Assessment and Promotion in Postgraduate Residency Programs

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**PREAMBLE:**  
This document “Assessment & Promotion in Postgraduate Residency Programs” describes the rules and regulations governing the assessment and promotion of residents at McGill University in Postgraduate Medical Education. These guidelines do not apply to individuals undergoing other forms of training (ie. fellowships) at McGill University in Postgraduate Medical Education.  

It is the professional responsibility of each resident to read this document and to be familiar with its content. In addition, it is the responsibility of Program Directors and others involved in the supervision of residents, to follow these guidelines with respect to assessment and promotion.

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1. **TERMINOLOGY:**

1.1 **Academic Year:** The academic year commences July 1 and finishes on June 30. On occasion a resident will be out of phase and, in this case, the academic year is considered to start when the resident is promoted from one level of residency to the next.

1.2 **Resident:** Resident refers to individuals registered in a specialty and subspecialty program accredited by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada in Postgraduate Medical Education in the Faculty of Medicine at McGill University.

1.3 **Period (or Block):** Subject to section 3.7, a period or block is of 4-weeks duration. There are 13 periods in each academic year and the dates of each period or block are established by the Office of Postgraduate Medical Education each year. On occasion a period or block will vary in duration depending on the dates established by the Office of Postgraduate Medical Education.

1.4 **Rotation (or learning experience):** A rotation, or learning experience, refers to the “content” or substance of the training, and may be of varying duration (e.g. 2 weeks to 3 months). The duration of a given rotation is defined by the Training Program. Most rotations are 4 weeks in duration. In some programs, a rotation may be a “longitudinal” experience, e.g. half-day a week for 6 months.

1.5 **Remediation:** This term refers to learning experiences that have been designed to address specific weaknesses of a resident who has not met the goals and objectives of training and/or who has not demonstrated the necessary competencies for their level/stage in their residency program. These can include:
   1.5.a Informal counselling and support for minor or transient difficulties;
   1.5.b **Focused Learning EXperiences (FLEX),** for significant but potentially remediable difficulties; and
   1.5.c Remediation with probation, for serious and/or persistent difficulties.

1.6 **Educational handover:** This term refers to the exchange of information from one rotation to the next regarding a resident’s competencies in order to further tailor educational experiences to the resident’s needs.

1.7 **Advisor:** An advisor is an individual chosen by a resident or a Faculty member to provide support to a resident or faculty member during a hearing. The advisor must be a member of the University Community, cannot be a member of the legal profession, and cannot be paid for his or her services. The advisor is not a witness or participant in the proceedings. In all hearings under these guidelines, the resident and the Faculty member are entitled to have an advisor present.

1.8 **Approved assessment system:** This is the Office of Postgraduate Medical Education’s approved assessment system used by residents and Faculty in the process of assessing
residents, faculty members, and specific programs. This may include paper forms, observation cards, and online systems, as well as other tools.

1.9 **Ad Hoc Departmental Appeal Committee:** This committee is set up by a Department when a resident wishes to appeal a Borderline or Unsatisfactory Global Assessment for a rotation.

1.10 **Program Promotions Committee (PPC):** Every postgraduate residency program that has residents that not yet transitioned to competency-based medical education (CBME) at McGill has a Program Promotions Committee which reviews the progress of these residents in that particular program. This committee makes recommendations regarding promotion and remediation of these residents in their programs and may recommend suspension or dismissal of a resident.

1.11 **Competency Committee (CC):** Every postgraduate residency program that has residents that have transitioned or is transitioning to competency-based medical education (CBME) at McGill has a Competency Committee (CC) which reviews the progress of these residents in that particular program. This Committee makes recommendations regarding promotion and remediation of these residents in their programs and may recommend suspension or dismissal of a resident.

1.12 **Faculty Postgraduate Promotions Committee (FPPC):** This is a standing committee in the Faculty of Medicine that monitors the overall process of assessment and promotion of trainees within the Faculty to ensure that standards are uniform and being maintained, and that residents are being treated fairly. Promotion decisions (including remediation) are not final until approved by this Committee. This Committee may also suspend or dismiss a resident.

1.13 **Ad Hoc Promotions Review Committee:** This committee is set up by the Dean at the request of a resident who wishes to appeal a decision of the FPPC to suspend or dismiss such resident from the residency program.
2. **GENERAL PRINCIPLES**

2.1 It is the responsibility of the Faculty of Medicine to ensure that its graduates have attained the standard required to practice medicine safely and independently. This includes identifying residents who are unable to demonstrate acceptable performance while ensuring that a trainee has received adequate teaching, objective assessment, constructive feedback, and remediation if necessary.

