

**Assessment, Promotion, & Appeals Policy
Postgraduate Medical Education
School of Medicine
Faculty of Health Sciences
Queen's University**

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I. Introduction

All residents who are enrolled in programs leading to certification with either 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, Faculty of Health Sciences at Queen's University.

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

Residency programs will 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 with the Residency Program Committee or delegate subcommittee (RC) or the Resident Assessment Committee (CFPC) to collect and interpret assessment data about each resident enrolled in the program.

Residency programs must provide the respective College with a Final In-Training Evaluation Report (FITER/CITER), or a Certificate of Confirmation of Completion of Training (CCT), for each resident who has successfully completed the residency program. This report must represent the views of faculty members directly involved in the resident's education and not be the opinion of a single assessor. It must reflect the final status of the resident and not an average of the resident's performance over the entire residency program.

NOTE: Throughout this document the term 'assessment' is used in reference to resident learning with the exception of 'In-Training Evaluation Reports'.

II. The purpose of this document is to:

- Describe the assessment process in place for all residency programs in the School of Medicine, Faculty of Health Sciences at Queen's University.
- Define the principles and guidelines of promotion, 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.

III. Definition of Terms

Academic Advisor (AA)

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

Academic Review Board (ARB)

The ARB is a special committee responsible for hearing Level 2 appeals. Membership, including the designation of chair status is recommended by the Associate Dean, Postgraduate Medical Education and approved by the Vice-Dean Education. The ARB is responsible for making formal recommendations to the Associate Dean, Postgraduate Medical Education. (See Schedule D for Rules of Procedure.)

Academic Year

The academic year commences July 1 and finishes June 30. A resident may be out of phase and have a starting date other than July 1.

Associate Dean, Postgraduate Medical Education

Appointed by the Principal of Queen's University, is the senior faculty officer responsible for the overall conduct and supervision of postgraduate medical education within the faculty. The Associate Dean, Postgraduate Medical Education (PGME) reports to the Dean of Faculty of Health Sciences.

Clinical Supervisor

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

College of Family Physicians of Canada (CFPC)

The body responsible for program accreditation, resident credentialing and certification for Family Medicine education programs.

Competence Committee (RC CBME curriculum stream)

Competence Committees (CC) are decision-making subcommittees of Royal College Residency Program Committees responsible for determining resident progress and promotion.

Dean of Faculty of Health Sciences

Appointed by the Principal of Queen's University, responsible for all activities of all the schools in the Faculty of Health Sciences.

Director of Resident Affairs

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

Director, School of Medicine

Appointed by the Principal of Queen's University, 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. The committee forwards its assessment relating to: (a) whether proper procedures were followed in making the determination that a remediation or probation is warranted; and, (b) the completeness of the proposed plan to the Program Director. The EAB is convened at the request of the Associate Dean, Postgraduate Medical Education. See Schedule C for Terms of Reference

Faculty Members

Refers to members of the School of Medicine in the Faculty of Health Sciences.

Family Medicine Postgraduate Education Committee (PGEC)

The PGEC oversees the planning and overall operations for all CFPC residency programs to ensure that all requirements as defined by CFPC are met.

Medical Council of Canada Qualifying Examination Part II (MCCQE – PART II)

The Medical Council of Canada Qualifying Examination Part II is an examination that assesses the competence of candidates, specifically the knowledge, skills, and attitudes essential for medical licensure in Canada prior to entry into independent clinical practice. As this examination is an

assessment of basic medical competence, residents enrolled in PGY1 programs at Queen's School of Medicine must provide evidence of successfully completing the exam as criteria for promotion to postgraduate year four.

Postgraduate Medical Education Committee (PGMEC)

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

Postgraduate Tribunal

The Postgraduate Tribunal is a special committee responsible for hearing Level 3 appeals. Designated and deputy chairs are appointed by the School of Medicine Academic Council. (See Schedule F for Rules of Procedure)

Program

An accredited residency training program in the School of Medicine, Faculty of Health Sciences at Queen's University.

Program Director (PD)

Defined by the RC and CFPC as the university faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the Head of the Department and to the Associate Dean for Postgraduate Medical Education at Queen's University.

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

Resident Assessment Committee (RAC)

The RAC is the Family Medicine committee responsible for resident assessment.

Residency Program Committee (RPC)

The RPC oversees the planning and overall operations for individual RCPSC residency programs to ensure that all requirements as defined by RCPSC are met

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, each of which commences on a Tuesday. 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 (RC)

The body responsible for program accreditation, resident credentialing, and resident certification for specialty education programs.

School of Medicine Academic Council

The School of Medicine Academic Council considers matters relevant to the School of Medicine and makes recommendation to the Faculty Board.

Surgical Foundations Examination (SFE)

The Surgical Foundations Examination is a two-part multiple-choice exam covering topics outlined in the RC 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 Education

Appointed by the Principal of Queen's University, is responsible for all facets of medical education in the School of Medicine. The Vice-Dean Education reports to the Dean of the Faculty of Health Sciences.

IV. Resident Assessment Process at Queen's University

1.0 Overview of Assessment Process

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

- Goals and objectives for the rotation
- List of duties, responsibilities, and expectations
- Assessment requirements
- A description of the structure of relationships within the health care team
- A description of the resident's role in that 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 (RC/CFPC).

