

RESIDENT EVALUATION, REMEDIATION AND PROBATION POLICY FACULTY OF MEDICINE UNIVERSITY OF BRITISH COLUMBIA

This document outlines the evaluation and remediation processes applicable to Residents in Postgraduate Training Programs in the Faculty of Medicine at the University of British Columbia. Evaluation of a Resident is a critical component of postgraduate training that requires the exercise of academic judgment. Such judgment must not be exercised in a manner that is unfair, arbitrary or discriminatory. Faculty must base their assessment of the Resident on the available relevant information and with regard to the conjoint General Standards of Accreditation, Standard B6, Evaluation of Resident Performance of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, the standards of performance set by the Program, and any applicable Faculty of Medicine or University of British Columbia policies.

DEFINITIONS

In this Policy:

“Associate Dean” means the Associate Dean of Postgraduate Medical Education of the Faculty of Medicine at the University.

“CFPC” means the College of Family Physicians of Canada, a national, voluntary organization that sets standards for residency education for family physicians.

“Collective Agreement” means the collective agreement between the Health Employers Association (“HEABC”) and the Professional Association of Residents of British Columbia (“PAR-BC”), the certified bargaining agent for residents employed by the hospitals and Health Authorities represented by HEABC.

“College” means the College of Physicians and Surgeons of British Columbia, the professional licensing body for physicians in British Columbia.

“FITER” means a Final In Training Evaluation as described in paragraph 4.1.

“HEA-BC” means the Health Employers Association of British Columbia, an association representing the hospitals and Health Authorities that employ Residents.

“ITER” means an In Training Evaluation Report, which is a formal written evaluation that is part of the Resident’s normal post-graduate medical training program and is not an evaluation given during a period of remediation or probation.

“Program Director” means the member of the Faculty of Medicine responsible for the overall conduct of a post-graduate training program in a specific discipline and who is responsible to the Associate Dean, Postgraduate Medical Education and the Department Head of the Department.

“RCPSC” means the Royal College of Physicians and Surgeons of Canada, a national organization that sets educational standards for medical specialist physicians.

“Resident” means a physician in a postgraduate medical training program that: (a) leads to RCPSC or CFPC certification; and (b) is administered by the University.

“Rotation” means the period of time a Resident is assigned to a clinical service for which there are specific, defined learning objectives.

“CanMeds/CanMeds-FM competencies” means the discipline specific competencies as outlined by the RCPSC or the CFPC

“Resident Training Committee” (“RTC”) means a committee of members of the Department or Division and Resident representatives from the Program established to assist the Program Director in the planning, organization and supervision of the Program.

“Rotation Supervisor” means the faculty member in the Faculty of Medicine who has direct responsibility for the Resident’s clinical academic program during a Rotation and who may be the Program Director in certain circumstances.

“Formative evaluation” means frequent, ongoing feedback given to residents by faculty and supervisors designed to improve performance

“Summative evaluation” means the final, overall assessment of a resident’s performance on a Rotation or other educational experience

A. EVALUATION PROCESSES

1. GENERAL PRINCIPLES

1.1. Residents will be evaluated in accordance with the conjoint General Standards of Accreditation, Standard B6, Evaluation of Resident Performance of the RCPS and CFPC which outlines the basic requirements for a resident evaluation system in each program. <http://www.royalcollege.ca/public/credentials/accreditation>

1.2. Timely formative evaluations, written or oral, should be provided to the Resident as deemed necessary and appropriate by the Rotation Supervisor, throughout each Rotation.

1.3. The Rotation Supervisor, or the Program Director, must meet with any Resident who is not meeting objectives during a Rotation. The Resident must be given a written mid- point evaluation identifying the deficits in performance or conduct and be provided with an opportunity to correct the deficits by the end of the Rotation.

1.4. Residents will be evaluated on rotation-specific goals and on competencies that span rotations. Residents must demonstrate that they meet objectives in all competencies in the CanMEDS roles and any rotation-specific goals to successfully complete the Rotation. The Rotation Supervisor must discuss borderline performance or a failure to meet these competencies with the Resident and must document the deficits in the Resident’s ITER.