2.2 The Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Collège des Médecins du Québec, all require satisfactory final in-training evaluations as determined by appropriate Faculty members before a resident is admitted to the certification examinations.

2.3 Each residency program will have written goals and objectives and/or competencies each resident is required to attain at different levels of training. The Residents will be provided with these upon entering the program and as they are updated by the residency program, in paper form or via electronic means (e-documents, website addresses, etc.).

2.4 The assessment process is based on these goals and objectives and the competencies each resident is required to attain at different levels of training.

2.5 The Program Director of each program ensures that Residents are given access to the rules and regulations governing assessment and promotion.

2.6 All residents will be provided with access to the document “Assessment and Promotion in Postgraduate Residency Programs”, at the beginning of their training and annually throughout, by their respective Program Director. Residents are responsible for familiarizing themselves with the rules.

2.7 The assessment of residents is a confidential process and the assessments (and related materials) are confidential documents, except in the context of educational handover (see article 2.8) or remediation (see articles 5, 6, and 7). Access should be restricted to the Program Director, any individual or Committee responsible for making Promotion decisions, external certification and licensing bodies, and the resident him/herself.

2.8 Educational handover for the educational benefit of a resident is encouraged. Given that residents acquire different competencies at different points in time, it is in the best interests of residents for their Faculty Supervisors to be aware of the competencies each resident has already acquired and the competencies they have yet to attain. In this manner, a resident’s learning experiences can be adapted to his or her learning needs. Residents should have input into and be aware of the nature and type of educational handover that occurs during their training. For Residency Programs which have transitioned to CBME, the nature and process for educational handover should be outlined by the Training Program in their orientation materials and provided to Residents at the beginning of each academic year. Program Directors must ensure this intervention remains centered on resident learning needs. It is the Program Director’s responsibility (and/or their delegate), in consultation
with each of the residents under his or her authority, to apply this educational technique based on the preceding principles.

2.9 It is each resident’s responsibility to request reasonable accommodation required to alleviate the consequences of a disability in a timely manner to their Program Director and to the Associate Dean of Postgraduate Medical Education. The Faculty will help to implement reasonable measures of accommodation, taking into account goals and objectives of the program, learning needs of the resident and practical considerations linked to the way in which the training is delivered. Failure to declare the need for accommodation in a timely manner may result in portions of training being required to be repeated if it is concluded that the training experience of a resident was negatively impacted as a result. Furthermore, failure to request accommodation measures required to deal with a condition that was known or should have been known by the resident shall not be used retrospectively to account for academic difficulties, including lapses in professional behaviour. Requests for accommodations will be dealt with on a case-by-case basis by the Associate Dean of Postgraduate Medical Education, with input from the resident and the Program Director.

2.10 In addition to being students of the University and being governed by the Code of Student Conduct and Disciplinary Procedures and the Charter of Students Rights, residents are physicians, and therefore are governed by the policies of the hospital(s) or other centres in which they practice their profession and by professional bodies, such as the Collège des Médecins du Québec, the Canadian Medical Association (Code of Ethics) and by policies of the Faculty of Medicine, including the Faculty of Medicine Code of Professional Conduct. Violation of any of these standards or policies may constitute improper conduct or unprofessional behaviour. It is important to note that revocation of hospital privileges, university student status, or Collège des Médecins du Québec training card may result in suspension or dismissal, depending on the circumstances.
3. **THE ASSESSMENT PROCESS**

3.1 All assessments of resident performance are submitted through the Approved Assessment System.

3.2 Efforts should be made to submit all assessments within two weeks of the completion of the rotation.

3.3 Supervisors must make every effort to provide timely ongoing formative feedback to all residents, and in particular to those with identified weaknesses.

3.4 For all residents, but particularly for a resident with identified weaknesses, the final assessment should also be discussed in person.

3.5 Residents must acknowledge in the Approved Assessment System that they have seen their assessment. The resident may indicate that he/she disagrees with such assessment. The Faculty requires all residents to review their assessment in the Approved Assessment System in a timely manner to keep track of their personal progress and to tailor their self-learning based on feedback.

3.6 A resident will receive a global assessment at the end of each rotation. This assessment is based on the goals and objectives of the rotation and/or competencies each resident is required to attain at different levels of training. The resident bears some personal responsibility for ensuring that the rotation assessments are submitted in a timely fashion:

   a) In order for a resident to obtain a rotation assessment from the Approved Assessment System, he/she must submit an assessment of the supervisor(s) and of the rotation.
   
   b) If the assessment is not available within two weeks of the end of the rotation, the resident is encouraged to report this to the Program Director’s office.

