

MD Program Professionalism Advisory Committee

Terms of Reference

Terms of Reference # (TOR #): PAC v.2

Supersedes: All prior versions for Professionalism Advisory Committee

Approved by MD-PEC: September 19, 2018

Approved by SOMAC: October 4, 2018

Revision: August 27, 2018 v.2

August 27, 2014 (original)

Effective Date: July 1, 2019



1.0 Mandate and Responsibilities

1.1 Mandate

1.1.1 The MD Program Professionalism Advisory Committee reviews all matters related to professional behavior of MD Program students in order to make recommendations regarding the classification and outcome of these matters to the MD Program Progress and Promotions Committee

1.2 Major Responsibilities

1.2.1 To receive and review reports concerning the professional conduct of students as brought to the Committee's attention.

1.2.2 To advise the MD Program Progress and Promotions Committee regarding the classification of incidents related to student professional behaviour as outlined in the MD Program Student Professionalism Policy.

2.0 Leadership & Membership

2.1 Leadership

2.1.1 The Chair the committee and will be appointed from the membership of the committee by MDPEC on the recommendation of the Associate Dean, Undergraduate Medical Education.

2.1.2 Where the Chair is absent for any reason, an Acting Chair may be appointed by the

Chair, or in the absence of such an appointment, by the committee members present.

2.1.3 Only voting members may serve as Acting Chair.

2.2 *Membership*

2.2.1 Voting members of the Committee shall consist of seven voting members, including the Chair

2.2.2 Faculty members will normally serve a three-year term, renewable once. Student members will normally serve a one-year term.

2.2.3 Members will be appointed by MDPEC on the recommendation of the Nominating Committee.

2.2.4 All new members will receive these Terms of Reference and will be oriented to the position by the Chair.

2.2.5 Voting Members

- The Chair (1)
- Faculty member from School of Medicine clinical department (3)
- Faculty from School of Medicine Department of Biomedical and Molecular Sciences or Public Health Sciences (1)
- Queen's University Professional School Faculty Member – other than from the School of Medicine (1)
- Student Member nominated by the Aesculapian Society (1)

2.2.6 Non-voting Resources

- Associate Dean, UGME
- Assistant Dean, Academic Affairs UGME
- Director, Student Affairs
- UGME Career Counselor
- UGME Academic Advisor
- Committee Secretary

2.2.7 The Chair may invite such guests as are necessary to conduct the meeting.

2.3 *Responsibilities of Members*

2.3.1 All members will participate actively in the committee by:

- Reviewing all pre-circulated material
- Attending at least 70% of the meetings
- Participating in working groups, as required
- Communicating committee activities and decisions as appropriate

2.4 Term of Membership

2.4.1 Members will normally serve a three-year term, renewable once with the exception of student members who will serve one year terms, renewable. Terms will be overlapping in order to ensure continuity of experience.

3.0 Meeting Procedures

3.1 *Frequency and Duration of Meetings:*

3.1.1 Meetings will be held at the call of the Chair.

3.1.2 All meetings where incidents are discussed will be held in camera and all discussions and decisions will be considered confidential.

4.0 Conflict of Interest

4.1 Members are expected to declare a conflict of interest if their real or perceived personal interests or involvement might be seen to influence their ability to assess any matter before the committee objectively. This would include, in the case of student members, being from the same graduating class. They can do so either by personal declaration at a meeting or in writing to the Chair. They will be excused from any discussions regarding the matter in question.

4.2 In the case of student members, an alternate member may be appointed when necessary by the Chair on recommendation of the Associate Dean, Undergraduate Medical Education.

4.3 When quorum cannot be achieved due the absence of members because of declared conflict of interest, additional members may be appointed by the Dean, Faculty of Health Sciences to achieve quorum.

4.4 The declaration, absences and replacement members, where applicable, will be recorded in the minutes.

5.0 Decision-Making

5.1 Decisions regarding the classification and outcome of incidents will be made by majority vote of a quorum of members. The Chair, or Acting Chair, will only vote in order to break a tie.

5.2 Quorum will be at least four voting members of the Committee, including the Chair or Acting Chair, either present in person or via teleconference.

5.3 Decisions regarding policy, practice and other matters will be achieved by consensus of members present.

6.0 Administrative Support & Communication

6.1 Administrative Support

6.1.1 The Secretary will be a member of the staff of the Undergraduate Medical Education Office, appointed by a Manager.

6.2 Agenda & Minutes

6.2.1 Agendas and minutes of committee meetings are to be distributed to the committee members by the recording secretary.

