



Policy	Assessment, Promotion, and Appeals
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I. Introduction

All residents enrolled in programs leading to eligibility for certification by the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC) are registered as postgraduate students in the School of Medicine, Queen's Health Sciences.

Residents carry out their training within a hospital, and/or at other clinical education sites, at the appropriate level of responsibility, in accordance with relevant professional requirements, and are subject to university regulations and those of the hospital or clinical education site. The conditions governing the resident entering and remaining in the residency program are delineated in the School of Medicine, Queen's Health Sciences letter of appointment that is a legally binding contract.

Residency programs use a variety of assessment strategies (e.g., written examinations, OSCEs, direct observations, etc.) that align with the focus of assessment to generate data to inform decisions about resident progress and promotion. Frequent assessment ensures performance strengths are acknowledged, and weaknesses are identified, in a timely manner to enable residents to adjust their learning strategies and successfully ameliorate them. Ultimately, it is the responsibility of the program director or delegate, together with the Residency Program Committee and Competence Committee (RCPSC programs)/Central Competence Committee (CFPC programs), to collect and interpret assessment data about each resident enrolled in the program.

Residency programs must also provide their respective Colleges with relevant documentation for residents enrolled in their residency program.

II. The purpose of this document is to:

- Describe assessment processes in place for all residency programs in the School of Medicine, Queen's Health Sciences.
- Define the principles and guidelines of promotion, modified learning plans, remediation, probation, suspension, withdrawal and appeals.
- Ensure that assessment practices are consistent with program goals and objectives of Postgraduate Medical Education at Queen's University and meet the requirements of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

It is the responsibility of all residents and program leaders (e.g., Program Directors, Assistant Program Directors, Competence Committee/ Central Competence Committee Chairs, etc) to read this document and be familiar with its content.

III. Definition of Terms

Academic Advisor/Coach (AA/AC)

In the case of Royal College of Physicians and Surgeons of Canada programs Academic Advisors/Coaches (AA/AC) are faculty members who are directly responsible for supporting residents and supervising their progression through residency training by: meeting with assigned residents at regular intervals to conduct comprehensive reviews of performance information; co-creating individualized learning plans with residents which should be shared by residents with supervisors in upcoming rotations or alternative learning experiences (Educational Handover); participating in the process of developing modified learning plans, remediation and probation plans for residents in difficulty; and generating reports about resident progress and recommendations for promotion for the Competence Committee.

In the case of College of Family Physicians of Canada programs Academic Advisors/Coaches (AA/AC) are faculty members who are directly responsible for supporting residents and supervising their progression through residency training by: meeting with assigned residents at regular intervals to review performance information (including Site Competence Committees' reports, (once SCC are established)); co-creating individualized learning plans with residents which should be shared by residents with supervisors in upcoming rotations or alternative learning experiences (Educational Handover); participating in the process of developing modified learning plans, remediation and probation plans for residents in difficulty.

Academic Review Board (ARB)

The ARB is a special committee responsible for determining appeals from program decisions that will result in probation or withdrawal from training, and for deciding the outcome of investigations under Section 13.0 - Suspension.-(See Schedule G for Terms of Reference).

Assessment Verification Period (AVP)

The AVP is a period of assessment to determine if an International Medical Graduate (IMG) candidate can function at their appointed level of training prior to full acceptance in a program. The College of Physicians and Surgeons of Ontario requires all IMGs to successfully complete the 12-week AVP process to receive a postgraduate educational licence to commence residency training:

Academic Year

The academic year commences July 1 and finishes June 30 each year. A resident may be off-cycle and have a starting date other than July 1.

Associate Dean, Postgraduate Medical Education

Appointed by the Provost of Queen's University, the Associate Dean, Postgraduate Medical Education is the faculty member responsible for the overall conduct and supervision of

postgraduate medical education within the Faculty. They report to the Dean and Director of the School of Medicine, Queen's Health Sciences.

Central Competence Committee (CCC) - College of Family Physicians of Canada

The CCC is the Department of Family Medicine committee responsible for resident assessment.

Clinical Supervisor

The clinical supervisor is the most responsible physician to whom a resident reports clinical issues during a given period (including the physician on call for a service, when a resident is on call).

College of Family Physicians of Canada (CFPC)

The CFPC is the body responsible for program accreditation and resident certification for Family Medicine education programs in Canada

Competence Committee (CC) – Royal College of Physicians and Surgeons Canada

The CC is a decision-making subcommittee of a Residency Program Committee (RPC) responsible for determining resident progress and promotion in all RCPSC programs.

Dean of Queen's Health Sciences

Appointed by the Provost of Queen's University, the Dean of Queen's Health Science is the most senior academic and administrative officer and is responsible for all activities of all the schools in Queen's Health Sciences.

Departmental Appeals Committee (DAC)

A DAC act as the first level of appeal within a department in place of Residency Program Committee.

Director of Resident Wellness

The Director of Resident Wellness provides assistance for residents who encounter personal and academic difficulties in their program and offers and/or arranges counselling in a confidential environment.

Director, School of Medicine

Appointed by the Provost of Queen's University, the Director, School of Medicine is responsible for all activities of the School of Medicine.

Education Advisory Board (EAB)

The EAB is a special committee that reviews remediation and probation plans. (See Schedule E for Terms of Reference).

Extenuating Circumstance(s)

Extenuating circumstance(s) means a **significant** physical or psychological event that is beyond a resident's control, which had an impact on the resident's academic and/or clinical performance as

documented by an appropriate professional. Extenuating circumstances **do not include** things such as: taking on additional work shifts; running for or serving on a resident committee/association; experiencing a brief and/or mild illness, or a disability for which appropriate accommodations have been provided.

Note that the actual detailed personal circumstances are not as important as the **effects of these events on a residents' academic and/or clinical performance**. Therefore, residents need to be able to demonstrate a direct connection between the extenuating circumstance(s) they identify and the effect on their academic and/or clinical performance. Residents' supporting documentation must clearly articulate when the particular event(s) occurred, how long and how the resident was affected by the circumstance(s), and how/why academic and/or clinical performance was affected (*i.e.* what functional/cognitive/emotional limitation(s) did the circumstance(s) create and how did those limitations negatively impact academic and/or clinical performance.)

Residents also need to outline what steps they took to deal with the extenuating circumstances during or after the occurrence (for example, consultation with a health-care professional, personal counsellor, academic advisor/coach, or other similar support resource). An appeal on the basis of extenuating circumstances needs to include the resident's plan for achieving academic and/or clinical success in the future.

Faculty Members

Refers to members appointed by the Provost to the faculty of the School of Medicine as Professors, Associate or Assistant Professors, or Lecturers in Queen's Health Sciences and may be Geographic Full Time (GFT), Full Time, or Adjunct faculty.

Postgraduate Medical Education Committee (PGMEC)

The PGMEC is the committee responsible for the oversight of postgraduate medical education.

Postgraduate Tribunal

The Postgraduate Tribunal is a special committee responsible for determining appeals of decisions of the ARB with respect to probation or a requirement to withdraw, and of decisions of the Associate Dean PGME with respect to suspension. (See Schedule H for Terms of Reference)

Procedural Fairness

Procedural Fairness means having the opportunity to understand the issues under consideration and have one's views on those issues considered by an unbiased decision-maker. A breach of Procedural Fairness that constitutes grounds for appeal is limited to situations in which the prior Decision-Maker (or Investigator) demonstrated bias or proceeded unreasonably. A reasonable process is one in which:

- i. The Party receives meaningful notice of the issues under consideration and the evidence on significant points;
- ii. The Party is provided with a meaningful opportunity to provide the Decision-Maker (or Investigator) with responsive information;

- iii. The determination is made based on relevant information, in accordance with applicable laws and policies; and
- iv. The reasons given support the conclusion(s) reached.

Program

Program refers to a residency training program accredited by the CFPC or RCPSC in the School of Medicine, Queen's Health Sciences.

Program Director (PD)

A Program Director is the university faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the Head of their Department and to the Associate Dean for Postgraduate Medical Education at Queen's University.

Program Directors may delegate responsibility for program activities as they deem appropriate.

Residency Program Committee (RPC)

The RPC oversees the planning and overall operations for individual residency programs to ensure that all requirements as defined by RCPSC/CFPC are met and may hear appeals of a Competence Committee/Central Competence Committee decision that imposes a remediation.

Rotation

A period of time a resident is assigned to a clinical or research service. These periods of time may be in the form of block rotations, normally not shorter than 1 block and not longer than 6 blocks. Blocks are defined as four-week periods of time. The PGME academic year is composed of thirteen blocks. Alternatively, a resident may be involved in a different curriculum model incorporating horizontal clinical or research experiences into longitudinal clinical experiences (ALE: Alternative Learning Experience). The term rotation includes ALEs.

Rotation Supervisor(s)

Faculty members who have direct responsibility for residents' clinical academic program during a rotation.

Royal College of Physicians and Surgeons of Canada (RCPSC)

The RCPSC is the body responsible for program accreditation, resident credentialing, and resident certification for all specialty and subspecialty education programs other than programs in Family Medicine.

School of Medicine Academic Council (SOMAC)

SOMAC is a subcommittee of Queen's Health Sciences Faculty Board and considers matters relevant to the School of Medicine in accordance with its Terms of Reference.

Site Competence Committee (SCC) - College of Family Physicians of Canada

Once established, SCCs will be located at each of the main Department of Family Medicine distributed learning sites. These committees will review resident progress and prepare reports for AA/ACs to discuss with residents during their meetings. They will also report resident progress and promotion to the Department of Family Medicine Central Competence Committee.

Surgical Foundations Examination (SFE)

The Surgical Foundations Examination is a two-part multiple-choice exam covering topics outlined in the RCPSC Objectives of Surgical Foundations Training document. It may be written in the second year of surgical training and is part of the examination process leading to certification for some surgical specialties. This examination is an assessment of the foundational principles of surgery. Surgical residents at Queen's School of Medicine requiring the SFE must provide evidence of successfully completing the exam as criteria for promotion to postgraduate year four.

Vice-Dean Health Sciences Education

Appointed by the Provost of Queen's University, the Vice-Dean Health Sciences Education is responsible for all facets of health sciences education in the School of Medicine. They report to the Dean of Queen's Health Sciences.

IV. Resident Assessment Process at Queen's University

1.0 Overview of Assessment Processes

1.1 At the beginning of each rotation, the rotation supervisor(s) or delegate must ensure the resident has access to:

- The goals and objectives for the rotation
- A list of duties, responsibilities, and expectations
- The Assessment requirements
- A description of the structure of relationships within the health care team
- A description of the resident's role within the health care team

1.2 Regular and timely feedback must occur throughout the rotation.

1.3 Residents must be made aware of any concerns as these emerge over the course of the rotation to provide opportunity for correction.

1.4 Program leadership is responsible for designing programs of assessment that align with program specific assessment needs and standards set by their affiliated College (RCPSC/CFPC).

1.5 Assessment review and reporting requirements are divided into three categories including:

1.5.1 Traditional RCPSC Curricular Stream

1.5.1a In Training Evaluation Reports (ITERs) or equivalent must be completed by the rotation supervisor(s) or delegate at regular intervals, at minimum at the end of each rotation or after 4 months/blocks of an ALE.

