

**Family Medicine Residency Programs
Resident Remediation, Probation & Dismissal Operating Standard**

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Purpose 1. The purpose of this operating standard is to outline the principles governing Remediation, probation, and Dismissal of Residents in the Family Medicine Residency Training Programs in the Cumming School of Medicine at the University of Calgary.

Scope 2. 2.1. This operating standard applies to all Residents in all Family Medicine Residency Training Programs in the Cumming School of Medicine at the University of Calgary.

2.2. In this document, the word “**must**” is used to denote something necessary, and the word “**should**” is used to denote something highly desirable.

2.3. Pursuant to the PGME Remediation, Probation and Dismissal Policy, Programs within PGME are permitted to create their own Resident Remediation, Probation and Dismissal Policy which must be approved by the PGME Committee.

Definitions

3. In this operating standard,

- 3.1. “Assessment” means a systematic collection and interpretation of performance feedback data for a Resident to support and document the progressive development of competencies. In some contexts, “Evaluation” is used interchangeably with “Assessment”.
- 3.2. “Associate Dean” means Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary.
- 3.3. “CanMEDS-FM” refers to the CanMEDS-FM Physician Competency Framework, and subsequent revisions, outlining the abilities physicians require to effectively meet the needs of the people they serve¹
- 3.4. “CFPC” means the College of Family Physicians of Canada
- 3.5. “CFPC Assessment Objectives” refers to defining competence for the purposes of certification by the College of Family Physicians of Canada²
- 3.6. “Competency Coach” means a Family Medicine preceptor who facilitates the regular review of learner progress throughout training. They help orient the Resident to the discipline of Family Medicine; help the Resident set personal learning objectives and oversee their drafting at the time of each progress review; guide the Resident in identifying appropriate educational resources to help achieve these objectives; help the Resident reflect on feedback; and help the Resident with career planning. The Competency Coach also facilitates the learner taking ownership of personal lifelong learning and career development by providing guidance and advice and using assessment tools, such as learning plans and portfolios. The Competency Coach also examines available assessment data to make decisions around Resident progress. In Enhanced Skills Programs, individual Program Directors may act as the Competency Coaches, and are responsible for regular progress reviews with their respective Residents.
- 3.7. “Core Family Medicine Residency Training Program” or “Core Program” means the Program accredited by the College of Family Physicians of Canada to train residents to be competent to enter and adapt to the independent practice of comprehensive family medicine anywhere in Canada.
- 3.8. “CPSA” means the College of Physicians and Surgeons of Alberta
- 3.9. “Dismissal” means the termination of a Resident from a Program
- 3.10. “Educational Experience” means an experience in a particular environment or set of environments selected/designed to support

¹ Frank JR, Snell LS, Sherbino J, editors. Draft CanMEDS 2015 Physician Competency Framework – Series III. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2014 September

² <https://www.cfpc.ca/en/education-professional-development/educational-frameworks-and-reference-guides/assessment-objectives-for-certification-in-fm>

the Resident's achievement of competencies. This may or may not occur in a block or Rotation.

- 3.11. "Entrustable Professional Activities" (EPAs) are a unit of professional practice that can be fully entrusted to a Resident, as soon as they have demonstrated the necessary competence to execute this activity unsupervised.
- 3.12. "Home Program" means the residency program the individual is registered in.
- 3.13. "ITER" means In Training Evaluation Report.
- 3.14. "LASAC" is the Learner Academic Support and Assessment Committee. This committee is responsible for supporting Programs and Program Directors with Residents in academic difficulty. In addition, this committee is responsible for development and regular review of policies and procedures related to Residents in difficulty as well as developing evidence-based approaches in the area of Remediation in medical education.
- 3.15. "Off-cycle" means a Resident whose promotion/completion date is not June 30.
- 3.16. "Off Service" means activities in clinical service areas which are not part of the Home Program
- 3.17. "PGEC" means Postgraduate Executive Committee. This is the Family Medicine Committee responsible for the oversight of all Family Medicine Residency Programs at the Cumming School of Medicine.
- 3.18. "PGME" means Postgraduate Medical Education.
- 3.19. "PGME Accommodations Committee" means the PGME Committee tasked with supporting Residents and Programs with the implementation of accommodations as described in the PGME Accommodations Operating Standard.
- 3.20. "PGY Year" means a twelve (12) month period of residency at a specific training level. It may not be contiguous – for instance if there has been a leave of any sort.
- 3.21. "Postgraduate Director" means the person responsible for the overall conduct of the Family Medicine Residency Training Program and is responsible to the Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary.
- 3.22. "Preceptor" means a physician directly responsible for a period or segment of the Resident Trainee's professional medical training, teaching, guiding, and instruction, and who contributes to the evaluation and Assessment process.
- 3.23. "Probation" is a period of training during which a Resident is expected to correct serious performance weaknesses that are felt to jeopardize their successful completion of the Program. Probation implies the possibility of Dismissal from the Program if sufficient improvement is not identified at the end of Probation.
- 3.24. "Program" means the Family Medicine Residency Training Program – core or Enhanced Skills - in the Cumming School of Medicine at the University of Calgary.