6.2.2 Minutes are normally distributed electronically to all members within one week of meetings.

6.2.3 All minutes and supporting material regarding matters relating to incident classification will be held in confidence.

6.2.4 Dissemination of committee decisions will be made public only with the specific direction of the Chair and after discussion and approval by the committee.

7.0 Evaluation

7.1 The committee will review its membership, terms of reference, rules and procedures at least every three years, and as necessary. The Chair will report the results of the review to MDPEC.

8.0 Policies

8.1 The School of Medicine's policies are posted to <http://meds.queensu.ca/undergraduate/policies>

9.0 Appeals

9.1 There are no appeals of the Committee's recommendations.

10.0 Rules of Order

10.1 The School of Medicine's committees follow Bourinot's Rules of Order. A summary of Bourinot's Rules of Order is available at: <http://www.queensu.ca/secretariat/senate/Rules.html>

MD Program Progress & Promotion Committee



Terms of Reference

Terms of Reference # (TOR #): P&P v2

Supersedes: All prior versions for Student Progress and Promotions Committee; and Progress, Promotion and Remediation Committee

Approved by MD-PEC: September 19, 2018

Approved by SOMAC: October 4, 2018

*Revision: August 27, 2018 v2
August 27, 2014 (original)*

Effective Date: July 1, 2019

1.0 Mandate and Responsibilities

1.1 Mandate

- 1.1.1 The MD Program Progress & Promotion Committee has as its primary responsibility decisions concerning all matters related to the progress, promotion and remediation of undergraduate students in the MD Program at Queen's University

Major Responsibilities

- 1.1.2 To act on the delegated authority of the School of Medicine Academic Council (SOMAC) with respect to the progress, promotion and remediation of undergraduate students in the MD Program at Queen's University.
- 1.1.3 To meet, as required, to discharge its responsibilities.
- 1.1.4 To receive reports and recommendations with respect to students' standing in each course or designated portion of the MD Program.
- 1.1.5 To receive reports and recommendations from the Professionalism Advisory Committee with respect to a student's professional behavior.
- 1.1.6 To make decisions regarding the progress of each student registered in the MD Program of the Faculty of Health Sciences with respect to cognitive, affective, professional, behavioural and skill components of the Program.

- 1.1.7 To consider the academic performance (cognitive, affective, professional, behavioural and skills) of any student who has been referred to the Committee.
- 1.1.8 To consider extenuating circumstances that may have impacted the performance of a student.
- 1.1.9 To provide considered requirements intended to facilitate the successful completion of the curriculum's educational objectives, including (but not limited to) meeting with the Associate Dean (Undergraduate Education), the Director of Student Affairs and external program staff, consultants and medical professionals.
- 1.1.10 To make decisions with respect to standing, promotion, remediation, supplemental privileges, repeating a portion of the MD Program and the requirement to withdraw from the further study of medicine at Queen's. Such decisions will constitute the official statement of standing.
- 1.1.11 To report the decisions taken by the Committee, in summary form, to SOMAC and (through SOMAC) to the Faculty Board.
- 1.1.12 To recommend to SOMAC and (through SOMAC) to the Faculty Board any changes in policies or practices that the Committee may deem appropriate in the light of its operations and experience.
- 1.1.13 To act on the delegated authority of the Faculty Board to submit names to the Senate for ordinary degrees.
- 1.1.14 To act on the delegated authority of the Faculty Board to deal with failures.
- 1.1.15 To act on the delegated authority of the Faculty Board to exercise academic supervision over students.

2.0 Leadership & Membership

2.1 Leadership

- 2.1.1 The Chair will be a member of the faculty of the School of Medicine, appointed by SOMAC on the recommendation of the Nominating Committee.
- 2.1.2 Where the Chair is absent for any reason, an Acting Chair may be appointed by the Chair, or in the absence of such an appointment, by the committee members present.

2.1.3 Only voting members may serve as Acting Chair.

2.2 *Membership*

2.2.1 Voting members of the Committee shall consist of six faculty members in addition to the Chair, at least three of whom will hold the rank of Associate Professor or Professor.