   If the resident does not agree with an assessment, he/she should follow the process outlined in 9.1.

3.7 In some programs, a rotation may be longer than 4 weeks (2, 3 or 6 blocks). Regardless of the duration of the rotation, a resident must receive a summative assessment after 12 weeks (maximum) and this must be submitted through the Approved Assessment System.

3.8 At the end of each rotation, a global assessment is submitted by the faculty supervisor responsible for the resident during the rotation. If more than one faculty member is involved in the supervision of a resident during a rotation, one of those individuals (not the Program Director, unless he/she is one of the supervisors), should be given the responsibility of submitting the summative assessment to the Approved Assessment System, which must reflect the opinions of all the supervisors involved. The global assessment must represent a consensus opinion but comments from all supervisors can and should be included.
3.9 Successful completion of a rotation is defined as obtaining a SATISFACTORY or SUPERIOR global assessment. This is based on the faculty supervisor’s determination of whether the resident met the goals and objectives of the rotation and/or demonstrated the competencies for their level in the training program.

3.10 An UNSATISFACTORY or BORDERLINE assessment anywhere on the assessment form indicates that weaknesses have been identified.

3.11 An UNSATISFACTORY or BORDERLINE global assessment on any rotation is not considered a passing grade. This means the resident has not met the goals and objectives of the rotation and/or who has not demonstrated the necessary competencies for their level during the rotation.

3.12 A resident with an UNSATISFACTORY or BORDERLINE global assessment must be notified immediately by their faculty supervisor and/or Program Director.

3.13 In order to meet pedagogical requirements, a resident should not miss more than 1/4 of a rotation due to illness, conference leave, vacation, etc. A rotation which includes less than 3/4 of the expected time commitment may be considered INCOMPLETE.

3.14 An INCOMPLETE rotation should be completed, unless there was sufficient time for the resident to have achieved the required competencies. The period of time needed to complete such a rotation is determined by the nature of the experience and the need for continuity: e.g. a 2-week illness during an Emergency rotation could be made up by 2 weeks in the Emergency room, whereas a 2-week illness during an ICU rotation might require a 4-week ICU rotation in order to be considered complete. This will be determined by the Program Director based on the goals and objectives of the Residency Program and the resident’s acquired competencies, in consultation with the PPC/CC.

3.15 The faculty supervisor determines whether or not time spent by the resident on rotation was sufficient for meaningful assessment.

3.16 If a resident chooses to take a leave after having received negative feedback on his/her performance, the assessment of the resident for the completed portion of the rotation may be taken into consideration when the file is being reviewed.

3.17 At least twice during the academic year, the Program Director (or designate) will meet with each resident in the program, and review all the assessments and the resident’s progress in the program.
4. **THE PROMOTION PROCESS**

4.1 A resident who has successfully met the goals and objectives of training and/or who has demonstrated the necessary competencies for their level in their residency program will generally be promoted to the next academic level and/or stage of training.

4.2 When a resident has not met the goals and objectives of training and/or who has not demonstrated the necessary competencies for their level in their residency program, the Program Director will, in consultation with the resident (and subject to the recommendation of the PPC/CC and the approval of the FPPC), identify the areas of weakness, and will attempt to support and assist the resident in addressing those weaknesses by tailoring to the needs of the resident an appropriate remediation plan. See articles 5, 6, and 7 for more details.

4.3 In some programs, there is an additional requirement for promotion, often related to performance on standardized written exams or clinical exams, usually given annually to all residents in training. These requirements must be clearly outlined to the resident at the beginning of the academic year. Failure to meet these requirements may require the resident’s case to be presented to their PPC/CC for consideration of remediation.
5. Remediation - Focused Learning EXperiences (FLEX)

5.1 A resident who is experiencing significant but remediable academic difficulties, as demonstrated by:

5.1.a A BORDERLINE or UNSATISFACTORY in a rotation, for a resident who has completed less than the maximum time permitted in FLEX in the same academic year (see article 5.3); or
5.1.b A recommendation by the Program Promotions Committee and/or the Competency Committee (with appropriate supporting documentation).

will have their overall progress in the program reviewed based on the goals and objectives of the program and the competencies which the resident has achieved. This review is completed by the Program Director, in consultation with the resident, and is subsequently presented to the PPC/CC for approval. The resident must be given the opportunity to meet with the PPC/CC while it is reviewing the resident file. The PPC/CC will then review and recommend the resident be placed on an appropriate FLEX.