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

1.5.1 Traditional RC Curriculum Stream

1.5.1a In Training Evaluation Reports (ITERs) 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 must be based on documented observations of resident performance.

1.5.1c ITERs 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.

1.5.2 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 rotation or after 4 months/blocks of an ALE.

1.5.2b Completion of ITARs must be based on documented 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 mid-rotation assessments are strongly recommended for all residents.

1.5.2e Residents who's ITARs, or other performance information, indicate concerns will be reviewed at the Resident Assessment Committee (RAC). This committee, rather than the individual assessor, will determine:

- The outcome of the rotation

- Readiness for promotion to the next stage of training
- Need for modified learning plan, remediation and/or probation periods

1.5.2e Resident's academic advisors conduct regular meetings with the resident to review progress throughout training, additionally the academic advisor will complete the resident's FITAR.

1.5.3 RC CBME Curriculum Stream

1.5.3a Academic advisors conduct regular progress review meeting with residents to review progress and prepare recommendations for the Competence Committee about residents':

- Achievement of Entrustable Professional Activities (EPAs)
- Readiness for promotion to the next stage of training
- 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 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 judgements and feedback about resident progress and promotion are documented.

1.5.3d Program directors or delegates (e.g., academic advisors) 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 RPC/CC (RC) or the RAC (CFPC).

2.0 Documentation of Assessment

Traditional RC Curriculum Streams (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 the RPC/CC (RC) or the RAC (CFPC).

Mid 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-rotation ITERs/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 include the signature of the resident and the rotation supervisor. The resident's signature indicates only that the resident has read the report.
- 2.5 The resident may append a note indicating that he/she disagrees with the assessment documented in an ITER/ITAR.
- 2.6 If the ITER/ITAR is not signed, an explanatory note must be appended.
- 2.7 Resident shares responsibility with the program director or delegate for ensuring that ITERs/ITARs are completed in a timely fashion, that he/she has received feedback and has signed the ITERs/ITARs.

RC CBME Curriculum Stream

- 2.8 Documentation of performance for residents following RC CBME curriculum streams leverage programmatic approaches to assessment. Entrustable Professional Activities (EPAs) are defined for each of the four 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 (RC)/Performance Review Process

- 3.1 Residents should be provided opportunity to present information that may be relevant in high-stakes decision-making about progress and promotions. In such cases, it is the responsibility of the Academic Advisor to notify the Competence Committee chair that the resident should be invited to the committee meeting.

Traditional RC Curriculum Streams (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 RPC or delegate subcommittee (RC) or the RAC (CFPC).
- 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 period of remediation; or (c) the imposition of a probationary period.

RC CBME Curriculum Streams

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 CBME 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 is confidential. Access is normally restricted to the PD or delegate and the RPC/CC (RC) or RAC (CFPC), the Associate Dean, PGME or delegate, and the resident him/herself.

4.2 Identifiable resident assessment data is for purposes of progress and promotion, except in the case of appeals, RC or CFPC proceedings or appeals, CPSO proceedings, or required pursuant to legal process.

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’

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.

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 RPC/delegate subcommittee (RC) or the RAC (CFPC).
- 6.4 The RPC/delegate subcommittee (RC) or RAC (CFPC) must review the files of all residents whose performance is not meeting expectations.
- 6.5 Promotion of a resident to the next academic level occurs when:
 - 6.5a Upon review of overall performance the RPC/delegate subcommittee (RC) or the RAC (CFPC) determine 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 MCCQE – Part II for promotion to PGY4 level (applicable to incoming PGY1 residents).
 - 6.5b.2 Documentation of passing the SFE for surgical residents requiring the SFE for certification as a criterion for promotion to PGY4 level (applicable to incoming PGY1 residents).
- 6.6 Under extenuating circumstances the PD or delegate and RPC/delegate subcommittee (RC) or the RAC (CFPC) have the discretion to waive criteria for promotion.
- 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 RPC/delegate subcommittee (RC) or the RAC (CFPC).

7.0 Resident Salary Level

- 7.1 Postgraduate resident salary levels are established by the Professional Association of Residents of Ontario (PARO).
- 7.2 It is expected that all residents on-cycle will increase on an annual basis.
- 7.3 Salary increases will be delayed for an equivalent period of time for residents off-cycle due to, but not limited to leaves, and/or remediation periods, and/or probation periods.

8.0 Incomplete Rotations

- 8.1 In order to meet pedagogical requirements, a resident should not miss more than 1/4 of a rotation due to illness, leave, holidays etc.
- 8.2 A rotation that includes less than 3/4 of the expected time commitment may be considered incomplete.
- 8.3 An incomplete rotation should be completed, the duration of which is determined by the nature of the experience and the need for continuity of the clinical experience.
- 8.4 For any clinical rotation, the PD or delegate in consultation with the rotation supervisor will determine whether or not the duration of a resident's learning experience was sufficient to support meaningful assessment.

9.0 Remediation

- 9.1 Remediation is designed to assist the resident in addressing identified weaknesses and correcting his/her deficiencies.
- 9.2 A remediation plan must follow the Remediation Template (see Schedule A)
 - 9.2a The draft remediation plan is developed by the PD, or delegate, in consultation with RPC/delegate subcommittee (RC) or the RAC (CFPC), and reviewed with the resident.
 - 9.2b The PGME Office must be advised when there is a plan to place a resident on remediation and a copy of the draft remediation plan and relevant resident

performance information forwarded to the PGME office for review and feedback by the EAB.