- 1.5.1b Completion of ITERs or equivalent must be based on documented observations of resident performance.
- 1.5.1c ITERs or equivalent must be discussed with the resident. This feedback must be timely and should occur within 1 month of completion of the rotation.
- 1.5.1d Documented mid-rotation assessments are strongly recommended for all residents.
- 1.5.1e Residents whose ITERs or equivalent, or other performance information, indicating concerns will be reviewed by the Competence Committee. This committee, rather than any individual assessor, will determine:
 - The outcome of the rotation
 - Readiness for promotion to the next academic level (PGY)
 - The need for modified learning plans, remediation and/or probation periods
 - The outcome of modified learning plans, remediation and/or probation periods
- 1.5.1f Academic advisors/coaches conduct regular meetings with their assigned resident(s) to review progress throughout training.

1.5.2 The Family Medicine program (CFPC)

- 1.5.2a In Training Assessment Reports (ITARs) must be completed by the rotation supervisor(s) or delegate at regular intervals, at minimum at the end of each block rotation or after 4 months/blocks of an ALE.
- 1.5.2b Completion of ITARs must be based on documented direct and/or indirect observations of resident performance.
- 1.5.2c ITARs must be discussed with the resident. This feedback must be timely and should occur within 1 month of completion of the rotation.
- 1.5.2d Documented interim assessments are strongly recommended for all residents.
- 1.5.2e Residents whose ITARs, or other performance information, indicate concerns will be reviewed by the Central Competence Committee. This committee, rather than any individual assessor, will determine:
 - The outcome of the rotation
 - The need for modified learning plans, remediation and/or probation periods
 - The outcome of modified learning plans, remediation and/or probation periods
- 1.5.2f Academic advisors conduct regular meetings with their assigned resident(s) to review progress throughout training.
- 1.5.2g Academic advisors also draft residents' Final In-Training Assessment Reports (FITARs) which are forwarded to the Program Director or delegate for sign-off.

1.5.3 RCPSC CBD Curricular Stream

- 1.5.3a Academic advisors/coaches conduct regular progress review meetings with residents to review progress and prepare recommendations for the Competence Committee about residents':
- Achievement of Entrustable Professional Activities (EPAs)
 - Performance on additional assessments (e.g., Periodic Performance Assessments, etc.)
 - Readiness for promotion to the next stage of training
 - The need for modified learning plan, remediation and/or probation periods
 - Readiness to sit certification examinations
 - Readiness to transition to independent practice
- 1.5.3b Competence Committees determine when residents:
- Have achieved Entrustable Professional Activities (EPAs)
 - Have demonstrated acceptable performance on additional assessments (e.g., Periodic Performance Assessments, etc.)
 - Have met requirements for a stage of training
 - Are ready to progress to the next stage of training
 - Require modified learning plans, remediation and/or probation periods
 - Are ready to sit certification examinations
 - Are ready to transition to independent practice
- 1.5.3c Competence Committee decisions and feedback about resident progress and promotion are documented.
- 1.5.3d Program directors or delegates (e.g., academic advisors/coaches, CC Chair) notify residents of outcomes of competence committee deliberations.

- 1.6 Assessments of residents' on-going progress in the program are the joint responsibility of program directors or delegates, and the Residency Program Committee, Competence Committee/Central Competence Committee.

2.0 Documentation of Assessment

Traditional RCPSC Curricular Stream (ITERS) & Family Medicine Program (ITARs)

- 2.1 Standardized global performance ratings must be used on all ITERS/ITARs.

End of Rotation ITER/ITAR

- 1) Meets Expectations
- 2) Requires review*

* Review may be conducted by PD or delegate and/or the CC/CCC.

Mid/Interim Rotation ITER/ITAR

- 1) Progressing as expected

- 2) Inconsistent progress
- 3) NOT progressing as expected

- 2.2 Completion of the narrative section of ITERs/ITARs is mandatory in cases when the global performance ratings of 'Requires review' is selected.
- 2.3 Completion of the narrative section of mid-ITERs/interim-ITARs is mandatory in cases when the global performance ratings of 'inconsistent progress' or 'NOT progressing as expected' is selected.
- 2.4 ITERs/ITARs must be completed electronically and stored in residents' portfolios in Elentra.
- 2.5 It is the responsibility of the resident to review the ITERs/ITARs.
- 2.7 Residents share responsibility with the program director or delegate for ensuring that ITERs/ITARs are completed in a timely fashion and that they have received and reviewed feedback.

RCPSC CBD Curricular Stream

- 2.8 Documentation of performance for residents following a RCPSC CBD curricular stream leverage programmatic approaches to assessment. Entrustable Professional Activities (EPAs) are defined for all stages of development (Transition to Discipline, Foundations of Discipline, Core of Discipline, and Transition to Practice). A variety of assessment tools are used to capture performance information about each EPA and the completion of other program requirements.

3.0 Determining Learner Status/Performance Review Process

- 3.1 Residents must be provided opportunity to present information that may be relevant in adverse decision-making about progress and promotions. In such cases, it is the responsibility of the Competence Committee/Central Competence Committee Chair to provide notice to the resident of the possibility of an adverse decision and offer the opportunity to attend the CC/CCC meeting and/or submit a written statement outlining information that may be relevant.

Traditional RCPSC Curricular Stream (ITERs) & Family Medicine Program (ITARs)

- 3.2 Documentation of 'Requires Review' on an End of rotation ITER/ITAR will trigger a comprehensive resident performance review by PD or delegate and the CC/CCC.
- 3.3 Determination of a performance pattern that reflects failure to progress or evidence of a learning trajectory that is suggestive of a failure to progress may result in: (a) the assignment of additional rotations; or (b) completion of a modified learning plan; c) completion of a period of remediation; or (d) the imposition of a probation period.

RCPSC CBD Curricular Stream

- 3.4 Competence Committees (CCs) are responsible for determining learner status based on a comprehensive review of resident performance.
- 3.5 The following performance review categories must be used to define the status of residents following CBD curricula:

Performance review categories:

- 1) More data required
- 2) Progressing as expected
- 3) Concerns about progression in stage
- 4) Requiring a modified learning plan
- 5) Requiring remediation
- 6) Requiring probation

Promotion Decisions categories:

- 1) Promote to next stage
- 2) Do not promote due to inadequate evidence
- 3) Do not promote due to identified deficiencies

4.0 Confidentiality

- 4.1 Identifiable resident assessment data are confidential. Access is normally restricted to the AA/AC, PD or delegate and the CC/SCC and CCC, the Associate Dean, PGME and/or delegate, and the resident.
- 4.2 Identifiable resident assessment data are for purposes of progress and promotion, as well as cases of appeal, RCPSC or CFPC proceedings or appeals, CPSO proceedings, or as required pursuant to legal process, as well as continuous quality improvement and accreditation processes.
- 4.3 De-identified resident assessment data may be used for program evaluation and research purposes subject to Tri-Council policy on the Ethical Conduct for Research Involving Humans.

5.0 Sharing of Performance Information – ‘Educational Handover’

(Reference: Guidelines for Educational Handover in Competence by Design, RCPSC, 2018)

The sharing of resident performance information when a resident begins a new educational experience is an educational best practice. It facilitates the continued support of a resident through a shared awareness of strengths, weaknesses, and the resident's learning trajectory.

- 5.1 Sharing of resident performance information should be guided by the principles of transparency, fairness, and mutual accountability.
- 5.2 Performance information can be shared to meet the educational needs of residents.
- 5.3 Performance information can be shared to address patient safety concerns.
- 5.4 Residents should take an active role in sharing their performance information with clinical supervisors to enhance subsequent learning opportunities and/or focus their training to meet specific learning needs.
- 5.5 Recipients of resident performance information should only use that information for educational and patient safety reasons. Simply being in possession of such information does not make a preceptor unable to assess the resident in a fair and unbiased manner; rather, the sharing of information is designed to enhance the assessment process.

6.0 Annual Promotion Process for Traditional Curriculum Streams only

- 6.1 The PD or delegate must conduct an annual progress review with each resident.
- 6.2 The PD or delegate and resident should review all relevant assessment data and discuss patterns of strengths and weaknesses that emerge and strategies for improvement. Career counseling may also be discussed.
- 6.3 Resident progress is reported to CC.
- 6.4 The CC must review the files of all residents whose performance is not meeting expectations.
- 6.5 Promotion of a resident to the next academic level (PGY) occurs when:
 - 6.5a Upon review of overall performance the CC determines resident development to be satisfactory.
 - 6.5b Additional criteria for promotion as stipulated by individual programs have been met including, but not limited to:
 - 6.5b.1 Documentation of passing the SFE for surgical residents requiring the SFE for certification as a criterion for promotion to PGY4 level.
- 6.6 The PD or delegate and CC have the discretion to waive criteria for promotion if, in their judgment, it is appropriate to do so in light of a specific resident's particular circumstances.
 - 6.6a the rationale for waiving criteria for promotion must be clearly documented.
- 6.7 The decision NOT to recommend promotion of residents to the Associate Dean, PGME will be made by the PD or delegate and the CC if, in their judgment, it is appropriate to do so considering a specific resident's particular circumstances.
 - 6.7a the rationale for not recommending promotion must be clearly documented.

7.0 Resident Salary Level

- 7.1 Postgraduate resident salary levels are established by the Collective Agreement between the Professional Association of Residents of Ontario (PARO) and the Ontario Teaching Hospitals (OTH).
- 7.2 It is expected that all residents who are on-cycle will progress to the next salary level in accordance with the Collective Agreement on an annual basis.
- 7.3 Salary increases will be delayed for an equivalent period of time for residents who are off-cycle due to, but not limited to leaves, and/or modified learning plans, and/or remediation periods, and/or probation periods.

8.0 Incomplete Rotation/Experience

- 8.1 An incomplete rotation is a decision taken by the Competence Committee/Central Competence Committee of a resident's home program in consultation with the rotation supervisor/lead, and a resident's AA/AC. The CC/CCC considers the resident's learning objectives and the requirements of a rotation or clinical experience.
 - 8.1a an incomplete rotation decision can also be used when assessment procedures have not been followed such that the resident was not afforded the opportunity to

understand their areas for improvement and therefore did not have a chance to correct them.

8.1b an incomplete rotation decision can also be used when the quantity or quality of assessments are inadequate to inform sound decisions about competence.

8.2 In order to meet pedagogical requirements, a resident **should not** miss more than 1/4 of a rotation due to illness, leave, holidays etc. Any rotation that includes less than 3/4 of the expected time commitment **may** be considered incomplete.

8.2a Programs should consider adding an item to longitudinal assessments that asks whether they feel they had enough time with the resident to assess them.

8.3 An incomplete rotation must be completed, the duration of which is determined by the nature of the experience on a case-by-case basis, after which the rotation/experience will be assessed as a whole.

9.0 Individualized Learning Plan

9.1 Individualized learning plans (ILP) are co-created by residents and their Academic Advisors/Coaches and/or PDs or delegates.

9.2 ILPs are personalized action plans designed to help residents set and meet their professional development goals. They often include a reflection on learning progress and always outline residents' learning goals for the subsequent learning cycle.

9.3 ILPs may also involve minor adjustments to training experiences to optimize resident learning.

9.4 ILPs are a learning tool. The PGME Office does not need to be notified about these.

10.0 Modified Learning Plan

10.1 Modified Learning Plans (MLP) are imposed by the Competence Committee/Central Competence Committee to address emerging concerns about residents' performance and/or behaviour(s).

10.2 A resident may not appeal the requirement for an MLP or the outcome of an MLP, unless the outcome results in the imposition of remediation, probation, or withdrawal from training.

10.3 Residents following MLPs do NOT typically require an extension of training.

10.4 A Modified Learning Plan Template is available (See Schedule B)

10.4a A draft MLP is developed by the PD or delegate, in consultation with the CC/CCC, and reviewed with the resident.