5.2 The FLEX should start as soon as possible upon completion of the above process.

5.3 The duration of the FLEX will be from 1-6 periods, as recommended by the PPC/CC, and approved by the FPPC. The maximum time permitted in FLEX in the same academic year is a total of 6 periods.

5.4 The structure of the FLEX will include the necessary clinical and other educational experiences designed to address the needs of the resident. The remedial plan must be in writing and include:

5.4.1 Resident background training information;
5.4.2 The aspects of the resident’s performance that requires particular attention;
5.4.3 The proposed educational plan including learning experiences, mentors, role coaches, and/or reading plan (as applicable);
5.4.4 The specific duration of the FLEX; and,
5.4.5 The expected goals and objectives of the FLEX and how they will be assessed throughout the FLEX as well as upon its conclusion.

5.5. The resident should be consulted about the design of the FLEX as described in section 5.1.

5.6 The FLEX must be documented in writing and the resident must be provided with a copy of the written FLEX plan.

5.7 If the resident agrees with the FLEX, he/she must indicate this in writing and then the FLEX may begin as soon as it is developed by the PPC/CC and before it is presented to the FPPC. If the resident does not accept the recommendation of the PPC/CC for the FLEX, then the FLEX may not begin until it is approved by the FPPC. While waiting for the decision of the FPPC, a resident will remain at the same training level, and promotion to
another level will be delayed pending the decision of the FPPC. In the event the resident is thereafter promoted to the next level out of cycle, the Associate Dean of Postgraduate Medical Education shall have discretion concerning whether and how the waiting period will be credited. The Associate Dean of Postgraduate Medical Education may, in exceptional circumstances (involving patient safety or other exceptional issues), require FLEX to begin before review by the FPPC.

5.8 During the FLEX, the Program Director and resident are expected to take an active role in assessing the resident’s progress in achieving the FLEX goals and objectives. This means written assessments should be submitted at least once per period. If it is determined by the Program Director that the resident is progressing well, then the FLEX period may continue as originally structured. If it is determined by the Program Director that the FLEX is not progressing well as documented by assessments of resident competencies based on the goals and objectives of the FLEX, then the FLEX period should be re-evaluated. This re-evaluation will include reconsideration of the components of the FLEX as well as lengthening the duration. Modifications and extensions of FLEX are to be recommended by the Program Director, in consultation with the resident, to the PPC/CC and are subject to approval by the FPPC. The maximum time permitted in FLEX in the same academic year is a total of 6 periods.

5.9 At the end of the FLEX, the PPC/CC will review the resident assessments in order to determine if the goals and objectives of the FLEX were met and the resident achieved the necessary competencies for this period of remedial training. The PPC/CC will make this determination.

5.9.a If the PPC/CC concludes that the goals and objectives were met and the resident demonstrated the necessary competencies, then the PPC/CC will recommend that the resident be reintegrated into the program at the same level of training they were at before starting their FLEX. This recommendation is subject to approval by the FPPC.

5.9.b If the PPC/CC concludes that the goals and objectives were not met and the resident did not demonstrate the necessary competencies at the end of the maximum period of 6 periods of FLEX, then the PPC/CC will recommend that the resident will be required to undergo remediation with probation (see article 6). This recommendation is subject to approval by the FPPC.

5.10 Vacations or other leaves taken during FLEX may lengthen the duration of the FLEX period. All leaves requested during FLEX must be approved by the PPC/CC.

5.11 Under usual circumstances, the resident will continue out of phase after successfully completing a FLEX period. Under exceptional circumstances, a Program Director, in consultation with their PPC/CC, may recommend that some period of training be waived but this must be approved by the FPPC in accordance with the Waiver of Training Policy.
6. Remediation with Probation

6.1 A resident who is experiencing serious and/or persistent academic difficulties, as demonstrated by:

6.1.a Completing the maximum time permitted in a FLEX (6 periods) without successfully meeting the goals and objectives or achieving the required competencies of the FLEX; or
6.1.b Successfully completing the maximum time permitted in FLEX (a total of 6 periods) and obtaining a BORDERLINE or UNSATISFACTORY in another rotation period during the same academic year; or
6.1.c A recommendation by the Program Promotions Committee and/or the Competency Committee (with appropriate supporting documentation).

will have their overall progress in the program reviewed based on the goals and objectives of the program and the competencies which the resident has achieved. This review is completed by the Program Director, in consultation with the resident, and is subsequently presented to the PPC/CC for approval. The resident must be given the opportunity to meet with the PPC/CC while it is reviewing the resident file. The PPC/CC will then review and recommend that the resident be placed on an appropriate period of remediation with probation.