- 9.2c The EAB will review the relevant resident performance information and the remediation plan and forward its assessment related to: (a) whether proper procedures were following in making the determination that a remediation is warranted; and (b) the completeness of the proposed remediation plan to the PD, or delegate, and the PGME Office.
 - 9.2d The final remediation plan should be shared with the RPC/delegate subcommittee (RC) or the RAC (CFPC) and signed by the PD or delegate and Resident.
 - 9.2e A copy of the signed remediation plan must be forwarded to the PGME office.
 - 9.2f Should remediation plans impose practice restrictions due to professional misconduct, incompetency, or capacity the PGME office is required to report the remediation to hospital administration and the College of Physicians and Surgeons of Ontario
 - 9.2g The PD or delegate and the RPC/CC (RC), or the RAC (CFPC) will review all relevant documentation to determine the outcome of a remediation period (pass/fail).
 - 9.2h The PGME Office must be advised of the outcome of the remediation.
- 9.3 During a remediation period vacation and 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.
- 9.4 Upon the successful completion of a remediation, the resident will be given academic credit for the previously failed program requirement (e.g., rotation or AA progress report) and continue in the program off-cycle.
- 9.5 A failed remediation period shall require the resident to proceed to a probation period.
- 9.6 A resident who fails a remediation after a previous probation will be required to withdraw.
- 9.7 A resident may be remediated only twice during his/her residency, if identified as in need of remediation a third time he/she shall be placed on probation.
- 9.8 A resident who fails to meet program requirements after having been remediated twice and previously completed a probation period will be required to withdraw from Queen's School of Medicine.

10.0 Probation

- 10.1 A probationary period is designed to assess specific aspects of resident performance.
- 10.2 A Resident will be placed on probation for any of the following reasons:
- 10.2a A failed remediation period.
 - 10.2b Identified for the third time as in need of remediation.
 - 10.2c Upon recommendation of the PD or delegate, the RPC/CC (RC), or the RAC (CFPC) for any reason pertaining to unsatisfactory academic progress or clinical skills deficits, or any serious issues relating to professionalism or absence from the program.
 - 10.2d Upon recommendation of the Associate Dean, PGME, for any reason pertaining to unsatisfactory academic progress or clinical skills deficits, or any serious issues relating to professionalism or absence from the program.
- 10.3 A probation plan must follow the Probation Template (see Schedule B)

- 10.3a The draft probation plan is developed by the PD or delegate in consultation with the RPC/CC (RC) or RAC (CFPC).
 - 10.3b The Associate Dean, PGME must be advised when a resident is placed on probation and a copy of the draft probationary plan and relevant resident performance information forwarded to the PGME office for review by the EAB.
 - 10.3c The EAB will review the relevant resident performance information 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 probationary plan to the PD or delegate, and the PGME Office. The PD is responsible for finalizing the probation plan.
 - 10.3d The final version of probationary plan must be signed by the PD and resident.
 - 10.3e A copy of the final version of probationary plan must be forwarded to the PGME office.
 - 10.3f Should probation plans impose practice restrictions due to professional misconduct, incompetency, or capacity the PGME office is required to report the remediation to hospital administration and the College of Physicians and Surgeons of Ontario
 - 10.3g The PD or delegate and the RPC/CC (RC) or the RAC (CFPC), will review all relevant documentation to determine the outcome of a probationary period (pass/fail).
 - 10.3h The PD, or delegate must advise the Associate Dean, PGME of the outcome of the probation.
 - 10.3i The PGME office must advise hospital administration and the College of Physicians and Surgeon of Ontario of the outcome of the probation if practice restrictions were imposed.
- 10.4 Duration and progress in training
- 10.4a A resident may be on probation for a period of up to one academic year subsequent to the commencement of the probation.
 - 10.4b Subject to 10.5b, the probationary period may or may not count towards the duration of training required for certification by the relevant credentialing College.
 - 10.4c Continuation in the residency will depend upon successful completion of the probationary period.
- 10.5 Probationary Period
- 10.5a During a probationary 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 probationary period.
 - 10.5b Normally, the PD, and the RPC/CC (RC) or RAC (CFPC), may, where it deems appropriate, recommend that academic credit be awarded for a probationary period. This recommendation is subject to approval by the Associate Dean, PGME. In which case the resident will continue in the program off-cycle.
 - 10.5c A failed probationary period shall require the resident to withdraw from Queen's School of Medicine.
- 10.6 Further Probation during a residency

- 10.6a A resident may be placed on probation on only one occasion during his/her residency.
- 10.6b The requirement to withdraw applies even when a resident changes from one program to another Program.