1.5. A Resident who does not successfully complete a Rotation will be required to repeat the Rotation and may be placed on Remediation or Probation as appropriate and in accordance with this Policy.

1.6. For Residents in non rotational programs (horizontal or integrated) the Program Director, or delegate must fill out an ITER for the Residents at regular intervals of not less than 3 months. The ITER must be reviewed with the Resident.

2. IN-TRAINING EVALUATION REPORTS

2.1. At the end of each Rotation the Resident must receive a summative evaluation ITER in basic CanMEDS format which records the evaluation of the Resident in the CanMEDS roles and on rotation-specific goals where appropriate. The evaluation must recognize the difference in expectations of skills and knowledge between junior and senior Residents.

2.2. The ITER will be completed by the Rotation Supervisor and may be individual or composite depending on the on the requirements of the Rotation. Where appropriate and practicable the Rotation Supervisor will solicit input from the Resident’s teaching faculty, including allied health professionals, who worked with the Resident in the Rotation. In completing the ITER the Rotation Supervisor will include narrative comments from individuals who contributed to a composite evaluation.

2.3. Once the ITER is completed it will be provided to the Resident, or entered onto the One45 system, to allow the Resident to review and comment. The Resident must sign the ITER or mark the appropriate box on the One45 form to acknowledge receipt of the ITER. If the Resident does not agree with the evaluation, he or she has the right to place a written comment on the form and may appeal the ITER as provided in section 3 of this Policy.

2.4. The Program Director, Site Director or the Rotation Supervisor must meet with the Resident to discuss the ITER and to review the strengths and weaknesses documented in the ITER.

3. APPEAL OF AN ITER

3.1. A Resident has the right to appeal an ITER to the RTC. 3.2. A request for such an appeal must:

(a) be submitted in writing to the Program Director within ten (10) calendar days of the meeting between the Resident and Program Director, Site Director or Rotation Supervisor held to review the contents of the ITER; and

(b) describe the basis for the appeal.

3.3. The RTC may contact the Resident, or any of the evaluators named on the ITER, if further information is required.

3.4. The Program Director will forward the Resident's request for appeal, along with any additional information obtained by the Program Director from the Resident or any of the evaluators named on the ITER, to the RTC for consideration.

3.5. The RTC will review the appeal to determine whether the evaluation was conducted in accordance with the processes and principles set out in this Policy and whether the evaluation was a fair assessment of the Resident's knowledge and skills. An assessment is fair if it is based on information relevant to the Resident's performance and ability to meet the standards of the Rotation and does not take into account irrelevant information.

3.6. The RTC will not substitute its academic judgment for that of the evaluator(s) unless it is established that the evaluation was not conducted in accordance with this Policy or was otherwise not a fair assessment of the Resident's performance in the Rotation.

3.7. Once the RTC has considered the Resident's appeal the RTC will decide either:

(a) to deny the appeal on the basis that the appropriate process for evaluation has been followed and the ITER will remain in the Resident's file; or

(b) to deny the appeal on the basis that there has been some procedural deficiency of a minor nature identified, but the RTC is satisfied that this procedural error could not have resulted in an erroneous evaluation; or

(c) to grant the appeal on the basis that there has been a procedural deficiency that could have resulted in an erroneous evaluation and a new ITER will be written by the Program Director and placed in the Resident's file. In the case of a successful appeal the original ITER will be removed from the Resident's file and will be destroyed.

3.8. The decision of the RTC with regard to a Resident's appeal of an ITER will be made on the basis of a majority vote and is final. A Resident may not appeal a replacement ITER created pursuant to sub-paragraph 3.7(c).

4. FINAL IN TRAINING EVALUATION REPORT

4.1. At the completion of postgraduate training Residents require a Final In Training Evaluation (FITER) from their Program Director for the purpose of determining exam eligibility in RCPSC programs, or a recommendation for examination in CFPC programs.

4.2. The FITER provides a summary evaluation of the Resident's performance in all CanMEDS roles and program requirements over the course of postgraduate training. A copy of the FITER is provided to the Resident and forwarded by the Program Director to the RCPSC or CFPC.

4.3. The FITER will be completed by the Program Director in accordance with the General Standards of Accreditation, Standard B6, Evaluation of Resident Performance as adopted by the RCPS.