10.4b Programs may request that the EAB chair or delegate review the relevant resident documentation and the MLP and forward an assessment related to (a) the process by which the need for MLP was determined, and (b) the quality of the proposed MLP.

- 10.4c The final MLP must be signed by the PD or delegate and resident and shared with the CC/CCC. The resident signature indicates that the resident has received a copy of the plan.
- 10.5 The CC/CCC will review all relevant documentation to determine the outcome of the MLP (pass/fail).
- 10.6 During an MLP, vacation and other absences from training are permitted but must be approved in advance by the PD or delegate. Additional time may be added to the MLP in those circumstances.
- 10.7 Programs must report the total number and focus (e.g., relevant CanMEDs roles) of MLPs annually to the PGME Office in June of each year.

11.0 Remediation

- 11.1 Remediation is designed to assist a resident in addressing identified weaknesses and correcting these deficiencies.
- 11.2 A remediation plan must follow the Remediation Template (see Schedule C)
 - 11.2a The draft remediation plan is developed by the PD or delegate, in consultation with the CC/CCC, and reviewed with the resident.
 - 11.2b The PGME Office must be advised when there is a plan to place a resident on remediation (See 'PGME Remediation/Probation Notification form' at <https://meds.queensu.ca/academics/postgraduate/current/policies/apa>)
 - 11.2c A copy of the draft remediation plan and relevant resident performance information must be forwarded to the PGME office for review and feedback from the Education Advisory Board (EAB).
 - 11.2d The EAB will review the relevant resident performance information and the remediation plan and forward its assessment related to (a) the process by which the need for remediation was determined, and (b) the quality of the proposed remediation plan.
 - 11.2e The final remediation plan must be signed by the PD or delegate and resident and shared with the CC (RCPSC programs) or CCC (CFPC programs). The resident signature indicates only that the resident has reviewed and understood the plan and received a copy of the plan.
 - 11.2f A copy of the final signed remediation plan must be forwarded to the PGME office.
 - 11.2g Should remediation plans impose practice restrictions due to professional misconduct, incompetence, or incapacity the PGME office is required to report the remediation to hospital administration and the College of Physicians and Surgeons of Ontario
 - 11.2h The CC/CCC will review all relevant documentation to determine the outcome of a remediation period (pass/fail).
 - 11.2i The PGME Office must be advised of the outcome of the remediation (See 'PGME Remediation/Probation Outcome Notification form' at <https://meds.queensu.ca/academics/postgraduate/current/policies/apa>)

- 11.2j The PGME office must advise hospital administration and the College of Physicians and Surgeon of Ontario of the outcome of the remediation if practice restrictions were imposed.
- 11.3 During a remediation period vacation and other absences from training are permitted but must be approved in advance by the PD or delegate. Additional time may be added to the remediation period in these circumstances.
- 11.4 A resident may only be placed on remediation twice and probation once during their training at Queen's. If identified as in need of remediation a third time, or probation a second time, the resident will be required to withdraw from Queen's School of Medicine.
 - 11.4.a Upon successful completion of a period of remediation, the resident will be given academic credit for the previously failed program requirement (e.g., rotation and/or AA progress report) and continue in the program off-cycle.
 - 11.4.b A resident who fails a remediation period shall be required to proceed to a probation period, unless the resident has already been required to complete a previous probation period, in which case 11.4c below will apply to the failed remediation period.
 - 11.4.c If a resident who has failed a prior remediation period (and has therefore been required to complete a period of probation) fails a subsequent remediation period, the resident will be required to withdraw from Queen's School of Medicine.
 - 11.4.d The requirement to withdraw applies even when a resident changes from one program to another program.

12.0 Probation

- 12.1 A probation period is designed to assess specific aspects of resident performance.
- 12.2 A Resident will be placed on probation following a failed remediation.
- 12.3 A probation plan must follow the Probation Template (see Schedule D)
 - 12.3a The draft probation plan is developed by the PD or delegate in consultation with the CC/CCC.
 - 12.3b The PGME Office must be advised when there is a plan to place a resident on probation (See 'PGME Remediation/Probation Notification form' at <https://meds.queensu.ca/academics/postgraduate/current/policies/apa>)
 - 12.3c A copy of the draft probation plan and relevant resident performance information must be forwarded to the PGME office for review and feedback from the Education Advisory Board (EAB).
 - 12.3d The EAB will review the relevant resident performance information/documentation and the probation plan and forward its assessment relating to: (a) the process by which the need for probation was determined, and (b) the quality of the proposed probation plan. The PD is responsible for finalizing the probation plan.
 - 12.3e The final version of a probation plan must be signed by the PD and resident and shared with the CC/CCC. The resident signature indicates only that the resident has reviewed and understood the probation plan and received a copy of the plan.

- 12.3f A copy of the signed version of the probation plan must be forwarded to the PGME office.
- 12.3g Should probation plans impose practice restrictions due to professional misconduct, incompetence, or incapacity the PGME office is required to report the probation period to hospital administration and the College of Physicians and Surgeons of Ontario.
- 12.3h The CC/CCC will review all relevant documentation to determine the outcome of a probation period (pass/fail).
- 12.3i The PD or delegate must advise the Associate Dean, PGME of the outcome of the probation (See 'PGME Remediation/Probation Outcome Notification form' at <https://meds.queensu.ca/academics/postgraduate/current/policies/apa>
- 12.3j The PGME office must advise hospital administration and the College of Physicians and Surgeons of Ontario of the outcome of the probation if practice restrictions were imposed.
- 12.4 Duration and progress in training
 - 12.4a A resident may be on probation for a maximum period of six months subsequent to the commencement of the probation.
 - 12.4b Subject to 12.5b, the probation period may or may not count towards the duration of training required for certification by the relevant credentialing College.
- 12.5 Probation Period
 - 12.5a During a probation period, holidays and absences from training are permitted but must be approved in advance by the PD or delegate. Additional time may be added to the probation period in those circumstances.
 - 12.5b The PD and CC/CCC may, where deemed appropriate, recommend that academic credit be awarded for a successful probation period. This recommendation is subject to approval by the Associate Dean, PGME.
 - 12.5c A failed probation period shall require the resident to withdraw from Queen's School of Medicine.
- 12.6 Further Probation during a residency
 - 12.6a A resident may be placed on probation on only one occasion during their training at Queen's.
 - 12.6b The requirement to withdraw applies even when a resident changes from one program to another program.

13.0 Suspension

- 13.1 The Associate Dean, PGME may suspend a resident on an interim basis, with immediate effect, should concern(s) regarding any of the following be brought to their attention:
 - a) Patient care and/or safety may be jeopardized,
 - b) The resident is thought to present a risk to the safety or well-being of others in the work or educational environment,
 - c) Substance abuse,
 - d) Inappropriate patient/physician interactions,

- e) Unethical behaviour,
 - f) Charged with a criminal offence or other offence relevant to the practice of medicine,
 - g) Other unprofessional conduct.
- 13.2 In cases where criminal or other relevant charges have been laid, the matter will be referred to the Special Review Committee for determination pursuant to the Queen's Health Sciences Police Records Check Policy
- 13.3 If the Associate Dean, PGME is of the opinion that the circumstances so require, the Associate Dean, PGME will notify the resident that they are suspended with pay, pending an investigation.
- 13.3a The PGME office must advise hospital administration and the College of Physicians and Surgeons of Ontario when a resident is suspended.
 - 13.3b The Associate Dean, PGME shall appoint an Investigator to conduct an investigation that is appropriate in the circumstances. The Investigator shall make findings of fact with respect to the concern(s) raised.
 - 13.3c The Academic Review Board (ARB) shall be convened to receive the Investigator's report and to determine whether the resident:
 - Jeopardized patient care or safety,
 - Engaged in substance abuse,
 - Engaged in inappropriate patient/physician interactions, or
 - Engaged in other unethical behaviour or unprofessional conduct.
 - 13.3d The ARB shall then provide the resident and the Program with a copy of the Investigator's final report, subject to redaction as set out in the ARB's Terms of Reference, as well as the written reasons for the ARB's conclusions as to the nature of the resident's conduct.
 - 13.3e The resident and the Program shall have a reasonable opportunity thereafter to provide the ARB with their views as to the appropriate outcome, given the Investigator's findings and the ARB's conclusions, and to understand and respond to the views of the other Party. The ARB shall then determine whether the resident should be reinstated (immediately or after a period of time, and with or without conditions), or required to withdraw. The ARB shall provide written reasons for its decision regarding the outcome to both the resident and the Program.
 - 13.3f The ARB shall provide the Associate Dean, PGME, with a copy of the Investigator's findings, the reasons for the ARB's conclusions as to the nature of the resident's conduct, and the reasons for its decision as to outcome.
 - 13.3g The PGME office must advise hospital administration and The College of Physicians and Surgeon of Ontario of the outcome of the investigation.
- 13.4 The resident may appeal the decision of the ARB to the Associate Dean, PGME, where the ARB's decision:
- directly mandates the continuation of the resident's suspension for a period longer than 60 days,

- requires the resident's suspension to continue until certain conditions are met and the conditions imposed cannot be met within 120 days, or
- requires the resident to withdraw.

13.5 The grounds for an appeal to the Associate Dean, PGME, are Extenuating Circumstances that the resident was incapable of raising before the ARB, through no fault of their own, or a breach of Procedural Fairness.

14.0 Requirement to Withdraw

14.1 A 'Requirement to Withdraw' will be issued for reasons that include but are not limited to:

- 14.1a A failed probation period
- 14.1b A failed remediation after a previous probation period
- 14.1c The imposition of a third remediation
- 14.1d Failed Assessment Verification Period

14.2 A 'Requirement to Withdraw' may be issued for reasons that include but are not limited to:

14.2a A determination by the Special Review Committee, and accepted by the Associate Dean, PGME that a letter of appointment be revoked, or a resident be required to withdraw.

14.2b A decision of the ARB concluding that a requirement to withdraw should occur because:

- Patient care and/or safety has been jeopardized,
- There is substance abuse,
- There was an inappropriate physician/patient interaction,
- There has been unethical behaviour,
- There has been unprofessional conduct.

14.2c An inability of the resident to continue in training due to a final decision of a third party, including but not limited to:

- The revocation or refusal to issue an educational licence by the College of Physicians and Surgeons of Ontario,
- A government decision that the resident may not enter, work, study, or remain in Canada,
- The imposition of a sentence of imprisonment or conditions by a Court,
- The revocation of a sponsored trainee's sponsorship by the sponsoring agency.

14.3 The PGME office must advise hospital administration and The College of Physicians and Surgeons of Ontario, and either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada when a resident is required to withdraw.

15.0 Appeals Process

15.1 Appeals concerning the service component and other areas as outlined in the PARO-OTH contract should be directed through the Professional Association of Residents of Ontario.

15.2 Academic and/or clinical performance determinations of the CC/CCC other than those specified below are not subject to appeal.

- 15.2a A decision of the CC/CCC concluding that the resident failed a rotation and imposing the resident's first or second period of remediation may be appealed to the RPC or Departmental Appeals Committee. There is no further appeal from the decision of the RPC or Departmental Appeals Committee.
- 15.2b A decision of the CC/CCC that will result in a resident being placed on probation or being required to withdraw may be appealed to the ARB. A decision of the ARB pursuant to this section may be appealed to the Postgraduate Tribunal.
- 15.3 The grounds for an appeal to the RPC or Departmental Appeals Committee and the ARB are Extenuating Circumstances that the resident was incapable of raising before the CC/CCC, through no fault of their own, or a breach of Procedural Fairness with respect to the CC/CCC decision.
- 15.4 The grounds for appeal to Postgraduate Tribunal are a breach of Procedural Fairness by the ARB (pursuant to this section of this Policy) or the Associate Dean, PGME (pursuant to the Suspension section of this Policy).

