The completion of a probationary period will result in an extension of training.
- 9.4 A resident can be placed on probation only once during their residency program.
- 9.5 The terms and conditions of the probation are developed by the Program Director, RPC, and PGME office, and must be outlined in a written contract.
  - 9.5.1 The resident must sign the contract in order to complete the probationary period.
- 9.6 At the end of the probationary period, the RPC and Program Director are responsible for deciding if the resident requires further training modifications, can continue on in the residency program, or will be dismissed.
- 9.7 All decisions of the Program Director and RPC regarding probation must be approved by the Associate Dean, PGME.
- 9.8 Successful completion of a probationary period requires satisfactory evaluations for all portions of the probationary period.
- 9.9 A resident will not receive credit for successfully completing a probationary period but will continue in their residency program, out of phase.
- 9.10 No leave of absence during a probationary period is permitted unless under exceptional circumstances.

### 10.0 Suspension

- 10.1 A resident may be suspended as an interim measure while a decision is being made on the best definitive course of action in the following circumstances:
  - 10.1.1 There is reasonable suspicion of serious deficiencies (clinical or professional) in a resident's performance such that their continued presence in their residency program would pose a threat to:
    - 10.1.1.1 patients, colleagues, students, staff, and/or the resident themselves;
    - 10.1.1.2 Memorial University; and/or,
    - 10.1.1.3 the relevant Health Board Authority.

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- 10.1.2 A resident refuses to agree to a remedial rotation, a remedial program contract, or a probationary contract.
- 10.2 Suspension decisions are made by the Program Director and RPC in consultation with the Associate Dean, PGME.
- 10.3 When a resident is suspended, the following principles apply:
  - 10.3.1 Educational registration with the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) is suspended;
  - 10.3.2 Payment through Eastern Health may be suspended;
  - 10.3.3 A resident cannot engage in any academic or clinical activities within the Faculty of Medicine and no credit can be acquired towards their residency training.

### **11.0 Dismissal**

- 11.1 A resident may be dismissed from their residency program if they:
  - 11.1.1 fail to meet the terms and conditions of their probationary contract;
  - 11.1.2 are recommended for probation twice during their residency program;
  - 11.1.3 are deemed unfit for the practice of medicine in general, determined by their ethical and professional behaviour as described in Appendix A.
- 11.2 Credit for completion of training to date within the current academic year may be granted at the discretion of the RPC.
- 11.3 All dismissal decisions by the RPC must be approved by the Associate Dean, PGME, and the Dean of Medicine.
- 11.4 The RPC reserves the right to dismiss a resident from the residency program at any time, with just cause.

### **12.0 Appeals**

- 12.1 A resident may appeal the following:
  - 12.1.1 An end-of-rotation written evaluation indicating that the resident did not

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meet the necessary rotation requirements;

- 12.1.2 a decision by the RPC denying the resident promotion to the next academic level;
  - 12.1.3 a decision by the Program Director and RPC that the resident did not meet the terms and conditions of a remedial rotation, remedial program, or probation;
  - 12.1.4 a decision by the RPC to dismiss the resident from their residency program.
- 12.2 The only grounds for appeal that will be considered are extenuating circumstances or procedural errors.
- 12.3 It is the responsibility of the resident to make an appeal before the appropriate committee, as per the appeal procedure (section G.0).
- 12.4 As per the [University Regulations](#):
- 12.4.1 the principles of natural justice shall be applied to the appeals processes and decisions;
  - 12.4.2 the academic, financial or other consequences of an appeal process rests with the resident.
- 12.5 All records of appeals, including notes of meetings, interviews, and the results of an appeal, are kept confidential and handled in accordance with the [Access to Information and Protection of Privacy Act](#), the University's [Privacy Policy](#), any other privacy legislation applicable to the University, or any collective/affiliation agreement that may be applicable.
- 12.6 While an appeal is pending related to an end-of-rotation evaluation, remediation, or probation, the RPC will determine if the appellant will continue with regularly scheduled clinical rotations/educational experiences or whether alternative arrangements are required.
- 12.6.1 Whether credit will be granted for activities undertaken during this period is at the discretion of the RPC.

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### Procedure

#### A.0 Resident Promotion

##### A.1 At the Beginning of the Academic Year

A.1.1 Program Director (or delegate) makes the overall promotion requirements of the academic year of training known to the resident.