6.2 Remediation with probation should start as soon as possible upon completion of the above process.

6.3 The duration of the remediation with probation will be from 3-6 periods, as recommended by the PPC/CC, and approved by the FPPC.

6.4 The structure of the remediation with probation will include the necessary clinical and other educational experiences designed to address the needs of the resident. The remedial plan must be in writing and include:

6.4.1 Resident background training information;
6.4.2 The aspects of the resident’s performance that requires particular attention;
6.4.3 The proposed educational plan including learning experiences, mentors, role coaches, courses (as applicable);
6.4.4 The specific duration of the remediation with probation period; and,
6.4.5 The expected goals and objectives of the remediation with probation and how they will be assessed.

6.5. The resident should be consulted about the design of the remediation with probation period as described in section 6.1.

6.6 The remediation with probation must be documented in writing and the resident must be provided with a copy of the remediation with probation plan.

6.7 If the resident agrees with the remediation with probation, he/she must indicate this in writing and then the remediation with probation may begin as soon as it is developed by
the PPC/CC and before it is presented to the FPPC. If the resident does not accept the recommendation of the PPC/CC for the remediation with probation, then the remediation with probation may not begin until it is approved by the FPPC. While waiting for the decision of the FPPC, a resident will remain at the same training level, and promotion to another level will be delayed pending the decision of the FPPC. The Associate Dean of Postgraduate Medical Education may, in exceptional circumstances (involving patient safety or other exceptional issues), require remediation with probation to begin before review by the FPPC.

6.8 During the remediation with probation, the Program Director and resident are expected to take an active role in evaluating the resident’s progress of the Remediation period in achieving its goals and objectives. This means written assessments should be submitted at least once per period. If it is determined by the Program Director that the resident is progressing well, then the remediation with probation may continue as originally structured. If it is determined by the Program Director that the remediation with probation period is not progressing well as documented by assessments of resident competencies based on the goals and objectives of the remediation with probation, then the remediation with probation period should be re-evaluated. This re-evaluation will include reconsideration of the components of the remediation with probation as well as lengthening the duration. Modifications and extensions of remediation with probation are to be recommended by the Program Director, in consultation with the resident, to the PPC/CC, and are subject to approval by the FPPC. The maximum time permitted in remediation with probation is 6 periods.

6.9 At the end of the remediation with probation period, the PPC/CC will review the resident assessments in order to determine if the goals and objectives of the remediation with probation period were met and the resident achieved the necessary competencies for this period of remedial training. The PPC/CC will make this determination.

   6.9.a If the PPC/CC concludes that the goals and objectives were met and the resident demonstrated the necessary competencies, then the PPC/CC will recommend that the resident be reintegrated into the program at the same level of training they were at before starting their remediation with probation period. This recommendation is subject to approval by the FPPC.
   6.9.b If the PPC/CC concludes that the goals and objectives were not met and the resident did not demonstrate the necessary competencies at the end of the maximum period of 6 periods of remediation with probation, then the PPC/CC will recommend that the resident be dismissed (see article 9.3). This recommendation is subject to approval by the FPPC.

6.10 Vacations or other leaves taken during remediation with probation may lengthen the duration of the remediation with probation period. All leaves requested during remediation with probation must be approved by the Associate Dean of Postgraduate Medical Education.
6.11 A resident is not entitled to more than one remediation with probation during their training at McGill. Residents whose lack of progress in the program would require additional remediation will be dismissed, unless the FPPC determines that exceptional circumstances justify otherwise (see article 8).

6.12 Under usual circumstances, the resident will continue out of phase after successfully completing a remediation with probation period. Under exceptional circumstances, a Program Director, in consultation with the PPC/CC, may recommend that some period of training be waived but this must be approved by the FPPC in accordance with the Waiver of Training Policy.
7. **Assessment of Professionalism and Conduct Probation**

7.1 A resident’s professionalism in the clinical context is assessed and documented in each rotation’s global assessment. Unprofessional or unethical behaviour in clinical interactions with patients, colleagues, or other health-care professionals is documented in the end-of-rotation assessment. Unprofessional or unethical behaviour in the clinical context constitute academic difficulties.

7.2 A resident with persistent or significant lapses of professionalism or ethical behaviour in the clinical environment may meet criteria for FLEX (if significant but remediable) or remediation with probation (if serious and/or persistent). It is understood that some of these behaviours are not subject to the usual remediation strategies. These behaviours include attitudinal deficiencies, behavioural disorders, or chemical dependence which may threaten successful completion of training.