- 3.25. "Program Director" means the person responsible for:
 - 3.25.1. the overall conduct of an individual Enhanced Skills Program (Individual Enhanced Skills Program Director)
 - 3.25.2. Resident performance within one of the Divisions within the Calgary Family Medicine Residency Program (Division Director)
 - 3.25.3. Resident performance within one of the distributed Sites within the Rural Family Medicine Residency Program (Site Director) and is responsible to the overall Enhanced Skills Program Director or the Postgraduate Director.
- 3.26. "Remediation" is a formal program of individualized educational support, Assessment, and monitoring, designed to assist a Resident in correcting performance deficiencies.
- 3.27. "Resident" means a physician registered in the Family Medicine Core or Enhanced Skills Residency Training Program.
- 3.28. "Rotation" is a required element of training and may consist of one or more blocks of training. While these blocks are typically four (4) weeks in duration, they may have different durations, as defined by the Program.
- 3.29. "RPC" means Residency Program Committee, and is the committee or delegated subcommittee that assists the Program Director in planning, organization, and supervision of the Residency Training Program.
- 3.30. "RPS" means Family Medicine Residency Progress Subcommittee; this is the delegated subcommittee of both the Core and Enhanced Skills RPCs. RPS is responsible for decisions about Core Family Medicine Training Program Resident promotion, completion, Remediation, probation and Dismissal. RPS is also responsible for Enhanced Skills Programs Resident Remediation, probation, and Dismissal.
- 3.31. "University" means University of Calgary.

Policy Statement

4. Authority of the Associate Dean

Nothing in this policy interferes with the authority of the Associate Dean to decide on an outcome other than what would generally be prescribed by this policy to address:

- 4.1. Issues involving unprofessional conduct and/or patient safety and quality of care;
- 4.2. Breakdown in team functioning or the safety of the healthcare team;
- 4.3. Lack of available supervision;
- 4.4. Requirements of AHS or the CPSA; or
- 4.5. Other issues requiring the intervention of the Associate Dean.

This is consistent with Section 4 of the PGME Remediation, Probation, and Dismissal Policy regarding the authority of the Associate Dean

Remediation

5. Remediation

- 5.1 A Remediation Program is a formal program of individualized educational support, assessment and monitoring designed to assist a Resident in correcting identified performance deficiencies. The goal of Remediation is to maximize the chance a Resident will successfully complete the program.
- 5.2 A Remediation Program is required when;
 - 5.2.1 ongoing informal feedback and support have not been fully effective in correcting a performance deficiency; or
 - 5.2.2 a Resident has failed a rotation or significant program-specific requirement; or
 - 5.2.3 an RPC or RPS decides that a Remediation program is required for a resident based on the identification of significant performance deficiencies.
 - 5.2.4 Any serious or recurring professionalism or patient safety issues or concerns may also be defined as a performance deficiency and lead to failing a Rotation or Educational Experience at the discretion of the RPC or RPS, or require referral to the Associate Dean pursuant to Section 4.
- 5.3 In considering 5.2, an RPC or RPS may review the entire history of a Resident's training.
- 5.4 Remediation consists of up to twelve (12) weeks, during which time the Resident will receive monitoring of performance, as well as support to meet the objectives specified in the Remediation.
 - 5.4.1 Remediation will continue without pause. It is recognized that in certain circumstances (such as contract mandated vacation) an interruption may occur that will not count towards the overall duration of Remediation. Any absence due to extenuating circumstances must be discussed with the Program Director in advance or as soon as possible. This may result in having to restart Remediation, an extension of Remediation or a failed Remediation, which will be determined by the RPS's consideration of factors including the amount of Remediation completed and the likelihood that the Resident would have passed Remediation.
- 5.5 Remediation may be required in one or more of the domains outlined in the CanMEDS-FM Physician Competency Framework and/or CFPC Assessment Objectives Framework as well as specifically in relation to performance deficiencies in any of the Program's Entrustable professional Activities (EPAs).
- 5.6 At the discretion of the RPC or RPS, a Remediation Program may include repeating rotations, educational experiences or program-specific requirements.
 - 5.6.1 Rotations and educational experiences will be chosen for educational reasons.
 - 5.6.2 In addition to remedial clinical rotations or educational experiences, nonclinical remedial activities may be required of the Resident in keeping with the domains outlined in the CanMEDS-FM Physician Competency Framework, the CFPC