##### A.2 After a Resident Completes a Rotation

###### A.2.1 The evaluator:

A.2.1.1 completes a written evaluation of the resident's performance;  
and,

A.2.1.2 discusses the written evaluation with the resident.

###### A.2.2 The evaluation sub-committee:

A.2.2.1 reviews all relevant documentation regarding the resident's performance;

A.2.2.2 decides whether the resident met the necessary rotation requirements and thus, the requirements for clear promotion to the next rotation;

A.2.2.3 completes a final written evaluation which will include recommendations for additional training, remediation, or probation when appropriate;

###### A.2.3 The resident:

A.2.3.1 reviews the written evaluations on the One45 system and marks the appropriate box on the evaluation forms to indicate whether they are in agreement with the performance assessment.

##### A.3 Summative Evaluations

###### A.3.1 Mid-year

A.3.1.1 Program Director or delegate (e.g. Faculty Advisor) meets with

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the resident to review the completed performance assessments, written evaluations, and any additional criteria for promotion from the current academic year.

A.3.1.2 The Program Director or delegate completes a written summary of the meeting for inclusion in the resident's file as a progress report.

A.3.2 End of year

A.3.2.1 The Program Director or delegate meets with the resident and completes an end-of-academic year report. The report represents a summary of the resident's progress and overall performance during the academic year.

A.3.2.2 The RPC

A.3.2.2.1 Reviews the resident's performance assessments, written evaluations, progress reports, and any additional criteria for promotion from the current academic year, and decides if the resident can be promoted to the next academic year.

A.3.2.2.2 The final decision is made in writing and sent to the PGME office.

## **B.0 Additional Training**

B.1 Program Director and/or RPC:

B.1.1 discusses the performance deficiency with the resident, preferably face-to-face;

B.1.2 designs a targeted intervention to be completed by the resident;

B.1.3 designs a method of assessment; and,

B.1.4 evaluates the resident's performance at the end of the additional training intervention.

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### C.0 Remediation

#### C.1 Remedial Rotation

- C.1.1 The Program Director, and other appropriate individuals as required, discuss the details of the remedial rotation with the resident, preferably face-to-face.
- C.1.2 Normally, the resident assessment and evaluation procedures that were in place for the unsuccessful rotation are repeated for the remedial rotation.

#### C.2 Remedial Program

- C.2.1 Program Director, RPC, and PGME office develops a written contract for the remedial program containing the following elements:
  - C.2.1.1 Nature of remedial program;
  - C.2.1.2 Areas to be remediated;
  - C.2.1.3 Expected outcomes of remedial program;
  - C.2.1.4 Time frame of elements of the remedial program, including completion;
  - C.2.1.5 Outline of the methods of assessment to be used;
  - C.2.1.6 Consequences of failure to satisfactorily complete one or more aspects of the remedial program, having regard for the status of the resident at the time of the remediation.
  - C.2.1.7 Exclusions of vacation time and/or leaves of absence from the remedial program.
- C.2.2 The Program Director, and other appropriate individuals as required, discuss the details of the remedial program with the resident, preferably in a face-to-face meeting.
- C.2.3 Prior to its commencement, the resident signs the remedial program contract which indicates they read and understood the terms and conditions of the remedial program.

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C.2.4 The remediation evaluator completes a written evaluation of the resident's performance at the mid-point and end of the program.

C.2.4.1 Each evaluation is discussed with the resident face-to-face.

C.2.4.2 Each evaluation is sent to the RPC and PGME office.

### D.0 Probation

D.1 The Program Director and RPC, in consultation with the Associate Dean, PGME, develops a written contract for the probationary period containing the following elements:

D.1.1 Nature of probationary period;

D.1.2 Areas of deficient performance;

D.1.3 Expected outcomes of probationary period;

D.1.4 Time frame of elements of the probationary period, including completion;

D.1.5 Outline of the methods of assessment to be used;

D.1.6 Consequences for failure to satisfactorily complete the probationary period, having regard to the status of the resident at the time of probation.

D.1.7 Exclusions of vacation time and/or leaves of absence from the probationary period.

D.2 The Program Director, and other appropriate individuals as required, discuss the grounds for probation with the resident in a face-to-face meeting.

D.3 Prior to its commencement, the resident signs the probationary contract which indicates that they read and understood the terms and conditions of the probation.

D.3.1 A copy of the signed contract is sent to the Associate Dean, PGME.

D.4 The RPC monitors the resident's performance throughout the probationary period.