11.0 Suspension

- 11.1 The Associate Dean, PGME may suspend a resident when concern regarding any of the following is brought to his/her attention:
 - Patient care and/or safety are jeopardized,
 - Substance abuse,
 - Inappropriate patient/physician interactions,
 - Unethical behaviour,
 - Unprofessional conduct,
 - Criminal activity
- 11.2 In cases where criminal charges have been laid, the matter will be referred to the Special Review Committee for determination pursuant to the Faculty of Health Sciences Policy: <http://meds.queensu.ca/postgraduate/policies/prc>
- 11.3 If the Associate Dean, PGME is of the opinion that the circumstances so require, the Associate Dean, PGME will notify the resident that he/she is suspended with pay, pending an investigation.
 - 11.3a The PGME office must advise hospital administration and The College of Physicians and Surgeon of Ontario when a resident is suspended.
 - 11.3b The Associate Dean, PGME convenes the Academic Review Board (ARB) to conduct an investigation which will include a review of the resident's academic record, interviews with anyone with information relevant to the investigation, meetings with the PD and resident to discuss the concerns.
 - 11.3c The ARB reports the finding of its investigation and its recommendation(s) regarding the resident's on-going status in the program to the Associate Dean, PGME
 - 11.3d The Resident will be notified of the outcome of the investigation in writing, by the Associate Dean, PGME.
 - 11.3e The PGME office must advise hospital administration and The College of Physicians and Surgeon of Ontario of the outcome of the investigation.
- 11.4 The Associate Dean, PGME will decide whether to:
 -
- 11.5 The resident may appeal the decision of the Associate Dean, PGME to the Postgraduate Appeals Tribunal as a Level 3 appeal

12.0 Requirement to Withdraw

- 12.1 A 'Requirement to Withdraw' may be issued for reasons that include but are not limited to:
 - 12.1a A failed probationary period
 - 12.1b A failed remediation after a previous probationary period
 - 12.1c Failed AVP
 - 12.1d A criminal conviction

12.1e Findings by the Academic Review Board, and accepted by the Associate Dean that:

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

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

13.0 Appeals Process

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

13.2 Avenues of appeal about academic decisions regarding the following situations:

- Unsatisfactory academic progress
 - Remediation
 - Repeat rotation
 - Probation
 - Annual promotion
 - Suspension
 - Requirement to withdraw
- are described in sections 15 through 17.

13.3 The grounds for appeal must be based on extenuating circumstances or procedural flaws. Academic judgments are not subject to appeal.

13.4 Route for Academic Appeal

13.4a There will be an emphasis on informal resolution.

13.4b The route of appeal should be to the entity above the decision maker.

13.4c The following are the entities to which appeals may be taken depending on the circumstances:

Level 1	RPC/delegate subcommittee (RC) or RAC (CFPC)
Level 2	Associate Dean, PGME, or delegate; Academic Review Board
Level 3	Dean, Faculty of Health Sciences or delegate; Postgraduate Tribunal

14.0 Notice of Appeal

14.1 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 decision that is being appealed.

14.2 The recipient of the notice of appeal must respond in writing within 15 business days of the receipt of the notice of appeal.

15.0 Appeal Process at Level 1

- 15.1 Appeals from a requirement to repeat a rotation, follow a modified learning plan, complete a remediation or probationary period will be directed to RPC/delegate subcommittee (RC) or the RAC (CFPC)
- 15.2 The Level 1 appeal process will follow the guidelines attached as Schedule D.
- 15.3 The appeal will be heard in confidence by the RPC/delegate subcommittee (RC) or the RAC (CFPC)
- 15.4 The resident may be accompanied by an advisor and/or support person.
- 15.5 The RPC/delegate subcommittee (RC) or the RAC (CFPC) may grant or deny the appeal with or without conditions.

16.0 Appeal Process at Level 2

- 16.1 The Associate Dean, PGME, will convene the Academic Review Board (ARB): (a) upon receipt of a written appeal from a resident from a decision of the RPC/delegate subcommittee (RC) or the RAC (CFPC); or, (b) when a resident is suspended.
- 16.2 The Level 2 appeal process will follow the Rules of Procedure attached as Schedule E.
- 16.3 The appeal will be heard in confidence by the ARB.
- 16.4 The resident may be accompanied by an advisor and/or support person.
- 16.5 The ARB makes a recommendation to the Associate Dean, PGME about whether to deny or grant the appeal with or without conditions. The Associate Dean makes the final decision.

17.0 Appeals Process at Level 3

- 17.1 A resident may submit a Level 3 appeal to the Dean, Faculty of Health Sciences, from a decision of the Associate Dean, PGME denying a Level 2 appeal or decisions of the Associate Dean, PGME. 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.
- 17.2 The Dean shall arrange for a final hearing to be held in accordance with the Postgraduate Tribunal (the Tribunal) procedures. The rules governing a Level 3 appeal and the jurisdiction and composition of the Tribunal are attached as Schedule F.
- 17.3 The 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

18.0 Access to Documents

- 18.1 At all levels of appeal, the decision makers will have access to the resident's file, performance information, and other relevant documents and reports including without limitation:
 - The College of Physicians and Surgeons of Ontario-Licensing Standards,
 - The Royal College of Physicians and Surgeons of Canada-Standards of Accreditation,
 - The College of Family Physicians of Canada – Standards of Accreditation,
 - etc.

19.0 Policy Approval and Renewal

This document will be reviewed as required and proposed revisions must be presented to the following bodies for approval:

- Postgraduate Medical Education Committee
- The School of Medicine Academic Council
- Faculty Board for the Faculty of Health Sciences



Remediation Plan

School of Medicine, Queen's University

This remediation plan shall be completed by the Program Director in consultation with Residency Program Committee 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).

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.