2.2.2 Members will be appointed by SOMAC on the recommendation of the Nominating Committee.

2.2.3 Voting Members

- The Chair
- Clinical Faculty Members (2)
- Faculty at Large (2)
- Faculty from the Department of Biomedical and Molecular Sciences, Pathology and Molecular Medicine, or Public Health Sciences (2)

2.2.4 Resources (non-voting)

- Associate Dean, UGME (ex-officio)
- Assistant Dean, UGME Academic Affairs
- Academic Advisor, or delegate
- Director, Student Affairs, or delegate
- Committee Secretary

2.2.5 The Chair may invite such guests as are necessary to conduct the meeting.

2.2.6 All new members will receive these Terms of Reference and will be oriented to the position by the Chair.

2.3 *Responsibilities of Members*

2.3.1 All members will participate actively in the committee by:

- Reviewing all pre-circulated material
- Attending at least 70% of the meetings
- Participating in working groups, as required
- Communicating committee activities and decisions as appropriate

2.4 *Term of Membership*

2.4.1 Members will normally serve a three-year renewable term. Terms will be overlapping in order to ensure continuity of experience.

3.0 **Meeting Procedures**

3.1 *Frequency and Duration of Meetings*

3.1.1 Meetings will be held monthly during the academic year and otherwise at the call of the Chair.

3.1.2 All meetings will be held in camera and all discussions and decisions will be considered confidential.

4.0 **Conflict of Interest**

4.1 Members are expected to declare a conflict of interest if their real or perceived personal interests might be seen to influence their ability to assess any matter before the committee objectively. They can do so either by personal declaration at a meeting or in writing to the Chair. They will be excused from any discussions regarding the matter in question. The declaration and absences will be recorded in the minutes.

5.0 **Decision-Making**

5.1 Decisions will be made by majority vote of a quorum of members present.

5.2 Quorum will be at least four voting members of the Committee, including the Chair or Acting Chair, either present in person or via teleconference.

5.3 The Chair, or Acting Chair, will only vote in order to break a tie.

5.4 Meetings may be held in the absence of a quorum, but no decisions will be made.

5.5 Decisions will be discussed in the context of specific motions, passed by a majority vote of members and recorded in the minutes.

6.0 Administrative Support & Communication

6.1 Administrative Support

6.1.1 The Secretary will be a member of the staff of the Undergraduate Medical Education Office, appointed by a Manager.

6.2 Agenda & Minutes

6.2.1 Agendas and minutes of committee meetings are to be distributed to the committee members by the recording secretary.

6.2.2 Minutes are normally distributed electronically to all members within one week of meetings.

6.2.3 All minutes and supporting material will be held in confidence.

6.2.4 Dissemination of committee decisions will be made public only with the specific direction of the Chair and after discussion and approval by the committee.

6.3 Reporting Relationship

6.3.1 The committee will produce an annual report of its activities to be submitted to SOMAC.

7.0 Evaluation

7.1 The committee will review its membership, terms of reference, rules and procedures at least every three years, and as necessary. The Chair will report the results of the review to SOMAC and the Faculty Board.

8.0 Policies

8.1 The School of Medicine's policies are posted to <http://meds.queensu.ca/undergraduate/policies>

9.0 Appeals

9.1 Appeals of decisions of the committee will be in accordance with governing policy.

10.0 Rules of Order

- 10.1 The School of Medicine's committees follow Bourinot's Rules of Order. A summary of Bourinot's Rules of Order is available at: <http://www.queensu.ca/secretariat/senate/Rules.html>

Undergraduate Medical Education

Student Progress and Promotion Policy

Student Assessment Component: Policy #SA-06 v3

Supersedes: Policy #SA-06 v2

Lead Writer: Dr. R. Van Wylick

Approved by MD PEC: September 18, 2018

Approved by SOMAC: October 4, 2018

Revision: November 22, 2012 (original)

August 27, 2014 (v2)

September 18, 2018 (v3)



Effective Date: July 1, 2019

1.0 Guiding Principles

- 1.1. This policy guides the Progress and Promotions Committee (P&P) in its decisions regarding student progress in the MD Program.
- 1.2. In making a decision regarding a student's progress, P&P will consider a student's performance throughout the Program and any mitigating or extenuating circumstances.
- 1.3. Students will be given opportunity for input and response to deliberations and decisions of P&P either in writing and/or in person at the discretion of the Chair.
- 1.4. For the purpose of this policy, a "course" will mean any defined course of study in the MD Program at Queen's University, including but not limited to pre-clerkship courses, clinical skills courses, and clerkship courses or rotations.