7.3 A resident who breaches the Code of ethics of physicians of Quebec during their training will also have their case referred on to the Collège des Médecins du Québec for review and consideration for disciplinary action at that level.

7.4 Unprofessional or unethical behaviour occurring outside of the clinical context are governed by the Code of Student Conduct and Disciplinary Proceedings. Program Directors and/or PPC/CC shall refer such cases to the Associate Dean of Postgraduate Medical Education for the purpose of determining whether disciplinary proceedings and/or conduct probation is warranted.
8. ROLE OF COMMITTEES

8.1 Program Promotions Committee (PPC) and Competency Committee (CC)

8.1.a Within each residency program, there must exist a Program Promotions Committee and/or Competency Committee which monitors the assessment and promotion of residents in the program. This committee must be set up separately from the Residency Training Committee.

8.1.b The membership of the PPC/CC should include the Program Director, the Chair of the department (or designate) and 1 or 2 faculty members involved in resident education. There must not be a resident as a member of this committee. The Program Director should not be the Chair of the PPC/CC.

8.1.c The principle of confidentiality must be strictly respected. Discussions held and decisions taken with respect to the assessment and promotion of residents are confidential and should never be shared with other residents. Decisions may be shared with faculty members to the extent required for the implementation of FLEX and remediation with probation.

8.1.d The PPC/CC should meet at least twice yearly (generally in December and June), to review the progress of the residents in the program.

8.1.e The entire record of a resident who has received a BORDERLINE or UNSATISFACTORY global assessment during any rotation must be reviewed by the PPC/CC.

8.1.f The Associate Dean of Postgraduate Medical Education must be informed in writing by the PPC/CC immediately of any resident who is experiencing academic difficulties or unethical or unprofessional behaviours occurring outside of the clinical context.

8.1.g The overall performance of any resident can be reviewed by the PPC/CC, at the discretion of the Program Director. This may occur even in the absence of a BORDERLINE or UNSATISFACTORY global assessment.

8.1.h The PPC/CC can recommend remediation as described in more detail in articles 5 and 6.

8.1.i The PPC/CC can recommend the suspension or dismissal of a resident from a program, subject to approval by the FPPC.

8.1.j In the event the PPC/CC is contemplating the matters described in 8.1.h and/or 8.1.i, the resident must be given an opportunity to meet with the PPC/CC before a decision is arrived at.
8.2 Faculty Postgraduate Promotions Committee

8.2.a The Faculty Postgraduate Promotions Committee is a standing Committee which reports to the Associate Dean of Postgraduate Medical Education and includes 1 resident representative from the ARM. The Associate Dean of Postgraduate Medical Education sits as a non-voting member. The chair is appointed by the Dean.

8.2.b The Faculty Postgraduate Promotions Committee will monitor the overall process of assessment and promotion to ensure that standards of training are being maintained.

8.2.c The Faculty Postgraduate Promotions Committee ensures that the regulations and guidelines have been adhered to, and that residents are being treated fairly.

8.2.d All promotion decisions must be approved by the Faculty Postgraduate Promotions Committee.

8.2.e No Remediation, suspension or dismissal recommendation is considered final until it has been approved by the Faculty Postgraduate Promotions Committee.

8.2.f The Faculty Postgraduate Promotions Committee can require the suspension or dismissal of a resident from a residency program for academic difficulties as well as unethical or unprofessional behaviour in the academic context.

8.2.g The Associate Dean of Postgraduate Medical Education can approve promotion and remediation decisions, pending subsequent ratification by the Faculty Postgraduate Promotions Committee.

8.2.h In cases of emergency, and in addition to his function as a disciplinary officer pursuant to the Code of Student Conduct and Disciplinary Procedures, the Associate Dean of Postgraduate Medical Education may order the suspension of a resident from a program for academic difficulties or lack of professionalism or ethics in the clinical context subject to subsequent review/approval by the Faculty Postgraduate Promotions Committee.

8.2.i A resident has the right to appear before the Faculty Postgraduate Promotions Committee if one of the options is suspension or dismissal from the Program. When a matter of remediation is considered, the resident is entitled to present to the FPPC his or her observations in writing, in time for distribution of the documentation contemplated in section 8.2.k.

8.2.j A resident who appears before the Faculty Postgraduate Promotions Committee will have access to all relevant written assessments/correspondence in his/her record. Patients’ medical records are not admissible in these proceedings.
8.2.k All relevant and admissible written assessments, correspondence and/or documentation must be made available to the Secretary of the Faculty Postgraduate Promotions Committee at least ten (10) working days prior to the meeting, for distribution to all parties prior to the meeting.