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.)

- Basic science Clinical presentation
 Pathophysiology Therapeutics
 Management and approach Evidence based medicine
 Other: (e.g. increased protected time) _____

Reading should be done from the following sources: _____

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) Counseling recommended (e.g. A commitment to meet with the Director of Resident Affairs and to participate in any recommended assessments or treatments to try to address these concerns)

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

Monitoring schedule:

1) Mentor/Academic Advisor (not involved in assessing resident's performance)

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

2) Supervisor

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

3) Program Director

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

objectives.

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
(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 listed objectives to the defined level of performance:

Expected level of performance	Sources of Evidence (Assessment strategies)
Objectives: as listed above Defined expectations in keeping with resident’s year in program. (Describe what that looks like)	e.g. Documented direct observations, Multisource feedback data, Practice examination, OSCEs, etc.

The Residency Program Committee will review all relevant documentation to determine the outcome of the remediation period.

I 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 him/her

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

<http://meds.queensu.ca/education/postgraduate/policies/apa/assessment>

Of note, Section 9 of the *Assessment, Promotion and Appeals* policy details the process for a successful or not successful remediation period.

Links to Resident Health and Wellness Resources are available here:

<http://meds.queensu.ca/education/postgraduate/wellness/resources>

- I have been made aware of this document
 - I have been made aware that further revisions of this plan may be required based on EAB recommendations.
-

Resident/date

Program Director/date



Probationary Plan

School of Medicine, Queen's University

This probationary plan shall be prepared by the Program Director in consultation with Residency Program Committee (RPC).

It is recommended that Dr. _____, a PGY __, a resident in _____ (name of program) participate in a probationary period for a period of _____ (length), to begin _____ and end _____ (dates).

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.

Rationale: This probationary 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 probationary period:

1)
2)
3)

Methods of intervention: During the probation 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.)

Basic science Clinical presentation

Pathophysiology Therapeutics

Management and approach Evidence based medicine

Other: (e.g. increased protected time) _____

Reading should be done from the following sources: _____

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) Counseling recommended

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

Monitoring schedule:

1) Mentor/Academic Advisor (not involved in assessing resident's performance)

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

2) Supervisor

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

3) Program Director

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

objectives.

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
(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. _____ to meet listed objectives to the defined level of performance:

Expected level of performance	Sources of Evidence (Assessment strategies)
Objectives: as listed above	e.g. Documented direct observations, Multisource feedback data, Examination results, etc.
Defined expectations in keeping with resident's year in program. (Describe what that looks like)	

The Residency Program Committee will review all relevant documentation to determine the outcome of the probationary period.

I understand the following about the probationary program:

- The identified weaknesses
- The expected level of performance on probation objectives
- The nature of the probationary program
- The time frame of the probationary program
- The evaluation techniques to be used
- The consequences of a successful/failed probation period
- I have been given the chance to clarify all components of this *probationary plan*.
- I have access to an independent mentor and I know how to reach him/her

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

<http://meds.queensu.ca/education/postgraduate/policies/apa/assessment>

Of note, Section 10 of the *Assessment, Promotion and Appeals* policy details the processes for successful and unsuccessful probationary period.

Links to Resident Health and Wellness Resources are available here:

<http://meds.queensu.ca/education/postgraduate/wellness/resources>

- I have been made aware of this document
- I have been made aware that further revisions of this plan may be required based on EAB recommendations.

Resident/date

Program Director/date

**School of Medicine
Postgraduate Medical Education
Education Advisory Board: Terms of Reference**

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.
- will review and provide recommendations relating to:
 - (a) the process by which the need for remediation or probation was determined, and
 - (b) the quality of the proposed remediation or probation 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 MedTech community.

E. **Membership:**

Chair: Director of Assessment and Evaluation, PGME (Ex Officio member)
Director of Resident Affairs (Ex Officio member)
Faculty Panel (minimum of six faculty members)
Postgraduate Residents (Five)

- 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 in consultation with the Vice-Dean Education.

F. Functions:

Annual Review and Orientation Process

An annual meeting will be held each year. The focus of the annual meeting will be to provide opportunity to:

- Review EAB overall functionality and Terms of Reference
- Share lessons learned during the preceding year
- Orient in-coming members

Individual Case Reviews

- Working Groups function as a distributed network communicating by email.
- Working Groups will assume responsibility for reviewing individual cases.
- Working Group members will 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
- Director of Resident Affairs
- 2 members of the Faculty panel
- 1 postgraduate resident

G. Responsibilities:

Chair:

- Chair annual meeting
- Prepare individual case reports
- Submit an annual report to the Associate Dean PGME

Director of Resident Affairs:

Attend annual committee meeting

Read pre-circulated material

Participate in all working groups, including:

- Reviewing case documentation
- Providing feedback on proposed remediation/probation plans, including a focus on how the plan relates to potential health issues and resident wellness supports

Responsibilities of Members:

Attend annual committee meeting

Read pre-circulated material

Participate in working groups as required, including:

- Reviewing case documentation
- Providing feedback on proposed remediation/probation plans

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 for additional terms.

3) Ex Officio membership: Permanent members of the committee

H. Frequency and Duration of Meetings:

Annually, and 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 MEdTech 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 MEdTech community by the recording secretary.
- Agenda and minutes will be stored in the EAB password protected MEdTech 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 EAB Committee's MEdTech 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.