2.0 MD Program - Student Assessment

- 2.1. A student will be awarded a pass or a fail in each course.
- 2.2. Students who fail 1 course in one academic year will be offered the opportunity for remediation and reassessment, which may include a supplemental exam and/or repeating all or part of the failed course. Students who fail 2 or more courses, a supplemental examination or a program of remediation and reassessment will be required to repeat the entire year including any previously passed courses. Students who fail 1 or more courses in an academic year that they are repeating will be required to withdraw.

- 2.3. The inclusion of any required remediation or reassessment on the Medical Student's Performance Record will be determined on an individual basis by P&P.
- 2.4. To be considered eligible for an MD Degree at the completion of the MD Program, a student must have demonstrated satisfactory achievement of the Curricular Goals and Competency Based Objectives of the MD Program by:

- Obtaining a pass standing on each course in the curriculum and
- Having no unresolved lapses of professionalism and
- Having no Level IV lapses of professionalism.

3.0 Mandatory Review

- 3.1. Students who are identified by the examiners as having weak performance but not a failing grade in a course, subcomponents of a course or series of courses will be reviewed by P&P to consider the student's academic performance and extenuating circumstances.
- 3.2. After this review, P&P will ordinarily require students to undertake a program of remedial study and reassessment and/or to meet with identified individuals to evaluate and further develop personal learning needs or address any other issues impairing academic performance.

4.0 Professionalism

- 4.1. The Professionalism Advisory Committee will advise P&P on the identification and consequences of lapses of professionalism in accordance with the Professionalism Policy and the Professionalism Advisory Committee Terms of Reference.

5.0 Remedial Programs

- 5.1. The purpose of a remedial program is to assist a student in meeting course and Program objectives.
- 5.2. A remedial program may consist of repeating all or part of the material in a course or any other measures considered by P&P necessary to ensure the student has met the requirements of the curriculum.
- 5.3. Where a student is required to repeat a term, year or course, the student must meet the objectives of the specific term, year or course and be evaluated by the same methods as other students.

- 5.4. Where a remedial program consists of only part of a course, the criteria for achieving a passing grade will be determined in advance of the remediation.

6.0 Advanced Planning

- 6.1. Students with identified weaknesses may be considered for advanced educational planning by P&P.
- 6.2. Appropriate measures to reduce the possibility of bias in subsequent assessments must be ensured.
- 6.3. Student privacy and dignity must be valued and maintained.
- 6.4. Advanced educational planning will mean the discussion of specific learning needs and deficiencies of a student with Course Directors of subsequent Courses or Terms and will be limited to information that will facilitate ongoing remediation or student development.

7.0 Emergency Measures

- 7.1. Under exceptional circumstances, and where continuation of a student's educational or clinical activities is potentially detrimental to the safety or well-being of patients, staff or other students, a student's activities in the MD Program may be considered for emergency suspension.
- 7.2. Under such circumstances, the Dean or delegate and the Associate Dean of Undergraduate Education or delegate, individually but in consultation with each other, may take immediate action to suspend a student from further activity in the MD Program.
- 7.3. This suspension will be then be considered by P&P at the earliest possible opportunity for alteration or continuation

8.0 Reconsideration and Appeals

- 8.1. Decisions of P&P may be submitted to P&P for reconsideration or may be appealed to the Faculty of Health Sciences *Student Appeal Board* as follows:
- 8.1.1. **Reconsideration:** Students may submit a request for reconsideration to P&P in circumstances where the student asserts new information concerning extenuating circumstances that affected the student's performance, which information was not available to the student at the time P&P made its original decision.
- A student must submit a request for reconsideration in writing to P&P within the later of 14 calendar days of the decision or 14 calendar days from the date

on which the student was, or ought to have been, aware of the extenuating circumstances. P&P retains the right to deny a request for reconsideration based on undue delay between the date of its original decision and the date of the student's request for reconsideration.

- The student's submission must include all details of the extenuating circumstances, the impact such circumstances had on the student's performance and all documentation upon which the student intends to rely to substantiate his/her request for reconsideration.

8.1.2. **Appeal:** Students may submit an application for leave to appeal a decision of P&P to the Dean, Faculty of Health Sciences ("Dean"), who will review the ground(s) of appeal and will refer the matter for consideration by the Faculty of Health Sciences *Student Appeal Board* where appropriate.