4.4. A Program Director may refuse to complete a FITER in circumstances in which the Program Director determines that the Resident's overall performance does not demonstrate that the Resident should be recommended to write the RCPSC or CFPC certification examination and that the Resident requires more time in the Program to complete his or her postgraduate training.

4.5. A Resident may appeal a Program Director's refusal to provide a FITER, or the contents of a completed FITER, under the process set out in the Faculty of Medicine Policy on Resident Appeals.

B. CORRECTION OF DEFICITS IN PERFORMANCE OR CONDUCT

It is expected that deficits in performance or conduct will be corrected through the supervision and formative evaluations provided orally or in writing to the Resident by the Rotation Supervisor and other faculty who have contact with the Resident during the course of the postgraduate training. Where a Resident has failed to meet the performance standards of the postgraduate training program or where a problem with performance or conduct has been identified that has not been responsive to informal direction and feedback it may be necessary to implement a more formal, focused, individualized training program to address the deficits in performance or conduct. The goal in any remedial process is to provide the Resident with an opportunity to correct the deficits in performance or conduct and to demonstrate readiness to continue with

postgraduate training.

Remediation and probation periods are intended to deal with deficits in performance or conduct deemed to be remediable but which are not expected to be readily corrected in the normal course of postgraduate training. It is not necessary to place a Resident on Remediation before placing a Resident on Probation. The nature and scope of the remedial process required will be determined by the Program Director and will depend on the circumstances and the type of weakness or deficit in performance or conduct.

5. REMEDIATION

5.1. Remediation is a defined period of time with training objectives and learning components structured to address an area or areas of weakness or deficit in performance or in conduct that have been identified in the Resident's training. Remediation is indicated when it is anticipated that those weaknesses can be successfully addressed so as to allow the Resident to meet the standards of the training. Remediation is best suited to correct discrete performance issues such as deficits in knowledge base, inadequate clinical skills or minor breaches of professional conduct.

5.2. Remediation may include special evaluations, which may be of more than one kind, and may be performed by multiple internal or external evaluators. At the completion of the Remediation, a Resident is expected to demonstrate satisfactory improvement in his or her conduct or performance in identified area or areas of weakness or deficit.

5.3. A Resident may be placed on remediation when: (a) The Resident has failed a Rotation as documented in an ITER; or,

(b) Poor or borderline performance, or a pattern of poor or borderline performance, as documented in ITERs, written formative feedback, or discussions with the Resident, in one or more of the domains in the CanMEDS/Can/MEDS-FM roles, is identified even though the Resident has not failed a rotation as documented in an ITER; or

(c) In competency based programs the Program Director identifies that the Resident requires more time to demonstrate an ability to meet the competencies required to progress in the Program

5.4. The Program Director will normally consult with the RTC before making a final decision to place a resident on Remediation. The Program Director will notify the Associate Dean of any decision to place a Resident on Remediation.

5.5. The Program Director will set the terms of the Remediation with input from the RTC as required. The Program Director must designate a member of the faculty as the Remediation Supervisor who will assume responsibility for implementing the terms of the Remediation.

5.6. Before the commencement of the Remediation the Program Director must provide the Resident with a letter describing the identified deficits and areas of weakness in performance or conduct, and the remediation plan which will include a specified time to remedy the identified deficits ("Remediation Letter"). The template for the Remediation Letter is attached as Addendum "A" to this Policy. The Remediation Letter must be signed by the Remediation Supervisor, the Program Director and the Postgraduate Dean.

5.7. At the conclusion of the Remediation, the Program Director or Remediation Supervisor will meet with the Resident to discuss the summative evaluation of the Resident's performance during Remediation.

5.8. The Program Director will call a meeting of the RTC, or a subcommittee of the RTC, to discuss the outcome of the Remediation. Material related to the Resident's performance relied on by the Remediation Supervisor and the Program Director to evaluate the Resident's performance will be presented to the RTC, or the sub-committee, by the Program Director, or by the Remediation Supervisor, as appropriate. The summative evaluation of the Resident's performance will be reviewed by the RTC, or the subcommittee of the RTC, and a recommendation will be made to the Program Director regarding the outcome of the Remediation. The Resident will not normally attend the meeting of the RTC.