Assessment Objectives Framework and the competencies defined for each of the Program EPAs.

- 5.6.3 In Family Medicine, where a Resident has failed a rotation, the Resident must still repeat and pass this rotation to complete their training. This occurs at some time after completion of the period of Remediation and is not part of the Remediation program.
- 5.7 The location of rotations or educational experiences during Remediation will be determined by the Program, though RPC or RPS may set recommended parameters.
 - 5.7.1 Usually, such rotations/experiences will be arranged at University affiliated sites.
 - 5.7.2 While Remediation Rotations/Educational Experiences will normally be in the Home Program, Rotations/Educational Experiences may be selected outside of the Home Program where they are determined by the Program to provide appropriate learning and Assessment opportunities.
 - 5.7.3 The Resident will not be allowed to use elective rotations as part of a Remediation plan.
 - 5.7.4 Rotations/experiences outside of University affiliated sites will only be allowed in exceptional circumstances and must have prior approval from the Associate Dean of PGME.
 - 5.7.5 When circumstances require an Off-Service Remediation rotation or educational experience, the off-service Program Director must be informed of the Resident's status; must be provided with a copy of the Remediation Program letter; and agree in writing to provide the Remediation rotation/experience.
- 5.8 Extension of training will be required following successful Remediation. Any anticipated change in promotion date implies an extension of training and therefore must be approved by the Associate Dean.
 - 5.8.1 Note as in 5.6.3, When a Family Medicine Resident fails a rotation, the Resident must subsequently repeat and pass the rotation, usually following a period of Remediation. This requires a mandatory extension of training for the repeat rotation and usually but not always also for the preceding period of Remediation.
 - 5.8.2 Family Medicine Residents are not permitted to use elective time as part of a formal Remediation plan.
 - 5.8.3 At the discretion of RPC or RPS, scheduled rotations/learning experiences can be used for remedial activities as part of a formal Remediation plan.
 - 5.8.4 Residents who are placed on formal Remediation will require a revised PGY level promotion/completion date unless the resident is permitted by the RPC or RPS to use scheduled educational experiences for remedial activities and still fulfill all of the requirements for the current PGY level.

- 5.8.5 Waivers of training do not apply to such extensions.
- 5.9 The Resident must comply with the Remediation Program
 - 5.9.1 A Resident who is on a Remediation Program is expected to focus on the performance deficiencies that have been identified.
 - 5.9.2 Other program requirements (such as academics, call-back clinics, scholarship presentations etc.) may be suspended during the remedial period.
 - 5.9.3 Failure to comply with the Remediation Program constitutes grounds for Dismissal.

Remediation Process

6. Remediation Process

- 6.1 The Program Director or delegate must meet with the Resident to discuss the Remediation Program.
- 6.2 The Remediation Program must be approved by the RPC or RPS and must be documented in a letter that is sent to the Resident with a copy to the Associate Dean of PGME, which outlines the formal Remediation Plan.
The letter must include:
 - a) A statement of the performance deficiencies that have been documented.
 - b) The learning experiences and other supports that will be provided to assist the Resident to address these performance deficiencies.
 - c) Any special reporting requirements.
 - d) The objectives of Remediation.
 - e) How the Resident will be assessed to determine that the objectives have been accomplished.
 - f) A tentative (non-binding) statement regarding the Resident's promotion date, whether unaltered or delayed due to a requirement for an extension of training. (It is understood that, in some cases, this decision cannot be made until Remediation has been successfully completed).
 - g) A statement regarding the consequences of failure of formal Remediation - i.e. that this may result in Probation.
 - h) Clear indication of which parts of the Remediation letter will be shared with whom.
- 6.3 The Remediation plan must be reviewed by LASAC with suggestions made to the Program.
- 6.4 The final determination (pass/fail) of the outcome of a period of Remediation is always made either by the implementing RPC or RPS.