P. Evaluation:

Terms of reference will be formally reviewed by the EAB on an annual basis, normally during the Annual meeting as required. Recommended changes will be submitted to the Associate Dean, PGME for review.

APPENDIX A: CONSENSUS-BASED DECISION MAKING

Rules for Building a Consensus

A consensus requires that everyone involved in the decision must agree on the individual points discussed before they become part of the decision. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally. It is not necessary that everyone is satisfied, but everyone's ideas should be thoroughly reviewed. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.

The following rules are helpful in reaching a consensus:

- Avoid arguing over individual ranking or position. Present a position as lucidly as possible, but seriously consider what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and thus someone else must lose. When an impasse occurs, look for the next most acceptable alternative for both parties.
- Avoid trying to change minds only in order to avoid conflict and achieve harmony. Withstand the pressure to yield to views that have no basis in logic or supporting data.
- Avoid majority voting, averaging, bargaining, or coin flipping. These techniques do not lead to a consensus. Treat differences of opinion as indicative of an incomplete sharing of information, and so keep probing.
- Keep the attitude that the holding of different views by group members is both natural and healthy. Diversity is a normal state; continuous agreement is not.
- View initial agreement as suspect. Explore the reasons underlying apparent agreement on a decision and make sure that all members understand the implication of the decision and willingly support it.

School of Medicine
Postgraduate Medical Education
Level 1 Appeals - Procedural Guidelines

1. A Resident appealing to the Residency Program Committee (RPC) or delegate subcommittee 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 appeal should be based on procedural grounds or extenuating circumstances. Academic judgements are not subject to appeal.
2. In advance of the hearing, the Resident may file with the RPC or delegate subcommittee documents that are relevant to the appeal.
3. The RPC or delegate subcommittee will give the individual whose decision is being appealed (the decision maker) notice of the appeal and forward any documents received from the Resident to the decision maker. The decision maker will be asked to provide a response and all relevant documentation.
4. The RPC or delegate subcommittee will set a date for the hearing as soon as reasonably possible. Any RPC or delegate subcommittee member who is unable to be present for the entire hearing may not participate in the final decision.
5. The Resident and the decision maker will be invited to appear before the RPC or delegate subcommittee to make submissions. The Resident may be accompanied by an advisor and/or support person; however it is expected that the Resident will present her or his case and be prepared to respond to questions from the members of the RPC or delegate subcommittee.
6. After hearing first from the Resident, the RPC or delegate subcommittee will ask the decision maker to make submissions in response. The Resident will then be given the opportunity to reply to any new issues raised by the decision maker.
7. The members of the RPC or delegate subcommittee may ask questions of the Resident and the decision maker and may ask for additional information to assist in understanding all the issues.
8. After the hearing, the RPC or delegate subcommittee will meet in camera and render a decision. The decision and the reasons for the decision will be delivered to the Resident and the decision maker.
9. The RPC or delegate subcommittee must advise the Associate Dean, Postgraduate Medical Education of the outcome of the appeal.

School of Medicine
Postgraduate Medical Education: Level 2 Appeals
Academic Review Board: Rules of Procedure

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 student or an International Medical Graduate in the Assessment Verification Period (hereafter referred to as “residents” or “appellants”) from the decision of a Residency Program Committee (RPC) or delegate subcommittee or a requirement to withdraw for academic reasons. The ARB makes a formal recommendation to the Associate Dean, Postgraduate Medical Education about whether to deny or grant the appeal with or without conditions.

The ARB also conducts investigations under section 10.

Academic Review Board Membership

Membership of the ARB, including the designation of chair status is recommended by the Associate Dean, Postgraduate Medical Education and approved by the Vice-Dean Education on a case-by-case basis. All proposed members must be from outside the residency program of the appellant.

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 Education should circumstances warrant.

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

Procedure for an Investigation

1. In the event of an investigation, pursuant to section 12.2.2, the Associate Dean, PGME, convenes the Academic Review Board (ARB) to conduct an investigation, which will include a review of the Resident’s academic file, interviews with anyone with information relevant to the investigation, meetings with the Program Directors and Resident to discuss the concerns.
2. All material before the ARB in an investigation will be made available to the Program Director and the Resident in advance of their meeting time with the ARB.

3. The ARB will commence the investigation as soon as reasonably possible.
4. The Resident may have an advisory and/or support person (e.g., PARO representative, or legal counsel) present, but the Resident is expected to address the questions of the ARB.
5. The ARB will make a recommendation to the Associate Dean about the ongoing status of the trainee in the program, which may include: (a) maintaining the suspension with or without conditions; (b) removing the suspension with or without conditions; or, (c) recommending that the Resident be required to withdraw.