- An application for leave to appeal must be submitted to the Dean within 14 calendar days from the issuance of P&P's decision
- The ground(s) of appeal shall be limited to alleged deficiencies in P&P's decision-making process; the *Student Appeal Board* shall not substitute its own judgment for that of the decision-maker on matters concerning the student's academic progress or assessment.
- Decisions of the Dean or of the Student Appeal Board will be final, subject only to a student's ability to access the procedure outlined in the Queen's University Senate Policy on "*Student Appeals, Rights & Discipline*".
<http://www.queensu.ca/secretariat/policies/senateandtrustees/SARDPolicy.pdf>

9.0 Policy Renewal and Approval

9.1. This document will be reviewed and updated at least annually

9.2. This document will be reviewed by the MD Program Executive Committee and approved by the School of Medicine Academic Committee

Cross-References

Professionalism Policy

Student Assessment Policy

Professionalism Advisory Committee Terms of Reference

Progress and Promotions Committee Terms of Reference

Undergraduate Medical Education

Student Professionalism Policy

Student Conduct Component: Policy #SC-02 v5

Supersedes: Policy #SC-02 v4

Lead Writer: Dr. R. Van Wylick, Director, Academic Affairs

Approved by MD PEC: September 18, 2018

Approved by SOMAC: October 1, 2018

Revision: September 18, 2018 (v5)

September 1, 2015 (v4)

July 1, 2014 (v3)

July 1, 2013 (v2)

November 22, 2012 (original)

November 22, 2010 with changes approved by SOMEK Chair

Effective Date: July 1, 2019



1.0 Background

1.1. The School of Medicine at Queen's University holds the values of professionalism as core obligations to patients, students, the healthcare community, and society at large. The achievement of the professionalism competencies found in the UGME Curricular Goals and Competency-Based Objectives are a necessary requirement for the granting of a Queen's MD degree. It is recognized that in rare circumstances behavior may be considered incompatible with continued education towards a future career in medicine and thereby precludes the granting of an MD Degree.

2.0 Scope

2.1. This policy applies to all students upon acceptance to the School of Medicine at Queen's University and includes:

2.1.1. All educational settings, including classrooms, field placements and examinations.

2.1.2. All clinical settings that are part of the learning program including, but not limited to hospitals, clinics, community health centres and ambulatory settings.

2.1.3. Conduct that has a real and substantial connection to the legitimate interests of the School of Medicine and/or the members of the School of Medicine. These interests may include, but are not limited to, the operation, administration and reputation of the School of Medicine and its members.

2.1.4. Electronic communication.

2.1.5. Any time a student is identified as a medical student.

2.2. Guiding Principles

2.2.1. A profession is defined as follows:

“An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.”¹

2.3. In evaluating the behaviour of students who are studying to enter the profession of medicine, this policy will be guided by the standards of conduct expected of the profession, including but not limited to:

2.3.1. The UGME Curricular Goals and Competency-Based Objectives

2.3.2. The CMA Code of Ethics

2.3.3. The College of Physician and Surgeons of Ontario Practice Guide

2.3.4. The Queen’s University Student Code of Conduct

2.3.5. The Codes of Conduct of the Queen’s University Teaching Hospitals

2.3.6. Queen’s University Policies on Academic Integrity

3.0 Classification of Concerns Regarding Professional Behaviour

3.1. Incidents that raise concern about professional behaviour will be classified into the following levels of increasing severity.

3.2. In assessing harm, consideration will be given to all forms of potential or actual harm, including harm to reputation.

¹ Cruess SR, Johnston S, Cruess RL. (2004). "Profession": a working definition for medical educators. *Teach Learn Med.* Winter; 16(1):74-6.

3.3. **Level I**

- 3.3.1. First professionalism concern *and*
- 3.3.2. No or very minor direct or indirect past or ongoing harm to others (faculty, other students, patients, the public or institutions)*and*
- 3.3.3. Student acknowledges and accepts responsibility for incident *and*
- 3.3.4. Potential to be remediated with, but not limited to, education, apology and/or reflection

3.4. **Level II**

- 3.4.1. Previous Level I concern or does not meet criteria for Level I, III or IV *and/or*
- 3.4.2. Minor direct or indirect past or ongoing harm to others (faculty, other students, patients, the public or institutions). Includes reputational harm *and*
- 3.4.3. Student has insight into the concerns raised by the incident *and*
- 3.4.4. Potential for remediation through, but not limited to, education, apology, reflection, and/or formal course of study

3.5. **Level III**

- 3.5.1. Previous Level I or II concern(s) or does not meet criteria for Level I or II or IV *and/or*
- 3.5.2. Significant, or potential for significant, direct or indirect past or ongoing harm to others (faculty, other students, patients, the public or institutions) *and/or*
- 3.5.3. Student may show limited insight into the concerns raised by the incident *and*
- 3.5.4. Potential for remediation through a formal program and reassessment.