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### E.0 Dismissal

E.1 If a resident is to be dismissed:

E.1.1 Program Director communicates the dismissal request to the Associate Dean, PGME;

E.1.2 Associate Dean consults with the Dean of Medicine;

E.1.3 Program Director, on behalf of the RPC, notifies the resident of the dismissal decision;

E.1.4 Dean of Medicine notifies the University Registrar.

### G.0 Appeals

G.1 Appeal of an End-of-Rotation Written Evaluation.

G.1.1 First Stage - Reconsideration

G.1.1.1 A resident, who disagrees with an end-of-rotation written evaluation of their performance, discusses the evaluation with their evaluator within ten (10) business days of the evaluation being posted to One45.

G.1.1.1.1 The resident should identify any external factors which may have influenced the evaluation or suggest other individuals knowledgeable of their performance who could speak positively on their behalf.

G.1.1.2 The evaluator reviews all relevant documentation, consulting with others if necessary.

G.1.1.3 Should the evaluator revise the evaluation, the revised evaluation will become the official one; otherwise, the original evaluation will stand.

G.1.1.4 The decision is communicated by the evaluator, in writing, to the resident and the RPC within thirty (30) business days of the initial post of the evaluation to One45.

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### G.1.2 Second Stage – Formal Appeal

G.1.2.1 A resident who wishes to further contest the end-of-rotation written evaluation of their performance, proceeds to the second and formal stage of the appeal process and submits an appeal request, in writing, to the RPC within ten (10) business days of the evaluator's final decision under section **G.1.1.4**.

G.1.2.2 The Program Director convenes a meeting of the RPC to consider the appeal as soon as possible. The appellant's Program Director will chair the appeal hearing, provided they were not responsible for, or involved in, the evaluation that is being contested. In this case, the Discipline Chair may chair the hearing.

G.1.2.2.1 The appellant may request that the resident representative(s) of the RPC be absent from the appeal hearing.

G.1.2.2.2 The appellant may submit relevant documentation to the RPC.

G.1.2.2.3 All relevant documentation is circulated to committee members and provided to the appellant and the evaluator prior to the appeal hearing.

G.1.2.3 Before the appeal hearing proceedings start, the Chair of the meeting explains the process and briefly reviews the nature of the problem to the committee members.

G.1.2.4 When the appellant appears before the RPC, the format is as follows:

G.1.2.4.1 The appellant and evaluator are called to appear before the committee and are provided the opportunity to make submissions. Each may bring one (1) advisor.

G.1.2.4.2 Committee members ask questions of either party.

G.1.2.4.3 The RPC deliberates and renders a decision.

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G.1.2.4.4 Minutes are kept.

G.1.2.4.5 The RPC has the authority to:

G.1.2.4.5.1 uphold the original written evaluation;  
or,

G.1.2.4.5.2 make appropriate modifications to the  
written evaluation and recommend  
modifications to the residents training,  
supervision, and/or assessments, if  
required.

G.1.2.4.6 The decision of the RPC is conveyed in writing to the  
appellant within ten (10) business days after the  
appeal hearing and is sent to the PGME office.

G.1.2.4.7 The decision of the RPC is final.

G.2 There are three (3) levels at which a resident can appeal a decision of the Program Director and/or RPC regarding remediation, probation, denied promotion, or dismissal.

### G.2.1 PGME Committee

G.2.1.1 An appeal against a decision of the Program Director and/or RPC will be made to the PGME Committee.

G.2.1.2 A letter requesting an appeal is submitted by the appellant to the Associate Dean, PGME, within ten (10) business days of receiving the decision of the Program Director and/or RPC.

G.2.1.3 The appellant notifies the PGME committee if they are bringing legal counsel to the appeal hearing.

G.2.1.4 The Associate Dean, PGME, convenes a meeting of the PGME Committee to consider the appeal when quorum can be achieved.

G.2.1.4.1 The appellant may submit relevant documentation to the PGME committee.

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- G.2.1.4.2 All relevant written documentation is circulated to committee members and provided to the appellant and Program Director (or delegate) prior to the appeal hearing.
  
- G.2.1.5 The Program Director (or delegate) and appellant will be invited to attend the appeal hearing. Appeal hearings are heard in person. Each may bring one (1) advisor (in the form of legal counsel or a support person). In the event that legal counsel attends as the advisor, legal counsel is the only person who will speak on behalf of the person who invited legal counsel to attend. Each party may bring witness(es).
  