8.2.l The Faculty Postgraduate Promotions Committee may request the presence of the Program Director.

8.2.m The Faculty member and the resident may be accompanied by an advisor (as per Article 1.7).

8.2.n Both parties will appear before the Committee and withdraw simultaneously. The meeting is informal and non-confrontational.

8.2.o The parties are informed verbally by the Associate Dean of Postgraduate Medical Education or delegate as soon as the decision has been made, and in writing, as soon as possible. If the decision dismissing the resident is upheld, the resident’s registration and training are terminated effective that date, including the training card.

8.2.p There is no appeal of a decision of the FPPC concerning remediation.
9. **APPEAL PROCESSES**

9.1 **Rotation Assessment:**

9.1.a A resident who is not in agreement with a rotation assessment should first discuss that assessment with the Faculty Supervisor who wrote it. The resident might provide additional information or suggest other supervisors he/she worked with during that same rotation who could speak on his/her behalf. They are only to discuss the rotation in question and they must not discuss the promotion implications of the assessment. The supervisor has two options:

i) The supervisor may revise the assessment and the “revised” assessment becomes the official one, or

ii) The original assessment is not revised.

9.1.b A resident who wishes to formally contest a rotation global assessment which is UNSATISFACTORY or BORDERLINE may appeal this decision.

9.1.c The resident who wishes to appeal a global borderline or global unsatisfactory assessment must submit the request in writing to the Program Director within twenty-eight (28) days of receiving such assessment, including a clear statement of the grounds for requesting the appeal. An Ad Hoc Departmental Appeal Committee will be set up. This Committee is usually composed of faculty members of the Division or Department where the assessment took place or the decision was made.

9.2 **The Ad Hoc Departmental Appeal Committee:**

9.2.a The Chair of the Department (or delegate) will appoint the Chair of the committee.

9.2.b There will be 3 or 4 committee members who have not been involved in the assessment of the resident in the past. The membership may include faculty members from other departments as this is often helpful for small departments.

9.2.c Whether or not to include a resident as a member of this committee should be a decision made by the resident contesting the assessment. He/she cannot choose a particular resident as a member of the committee, but will decide whether or not to have a resident as a committee member. For all appeal committees, the resident member should be from another training program. The resident selected should have had no previous contact or link with the resident requesting the appeal.

9.2.d The resident must have access to:
i) All final written assessments/correspondence on his/her performance relating to the rotation being appealed;

ii) All documentation presented to the Ad-Hoc Departmental Appeal Committee.

9.2.e Patients’ medical records are not admissible in these proceedings.

9.2.f The resident should ensure that any relevant and admissible correspondence or documentation to be presented is made available to the Secretary of the committee at least ten (10) working days prior to the meeting.

9.2.g Relevant and admissible documentation will be provided to involved parties at least five (5) working days before the hearing.

9.2.h Both the Faculty member and the resident may be accompanied by an Advisor (as per Article 1.7).

9.2.i The Faculty Supervisor who submitted the Global BORDERLINE or UNSATISFACTORY Rotation assessment being contested, should attend the hearing.

9.2.j The Faculty Supervisor may bring additional supervisors from that rotation who contributed to the resident’s assessment.

9.2.k The Program Director should not participate in the hearing of an Appeal of a Rotation Assessment unless he/she was one of the supervisors of the trainee during the rotation being contested.

9.2.l The Faculty member and the resident appear before the committee and withdraw simultaneously. The meeting is informal and non-confrontational.

9.2.m Appeal of a Rotation Global Assessment: The mandate of this committee is to review only the specific rotation assessment being contested. Other assessments in the resident’s dossier must not be reviewed or discussed. It is not the mandate of this committee to discuss the “promotion implications” of the given assessment. The future status of the resident in the training program as a result of the assessment should not be discussed. Any attempt to discuss promotion implications at an appeal must be curtailed by the Chair of the Committee.

9.2.n For an appeal of a rotation assessment, the committee determines that the assessment given was accurate and fair based on the following definitions:

- A BORDERLINE global assessment means that the supervisor(s) identified weaknesses in the resident’s performance. In comparison to
other residents at the same level of training, the supervisor believes that this resident is weak;
- An UNSATISFACTORY global assessment means that the overall performance of the resident or some aspect of that performance was below the minimal standard for a resident at that level.

In both cases described in 9.2.n, the resident has not met the goals and objectives of the rotation and/or has not demonstrated the necessary competencies for their level during the rotation.