16.0 Notice of Appeal

- 16.1 In proceeding with any routes of appeal, notice of appeal must be given to the appropriate person or group in writing within 15 business days of the notification of the decision that is being appealed.
- 16.2 The Program must respond in writing within 15 business days of the receipt of the notice of appeal.

17.0 Appeals Process at Level 1

- 17.1 Appeals from a requirement to complete a remediation will be directed to the Residency Program Committee or Departmental Appeals Committee.
- 17.2 The Level 1 appeal process will follow the guidelines attached as Schedule F.
- 17.3 The resident may be accompanied by an advisor and/or support person.
- 17.4 The RPC or Subcommittee, or Departmental Appeals Committee may deny the appeal, or grant the appeal with or without conditions. These decisions are not appealable.

18.0 Appeals Process at Level 2

- 18.1 The Associate Dean, PGME, will convene the Academic Review Board (ARB) upon receipt of a resident's written appeal from a decision of the CC/CCC that would result in the resident being placed on probation or being required to withdraw.
- 18.2 The Level 2 appeal process will follow the Rules of Procedure attached as Schedule G.
- 18.3 The appeal will be heard by the ARB.
- 18.4 The resident may be accompanied by an advisor and/or support person.
- 18.5 The ARB makes a decision to deny the appeal, to grant the appeal with or without conditions, or to remit the matter to the CC/CCC for reconsideration with directions regarding the process to be followed.

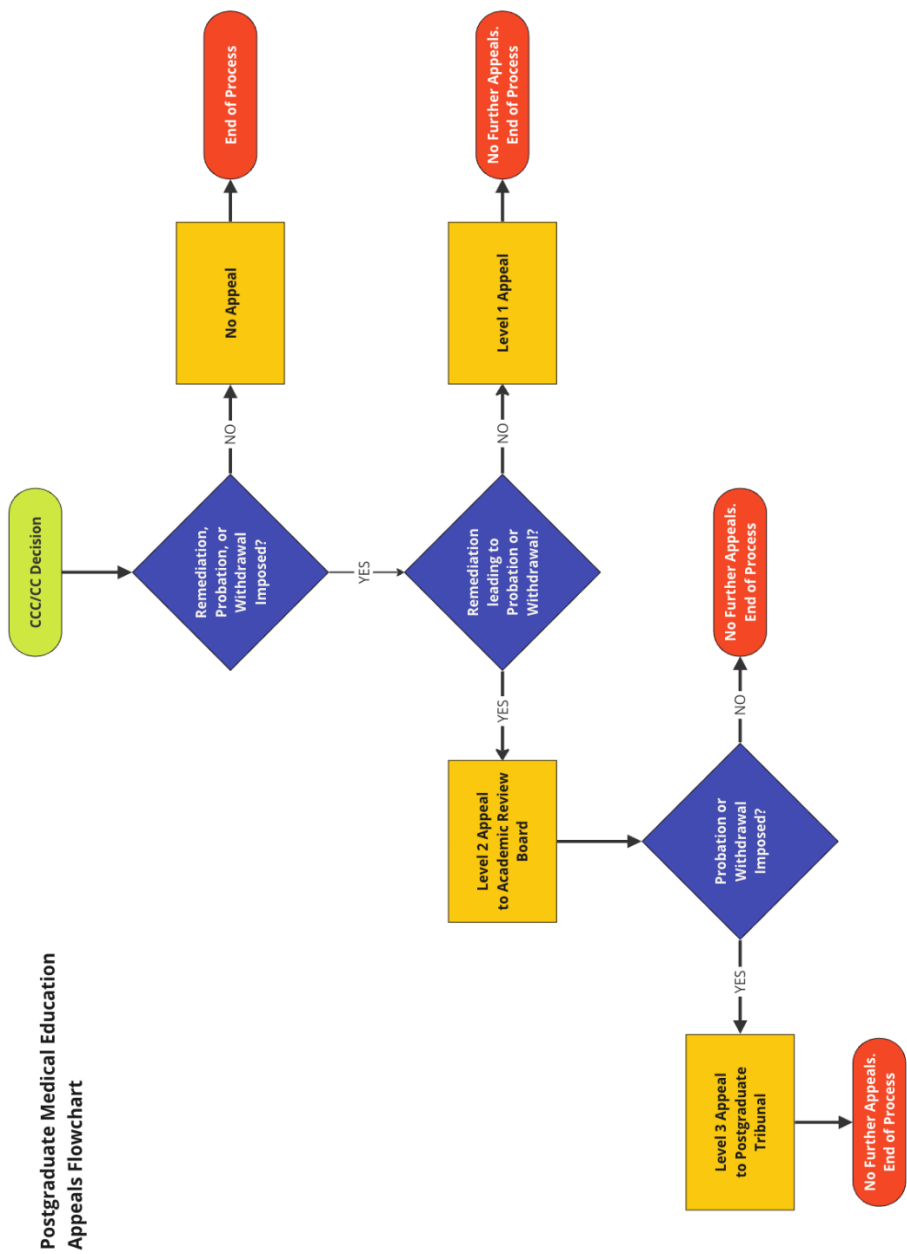
19.0 Appeals Process at Level 3

- 19.1 A resident may submit a Level 3 appeal to the Dean, Queen's Health Sciences, from a level 2 appeal decision or from a decision of the Associate Dean PGME to uphold a decision of the ARB that was subject to appeal pursuant to the Suspension section of this Policy. The resident must submit the appeal within 15 business days after being advised of the Level 2 decision or the decision of the Associate Dean, PGME.
- 19.2 The Dean shall arrange for a final hearing to be held in accordance with the Terms of References and Rules of Procedure for the Postgraduate Tribunal (See Schedule H).
- 19.3 The Postgraduate Tribunal shall make one of the following decisions:
- To grant the appeal in whole or in part, with or without conditions.
 - To deny the appeal; or
 - To remit the matter to the prior decision-maker for reconsideration with directions regarding the process to be followed.

20.0 Access to Documents

- 20.1 At all levels of appeal, the decision makers will have access to the resident's entire file, performance information, and other relevant documents, reports, program and PGME requirements, and standards.

Schedule A: Appeals Flowchart



Schedule B: Modified Learning Plan Template

MODIFIED LEARNING PLAN TEMPLATE

Preamble

Modified Learning Plans (MLP) are imposed by the Competence Committee/Central Competence Committee to address emerging concerns about residents' performance and/or behaviour(s). The purpose of an MLP is to support resident's focused attention on important learning and/or behavioural goals. The CC/CCC are responsible for determining when a resident has successfully accomplished the goals set out in the MLP.

Failure to progress through the learning plan as laid out in the MLP could trigger a formal remediation.

The resident may not appeal the requirement for an MLP or the outcome of an MLP unless the outcome of the MLP results is the imposition of remediation, probation, or withdrawal from training. All MLPs adhere to the PGME Assessment, Promotion, and Appeals Policy.

<https://meds.queensu.ca/academics/postgraduate/current/policies/apa>

Residents on MLPs do NOT normally require extensions of training. The resident may have access to vacations, electives, off-rotation service, etc. at the discretion of the PD, these, however, are not recommended. Additional time may be added to the MLP in those circumstances.

Modified Learning Plan

It is recommended that Dr. _____, a PGY _____ resident, in the _____ (Program name) follow a modified learning plan for a period of _____ (length*typically 4-12 weeks), to begin _____ and end _____ (dates).

Identified area(s) in need of focused attention. (indicate relevant CanMEDS role)	
List of objectives	
Teaching and learning strategies for improvement	
Assessment tool(s) to be used to document progress	
Educational experiences scheduled to support the resident in achieving objectives	

Check-in Points

1) Dr. _____ (AA/AC who will not assess performance during this time) will meet with Dr. _____ (resident) at intervals of approximately _____ (specify: weekly, biweekly, monthly) during the Modified Learning Plan period to discuss progress and performance.

2) Dr. _____ (PD or delegate) will meet with Dr. _____ (resident) at intervals of approximately _____ (specify: weekly, biweekly, monthly) during the Modified Learning Plan period to discuss progress and performance.

The Competence Committee (RCPSC programs) or Central Competence Committee (CFPC programs) will review all relevant documentation to determine the outcome of the MLP.

I understand the following about the Modified Learning Plan:

- ☐ The identified areas for improvement
- ☐ The expected level of performance on objectives
- ☐ The nature of the modified learning plan
- ☐ The time frame of the modified learning plan
- ☐ The assessment techniques to be used
- ☐ That failure to meet the objectives of this plan could lead to remediation.
- ☐ I have been given the chance to clarify all components of this *modified learning plan*.

The Assessment, Promotion and Appeals policy is on the Queen's Postgraduate Website:
<https://meds.queensu.ca/academics/postgraduate/current/policies/apa>

Of note, Modified Learning Plans are defined in Section 10 of the Assessment, Promotion and Appeals policy.

- ☐ I have been made aware of APA policy
- ☐ I understand it is my responsibility to review the APA policy

Resident signature: _____

Program Director or delegate signature: _____ Date: _____

The AA/AC confirms that they understand their role in the Modified Learning Plan.

Academic Advisor/Coach signature: _____ Date: _____

Outcome:

The Competence Committee/Central Competence Committee has determined that Dr. _____, a PGY _____ resident, in the _____ (Program name) has successfully met the requirements outlined in this modified learning plan on _____ (date).

Schedule C: Remediation Plan Template

REMEDIATION TEMPLATE

This remediation plan shall be completed by the Program Director or delegate in consultation with the Competence Committee (RCPSC programs) or Central Competence Committee (CFPC programs) for residents identified as in need of remediation.

It is recommended that Dr. _____, a PGY _____, resident in _____ (name of program) follow a program of remediation for a period of _____ (length), to begin _____ and end _____ (dates). During the remediation period, vacation and other absences from training are permitted but must be approved in advance by the PD or delegate. Additional time may be added to the remediation period in those circumstances.

The need for remediation was identified during the _____ rotation (s) beginning on _____ and ending on _____ (dates) at _____ (location).

- ☐ This is an interim plan until reviewed by the Education Advisory Board (EAB). Further revisions of this plan may be required based on EAB recommendations.
- ☐ Revised based on EAB recommendations.

Additional Background: (domain specific, independent remediation need)

Defined Needs: The following specific areas of weaknesses have been identified:

Identified areas of weaknesses
1)
2)
3)

(Add more as required)

Define Objectives: The following objectives have been defined for the purpose of remediation:

- 1) _____
 - 2) _____
 - 3) _____
- (Add more as required)

Methods of intervention: During the remediation period, Dr. _____ must:
(indicate all that apply)

- 1) Follow a structured reading program in the area of _____, paying particular attention to the following (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Basic science | <input type="checkbox"/> Clinical presentation |
| <input type="checkbox"/> Pathophysiology | <input type="checkbox"/> Therapeutics |
| <input type="checkbox"/> Management and approach | <input type="checkbox"/> Evidence based medicine |
| <input type="checkbox"/> Other: (e.g. increased protected time) _____ | |

Reading should be done from the following sources: _____

The following 'Reading Journal Template' should be used to document reading program progress.