Probation

7. Probation

- 7.1 Probation is a period of training during which a Resident is expected to correct serious weaknesses that are felt to jeopardize successful completion of residency. Probation implies the possibility of Dismissal from the Program if sufficient improvement in performance is not identified at the end of the Probationary Period. It is composed of a

formal program of individualized educational support, assessment, and monitoring designed to assist a resident in correcting identified serious performance deficiencies.

- 7.2 There is a requirement that the CPSA and AHS are notified regarding Residents who are placed on Probation.
- 7.3 A Resident must be considered for Probation by the RPC or RPS when any of the following occurs:
 - 7.3.1 The Resident has failed a period of formal Remediation; or
 - 7.3.2 The Resident's performance deficiencies are such that successful completion of the Program is in jeopardy; or
 - 7.3.3 Within a twelve (12) month period, RPS or the RPC has more than once decided that the Resident requires formal Remediation or Probation regardless of the outcomes of any prior Remediation; or
 - 7.3.4 The Resident has exceeded a cumulative maximum of twelve (12) weeks of formal Remediation during the overall residency program
- 7.4 In considering 7.3, an RPC or RPS may review the entire history of a Resident's training.
- 7.5 Probation consists of a twelve (12) week period, during which the Resident must receive close monitoring of performance and progress and demonstrate sufficient improvement as outlined in the Probation Plan.
 - 7.5.1 While the Program's assistance, educational support, and close monitoring will be in place during this time, the purpose of Probation is for the Resident to demonstrate their ability to improve performance to the level necessary to continue in the Program.
 - 7.5.2 It is strongly recommended that the entire Probationary Period be completed without a break in order to monitor and maintain progress. It is recognized that in certain circumstances (e.g. PARA designated named vacation periods), that an interruption may occur, and this will not count towards the overall duration of Probation
- 7.6 Probation will commence at the discretion of the RPC or RPS without undue delay, but is dependent on capacity for specific activities, availability of Preceptors and other required resources. At the discretion of the RPC or RPS, a Resident may continue with regularly scheduled rotations/learning experiences or may be asked to take a leave of absence until Probation can commence.
- 7.7 Probation may include repeating rotations, educational experiences or program-specific requirements at the discretion of the RPC or RPS.
 - 7.7.1 Rotations/experiences will be chosen so that the Resident's ability to continue in the Program can be assessed.
 - 7.7.2 In addition to performance on rotations/experiences, a demonstration of adequate non-Medical Expert competencies and/or competencies defined by the CFPC Assessment

Objectives and/or program-specific EPAs to continue in the Program may be required of the Resident.

- 7.7.3 In Family Medicine, where a Resident is placed on probation as a result of any failed rotation, the Resident will always be expected to subsequently repeat and pass the failed rotation, but this will always occur after the period of probation i.e. the formal probation plan will not include the repeat rotation.
- 7.7.4 Probation resulting from a failed rotation always requires a mandatory extension of training i.e. for the repeat rotation (under 5.8.3) and usually also for the twelve (12) week probationary period pursuant to 5.10.1.
- 7.7.5 Family Medicine Residents are not permitted to use elective time as part of a formal Remediation plan.
- 7.7.6 At the discretion of RPC or RPS, scheduled rotations/learning experiences can be used for remedial activities as part of a formal probation plan.
- 7.8 The location of rotations/experiences during Probation will be determined by the RPC or RPS.
 - 7.8.1 Usually, such rotations/experiences will be arranged at University sites.
 - 7.8.2 Usually, rotations/educational experiences will be in the Home Program and the Resident will not be allowed to do elective rotations.
 - 7.8.3 When circumstances require an off-service Remediation rotation/experience, the off-service Program Director must be informed of the Resident's status; must be provided with a copy of the Remediation Program letter; and agree in writing to provide the rotation/experience.
- 7.9 As above, an extension of training is usually required after successful Probation.
 - 7.9.1 The approval of the Associate Dean of PGME is required for any extension of training.
 - 7.9.2 Waivers of training do not apply to such extensions.
- 7.10 A Resident may not transfer to another program while on Probation.
- 7.11 Time taken for a leave of absence for personal or medical reasons will not be counted as part of the Probationary Period.
- 7.12 The Resident must comply with the Probation Program.
 - 7.12.1 Failure to comply with the Probation Program constitutes grounds for Dismissal.