Procedure for an Appeal

1. A Resident appealing to the ARB 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 appeal should be based on procedural grounds or extenuating circumstances. Academic judgements are not subject to appeal.
2. In advance of the hearing, the Resident may file with the ARB documents that are relevant to the appeal.
3. The ARB will give the individual whose decision is being appealed (the decision maker) notice of the appeal and forward any documents received from the Resident to the decision maker. The decision maker will be asked to provide a response and all relevant documentation.
4. The ARB will set a date for the hearing as soon as reasonably possible. Any ARB member who is unable to be present for the entire hearing may not participate in the final decision.
5. The Resident, the decision maker, and other relevant witnesses will be invited to appear before the ARB to make submissions. The Resident may be accompanied by a representative and/or support person; however it is expected that the Resident will be prepared to respond to questions from members of the ARB.
6. After hearing first from the Resident, the ARB will ask the decision maker to make submissions in response. The Resident will then be given the opportunity to reply to any new issues raised by the decision maker.
7. The members of the ARB may ask questions of the Resident, the decision maker, and witnesses and may ask for additional information to assist in understanding all the issues.
8. After the hearing, the ARB will meet in camera and render a formal recommendation. The recommendation and the reasons for the recommendation will be delivered to the Associate Dean, PGME.
9. The Associate Dean, PGME will render a final decision and notify the Resident and decision maker of the outcome. In the event that the Associate Dean, PGME, has concerns about the recommendation of the ARB and is considering not adopting the recommendation(s), the

Associate Dean, PGME, will advise the Resident of the concerns (in writing) and provide the Resident with an opportunity to respond (in writing, within 10 business days) prior to the final decision being rendered.

School of Medicine
Postgraduate Medical Education: Level 3 Appeals
Postgraduate Tribunal: Rules of Procedure

1. Postgraduate Tribunal Function:

To hear appeals from a postgraduate medical student or an International Medical Graduate in the Assessment Verification Period (hereafter referred to as “residents” or “appellants”) from a decision suspending the resident or requiring the resident to withdraw, or from a decision of the Associate Dean, Postgraduate Medical Education (PGME), based on extenuating circumstances or procedural grounds. The Postgraduate Tribunal (the Tribunal) has no jurisdiction over academic judgements. The decision of the Tribunal is final. A resident does not have access to the University Student Appeal Board of the University Senate.

2. Tribunal Membership

(a) The Tribunal membership shall consist of:

- A Chair: To be appointed for a one year renewable term by the School of Medicine Academic Council from among the Faculty Panel.
- A Faculty Panel: Seven faculty members who are experienced in the training of postgraduate medical resident, appointed by School of Medicine Academic Council for staggered three-year terms. The faculty members may or may not be Program Directors. No residency program shall have more than two representatives on the Panel.
- A Resident Panel: Three postgraduate medical residents, appointed by School of Medicine Academic Council for one-year terms, renewable. No residency program shall have more than one postgraduate resident representative on the Panel.

The Tribunal will be assisted by legal counsel and a secretary.

- (b) For each hearing the Tribunal shall consist of three members; the Chair, one faculty member from the membership of the Faculty Panel (from outside of the discipline of the appellant) and one postgraduate medical resident from the membership of the Student Panel (also from outside the residency program of the appellant) selected by the Dean of the School of Medicine.
- (c) Members must recuse themselves and will be replaced if they have been involved in supervising or evaluating the appellant or are from the appellant’s residency program.

3. Starting an Appeal – Time Limits

- (a) A resident may, within 15 business days 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.

4. Parties

Parties to every resident appeal shall include:

- (a) The resident who is appealing (the appellant); and
- (b) A respondent, who shall be the Associate Dean, PGME.

5. Right to Representation and Assistance

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

6. 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, the underlying facts, the precise grounds of the appeal, the specific remedy sought, all documents upon which the appellant intends to rely (e.g., case law), a list of 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 (e.g., case law), a list of witnesses to be called, and the name of respondent's counsel if any.
- (c) Any submissions about preliminary matters such as jurisdiction or summary dismissal shall be raised at this time.
- (d) The Secretary shall provide the appellant with a copy of the Response.
- (e) 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.

7. Convening the Tribunal

The Chair shall convene the Tribunal 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 Tribunal requires additional information, it may request that the parties supplement their submissions or provide additional documents. The Tribunal shall have access to the resident's file, containing written evaluation reports, ITERs, relevant School of Medicine documents and other material, including without limitation,

- College of Physicians and Surgeons of Ontario-Licensing Standards.
- Royal College of Physicians and Surgeons of Canada-Standards of Accreditation
- College of Family Physicians of Canada-Standards of Accreditation
- Objectives of Training and training requirements for individual programs
- CMA Code of Ethics.
- Regulated Health Professions Act.
- The Medicine Act.
- The PARO-CAHO contract.

8. Disclosure

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

9. Delivery of Documents

- a) Documents referred to in this document may be delivered personally or by mail, fax, or email.
- b) An appellant shall provide the Secretary with the following information:
 - (i) a full residential and mailing address;
 - (ii) an email address; and
 - (iii) a home 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 fax or 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.

10. Notice of Hearing

The Secretary, on behalf of the Tribunal, shall give the parties reasonable notice of the hearing. A Notice of Hearing shall include:

a statement of the time, place and purpose of the hearing; and

a statement that if the party notified does not attend at the hearing, the Tribunal may proceed in the party's absence and the party will not be entitled to any further notice in the proceeding.