5.9. The Program Director will consider the recommendation of the RTC and will make a final decision regarding the outcome of the Remediation. The Program Director may meet with the Resident before making a final decision if the Program Director determines that additional information from the Resident is required although the

Program Director may make a decision on the basis of the summative evaluation and the recommendation of the RTC.

5.10. The Program Director will record the final decision in the FINAL OUTCOME OF REMEDIATION LETTER ("Outcome

Letter”), attached as Addendum “B” to this Policy and will meet with the Resident to discuss the outcome. A copy of the Outcome Letter must be provided to the Resident.

5.11. The Program Director may make one of the following determinations regarding the outcome of Remediation:

- a) A determination that the weakness or deficit has been corrected within the specified time period and that the Resident may continue in the postgraduate training program with extension of training to account for time lost due to the requirement to remediate the poor performance; or
- b) A determination that although the Resident has made some progress the weakness or deficit in performance or conduct has not been corrected and the Remediation is extended for a specified period on the same terms; or
- c) A determination that the goals of the Remediation have not been met and the Resident will be placed on probation; or
- d) A determination that during the Remediation the Resident has demonstrated that the deficits or weaknesses in performance or conduct are not remediable or that on some other basis the Resident is not trainable and the Resident should be dismissed from the Program under section 6 of this Policy on the basis of unsuitability for continued training.

5.12. The question of the Resident’s unsuitability for continued training may be referred by the Program Director to the RTC for discussion and recommendation. Before referring the question to the RTC the Program Director will meet with the Resident to advise of the Program Director’s decision to refer the question to the RTC. The Resident will be invited to provide in writing any relevant information the Resident wishes the Program Director and the RTC to consider.

5.13. The Program Director will provide the information provided by the Resident to the RTC. The final decision regarding whether the Resident will be dismissed for unsuitability will be made by the Program Director.

5.14. A decision to dismiss from the Program on the basis of unsuitability must be approved by the Head of the Department in the Faculty of Medicine. The Program Director will notify the Associate Dean in writing of the decision and the reasons for the decision.

5.15. The Associate Dean will confirm the dismissal in writing to the Resident. The Resident will be informed of his or her right to appeal the dismissal and will be provided a copy of the Resident Appeal Policy.

5.16. Neither a decision to place a Resident on Remediation nor a decision regarding the outcome of Remediation may be appealed except in circumstances in which a failure to successfully complete Remediation leads to a decision to dismiss on the basis of unsuitability as provided in section 5.12 above. A decision to dismiss a Resident on the basis of unsuitability may be appealed as provided in the Faculty of Medicine Resident Appeal Policy.

6. PROBATION

6.1. Probation is a more formal remediation process and is indicated where the Resident’s deficits in performance or conduct are persistent and have not been responsive to correction or where the Resident’s overall performance, or performance in a critical area, is sufficiently below expectations that there is a serious concern about the ability of the Resident to meet the postgraduate training program’s required standards within a reasonable time. A failure to successfully complete Probation may lead to dismissal from the Program.

6.2. Probation will include special evaluations which may be of more than one kind, and may be performed by multiple internal or external evaluators.

6.3. A Resident may be placed on Probation in the following circumstances:

- a) When the Resident has failed to successfully complete a period of Remediation;
- b) When, in the judgment of the Program Director, correction of identified deficits and weaknesses in performance and conduct require a more formal program of correction than is provided in Remediation under the policy;
- c) When, in the judgment of the Program Director, the identified deficits in performance and conduct are of such nature that there can be no tolerance of recurrence and the Resident requires formal monitoring of performance or conduct for the duration of the postgraduate training program.