Date	Reading Reference (title and source of reading)	Key concepts taken from reading	Application to patient care & clinical context

- 2) Improve clinical performance by: (e.g. increased time on rotation, individualized observation and feedback, simulations, additional clinics, standardized patients), *please specify:*

- 3) Follow remedial program (e.g. communication skills, skills training), *please specify:*

4) Other: (e.g. leave of absence, suspension, please specify)

Resident Wellness Support:

Residents must be reminded about the availability of support through the Director of Resident Wellness and that the program will provide protected time during the workday for meetings of this nature.

Monitoring schedule:

Note: roles and responsibilities may be adjusted to accommodate program structures.

1) Supervisor/Academic Advisor

Dr. _____ (resident) will meet with Dr. _____ at intervals of _____ (specify weekly, biweekly, monthly) during the remediation period to discuss progress.

2) Program Director or delegate

Dr. _____ (resident) will meet with Dr. _____ at intervals of _____ (specify weekly, biweekly, monthly) during the remediation period to discuss progress.

Mentor (optional) not involved in assessing resident's performance.

Dr. _____ has agreed to function in a mentoring capacity during this remediation period.

Documentation of Monitoring Meetings

The following meeting template (*or reasonable equivalent*) will be used to document all meetings:

(a) Date:
(b) Recorded by (circle one): Resident, Mentor, Supervisor/Academic Advisor, Program Director or delegate (c) Other, please specify _____
(d) In attendance:
(e) Focus of discussion:
(f) Outcomes/plan:

- Residents should be encouraged to document all meetings, and this record should subsequently be reviewed with, and approved by, all meeting attendee(s)
- The presence of a third party is **recommended**.

Documented Outcomes:

Successful remediation will require Dr. _____(resident) to meet requirements listed to the defined level of performance:

Assessment Plan:

Successful remediation will require Dr. _____(resident) fulfill requirements of the assessment plan detailed below. Assessment requirements may be adjusted based on periodic review of resident performance over the course of the remediation.

Note: Determination of the outcome of the remediation is made by the Competence Committee (RCPSC programs) or Central Competence Committee (CFPC programs) based on a comprehensive review of all assessment data and recommendations from the Academic Advisor and Program Director or delegate.

EPAs & Other program requirements	Sources of evidence (Assessments)	Required level of performance
F EPA 2 (Example)	<ul style="list-style-type: none"> • 5 supervisor forms 	<ul style="list-style-type: none"> • Global ratings of achieves or higher

The Competence Committee (RCPSC programs) or Central Competence Committee (CFPC programs) will review all relevant documentation to determine the outcome of the remediation period.

I, _____(Resident's Name) understand the following about the remediation program:

- ☐ The identified areas to be remediated.
- ☐ The expected level of performance on remediation objectives.
- ☐ The nature of the remedial program.
- ☐ The time frame of the remedial program.
- ☐ The assessment techniques to be used.
- ☐ The consequences of a successful/failed remediation period.
- ☐ I have been given the chance to clarify all components of this *remediation plan*.
- ☐ I have access to an independent mentor, and I know how to reach them.
- ☐ I have been reminded about the availability of support through the Director of Resident Wellness and understand that the program will provide protected time during the workday for meetings of this nature.

Links to Resident Health and Wellness Resources are available here:
<https://meds.queensu.ca/academics/postgraduate/prospective/wellness>

The *Assessment, Promotion and Appeals policy* is on the Queen's University School of Medicine Postgraduate Website and available as a reference.
<https://meds.queensu.ca/academics/postgraduate/current/policies/apa>

Of note, Section 11 of the *Assessment, Promotion and Appeals* policy details the process for a successful or not successful remediation period.

- ☐ I have been made aware of the APA policy.
- ☐ I understand it is my responsibility to review the APA policy.
- ☐ I have been made aware that further revisions of this plan may be required based on EAB recommendations.

Resident/date	Program Director or Delegate/date
---------------	-----------------------------------

- ☐ I accept the adjustments based on EAB recommendations.

Resident/date	Program Director or Delegate/date
---------------	-----------------------------------

NOTE: Minutes of meeting to review plans with residents are to be recorded and subsequently shared with residents.

Schedule D: Probation Plan Template

PROBATION TEMPLATE

This probation plan shall be completed by the Program Director or delegate in consultation with the Competence Committee (RCPSC programs) or Central Competence Committee (CFPC programs) for residents identified as in need of probation.

It is recommended that Dr. _____, a PGY _____, resident in _____ (name of program) follow a program of probation for a period of _____ (length), to begin _____ and end _____ (dates). During the probation period, vacation and other absences from training are permitted but must be approved in advance by the PD or delegate. Additional time may be added to the probation period.

The need for probation was identified during the _____ rotation (s) beginning on _____ and ending on _____ (dates) at _____ (location).

- ☐ This is an interim plan until reviewed by the Education Advisory Board (EAB). Further revisions of this plan may be required based on EAB recommendations.
- ☐ Revised based on EAB recommendations.

Rationale: This probation plan has been established with the understanding that it is not in keeping with the role of a _____ (name of program) resident to:

Events leading to probation:

1)
2)
3)

Define Objectives: The following objectives have been defined for the purpose of this probation period:

1)
2)
3)

(Add more as required)

Methods of intervention: During the probation period, Dr. _____ must:
(indicate all that apply)

5) Follow a structured reading program in the area of _____, paying particular attention to the following (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Basic science | <input type="checkbox"/> Clinical presentation |
| <input type="checkbox"/> Pathophysiology | <input type="checkbox"/> Therapeutics |
| <input type="checkbox"/> Management and approach | <input type="checkbox"/> Evidence based medicine |
| <input type="checkbox"/> Other: (e.g. increased protected time) _____ | |

Reading should be done from the following sources: _____

The following Reading Journal Template should be used to document reading program progress.

Date	Reading Reference (title and source of reading)	Key concepts taken from reading	Application to patient care & clinical context

6) Improve clinical performance by: (e.g. increased time on rotation, individualized observation and feedback, simulations, additional clinics, standardized patients), *please specify*:

7) Follow remedial program (e.g. communication skills, skills training), *please specify*:

8) Other: (e.g. leave of absence, suspension, please specify)

Resident Wellness Support:

Residents must be reminded about the availability of support through the Director of Resident Wellness and that the program will provide protected time during the workday for meetings of this nature.

Monitoring schedule:

Note: roles and responsibilities may be adjusted to accommodate program structures.

1) Supervisor/Academic Advisor

Dr. _____ (resident) will meet with Dr. _____ at intervals of _____ (specify weekly, biweekly, monthly) during the probation period to discuss progress.

2) Program Director or delegate

Dr. _____ (resident) will meet with Dr. _____ at intervals of _____ (specify weekly, biweekly, monthly) during the probation period to discuss progress.

Mentor (optional) not involved in assessing resident's performance.

Dr. _____ has agreed to function in a mentoring capacity during this probation period.

Documentation of Monitoring Meetings

The following meeting template (*or reasonable equivalent*) will be used to document all meetings:

(a) Date:
(b) Recorded by (circle one): Resident, Mentor, Supervisor/Academic Advisor, Program Director or delegate
(c) Other, please specify _____
(d) In attendance:
(e) Focus of discussion:
(f) Outcomes/plan:

- Residents should be encouraged to document all meetings, and this record should subsequently be reviewed with, and approved by, all meeting attendee(s)
- The presence of a third party is **recommended**.

Documented Outcomes:

Successful probation will require Dr. _____(resident) to meet requirements listed to the defined level of performance:

Assessment Plan:

Successful remediation will require Dr. _____(resident) fulfill requirements of the assessment plan detailed below. Assessment requirements may be adjusted based on periodic review of resident performance over the course of the probation period.

Note: Determination of the outcome of the probation is made by the Competence Committee (RCPSC programs) or Central Competence Committee (CFPC programs) based on a comprehensive review of all assessment data and recommendations from the Academic Advisor/Coach and Program Director or delegate.

EPAs & Other program requirements	Sources of evidence (Assessments)	Required level of performance
F EPA 2 (Example)	<ul style="list-style-type: none">• 5 supervisor forms	<ul style="list-style-type: none">• Global ratings of achieves or higher

The Competence Committee (RCPSC programs) or Central Competence Committee (CFPC programs) will review all relevant documentation to determine the outcome of the probation period.

I understand the following about the probation program:

- ☐ The identified weaknesses.
- ☐ The expected level of performance on probation objectives.
- ☐ The nature of the probation program.
- ☐ The time frame of the probation program.
- ☐ The assessment techniques to be used.
- ☐ The consequences of a successful/failed probation period.
- ☐ I have been given the chance to clarify all components of this *probation plan*.
- ☐ I have access to an independent mentor, and I know how to reach them.
- ☐ I have been reminded about the availability of support through the Director of Resident Wellness and understand that the program will provide protected time during the workday for meetings of this nature.

The *Assessment, Promotion and Appeals policy* is on the Queen's University School of Medicine Postgraduate Website and available as a reference.

<https://meds.queensu.ca/academics/postgraduate/current/policies/apa>

Of note, Section 12 of the *Assessment, Promotion and Appeals* policy details the process for a successful or not successful probation period.

Links to Resident Health and Wellness Resources are available here:

<https://meds.queensu.ca/academics/postgraduate/prospective/wellness>

- ☐ I have been made aware of the APA policy
- ☐ I understand it is my responsibility to review the APA policy
- ☐ I have been made aware that further revisions of this plan may be required based on EAB recommendations.

Resident/date

Program Director/date

- ☐ I accept the adjustments based on EAB recommendations.

Resident/date

Program Director/date

NOTE: Minutes of meeting to review plans with residents are to be recorded and subsequently shared with residents

Schedule E: Education Advisory Board: Terms of Reference

Policy	Assessment, Promotion and Appeals Policy: Schedule E: Education Advisory Board Terms of Reference
Date Approved	November 7, 2023
Approved By	EAB Chair/Associate Dean, PGME
Effective Date	November 7, 2023
Review to Commence	Annually
Responsible Portfolio/Unit/Committee	Postgraduate Medical Education Committee
Responsible Officer(s)	Associate Dean, Postgraduate Medical Education

A. **Mandate:**

The Education Advisory Board (EAB) is a special committee convened by the Associate Dean, Postgraduate Medical Education (PGME), responsible for assisting programs with academic planning for residents in need.

B. **Policy References:**

Queen's Postgraduate Residency Program "Assessment, Promotion and Appeals Policy".

C. **Major Responsibilities:**

The EAB:

- is advisory to Residency Programs and the Associate Dean, PGME in addressing residents in academic difficulty.
- **must** review all remediation and probation plans for residents in academic difficulty.
- **may**, at the request of a Program Director and/or the Associate Dean, PGME review modified learning plans.
- will review and provide recommendations relating to:
 - (a) the process by which the need for a plan was determined, and
 - (b) the quality of the proposed plan.

D. **Access to Information:**

In all cases, members of EAB will have access to residents' files, including all performance information, other relevant documents and reports including without

limitation assessments/recommendations of an independent process or board, such as the Academic Review Board (ARB).

All documents will be uploaded into the password protected EAB Elentra community.

E. Membership:

Chair: Director of Assessment and Evaluation, PGME (Ex Officio member)

Faculty Panel (minimum of six faculty members)

Postgraduate Residents (up to five)

Director of Resident Wellness (Ex Officio member, non-voting)

- The committee should strive to include faculty and resident representation from a broad selection of specialties.
- Program recommendations for faculty and resident membership will be sought by the Chair in consultation with the Associate Dean PGME.
- Membership will be reviewed, and members appointed, by the Associate Dean, PGME.