11. 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 hearing 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 the Tribunal 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 the Tribunal or in a civil matter.
- e) Both parties shall sign a confidentiality agreement in the form attached (Form C)

12. Dismissal of Appeal Without Hearing

- 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 6(e).
- b) The Tribunal shall notify the parties in writing that it is considering dismissing the appeal without a hearing for any of the reasons described in 12(a), and it shall set a date to hear submissions from the parties on the issue.
- c) If a party files a motion with supporting documentation requesting that the Tribunal dismiss the appeal without a hearing, the Tribunal will provide the other party with 10 business days within which to file a response to the motion and will schedule a hearing to hear the motion.
- (d) If a decision is made to dismiss an appeal without hearing, the Chair shall inform the parties in writing of the Tribunal's decision with reasons.

13. Attendance of Witnesses

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

14. Hearings To Be Private

Tribunal hearings are to be conducted in private. The Chair may direct who may or may not be present at any stage of a hearing.

15. Examination of Witnesses

- (a) A party to a proceeding or their representative may,
 - (i) Call and examine witnesses and present evidence and submissions; and
 - (ii) Conduct cross-examinations of 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.

16. Adjournments

- (a) If during the course of any hearing, the Tribunal decides that additional information is required in order to resolve the matter, the Chair may adjourn the hearing 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 hearing 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 hearing were to proceed.

17. Incapacity of Board Member

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

18. 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 hearing, disclosure of documents and attendance of witnesses.
 - (ii) To direct any party to provide particulars or produce documents before or during a hearing.
 - (iii) To fix dates for the commencement and continuation of hearings.
 - (iv) To admit, in the interests of a fair and expeditious hearing, only evidence that is relevant.
 - (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 what are just and equitable and intended to provide a fair and expeditious hearing
 - (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) 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 and require the appellant to withdraw
- (b) The Tribunal may not award financial compensation or costs to an appellant except for compensation for out-of-pocket (non-legal and non-medical) expenses that were incurred by the appellant as a direct result of the decision that was reversed on appeal.

19. Tribunal Decision

The Tribunal shall render a decision with reasons as soon as reasonably possible following the conclusion of the hearing. The decision and the reasons shall be delivered to the appellant and the respondent(s).

20. 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 a tape recording of the proceedings for the purposes of aiding the Tribunal in its deliberations. If directed by the Chair, a transcript of the

hearing may be prepared. Ordinarily any tape that is made shall be erased or destroyed one year after the decision of the Tribunal is rendered.

- (c) Unless the preparation of a transcript is directed by the Chair, any party to a proceeding may, within one year from the date of the decision, make a written requisition of the Secretary for a transcript of all or part of the proceeding. Under no circumstances can this time limitation be extended.
- (d) A party requisitioning a transcript pursuant to subsection (c) shall be liable for the cost of its preparation calculated at an hourly rate on a strict cost-recovery basis. The requisition must be accompanied by a deposit in the amount of \$250.00, payable to “Queen’s University”, to be credited toward the final preparation cost.

Notice of Appeal: Postgraduate Tribunal

Appellant:	Last name	First name	Student number
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Respondent:	Last name	First name
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Decision under Appeal:	Name of the decision-maker or chair of decision-making body	Name of the decision-maker's board or office	Date of decision
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Appellant's Mailing Address:		Appellant's Residential Address: (If different):	
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Appellant's Principal Phone #:		Appellant's Alternate Phone #:	
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Appellant's Email:		Appellant's Fax #:	
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Indicate with a ✓ that the following REQUIRED documents are attached:

- Statement of the Grounds of Appeal, the Underlying Facts and the Remedy Sought
- List of Relevant Documents (copies of all documents must also be attached)
- List of the Appellant's Potential Witnesses
- Name of Appellant's Counsel (if any)

Indicate which of the s.18 power(s) listed here the Appellant REQUESTS the Board exercise in this appeal:

- s.18(a)viii
- s.18(a)ix
- s.18(a)x

Date:		Signature:	
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Response: Postgraduate Tribunal

Appellant: Last name First name

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Respondent: Last name First name

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Respondent's Department:		Respondent's Building and Room #:	
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Respondent's Principal Phone #:		Respondent's Alternate Phone #:	
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Respondent's Email:		Respondent's Fax #:	
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Indicate with a ✓ that the following **REQUIRED** documents are attached:

- Statement of the Underlying Facts and the Remedy Sought
- List of Relevant Documents (copies of all documents must also be attached)
- List of the Respondent's Potential Witnesses
- Name of Respondent's Counsel (if any)

Indicate which of the s.18 power(s) listed here the Respondent **OBJECTS** to the Board exercising in this appeal:

- s.18(a)viii
- s.18(a)ix
- s.18(a)x

Date:

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Signature:

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Confidentiality Agreement

In the matter of the mediation between _____ and _____

_____ (the appellant) and _____ (the respondent) have agreed to enter into mediation with the assistance of _____ (the Mediator) with the intent of resolving all issues raised in the Level 3 appeal and agree to the following:

1. The Mediator is an impartial intermediary whose role is to assist the parties in reaching a settlement and resolving the issues between them.
2. It is understood that any party may withdraw from the mediation at any time for any reason.
3. It is understood that the mediation will be strictly confidential. Mediation discussions, documents submitted during mediation, any draft resolutions or unsigned mediated agreements are without prejudice and shall not be admissible in any court, administrative or other contested hearings. The parties further acknowledge that the Mediator cannot be called to testify concerning the mediation nor to provide any materials from the mediation in any court or other contested proceeding between the parties.

Signed at the City of Kingston, Ontario on the _____ of _____

(The appellant) (The respondent)