- G.2.1.6 When the appellant appears before the PGME Committee, the format is as follows:
  - G.2.1.6.1 The Chair of the committee outlines the process and briefly reviews the nature of the problem to the committee members.
  - G.2.1.6.2 The Program Director (or delegate) speaks first and outlines the reasons for the decision that was taken.
  - G.2.1.6.3 The appellant then has the opportunity to speak and outlines the reasons supporting the appeal.
  - G.2.1.6.4 Legal counsel, if present, asks questions of either party and of the witness(es).
  - G.2.1.6.5 Committee members ask questions of either party and of the witness(es).
  - G.2.1.6.6 Official written transcriptions of the appeal hearing submissions and discussions are kept.
  - G.2.1.6.7 The PGME Committee deliberates in camera.
  - G.2.1.6.8 The PGME Committee has the authority to uphold the decision of the Program Director and/or RPC, reverse the decision of the Program Director and/or RPC, or modify the decision of the Program Director and/or RPC and recommend modifications to a

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residents training, supervision and/or assessments.

G.2.1.6.9 The decision of the committee is conveyed in writing to the appellant within ten (10) business days after the appeal hearing.

### G.2.2 Faculty of Medicine Appeals Committee

G.2.2.1 An appeal against a decision of the PGME Committee will be made to the Appeals Committee.

G.2.2.2 An appeal through the Appeals Committee will follow the process below:

G.2.2.2.1 Within ten (10) business days of receiving the decision in writing by the PGME Committee, the appellant indicates, in writing, a wish to appeal this decision. The letter should:

G.2.2.2.1.1 be addressed to the Dean (or delegate) and copied to the PGME office;

G.2.2.2.1.2 describe the decision being appealed, the grounds of the appeal, and the resolution being sought;

G.2.2.2.1.3 provide supporting documentation, as appropriate.

G.2.2.2.2 Upon receipt of a letter of appeal, the Dean of Medicine (or delegate) confers with the Office of the Registrar as to whether the letter satisfies the requirements for an appeal as stipulated in the [University Calendar – Appeal of Decisions](#). The Dean of Medicine and the representative(s) from the Office of the Registrar chosen to review the appeal request will not sit on the Appeals Committee.

G.2.2.2.2.1 If the letter does not satisfy the requirements for an appeal, the appellant is advised as such in writing by the Dean of Medicine (or delegate)

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within five (5) business days.

- G.2.2.2.2 If the letter satisfies the requirements for an appeal, the matter is sent to the Appeals Committee for adjudication as per the practice of the committee, as indicated in the [Appeals Committee Terms of Reference](#).
- G.2.2.2.3 The Vice Dean of Medicine (or delegate) calls a meeting of the Appeals Committee at the earliest opportunity when quorum can be achieved.
  - G.2.2.2.3.1 The appellant may submit relevant documentation to the Appeals Committee.
  - G.2.2.2.3.2 All relevant documentation is circulated to committee members and provided to the appellant and Program Director (or delegate) prior to the appeal hearing.
- G.2.2.2.4 The Program Director (or delegate) and appellant are invited to attend the appeal hearing. Each may bring one (1) advisor (in the form of legal counsel or a support person). In the event that legal counsel attends as the advisor, legal counsel is the only person who will speak on behalf of the person who invited legal counsel to attend.
- G.2.2.2.5 The Program Director (or delegate), or legal counsel in the event that the Program Director (or delegate) engages legal counsel, will address the Appeals Committee in person and present information and answer questions from the Appeals Committee pertaining to the appellant's performance. The appellant and the appellant's advisor may be present; neither may question the presenter.
- G.2.2.2.6 The appellant, or legal counsel in the event that the appellant engages legal counsel, will address the Appeals committee in person and present information

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and answer questions from the Appeals Committee pertaining to the appellant's performance. The Program Director (or delegate) and the Program Director's (or delegate's) advisor may be present; neither may question the presenter.

G.2.2.2.7 The appellant, Program Director (or delegate), and advisors are excused from the Committee deliberations but may be recalled to answer questions of clarification posed by the Appeals Committee.

G.2.2.2.8 Official written transcriptions of the appeal hearing submissions and discussions are kept.

G.2.2.3 The Appeals Committee may reach one of the following decisions:

G.2.2.3.1 Uphold the decision of the PGME Committee;

G.2.2.3.2 Reverse the decision of the PGME Committee;

G.2.2.3.3 Refer the appeal to the PGME Committee for reconsideration. The Vice Dean (or delegate) will send new information along with its appropriate documentation to the PGME committee and advise the committee to reconsider its original decision on the basis of this new information.