F. Functions:

Periodic Review Meeting

The focus of the review meeting will be to provide opportunity to:

- Review EAB overall functionality and Terms of Reference
- Share lessons learned.

Orientation Process

- Orienting in-coming members will be done by the Chair and normally includes a combination of sharing on-boarding documentation and a Q&A session.

Individual Case Reviews

- Working Groups function as a distributed network.
- Working Groups assume responsibility for reviewing individual cases.
- Working Group members review case documentation, complete, and submit case review templates.
- The Chair assumes responsibility for writing case reports.
- Case reports are advisory to the Associate Dean, PGME and Residency Programs.
- The Chair may approve an amended remediation/probation plan submitted by a program or send it back for further review.

Working Group composition

- Chair - Director of Assessment and Evaluation, PGME

- 2 members of the faculty panel
- 1 postgraduate resident
- Director of Resident Wellness—consultation as required.

G. Responsibilities:

Chair

- Prepare meeting agendas and Chair meetings.
- Prepare individual case reports.
- Submit an annual report to the Associate Dean, PGME

Members

- Attend committee meetings.
- Read pre-circulated material.
- Participate in working groups as required, including:
 - Reviewing case documentation
 - Providing feedback on proposed plans

Director of Resident Wellness

- Available for consultation at the call of the chair
- Reviews draft remediation or probation plans and shares with the chair, information about required accommodations or impacts of wellness issues that should be considered.

Term of Membership:

1) Faculty membership

- All faculty members will normally commit to a full three-year term, renewable.
- Membership should be staggered to ensure a regular turnover.

2) Resident membership

- Postgraduate residents will commit to a one-year term, renewable.

3) Ex Officio membership: Permanent member of the committee

H. Frequency and Duration of Meetings: At the call of the Chair.

I. Quorum: A majority of members

J. Decision-Making:

- As an advisory committee to the Associate Dean, the EAB may submit recommendations for consideration by the Associate Dean, PGME.
- The committee is encouraged to reach consensus on recommendations made to the Associate Dean but may vote should consensus not be reached.

- Case reports are advisory to the Associate Dean, PGME and Residency Programs.

K. Conflict of Interest:

An EAB member **must** declare a potential conflict of interest with any case presented for his/her review. Faculty panel and resident members concerns must be disclosed to the Chair, who will determine an appropriate course of action.

Potential conflicts of interest **could** include, but are not limited to:

- Any EAB member's close personal relationships with a resident under review,
- Clinical teacher or resident directly involved in a rotation/learning experience of concern.

L. Confidentiality:

All documents and files reviewed and prepared by the EAB are confidential.

M. Administrative Support:

Administrative support (secretarial) will be provided by the PGME Office.

Tasks will include but are not limited to:

- Uploading all relevant documents for individual cases into the EAB Elentra community.
- Documenting minutes of annual meetings.
- Tracking responsibility of EAB members by case and types of remediation/probation issues.

N. Agendas & Minutes:

- Agendas and meeting minutes will be uploaded into the EAB Elentra community by the recording secretary.
- Agenda and minutes will be stored in the EAB password protected Elentra community with access restricted to Board members.

O. Reporting Relationship:

Case Reports:

- Submitted to the Associate Dean, PGME, and individual Residency Programs and uploaded to the EAB Elentra community.

Annual Report to the Associate Dean, PGME:

- Outlining the number and nature of cases reviewed and types of recommendations made.
- Recommendations for enhanced committee functionality as necessary.

Schedule F: Level 1 Appeals Procedural Guidelines

1. A Resident appealing to the Residency Program Committee (RPC) or Departmental Appeals Committee (DAC) must file the appeal in writing explaining the reasons for the appeal and the remedy sought 15 business days after the decision being appealed. The grounds for an appeal to the RPC/DAC are Extenuating Circumstances that the Resident was unable to raise before the CC through no fault of their own, or a breach of Procedural Fairness. Academic and/or clinical performance determinations are not subject to appeal.
2. In advance of the appeal proceeding, the Resident shall file with the RPC/DAC documents that are relevant to the appeal that are not already contained in the resident's assessment file.
3. The RPC/DAC will give the PD or delegate notice of the appeal and forward any documents received from the Resident. The PD or delegate will be asked to provide any response on behalf of the Program and any additional relevant documentation. Any such response or additional documentation received shall be provided to the Resident.
4. The RPC/DAC will set a date for the appeal proceeding as soon as reasonably possible. Any RPC/DAC committee member who is unable to be present for the entire appeal may not participate in the final decision.
5. The Resident and the PD or delegate will be invited to meet with the RPC/DAC to make submissions. The Resident may be accompanied by an advisor and/or support person; however it is expected that the Resident will present their case and be prepared to respond to questions from the members of the RPC/DAC.
6. After hearing first from the Resident, the RPC/DAC will invite the PD or delegate to make submissions in response. The Resident will then be given the opportunity to reply to any new issues raised.
7. The members of the RPC/DAC may ask questions of the Resident and the PD or delegate and may ask for additional information to assist in understanding all the issues.
8. There will generally not be any witnesses called or cross-examination of parties permitted during the meeting.
9. After the appeal meeting, the RPC/DAC will meet in camera and render a decision. The decision and the reasons for the decision will be delivered to the Resident and the PD or delegate.
10. The RPC/DAC must advise the Associate Dean, Postgraduate Medical Education of the outcome of the appeal.

Schedule G: Level 2 Appeals Academic Review Board Terms of Reference and Rules of Procedure

I. Academic Review Board function

The Academic Review Board (ARB) is a special committee convened by the Associate Dean, Postgraduate Medical Education (PGME) to hear Level 2 appeals from a postgraduate medical resident or an International Medical Graduate in the Assessment Verification Period (hereafter referred to as “residents” or “appellants”) from the decision of the CC imposing a period of probation or a requirement to withdraw. The ARB makes a formal decision whether to deny or grant the appeal, with or without conditions.

The ARB also makes decisions with respect to suspensions under section 13.

II. Academic Review Board Membership

The ARB will normally consist of no less than three members including:

- A designated Chair
- One faculty member
- One resident

Note: This number may be expanded at the discretion of the Associate Dean, PGME in consultation with the Vice-Dean Health Sciences Education should circumstances warrant.

Administrative support (secretarial) will be provided by the Postgraduate Medical Education Office.

Members will be selected from the Appeals Subcommittee (see Schedule I), as appointed by the Associate Dean, PGME. An Academic Review Board that is convened to consider a suspension shall have its membership approved by the Vice Dean, Health Sciences Education.

III. Procedure for a Suspension

1. In the event of an investigation resulting from the suspension of a resident, pursuant to section 13.3b, the Associate Dean, PGME, appoints an investigator to conduct an investigation, which will include a review of relevant documents, interviews with individuals who have, or are reasonably likely to have, information that is relevant and necessary to the determination of the facts at issue, and an opportunity for the Program Director(s) and resident to understand and respond to the issues to be determined.

2. The Investigator will make findings of fact, on the balance of probabilities standard, and will provide a copy of their final report to the ARB. The ARB will meet in camera to review the Investigator's report and will determine whether the facts as found by the Investigator support a finding of misconduct. The ARB's conclusion(s) and reasons shall be reduced to writing.
3. The ARB shall provide the Program Director and the Resident (the Parties) with the Investigator's Report, and the ARB's conclusion(s) and reasons, and shall provide the Parties with a reasonable opportunity to present their views regarding next steps to the ARB. Where the ARB directs the Parties to provide their views in writing, the Parties are required to copy one another on any written submission they may choose to make.
4. The ARB shall have discretion to redact those portions of the Investigator's report that contain personal information that is not reasonably required in order to determine whether the Investigator's conclusions are based on relevant information and supported by the reasons given.
5. The Resident may have an advisory and/or support person (e.g., PARO representative, or legal counsel) present, but the Resident is expected to directly address any questions of the ARB.
6. After receiving the input of the Parties, or after the time for the Parties' response has lapsed, the ARB will decide whether to reinstate the Resident (immediately or after a period of time, with or without conditions), or require the Resident to withdraw. The ARB's decision, including its reasons, shall be provided in writing to the Parties, with a copy to the Associate Dean, PGME.

Procedure for an Appeal

IV. Starting an Appeal – Time Limits

- (a) A resident may, within 15 business days of notification of the CC/CCC decision that results in the imposition of probation or requiring the resident to withdraw, appeal to the ARB. Failure to adhere to the time limits may prevent the resident from pursuing the matter further.
- (b) The Chair may extend or abridge this, and other time limits established in these rules if, upon a written application by the requesting party, a satisfactory reason is provided for the delay and there is no undue prejudice to the other party. Normally time limits will be extended during holiday periods.

V. Parties

Parties to every resident appeal shall include:

- (a) The resident who is appealing (the appellant); and
- (b) A respondent, who shall be the Program Director from the program whose decision is being appealed.

VI. Right to Representation and Assistance

An appellant is encouraged to seek the assistance of an advisor or any other person, including legal counsel.

VII. Procedure

- (a) An appeal to the ARB is commenced by filing a Notice of Appeal (Form A) with the ARB Secretary (the Secretary), with all supporting documentation, including a copy of the decision being appealed, any relevant facts, the precise grounds of the appeal, the specific remedy sought, all documents upon which the appellant intends to rely (including any authorities to which the ARB will be referred), the appellant's preferred method of proceeding, the reasons for requesting an in-person proceeding (if applicable) together with a list of any witnesses that the appellant intends to call, the name of appellant's counsel, if any, and the appellant's current contact information.
- (b) The respondent shall be provided with a copy of the Notice of Appeal by the Secretary and shall have 15 business days from the date of receipt to file a Response (Form B) which will include all documents upon which the respondent intends to rely (including any authorities to which the ARB will be referred), the respondent's preferred method of proceeding, the reasons for requesting or opposing a request for an in-person proceeding (if applicable), together with a list of any witnesses to be called, and the name of respondent's counsel if any.
- (c) The secretary shall provide both parties with a list of the Appeals Subcommittee membership by email and shall be deemed to be received on the day after it was sent, unless that day is a holiday, in which case it shall be deemed to be received on the next day that is not a holiday. The parties shall then have 5 business days from the day after it was sent to respond by email, identifying any member(s) they perceive could have a conflict of interest with regard to the case.
- (d) Any submissions about preliminary matters such as jurisdiction or summary dismissal shall be raised at this time.
- (e) The Secretary shall provide the appellant with a copy of the Response.
- (f) No matter shall be placed before the ARB unless the appellant has filed, to the satisfaction of the Secretary, the appeal documents described above. The Secretary shall notify the appellant of any deficiencies in the appeal documents, and if these deficiencies are not corrected within the timeframe specified by the Secretary, the appeal may be disallowed for lack of completeness or for non-compliance with procedures. In the event that the Secretary is unable to contact the appellant at the last known address, the appeal shall be considered withdrawn.

VIII. Convening the ARB

The Chair shall convene the ARB within 5 business days after the filing of the Response, or as soon thereafter as is possible, to examine the documents and to determine whether any additional information may be required. If the ARB requires additional information, it may request that the parties supplement their submissions or provide additional documents. Upon request, the ARB shall also have access to the resident's file.

IX. Disclosure

The Secretary will forward to all parties every document that is before the ARB.