Process for Probation

8. Process for Probation

- 8.1 The Program Director or delegate must meet with the Resident to discuss the Probation.
- 8.2 Probation must be approved by the RPC or RPS.
- 8.3 The Probation must be documented in a letter sent to the Resident with a copy to the Associate Dean of PGME, which outlines the formal Probation Plan.

The letter must include:

- a) A statement of the performance deficiencies that have been documented.
- b) The learning experiences and other supports that will be provided to assist the Resident to address these performance deficiencies.
- c) Any special reporting requirements.
- d) The objectives of Probation.
- e) How the Resident will be assessed to determine whether sufficient improvement has been demonstrated and/or specific objectives accomplished.
- f) A tentative (nonbinding) statement regarding the Resident's promotion date if Probation is successful (it is understood that, in some cases, this decision cannot be made until Probation has been successfully completed).
- g) A statement re the consequences of failure of probation i.e. that this will result in Dismissal from the Program.
- h) Clear indication of which parts of the Probation letter will be shared with whom.

8.4 The Probation plan must be reviewed by LASAC with suggestions made to the Program

Assessment during Probation

9. Assessment during Probation

- 9.1 The Resident must be assessed, in writing, at the end of each four (4) week Block/Educational Experience and must meet with the Program Director, or delegate, to review the assessment of each Block/Educational Experience. This will provide feedback as to progress during Probation.
 - 9.1.1 While up to a four (4) week delay is generally allowed, Programs should endeavor to provide probationary rotation/learning experience assessments as soon as possible after the completion of each Block/Experience.
 - 9.1.2 Completion of probationary assessments may require the convening of groups of Preceptors and/or Committee Members, making a four (4) week delay unavoidable.
 - 9.1.3 In such cases, the Resident should be informed of the date that they can expect to receive the assessment.
- 9.2 Appeals are not permitted regarding each four (4) week or other type of assessment provided during Probation; only the decision at the conclusion of Probation may be appealed.
- 9.3 The RPC or RPS must convene to determine the overall outcome of the Probation within fourteen (14) calendar days of completion.
- 9.4 The Resident must take a leave of absence while awaiting formal notification of the RPC or RPS decision, and will not be provided any scheduled Rotations or Educational Experiences.
- 9.5 If Probation is successful as outlined in the Probation Plan:
 - 9.5.1 The Resident must be notified in writing by the RPC or RPS with a copy sent to the Associate Dean of PGME. The notification must include the following information:

- a) That the Probation has been successfully completed.
- b) That the Resident has returned to satisfactory standing in the Program.
- c) The Resident's promotion/completion date.

9.6 If Probation is unsuccessful as outlined in the Probation Plan and as determined by the RPC or RPS:

9.6.1.1 The RPC or RPS must convene to discuss the formal Dismissal of the Resident.

9.6.1.2 The Resident will remain on a Leave of Absence until the RPC or RPS has delivered its decision.

**Dismissal:
Performance
Deficiencies**

10. Dismissal: Performance Deficiencies

10.1 If a Resident fails specific objectives for Probation OR there is insufficient improvement in one or more objectives identified as a requirement in the Probation Plan, the Resident will be dismissed from the Program by the RPS or RPC.

10.1.1 The RPC or RPS must convene in order to formally discuss the decision.

10.1.2 This decision is not made until the Resident has completed the full probationary period.

10.2 Failure of a Resident to comply with a Remediation Program or a Probation Program constitutes grounds for Dismissal.

10.3 In considering 10.2, an RPC or RPS may review the entire history of a Resident's training.

10.4 The Resident must be advised, in writing, by the Program Director/Chair of RPS of the decision for Dismissal and the reasons for the decision (a copy of the Dismissal Letter must be sent to the Associate Dean PGME).

10.5 The Resident should be advised of the right to appeal and directed to the PGME Policy on Resident Appeals.

10.6 When a Resident is dismissed, they must immediately surrender all University and/or Alberta Health Services property, such as ID badges, pagers, etc., and electronic access (see [Appendix 1](#) re Procedure for Dismissal of a Family Medicine Resident).