9.2.o In making its determination, the Committee may review whether:

- The supervisor was aware of the training level of the resident;
- The supervisor was aware of the goals and objectives of the rotation and/or the expected competencies for the resident;
- In the supervisor’s opinion, there was adequate time and exposure to assess performance;
- The supervisor had input from other sources if appropriate;
- The resident was treated in accordance with the Faculty of Medicine’s Code of Conduct.

9.2.p The Ad Hoc Departmental Appeal Committee has the following options under 7.2.n:

i) The global assessment may remain unchanged;
ii) An unsatisfactory global assessment may be changed to borderline or to satisfactory;
iii) A borderline global assessment may be changed to satisfactory or to unsatisfactory.

In exceptional circumstances if the Committee is unable to reach a decision as a result of incomplete information or a procedural error, this must be reflected in the minutes and the matter referred to the Faculty Postgraduate Promotions Committee.

9.2.q The parties are informed verbally by the Chair of the Ad-Hoc Departmental Appeal Committee or delegate as soon as the decision has been made, and in writing, as soon as possible.

9.2.r Minutes must be kept of the meeting. The minutes and all written communication must be sent to the Associate Dean of Postgraduate Medical Education.

9.2.s If a resident is appealing a rotation assessment to an Ad Hoc Departmental Appeal Committee, this process should be completed within four (4) weeks from the date of the written request to appeal.
9.2.t While waiting for the outcome of the appeal process, a resident will remain at the same training level, and promotion to another level will be delayed pending the outcome of the appeal. If the appeal results in a SATISFACTORY assessment and the resident’s promotion to the next training level was delayed pending the outcome of the appeal, the resident will be promoted to the next training level after the outcome of the appeal is known. In this circumstance, the start date for the resident’s promotion to the next training level must be after the outcome of the appeal is known. In the event the appeal is successful, the Associate Dean of Postgraduate Medical Education shall have discretion concerning whether and how the waiting period will be credited. If the appeal is unsuccessful, then the resident will be considered for remediation at their current level.

9.3 Ad Hoc Promotions Review Committee

If a resident is suspended or dismissed by the Faculty Postgraduate Promotions Committee and wishes to appeal that decision, he/she must make the request in writing, including a clear statement of the grounds for requesting the appeal, within fourteen (14) working days to the Dean of the Faculty who will then appoint an Ad Hoc Promotions Review Committee.

9.3.a The committee will consist of four (4) members of the Faculty’s academic staff and one (1) senior resident who is registered in a McGill University residency training program. All members will be knowledgeable about the postgraduate training process but must have had no previous knowledge of the resident or the case under appeal. One member will be designated as Chair.

9.3.b In order to give the resident time to prepare for the meeting, there will be a minimum two-week notice period. It may be scheduled earlier if the resident requests it or agrees in advance to the shorter notice period.

9.3.c The Secretary will call for a dossier from each party which will be circulated to the Committee members and all parties prior to the meeting. The dossier must be submitted to the Secretary at least ten (10) working days prior to the meeting.

9.3.d The Ad Hoc Promotions Review Committee has the right to review the entire record of the resident.

9.3.e The Chair of the Faculty Postgraduate Promotions Committee, or delegate, represents the Faculty Postgraduate Promotions Committee.

9.3.f Either party may be accompanied by an advisor (as per Article 1.7). Witnesses may be called if needed. The Secretary must be informed of the names of witnesses and advisors at least five (5) working days prior to the hearing.
9.3.g Both parties will appear before the Committee and withdraw simultaneously. The meeting is informal and non-confrontational.

9.3.h The Chair of the Faculty Postgraduate Promotions Committee will present the Faculty Postgraduate Promotions Committee position, and the resident will present his/her position. The Committee members may ask questions of either party. The parties may also question each other in order to clarify points.

9.3.i The Secretary to the Faculty (or delegate) acts as a technical advisor and secretary to the Committee.

9.3.j All members of the Committee including the Chair, have a vote.

9.3.k The parties are informed verbally by the Secretary as soon as the decision has been made, and in writing, as soon as possible.

9.3.l Grounds for overturning the decision of the Faculty Postgraduate Promotions Committee shall be limited to the following:

i) Faculty regulations and procedures were not followed or
ii) All relevant evidence was not taken into consideration when a decision was taken.

9.3.m The Ad Hoc Promotions Review Committee may refuse to give formal hearing to an appeal, after considering the written submissions of the resident, if by unanimous consent of the members, there is no basis for the appeal.

9.3.n Within the Faculty of Medicine, decisions of the Ad Hoc Promotions Review Committee are final.