X. Delivery of Documents

- a) Documents from both parties may be delivered personally, electronically, or by mail.
- b) An appellant shall provide the Secretary with the following information:
 - (i) a mailing address.
 - (ii) an email address; and
 - (iii) a telephone number.
- c) The appellant shall ensure that the contact information provided is current and accurate at all times until the appeal is finally disposed of. The appellant shall immediately notify the Secretary in writing of any change in this information.
- d) If the document is sent by regular mail, it shall be sent to the latest mailing address provided by the appellant and shall be deemed to be received by the party on the fifth business day after it was mailed.
- e) If the document is sent by email, it shall be deemed to be received on the day after it was sent, unless that day is a holiday, in which case it shall be deemed to be received on the next day that is not a holiday.

XI. Notice of Appeal Proceeding

The Secretary, on behalf of the ARB, shall give the parties reasonable notice of the appeal proceeding. A Notice of Appeal Proceeding shall include:

- a) a statement of the method of the proceeding as selected by the ARB, and if the proceeding is to be held in person, the time and place selected; and
- b) a statement that if the party notified does not provide written submissions or attend at the proceeding, as the case may be, the ARB may nevertheless proceed, and the party will not be entitled to any further notice in the proceeding.

XII. Alternate Dispute Resolution

- a) The Chair may at any stage of the proceedings before a decision is rendered, recommend that the parties participate in an alternate dispute resolution process for the purpose of resolving the proceeding or an issue arising in the proceeding.
- b) If the parties agree to participate in an alternate dispute resolution process, they and the Chair must establish timelines for resolving the dispute, normally no longer than 20 business days. At any time during the dispute resolution process, or at the conclusion of the established timeline if the dispute remains unresolved, either party may request that the appeal proceeding resume.
- c) No person called upon as a mediator or otherwise appointed to facilitate the resolution of a dispute under this section shall be required to give testimony or produce documents in a proceeding before any University decision-maker or in a civil proceeding with respect to matters that have come before them in the course of carrying out such duties.
- d) No mediation notes or document which is produced for the purposes of resolving the dispute will be disclosed in a proceeding before any University decision-maker or in a civil matter, other than as required for implementation or enforcement of the term of an agreed final resolution.
- e) Both parties shall sign a confidentiality agreement in the form attached (Form C).

XIII. Dismissal of Appeal Without Appeal Proceeding

- a) The ARB may, on its own motion, dismiss a case after a review of the documents filed and without hearing from the parties if:
 - (i) The Chair determines that the ARB does not have jurisdiction;
 - (ii) The ARB determines that the appeal is clearly without merit or was commenced in bad faith; or
 - (iii) The appellant has not complied with the timelines or has failed to rectify a deficiency described in VII(f).
- b) The ARB shall notify the parties in writing that it is considering dismissing the appeal without an appeal proceeding for any of the reasons described in XIII(a), and it shall set a date to receive submissions from the parties on the issue.
- c) If a party files a request with supporting documentation asking that the ARB dismiss the appeal without an appeal proceeding, the ARB will provide the other party with 10 business days within which to file a response to the request and will schedule a time for the receipt of submissions.
- (d) If a decision is made to dismiss an appeal without an appeal proceeding, the Chair shall inform the parties in writing of the ARB's decision with reasons.

XIV. Appeal Proceedings

The ARB shall ordinarily determine appeals by way of written submissions. In-person appeal proceedings shall be held on an exceptional basis, including but not limited to the following circumstances:

- where the issues related to the grounds of appeal cannot be determined without the participation of one or more witnesses;
- where a credibility assessment is required to resolve competing evidence on an important point related to the grounds of appeal; or
- where the ARB determines that an in-person proceeding would permit a more efficient resolution of the issues before it.

A party that wishes to have an in-person appeal proceeding shall advise the ARB of their request in their Notice of Appeal or Response, as the case may be, and shall provide reasons for their request. The ARB shall consider any such requests and may exercise its discretion in determining the method of proceeding. Notwithstanding whether any such requests have been made, the ARB may decide to hold an in-person proceeding on its own motion.

XV. Attendance of Witnesses

Where an in-person proceeding has been selected by the ARB and witnesses have been permitted to be called:

- (a) Witnesses are not expected to be sworn or affirmed.
- (b) The ARB has no power to compel any person to attend an appeal proceeding.

XVI. Appeal Proceedings To Be Private

ARB proceedings are to be conducted in private. The Chair may direct who may or may not be present at any stage of an appeal proceeding.

XVII. Examination of Witnesses

- (a) A party to an in-person proceeding or their representative may
 - (i) Call and examine any witnesses and present evidence and submissions; and
 - (ii) Conduct cross-examinations of any witnesses reasonably required for a full and fair disclosure of all matters relevant to the issues in the proceeding.
- (b) The Chair may reasonably limit examination or cross-examination of a witness when satisfied that the examination has been sufficient to disclose fully and fairly all matters relevant to the appeal, or that the questioning is irrelevant or abusive.

XVIII. Adjournments

- (a) If during the course of any appeal proceeding, the ARB decides that additional information is required in order to resolve the matter, the Chair may adjourn the matter to permit the parties to bring forward such additional information or facts or to permit the ARB to obtain such additional information.
- (b) The ARB may decide to adjourn the appeal proceeding at the request of a party when it is satisfied that no party will be unduly prejudiced by the delay or that an injustice would occur if the appeal were to proceed.

XIX. Incapacity of Board Member

If a member of an ARB who has participated in an appeal proceeding becomes unable, for any reason, to complete the appeal proceeding or to participate in the decision, the remaining members may complete the appeal proceeding and give a decision. In this event, if the decision of the ARB is not unanimous, a new ARB must be struck and the appeal proceeding re-commenced.

XX. Powers of the ARB

- (a) The ARB has the following powers:
 - (i) To make preliminary or interim directions and procedural rulings concerning the conduct of the appeal proceeding, disclosure of documents and attendance of any witnesses
 - (ii) To direct any party to provide particulars or produce documents before or during the appeal proceeding
 - (iii) To fix dates for the commencement and continuation of appeal proceedings
 - (iv) To admit, in the interests of a fair and expeditious appeal, only evidence that is relevant to the issues properly before it
 - (v) To admit evidence that would not be admissible in a court of law if it is determined that the evidence is relevant, reliable and its probative value outweighs any prejudice which its admission might produce
 - (vi) To exclude evidence on the ground that it is unduly repetitious, irrelevant, or otherwise inadmissible, for example because of confidentiality or privacy concerns
 - (vii) To determine rules of procedure that are just and equitable and intended to provide a fair and expeditious appeal proceeding
 - (viii) To uphold the appeal and grant the remedy sought by the appellant in whole or in part, including re-instatement in the Postgraduate Program, and fashion any remedy deemed just and reasonable in the circumstances
 - (ix) To grant the appeal in part and require the appellant to complete a remediation plan developed by the Postgraduate Program prior to being

- permitted to continue in the Postgraduate Program
- (x) To deny the appeal
- (xi) To remit the matter back to the CC for reconsideration with directions regarding the process to be followed

- (b) The ARB may not award financial compensation or costs to an appellant except for compensation for out-of-pocket expenses, other than legal fees or medical expenses, that were incurred by the appellant as a direct result of the decision that was reversed on appeal.

XXI. ARB Decision

The ARB shall render a decision with reasons as soon as reasonably possible following the conclusion of the appeal proceeding. The decision and reasons shall be delivered to the Associate Dean, PGME. That decision will then be distributed to the appellant and the respondent(s) on behalf of the Associate Dean, PGME.

XXII. Record of Proceeding

- I. The Secretary shall keep a record of all proceedings before the ARB which shall include:
 - (xii) Any written documents filed by the parties;
 - (xiii) Any interim orders made by the ARB;
 - (xiv) The decision of the ARB and the reasons therefore.
- II. The Secretary may make an audio recording of any in-person appeal proceeding for the purposes of aiding the ARB in its deliberations. Ordinarily any recording that is made shall be erased or destroyed after the decision of the ARB is rendered.

Schedule H: Level 3 Appeals Postgraduate Tribunal Terms of Reference and Rules of Procedure

I. Postgraduate Tribunal Function

To determine appeals from a postgraduate medical residents, fellows, or International Medical Graduates in the Assessment Verification Period (hereafter referred to as “residents” or “appellants”) from a Level 2 decision of the ARB with respect to probation or a requirement to withdraw, or from a decision of the Associate Dean, PGME, to uphold the ARB’s decision with respect to a suspension. The resident must submit the appeal within 15 business days after being advised of the Level 2 decision or the decision of the Associate Dean, PGME. The Postgraduate Tribunal (the Tribunal) has no jurisdiction over academic and/or clinical performance determinations. The decision of the Tribunal is final. A resident does not have access to the University Student Appeal Board of the University Senate.

II. Tribunal Membership

A Tribunal will normally consist of no less than three members including:

- A designated Chair
- A faculty representative
- A resident representative

This number may be expanded at the discretion of the Vice-Dean, Health Sciences Education, in consultation with the Dean should circumstances warrant. Administrative support will be provided by the Postgraduate Medical Education Office and legal counsel will be provided by the Office of the University Secretariat and Legal Counsel or delegate.

Members will be selected from the Appeals Subcommittee (see Schedule I), a standing group of medical educators who have agreed to participate in postgraduate appeals as Chairs or Faculty Representatives.

III. Starting an Appeal – Time Limits

- (a) A resident may, within 15 business days of notification of the decision complained of, appeal to the Tribunal. Failure to adhere to the time limits may prevent the resident from pursuing the matter further.
- (b) The Chair may extend or abridge this, and other time limits established in these rules if, upon a written application by the requesting party, a satisfactory reason is provided for

the delay and there is no undue prejudice to the other party. Normally time limits will be extended during holiday periods.

IV. Parties

Parties to every resident appeal shall include:

- (a) The resident who is appealing (the appellant); and
- (b) The program director of the Program that imposed the probation or requirement to withdraw, or from which the resident was suspended (the respondent).

V. Right to Representation and Assistance

An appellant is encouraged to seek the assistance of an advisor or any other person, including legal counsel.

VI. Procedure

- (a) An appeal to the Tribunal is commenced by filing a Notice of Appeal (Form A) with the Tribunal Secretary (the Secretary), with all supporting documentation, including a copy of the decision being appealed, any relevant facts, the precise grounds of the appeal, the specific remedy sought, all documents upon which the appellant intends to rely (including any authorities to which the Tribunal will be referred), the appellant's preferred method of proceeding, the reasons for requesting an in-person proceeding (if applicable) together with a list of any witnesses that the appellant intends to call, the name of appellant's counsel, if any, and the appellant's current contact information.
- (b) The respondent shall be provided with a copy of the Notice of Appeal by the Secretary and shall have 15 business days from the date of receipt to file a Response (Form B) which will include all documents upon which the respondent intends to rely (including any authorities to which the Tribunal will be referred), the respondent's preferred method of proceeding, the reasons for requesting or opposing a request for an in-person proceeding (if applicable) together with a list of any witnesses to be called, and the name of respondent's counsel if any.
- (c) The secretary shall provide both parties with a list of the Appeals Subcommittee membership by email and shall be deemed to be received on the day after it was sent, unless that day is a holiday, in which case it shall be deemed to be received on the next day that is not a holiday. The parties shall then have 5 business days from the day after it was sent to respond by email, identifying any members they perceive could have a conflict of interest with regard to the case.
- (d) Any submissions about preliminary matters such as jurisdiction or summary dismissal shall be raised at this time.