10.6.1 The PGME Office will notify Alberta Health Services, PARA and the CPSA immediately when a Dismissal occurs.

**Dismissal: Other
Grounds**

11. Dismissal: Other Grounds

11.1 There may be other grounds, such as criminal, academic, or professional misconduct that warrant Dismissal or to be put on an immediate leave of absence to determine whether Dismissal is warranted.

11.2 In considering 11.1, an RPC or RPS may review the entire history of a Resident's training.

**Personal or
Medical Factors**

12. Personal or Medical Factors

12.1 A Resident with personal or medical factors that may cause or contribute to performance deficiencies are strongly encouraged to

bring this to the attention of their Program Director. The Resident may also be required to self-report their situation to the CPSA.

12.1.1 If a Resident believes their personal or medical factors are impacting their performance and require an accommodation, they must submit a request for accommodation pursuant to the PGME Accommodation Policy. The Resident must receive a decision from the PMGE Accommodations Committee before returning to residency.

12.1.2 If a Resident fails to request needed accommodation, they are unable to rely on their personal or medical factors as a reason for their performance deficiencies.

12.1.3 In instances where personal or medical issues which have been disclosed to the Program are present, but do not interfere with the Resident's ability to meet the objectives of Remediation or Probation, the Resident may be allowed to continue, at the discretion of the Program Director.

12.1.4 If the Resident's care provider believes the Resident is unable to continue in the Program, the Resident must take a medical leave of absence until deemed fit to return to the Program by an appropriate care provider.

12.1.5 Whilst on a leave of absence, the Resident's participation in PGME's and the Program's educational or mandatory activities are governed pursuant to the Family Medicine Program's Attendance and Leave Operating Standard.

Instructions

13. Disclosure

13.1 It is essential that everyone associated with a Residency Training Program maintain professionalism and confidentiality regarding any problems that Residents are experiencing. This requires the application of discretion, professionalism, compassion, and use of objective criteria for assessment.

13.2 Tailoring the Resident's experience appropriately, addressing individual Resident's needs, ensuring patient safety, and meeting other goals of Postgraduate Medical Education may require carefully considered disclosure of a Resident's performance deficiencies.

13.2.1 Therefore, with due cause, Program Directors may exercise their discretion in informing Preceptors and/or other appropriate educational leaders of a Resident's difficulties and individualized goals.

13.2.2 Such disclosure does not and should not imply harmful interference or bias in the assessment of the Resident, but rather, adherence to sound educational principles and the goal of enhancing the Resident's opportunities to succeed.

13.2.3 Preceptors who are not able to provide unbiased assessments should excuse themselves from the formal assessment process.

13.2.3.1 The RPC or RPS has the authority to determine whether an individual Preceptor should be involved

in formal assessments during Remediation or Probation recognizing that in certain circumstances (e.g. requirement for specific expertise) it may be difficult to conduct Remediation or Probation if an individual is excluded.

Special Situations	14. Special Situations 14.1 Residency Training Programs may have additional program-specific policies for resident assessment and promotion. 14.2 Any responsibility of the Program Director found in this document may be delegated to an appropriate faculty member.
Responsibilities	15. Approval Authority: PGME Committee 15.1 Ensures that University staff is aware of and understands the implications of this operating standard and related procedures.
Implementation Authority	16. Implementation Authority: Associate Dean, PGME 16.1 Ensures that University staff is aware of and understands the implications of this operating standard and related procedures. 16.2 Monitors compliance with the operating standard and related procedures. 16.3 Regularly reviews the operating standard and related procedures to ensure consistency in practice. 16.4 Sponsors the revision of this operating standard and related procedures when necessary.
Related Information	17. All Residents must be given a copy of, or access to, this document as well as any PGME and program-specific documents relating to assessment when they enter a Residency Training Program at the Cumming School of Medicine at the University of Calgary. 17.1 Family Medicine Residency Assessment Operating Standard_ 2024-03-14 - PGME Approved FM Residency Assessment Operating Standard 2024-03-14 PGME Approved 2024-03-20.pdf (ucalgary.ca) 17.2 PGME Appeals Policy Operating Standard and Practice (ucalgary.ca) 17.3 PGME Resident Remediation, Probation & Dismissal Policy Standard Parts of a Policy (ucalgary.ca)
History	18. Approved: February 25, 2005 Revised: November 20, 2009 Revised: December 10, 2010 Revised: February 15, 2015 Revised: August 17, 2018 Approved: September 6, 2018 Approved: March 20, 2024 PGME Committee (electronically) Approved: June 18, 2026 FMRPC