- 6.4. Before deciding whether to place a Resident on Probation the Program Director will consult with the RTC. If the Program Director decides to place a Resident on Probation the Program Director will notify the Associate Dean and will convene a Probation Committee to set the terms of the Probation.
- 6.5. A Probation Committee will consist of the following individuals:
- a) the Program Director, or delegate, who will chair the committee;
 - b) the Head of the Division or Department, or delegate
 - c) one member of the Division or Department who is a member of the RTC
- 6.6. The Probation Committee will review all the relevant documentation related to the Resident's identified deficits and weakness in performance or conduct along with any additional documentation provided by the Resident before determining the terms of Probation. The Resident may provide any relevant material to the Probation Committee that the Resident wishes to have taken into account in determining the terms of the Probation.
- 6.7. The Probation Committee will meet with the Resident to discuss the terms of Probation. The Resident may choose to be accompanied by a support person when meeting with the Probation Committee. The terms of Probation must include:
- a) a statement of the deficits in performance or conduct that require correction;
 - b) the duration of the probation;
 - c) identification of a Probation Supervisor; and
 - d) the course of training and evaluation to be met in the probation.
- 6.8. The terms of Probation must be set out in writing in the Probation Letter, attached as Addendum "A" to this Policy. A copy must be given to the Resident.
- 6.9. The Probation Letter must be signed by the Probation Supervisor, the Program Director and the Associate Dean. The Associate Dean will advise the hospital or Health Authority in which the Resident is employed of the Probation and of the potential consequences of the Probation.
- 6.10. At the end of the Probation the Probation Committee will meet with the Resident to discuss the outcome of the Probation. If the Probation Committee concludes that the Resident has successfully completed Probation it will reinstate the Resident and will provide recommendations as to the appropriate level of reinstatement. If the Probation Committee concludes that the Resident has not successfully completed Probation the Resident may be placed on an additional period of Probation, subject to terms. Alternatively the Probation Committee can recommend that the Resident be dismissed from the Program.
- 6.11. A recommendation for dismissal must have the support of the Program Director. In the event the Probation Committee cannot reach consensus regarding the outcome of the Probation, the Program Director will make a final decision regarding the outcome of Probation. The Program Director will record the final decision regarding the outcome of Probation in the FINAL OUTCOME OF PROBATION form attached as Addendum "B" to this Policy, and will provide a copy to the Resident.
- 6.12. If the Program Director concludes that dismissal from the Program is appropriate the Program Director must identify the specific deficits in performance or conduct that have not been adequately addressed by the Resident during the Probation. A decision to dismiss the Resident due to a failure to successfully complete Probation must be approved by the Head of the Department in the Faculty of Medicine.
- 6.13. The Program Director must provide a copy of the Final Outcome of Probation form to the Associate Dean who will notify HEABC of the outcome of the Probation and HEABC will notify the Health Authority or hospital in which the Resident is employed.
- 6.14. If the final outcome of Probation is a decision to dismiss the Associate Dean will confirm the dismissal in writing to the Resident. The Resident will be informed of his or her right to appeal the dismissal and will be provided a copy of the Resident Appeal Policy.
- 6.15. Neither a decision to place a Resident on Probation nor a decision regarding the outcome of Probation may be appealed except in circumstances in which a failure to successfully complete Probation leads to dismissal. A decision to dismiss a Resident may be appealed as provided in the Faculty of Medicine Policy on Resident Appeals.

C. NON-REMEDIAL DEFICITS IN PERFORMANCE OR CONDUCT

Sections 3 and 4 of this Policy set out the usual remedial processes undertaken when, in the judgment of the Program Director, the Resident's deficits in performance or conduct are likely to be corrected with additional support and training and the Resident demonstrates capacity to benefit from a specified period of such support and training. However, there may be instances in which a Program Director may make a decision that a Resident is unsuitable for further training in the Program for reasons that cannot be remediated. This decision may be made prior to, during, or at the conclusion of Remediation or Probation.

7. UNSUITABILITY FOR CONTINUED TRAINING

7.1. A Resident may be dismissed by the Program Director summarily at any time on the basis of unsuitability for reasons that include, but are not limited to, the following:

- a) the lack of a basic skill required to complete the training program (such as physical dexterity in the case of a surgical specialty);
- b) a physical or mental condition that prevents completion of the full academic program and for which accommodation cannot be provided;
- c) failure to comply with the Professional Standards for Faculty and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia; (include web link);
- d) failure to comply with the standards of Academic Honesty and Academic Misconduct at the University (www.calendar.ubc.ca/vancouver);
- e) conduct unbecoming a member of the medical profession; or
- f) other qualities of the Resident which in the judgment of the Program Director, make the Resident unfit for continued training or for the practice of medicine.