3.6. **Level IV**

- 3.6.1. Any one of:
 - Multiple previous professionalism concerns raised or did not successfully remediate previous concerns of professionalism *and/or*
 - Egregious, or potential for egregious, harm to others (faculty, other students, patients, the public or institutions) *and/or*
 - Behaviour inconsistent with a future career in medicine *and/or*
 - Multiple previous professionalism concerns raised or did not successfully remediate previous concerns of professionalism *and/or*
 - Egregious, or potential for egregious, harm to others (faculty, other students, patients, the public or institutions) *and/or*
 - Behaviour inconsistent with a future career in medicine

3.7. Exemplary professional behaviour

3.7.1. Exemplary professional behavior is exhibiting an exceptional commitment to the principles of medical professionalism that is recognized by peers, patients, instructors, healthcare team members or members of the wider University community.

4.0 Procedures

4.1. Exemplary Behaviour

4.1.1. Incidents of exemplary student professional behaviour will be submitted in writing for consideration by the Associate Dean, UGME.

4.2. Professionalism Concerns

4.2.1. Reports of professionalism concerns may be received by the Office of Undergraduate Medical Education (“UGME”) by way of:

- A report from a Curricular Leader
- A communication to the UGME by faculty or other students
- A report from the community, a hospital or other agency
- Any other means

4.2.2. Information about the concern is then gathered by UGME Staff (usually the Secretary of the Professional Advisory Committee (“PAC”)) and provided to the Assistant Dean, Academic Affairs and Programmatic Quality Assurance for review and determination if additional information is needed.

4.2.3. If additional information is needed from the affected student(s), the Associate Dean, UGME and/or the Assistant Dean, Assistant Dean, Academic Affairs and Programmatic Quality Assurance or delegates may elect to meet with the student(s) or obtain additional information by other means.

4.3. Disposition

4.3.1. If the Associate Dean, UGME and/or the Assistant Dean, Academic Affairs and Programmatic Quality Assurance and Programmatic Quality Assurance determines that there are no grounds to continue, then the matter is closed.

4.3.2. The Associate Dean, UGME and/or the Assistant Dean, Academic Affairs and Programmatic Quality Assurance may determine, in consultation with each other, that the

matter is suitable for alternative resolution as a Level I concern or will be referred to the PAC for consideration in accordance with this policy and the PAC Terms of Reference.

4.3.3. Alternative Resolution for Level I Concerns

- Level I concerns may be resolved by the Associate Dean UGME or Assistant Dean, Academic Affairs and Programmatic Quality Assurance without referral to the PAC provided the involved student accepts the proposed outcome.
- All incidents that are not eligible for alternative resolution by the Associate Dean, UGME or Assistant Dean, Academic Affairs as a Level I concern, or where a student is not accepting of a proposed outcome by the Associate or Assistant Dean of a Level I concern, will be referred to the PAC for consideration in accordance with this policy and the PAC Terms of Reference.
- Incidents that are resolved as Level I concerns will be documented and communicated to the involved student but are not noted on the MSPR and carry no burden of disclosure by the student unless new issues, either different concerns and/or additional information about the initial concern, arise during the student's time in the MD Program. They are documented in the student file solely for reference in the event that further concerns and/or additional information comes to light.

4.4. Outcomes

4.4.1. Exemplary professional behavior is brought to the attention of the Associate Dean, UGME who decides on an appropriate form of recognition.

4.4.2. Outcomes of lapses in professionalism will take into account the following:

- The Level at which the lapse is classified
- History of previous lapses of professional behavior by the student
- The level of responsibility shown by the student
- Extenuating and mitigating circumstances

4.4.3. Level I to III professionalism lapses are viewed first as an opportunity for education and remediation. The intent is to provide opportunities for students to become conscious of their professional obligations and learn how to alter their behaviour accordingly. Whenever possible, consequences should reflect this intent.

- 4.4.4. The PAC will recommend classification and outcomes of professionalism lapses to the P&P Committee for final determination.
- 4.4.5. Level IV Lapses will be seen as incompatible with a future career in medicine and will result in the student being required to withdraw from the MD Program and being ineligible for an MD Degree.
- 4.4.6. The recommendation(s) of the PAC will be communicated to the Progress & Promotions (P&P) Committee in writing. The student will be given a copy of the recommendations in writing. Students will then be invited to provide response to the P&P Committee for its further consideration.