- (e) The Secretary shall provide the appellant with a copy of the Response.
- (f) No matter shall be placed before the Tribunal unless the appellant has filed, to the satisfaction of the Secretary, the appeal documents described above. The Secretary shall notify the appellant of any deficiencies in the appeal documents, and if these deficiencies are not corrected within the timeframe specified by the Secretary, the appeal may be disallowed for lack of completeness or for non-compliance with procedures. In the event that the Secretary is unable to contact the appellant at the last known address, the appeal shall be considered withdrawn.

VII. Convening the Tribunal

The Chair shall convene the Tribunal within five business days after the filing of the Response, or as soon thereafter as is possible, to examine the documents and to determine whether any additional information may be required. If the Tribunal requires additional information, it may request that the parties supplement their submissions or provide additional documents. Upon request, the Tribunal shall also have access to the resident's file.

VIII. Disclosure

The Secretary will forward to all parties every document that is before the Tribunal.

IX. Delivery of Documents

- a) Documents from both parties may be delivered personally, electronically, or by mail.
- b) An appellant shall provide the Secretary with the following information:
 - (i) a mailing address;
 - (ii) an email address; and
 - (iii) a telephone number.
- c) The appellant shall ensure that the information provided is current and accurate at all times until the appeal is finally disposed of. The appellant shall immediately notify the Secretary in writing of any change in this information.
- d) If the document is sent by regular mail, it shall be sent to the latest mailing address provided by the appellant and shall be deemed to be received by the party on the fifth business day after it was mailed.
- e) If the document is sent by email, it shall be deemed to be received on the day after it was sent, unless that day is a holiday, in which case it shall be deemed to be received on the next day that is not a holiday.

X. Notice of Appeal Proceeding

The Secretary, on behalf of the Tribunal, shall give the parties reasonable notice of the appeal proceeding. A Notice of Appeal Proceeding shall include:

- a) a statement of the method of the proceeding as selected by the Tribunal, and if the proceeding is to be held in person, the time and place selected; and
- b) a statement that if the party notified does not provide written submissions or attend at the proceeding, as the case may be, the Tribunal may nevertheless proceed and the party will not be entitled to any further notice in the proceeding.

XI. Alternate Dispute Resolution

- a) The Chair may at any stage of the proceedings before a decision is rendered, recommend that the parties participate in an alternate dispute resolution process for the purpose of resolving the proceeding or an issue arising in the proceeding.
- b) If the parties agree to participate in an alternate dispute resolution process, they and the Chair must establish timelines for resolving the dispute, normally no longer than 20 business days. At any time during the dispute resolution process, or at the conclusion of the established timeline if the dispute remains unresolved, either party may request that the appeal proceeding resume.
- c) No person called upon as a mediator or otherwise appointed to facilitate the resolution of a dispute under this section shall be required to give testimony or produce documents in a proceeding before any University decision-maker or in a civil proceeding with respect to matters that have come before her or him in the course of carrying out such duties.
- d) No mediation notes or document, which is produced for the purposes of resolving the dispute, will be disclosed in a proceeding before any University decision-maker or in a civil matter, other than as required for implementation or enforcement of the term of an agreed final resolution.
- e) Both parties shall sign a confidentiality agreement in the form attached (Form C)

XII. Dismissal of Appeal Without Appeal Proceeding

- a) The Tribunal may, on its own motion, dismiss a case after a review of the documents filed and without hearing from the parties if:
 - (i) The Chair determines that the Tribunal does not have jurisdiction;
 - (ii) The Tribunal determines that the appeal is clearly without merit or was

- commenced in bad faith; or
- (iii) The appellant has not complied with the timelines or has failed to rectify a deficiency described in IV(f).
- b) The Tribunal shall notify the parties in writing that it is considering dismissing the appeal without an appeal proceeding for any of the reasons described in XII(a), and it shall set a date to receive submissions from the parties on the issue.
- c) If a party files a request with supporting documentation asking that the Tribunal dismiss the appeal without an appeal proceeding, the Tribunal will provide the other party with 10 business days within which to file a response to the request and will schedule a time for the receipt of submissions.
- (d) If a decision is made to dismiss an appeal without an appeal proceeding, the Chair shall inform the parties in writing of the Tribunal's decision with reasons.

XIII. Appeal Proceedings

The Tribunal shall ordinarily determine appeals by way of written submissions. In-person appeal proceedings shall be held on an exceptional basis, including but not limited to the following circumstances:

- where the issues related to the grounds of appeal cannot be determined without the participation of one or more witnesses;
- where a credibility assessment is required to resolve competing evidence on an important point related to the grounds of appeal; or
- where the Tribunal determines that an in-person proceeding would permit a more efficient resolution of the issues before it.

A party that wishes to have an in-person appeal proceeding shall advise the Tribunal of their request in their Notice of Appeal or Response, as the case may be, and shall provide reasons for their request. The Tribunal shall consider any such requests and may exercise its discretion in determining the method of proceeding. Notwithstanding whether any such requests have been made, the Tribunal may decide to hold an in-person proceeding on its own motion.

XIV. Attendance of Witnesses

Where an in-person proceeding has been selected by the Tribunal and witnesses have been permitted to be called:

- (a) Witnesses are not expected to be sworn or affirmed.
- (b) The Tribunal has no power to compel any person to attend an appeal proceeding.

(c)

XV. Appeal Proceedings To Be Private

Tribunal proceedings are to be conducted in private. The Chair may direct who may or may not be present at any stage of an appeal proceeding.

XVI. Examination of Witnesses

(a) A party to an in-person proceeding or their representative may

- (i) Call and examine any witnesses and present evidence and submissions; and
- (ii) Conduct cross-examinations of any witnesses reasonably required for a full and fair disclosure of all matters relevant to the issues in the proceeding.

(b) The Chair may reasonably limit examination or cross-examination of a witness when satisfied that the examination has been sufficient to disclose fully and fairly all matters relevant to the appeal, or that the questioning is irrelevant or abusive.

XVII. Adjournments

- (a) If during the course of any appeal proceeding, the Tribunal decides that additional information is required in order to resolve the matter, the Chair may adjourn the matter to permit the parties to bring forward such additional information or facts or to permit the Tribunal to obtain such additional information.
- (b) The Tribunal may decide to adjourn the appeal proceeding at the request of a party when it is satisfied that no party will be unduly prejudiced by the delay or that an injustice would occur if the appeal were to proceed.

XVIII. Incapacity of Board Member

If a member of a Tribunal who has participated in an appeal proceeding becomes unable, for any reason, to complete the appeal proceeding or to participate in the decision, the remaining members may complete the appeal proceeding and give a decision. In this event, if the decision of the Tribunal is not unanimous, a new Tribunal must be struck and the appeal proceeding recommenced.

XIX. Powers of the Tribunal

(a) The Tribunal has the following powers:

- (i) To make preliminary or interim directions and procedural rulings concerning the conduct of the appeal proceeding, disclosure of documents and

- attendance of any witnesses
- (ii) To direct any party to provide particulars or produce documents before or during the appeal proceeding
- (iii) To fix dates for the commencement and continuation of appeal proceedings
- (iv) To admit, in the interests of a fair and expeditious appeal, only evidence that is relevant to the issues properly before it
- (v) To admit evidence that would not be admissible in a court of law if it is determined that the evidence is relevant, reliable and its probative value outweighs any prejudice which its admission might produce
- (vi) To exclude evidence on the ground that it is unduly repetitious, irrelevant, or otherwise inadmissible, for example because of confidentiality or privacy concerns
- (vii) To determine rules of procedure that are just and equitable and intended to provide a fair and expeditious appeal proceeding
- (viii) To uphold the appeal and grant the remedy sought by the appellant in whole or in part, and fashion any remedy deemed just and reasonable in the circumstances. Where the remedy may include reinstatement in the Postgraduate Program, the Tribunal will seek the input of the Program as to the feasibility of any reinstatement, and any conditions of reinstatement that the Program deems necessary to ensure that the reinstatement is undertaken in a manner that is consistent with the Program's educational standards, and is safe for patients, staff, other learners, and the appellant. The appellant shall be provided with a reasonable opportunity to respond to any input provided by the Program
- (ix) To deny the appeal
- (x) To remit the matter back to the prior decision-maker for reconsideration with directions regarding the process to be followed

(b) The Tribunal may not award financial compensation or costs to an appellant except for compensation for out-of-pocket expenses, other than legal fees or medical expenses, that were incurred by the appellant as a direct result of the decision that was reversed on appeal.

XX. Tribunal Decision

The Tribunal shall render a decision with reasons as soon as reasonably possible following the conclusion of the appeal proceeding. The decision and reasons shall be delivered to the Dean, Queen's Health Sciences. That decision will then be distributed to the Associate Dean, PGME, the appellant and the respondent(s).

XXI. Record of Proceeding

(a) The Secretary shall keep a record of all proceedings before the Tribunal which shall

include:

- (i) Any written documents filed by the parties;
 - (ii) Any interim orders made by the Tribunal;
 - (iii) The decision of the Tribunal and the reasons therefore.
- (b) The Secretary may make an audio recording of any in-person appeal proceeding for the purposes of aiding the Tribunal in its deliberations. Ordinarily any recording that is made shall be erased or destroyed after the decision of the Tribunal is rendered.

Schedule I: Appeals Subcommittee Terms of Reference

The Appeals Subcommittee is a group of medical educators who support the appeal process in Postgraduate Medical Education. Members of this group have agreed to participate in individual Academic Review Boards and Postgraduate Tribunals, when needed, either as Chairs or Faculty Representatives. Membership of the Appeals Subcommittee is subject to approval by the School of Medicine Academic Council (SOMAC) on recommendation of the School of Medicine Nominations and Procedures Committee. SOMAC will endeavour to ensure that the overall Membership of the Appeals Subcommittee reflects the diversity of the Postgraduate Programs. As the number of appeals varies each year, it is possible that some members will not be called upon. Members will also be eligible to participate in investigations organized through Academic Review Boards.

Roles and Responsibilities

- a) To provide faculty membership for Academic Review Boards and Postgraduate Tribunals
- b) To participate in special meetings designed to educate members about the postgraduate appeals and investigations processes
- c) To participate, if selected, in all meetings and appeal proceedings related to an individual appeal or investigation.
- d) To contribute to the final report for each appeal or investigation

Membership

- a) Faculty members should be experienced in the training of postgraduate medical education residents.
- b) Resident members will serve for a one-year term, renewable for one additional year, and should not be in their final year of training at Queen's as cases can sometimes span academic years. Residents who are interested in becoming members of the subcommittee should express interest to their Program Director. If the Program Director supports the resident's participation in the subcommittee, the Program Director will provide the resident's name to the Secretary.
- c) Former Deans, Vice Deans, and Associate Deans are welcome to participate in the Appeals Subcommittee and should express their interest to the Secretary.
- d) Members will be approved by SOMAC and appointed for staggered three-year terms on the recommendation of the School of Medicine Nominations and Procedures Committee.
- e) Initial appointments may be made for fewer than three years to ensure staggered appointments.
- f) Each clinical department below must nominate one (1) faculty member for this subcommittee. Those departments include:
 - a. Anesthesiology and Perioperative Medicine
 - b. Critical Care Medicine
 - c. Diagnostic Radiology
 - d. Emergency Medicine

- e. Family Medicine (including Public Health)
- f. Medicine
- g. Obstetrics and Gynecology
- h. Oncology
- i. Ophthalmology
- j. Pediatrics
- k. Pathology and Molecular Medicine
- l. Physical Medicine and Rehabilitation
- m. Psychiatry
- n. Surgery
- o. Urology

Administrative Support

The Postgraduate Medical Education Office will provide support to the subcommittee.