7.2. The question of the Resident's suitability for further training will normally be referred by the Program Director to the RTC for discussion and recommendation. Before referring the question to the RTC the Program Director will meet with the Resident to advise the Resident of the Program Director's decision to refer the question to the RTC. The Resident will be invited to provide, in writing, any relevant information the Resident wishes the Program Director and the RTC to consider. In appropriate circumstances the Program Director can make a decision related to suitability without referring the matter to the RTC.

7.3. The Program Director will provide any information provided by the Resident to the RTC for its consideration and recommendation. The final decision regarding whether the Resident will be dismissed for unsuitability will be made by the Program Director.

7.4. In appropriate circumstances the Program Director may make a decision related to suitability for continued training without referring the matter to the RTC. The Program Director will meet directly with the Resident to discuss the issues and to allow th

Resident to respond or provide additional information for the Program Director's consideration.

7.5. In all cases the decision of the Program Director to dismiss on the basis of unsuitability must be approved by the Head of the Resident's Department in the Faculty of Medicine prior to any action being taken.

7.6. Once the Department Head has approved the decision to dismiss, the Program Director must inform the Associate Dean of the decision in writing and must provide the reason for the decision. A copy of the Program Director's letter to the Associate Dean must be provided to the Resident.

7.7. The Associate Dean will confirm the dismissal in writing to the Resident. The Resident will be informed of his or her right to appeal the dismissal and will be provided a copy of the Faculty of Medicine Resident Appeal Policy.

D. DISMISSAL OF A RESIDENT FROM A TRAINING PROGRAM

8. A Resident's position and progress in his or her academic program is dependent upon the Resident maintaining standing as: an employee in the University affiliated training hospitals administered by the provincial Health Authorities, or of another designated employer affiliated with the University; as a licensed physician; and, as a Resident under this Policy.

8.1. Residents may be dismissed from a post-graduate medical training program in any of the following three ways:

(a) Dismissal by the Program

A Resident may be dismissed by the Program Director either during, or following one or more periods of Remediation or Probation or summarily at any time on the basis of unsuitability as provided in this policy.

(b) Dismissal by the Employer

Participation in a postgraduate training program is contingent upon a Resident maintaining an employment relationship with a Health Authority, or with another designated site to which the Resident has been assigned by the Program. Residents can be dismissed by their employer in accordance with the terms of their Collective Agreement. A Resident dismissed by his or her employer or by a designated site to which the Resident has been assigned, cannot continue with their post-graduate medical training program. A Resident suspended by the employer, or by a designated site to which the Resident has been assigned, will not be permitted to continue with post-graduate medical training for the duration of the suspension.

(c) Loss of Licensed Professional Status with the College

All Residents are on the educational register of the College. The College may entertain complaints against Residents and, after appropriate investigation, remove their license to practice medicine. These mechanisms are outlined in the *Health Professions Act, RSBC 1996, C. 183*. Residents who permanently lose their licensed professional status with the College cannot continue with their post-graduate medical training program. Residents who have their licensed professional status with the College suspended cannot continue their post-graduate medical training program for the duration of the suspension.

8.2. If a decision is made to dismiss a Resident from the Program under the Policy, then the Associate Dean will advise HEABC or the hospital or Health Authority in which the Resident is employed of the dismissal. The Associate Dean will advise HEABC or the employer if the Resident gives notice of an intention to appeal the decision and will advise HEABC or the employer of the final outcome of the appeal.

8.3. The Associate Dean will provide written notice of a decision to dismiss a Resident from a Program to the College as soon as practicable and will advise the College if the Resident gives notice of an intention to appeal. Upon the request of the College the Associate Dean will provide additional information related to the reasons for dismissal. The Associate Dean will advise the College of the outcome of any appeal.

8.4. The Associate Dean will provide written notice of a decision to dismiss a Resident from a Program to the RCPSC or CFPC as soon as practicable. If the Resident gives notice of an intention to appeal the dismissal then the provision of notice will be delayed pending the outcome of the appeal and will be sent if the appeal is upheld.

E. APPEALS

A Resident may appeal a refusal to provide an FITER, the contents of a FITER, or a dismissal by the Program to the Appeal Committee under the Resident Appeal Policy.