Process for Dismissal of a Resident- Family Medicine Residency Programs

(Presented at PGEC 2018-04-26)

Decision-making process

Ensure decision to dismiss is based on current PGME Policy;

https://cumming.ucalgary.ca/pgme/files/pgme/pgme-resident-Remediation_probation_Dismissal-policy-final-jul2018.pdf

Notes-

- “Failure to meet specific objectives at the end of a period of probation or insufficient improvement in one or more objectives identified as a requirement in the probation plan will result in the Resident being dismissed by the RPC”. In Family Medicine, this responsibility is delegated to the Resident Progress Subcommittee (RPS) of the RPC.
- Failure to comply with a Remediation or Probation program constitutes grounds for Dismissal.
- There may be other grounds, such as criminal, academic, or professional misconduct that warrant Dismissal or immediate placement on a Leave of Absence.
- “RPC must convene to formally discuss the decision”. In Family Medicine this function is delegated to the Resident Progress Sub-Committee (RPS) which is chaired by the FM Postgraduate Director.

Once RPS decides that a Resident should be dismissed;

- 1) For the Dismissal of a Resident from the 2 year program, the Program Director and FM PG Director should first meet with the Associate Dean PGME to review the decision and check that the grounds for the Dismissal are correct and that there are no exceptional circumstances that would warrant any other action e.g. extension for a further 12-week probation “because of exceptional circumstances and/or because of specified reasons un-related to progress during a period of probation”. (see 3 below)
- 2) For the Dismissal of a Resident from the Enhanced Skills Program, the Program Director of the specific ES Program in which the Resident is enrolled, the Family Medicine Enhanced Skills Director and FM PG Director should first meet with the Associate Dean PGME to review the decision and check that the grounds for the Dismissal are correct and that there are no exceptional circumstances that would warrant any other action e.g. extension for a further 12-week probation “because of exceptional circumstances and/or because of specified reasons un-related to progress during a period of probation”. (see 3 below)
- 3) NB-ahead of the RPS meeting, if agreed above in discussion with the PG Dean, that an extension to probation is an option, then both Dismissal and extension to probation can be presented to RPS as decision options. The fact that an extension to probation has been agreed as a possible option in discussion with the Associate Dean PGME does not obligate RPS to decide this is the required decision. i.e. RPS can still decide upon Dismissal without extension to probation.
- 4) If RPS agrees that a resident should be dismissed, the Dismissal letter (for both 2-year program and ES Program) is drafted by the FM Postgraduate Director and reviewed by the Associate Dean PGME.
- 5) The logistics around the Dismissal meeting are reviewed with the Associate Dean PGME.

- 6) For the 2-year program, the FM Postgraduate Director and Program Director must then meet with the Resident to inform him/her of the decision. For the Enhanced Skills Program, the FM PG Director, FM Enhanced Skills Director and the Program Director of the specific enhanced skills program in which the Resident is enrolled must meet with the Resident.

The Resident can choose who else should be present as support for this meeting and it is recommended that a mentor (e.g. a faculty member the resident might already have a relationship with, be present to provide support following the completion of the Dismissal meeting).

- 7) Process for meeting;

- i) At the meeting, the Dismissal letter must be given to the Resident-the FM PG Director should then read this out but should not engage in any dialogue beyond what is written in the letter re the reasons for Dismissal.
 - ii) The Dismissal letter must clearly state the reasons for the Dismissal.
 - iii) A copy of the Dismissal letter must be sent to the Associate Dean PGME.
 - iv) The Resident must be informed of the right to appeal and be given a hard-copy of the PGME appeals policy. At the same time, the deadline for any appeal should be provided to the Resident being dismissed verbally and also in writing.
 - v) The Resident should also be provided in writing with contact information for PFSP.
 - vi) Minutes of the meeting should be kept by a recorder.
 - vii) As per PGME policy, the Resident must immediately surrender all AHS and/or University property (e.g. pager, ID badge, electronic access etc). Where there are specific logistical reasons why this cannot occur, this should be raised by the Resident and a deadline for this to occur should be agreed upon. The PGME office will notify AHS, PARA and CPSA immediately when a Dismissal occurs.
- 8) The FM PG Director and Program Director should then leave.