G.2.2.4 If the decision is reached immediately following deliberations, the decision may be informally communicated to the appellant immediately after committee deliberations. The Vice-Dean (or delegate) will formally convey the decision to the appellant in writing within two (2) business days. This written communication will outline the next avenue of appeal available to the appellant. A copy of the correspondence will be sent to the Program Director, Associate Dean, PGME, and the Registrar.

G.2.3 Senate Committee on Academic Appeals

G.2.3.1 Should the original decision of the PGME Committee be

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sustained by the Faculty of Medicine Appeals Committee, the final level of appeal would be the Senate Committee on Academic Appeals.

G.2.3.2 For further information, refer to the **UNIVERSITY REGULATIONS - General Academic Regulations (Undergraduate) - Appeal of Decisions - Appeals to the Senate Committee on Academic Appeals.**

G.2.3.2.1 Information is subject to amendments in the University Calendar.

### **Previous Versions**

There is at least one previous version of this policy. Contact the [Policy Analyst](#) to view earlier version(s):

Approval Date: June 22, 2007



## PGME Evaluation, Promotion, Dismissal, and Appeal Policy

### SCHEDULE A

### Methods of Assessment

A variety of methods of assessment are used to evaluate the academic and clinical performance of residents, depending upon the residency program. Methods include, but are not limited to:

- In-Training Evaluation Reports (ITERs) or In-Training Assessment Reports (ITARs)
- Examinations (written, oral, clinical and/or national standard)
- Objective Structured Clinical Examinations (OSCEs)
- Daily logs
- Daily shift cards
- Field notes
- Direct observation

Each residency program shall identify all methods of assessment to be used; however the completion of the ITER or ITAR for clinical rotations is a required method of assessment for all residency programs. Assessments are available to the PGME office and form part of each resident's permanent file.

#### ITERS/ITARS

ITERS and ITARS provide an assessment of a resident's performance during a clinical rotation or clinical learning experience. These forms assess the competency level of the resident for each goal and objective of the rotation within the CanMEDS/CanMEDS-FM competencies. Each resident will also receive an evaluation rating representing their overall performance during the rotation:

- 1) Significant Concerns Noted;
- 2) Some Concerns Noted; or,
- 3) Progress as expected.

Residents receiving "significant concerns noted" as their evaluation rating will be considered to have not met the necessary rotation requirements and may require further training as determined by the Program Director and/or RPC.

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### APPENDIX A

#### UNFITNESS FOR THE PRACTICE OF MEDICINE

Other behaviours not listed here may also be unacceptable. The behaviours listed below are not an exhaustive list.

A resident may be deemed unfit to practice medicine if they fail to demonstrate:

- adequate skill in communicating and interacting appropriately with patients, families, colleagues, support staff and allied health care professionals;
- respect, empathy and compassion for patients and their families;
- concern for the needs of the patients and their families to understand the nature of the illness and the goals and possible complications of investigations and treatment;
- respect for, and ability to work harmoniously with other allied health care personnel and medical colleagues;
- recognition of the importance of self-assessment and of lifelong learning for the maintenance of competent performance;
- a willingness to teach others in their own specialty, as well as other allied health care professionals;
- an understanding of the appropriate requirements for involvement of patients and their families in research;
- awareness of the effects that differences in cultural and social background have on the maintenance of health and the development of, and reaction to, illness;
- respect for the patient as an informed participant in decisions regarding their care, wherever possible;
- respect for institutional policies, guidelines and bylaws.
- appropriate behavior when using social media as per the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL) [Physician Use of Social Media Standard of Practice](#), the FoM [Guidelines for the Appropriate Use of Social Media](#), and the Eastern Health [Social Media Policy](#).

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Behaviour unacceptable to the professional practice of medicine includes but is not limited to:

- breach of any of the above principles of behaviour;
- referring to oneself as, or holding oneself to be, more qualified than one is;
- behaviour or inappropriate judgement which adversely affects the medical education of others;
- commission of a criminal act;
- failure to be available while on call;
- failure to respect patients' rights;
- breach of confidentiality;
- failure to provide transfer of responsibility for patient care;
- failure to keep proper medical records;
- falsification of medical records;
- sexual impropriety with a patient;
- being under the influence of alcohol or drugs while participating in patient care or on call;
- sexual or other harassment of colleagues or other members of the health care team;  
and
- any conduct unbecoming of a practicing physician.