Residency Program Promotion and Completion Requirements

Classification Residency Training	Table of Contents Purpose 1 Scope 2 Definitions 3 Policy Statement 4 Responsibilities 5 Related Policies 6 History 7
Approval Authority Family Medicine Postgraduate Executive Committee	
Implementation Authority Family Medicine Postgraduate Director	
Effective Date 2014-03-03	
Latest Revision 2026-06-18	

Purpose **1** The purpose of this Operating Standard is to:

- Describe the Promotion and Graduation requirements for Residents in the Calgary, Rural, and Enhanced Skills Residency Programs
- Describe the criteria by which Residents are recommended to sit the Examinations relevant to their Program

Scope **2** This Operating Standard applies to all residents in the University of Calgary Department of Family Medicine Residency Programs

Definitions **3** **In this Operating Standard**:

a) "Approval authority" means the office or officer responsible for approving University policy and procedures
b) "CASEM" is the Canadian Association of Sports and Exercise Medicine, which administers the CASEM examination for Sports and Exercise Medicine for Enhanced Skills Residents
c) "Implementation authority" means the office or officer responsible for implementing University policy and procedures as well as monitoring compliance
d) "Enhanced Skills Program Director" means the individual Program Director for a specific Enhanced Skills program
e) "EPA" means Entrustable Professional Activity
f) "MSc" means Master of Science program of study, through Community Health Sciences
g) "Postgraduate Director" means the Postgraduate Director for the Department of Family Medicine, or their delegate
h) "Program" means the Calgary or Rural Family Medicine Program at the Cumming School of Medicine, University of Calgary
i) "Resident" means a trainee in the Calgary Family Medicine Postgraduate Training Program
j) "RPC" means the Residency Program Committee of the respective Programs

Policy Statement

4 4.1 PROMOTION

4.1.1 A Resident will be promoted to the next PGY level when the resident has met the expectations of the preceding PGY level, including rotations and any other program-specific criteria.

4.1.2 The Program must approve each resident's promotion to the next PGY level (or completion status) annually.

4.1.3 For Residents having a promotion/completion date that is not June 30 (such residents are referred to as having a promotion or completion date that is "off-cycle"), the date must be explicitly communicated to the Resident and Postgraduate Medical Education.

4.1.4 The Resident's PGY level will advance on that date annually provided confirmation is received in the PGME Office.

4.1.5 Pay level promotions are managed in accordance with the PARA Collective Agreement, and are independent of academic promotion.

4.1.6 Enhanced Skills Programs, being one-year in duration, do not promote Residents from one PGY level to the next.

Requirements for Promotion:

4.1.7 The Resident has no unresolved concerns regarding their academic performance or professional conduct (Focused Learning Plans do not impact promotion).

4.1.8 The Resident has met all requirements of the "Attendance and Leave Operating Standard".

4.1.9 The Resident has satisfactorily completed all elements of the first year of the Curriculum as defined by the RPC, or delegated subcommittee.

4.1.9.1 Where a Resident has been unable to complete a clinical element of the first year of the Curriculum due to issues with scheduling which are unrelated to performance concerns, the Resident may be considered for promotion.

4.1.10 Residents completing the concurrent FM Residency/MSc Program shall be promoted to the next PGY level based on:

4.1.10.1 Resident's initial acceptance into and continued appropriate progression in the MSc Program as confirmed by the Resident's named MSc supervisor(s).

4.1.10.2 The successful completion of 13 blocks of training, including both clinical and MSc related components. (e.g. Residents may be promoted to PGY2 ahead of completion of all elements of the first year and to PGY3 ahead of completion of all elements of the second year of the curriculum, as defined by the the Curriculum and Evaluation Committee).

4.1.11 Residents completing the FM and Public Health and Preventive Medicine Residency Programs concurrently shall be promoted to the next PGY level based on:

4.1.11.1 The successful completion of 13 blocks of training, irrespective of whether these 13 blocks are comprised of FM or PHPM-related rotations or educational experiences. (e.g. Residents may

be promoted to PGY2 ahead of completion of all elements of the first year, and to PGY3 ahead of completion of all elements of the second year of the FM Curriculum, as defined by the Curriculum and Evaluation Committee)

4.1.12 Recommendation for promotion by the Resident's Division or Site Director.

4.2 COMPLETION OF TRAINING

Requirements for Completion of Training:

Residents are required to meet the following criteria in order to successfully complete the program:

4.2.1 The Resident has no unresolved concerns about academic performance or professional conduct (Focused Learning Plans must be satisfactorily concluded prior to Completion of Training).

4.2.2 The Resident has met all requirements of the "Attendance and Leave Operating Standard".

4.2.3 The Resident has satisfactorily completed all elements of the Residency Program Curriculum as defined by RPC or delegated subcommittee

4.2.4 In the 2-year Program, the Resident has obtained a Level of Supervision at or above Level 4 for all Program EPAs.

4.2.5 In Enhanced Skills Programs where EPAs are part of the Program of Assessment, the Resident has obtained a Level of Supervision at or above Level 4 for all Program EPAs.

4.2.6 Recommendation for completion of training by the Resident's Division, Site, or Enhanced Skills Program Director.

4.3 RECOMMENDATION TO SIT CCFP EXAMS

4.3.1 The College of Family Physicians of Canada (CFPC) defines requirements for a Resident in training to be eligible to sit Examinations. This guidance can be found at: https://www.cfpc.ca/en/education-professional-development/examinations-and-certification/certification-examination-in-family-medicine/eligibility-and-application

Duration of Training Remaining

4.3.2 To be recommended to sit the CCFP Exam, Residents must have no more than 6 months of training remaining in their Program as of the end of the exam period for the exam they sit

- 4.3.2.1 This includes **ONLY** time remaining in training
- 4.3.2.2 This does **NOT** include time away for anticipated Leaves of Absence (e.g. maternity/parental)

4.3.3 To be recommended to sit the CCFP-EM Exam, Residents must have completed at least 9 of the 12 months of Enhanced Skills training in Family Medicine – Emergency Medicine, or have no more than 3 months of training to complete at the time they sit the examination.

Recommendation by Program and PGME

4.3.4 Residents must be recommended to sit the CCFP exam by

- 4.3.4.1 the Associate Dean for Postgraduate Medical Education; **AND**
- 4.3.4.2 the Postgraduate Director of the Department of Family

Medicine or their delegate

4.3.5 Enhanced Skills Emergency Medicine Residents sitting the CCFP-EM Exam must additionally be recommended by their Program's Competence Committee and RPC

4.3.6 Enhanced Skills Sports and Exercise Medicine Residents must be recommended by their Enhanced Skills Program Director, and include this recommendation at the time of registration for the CASEM examination

Residents on Probation

4.3.7 The Postgraduate Director or delegate **WILL NOT** recommend a Resident to sit the CCFP or CCFP-EM examination if there are persistent concerns around the Resident's ability to successfully complete the Program. This includes:

- 4.3.7.1 Residents who have been referred to the Resident Progress Subcommittee (RPS), or who are anticipated to be referred to RPS, where one of the possible outcomes may include Probation
- 4.3.7.2 Residents who will be on Probation at the time of the Examination
- 4.3.7.3 Residents who are awaiting the commencement of Probation
- 4.3.7.4 Residents who have completed the Probation period, but who have yet to be reviewed by RPS to determine if Probation was successful

Residents on Remediation

4.3.8 Residents with ongoing concerns regarding their performance related to Remediation **MAY** at the discretion of the Postgraduate Director or their delegate be recommended to sit the Examination. This includes:

- 4.3.8.1 Residents who have been referred to RPS, or who are anticipated to be referred to RPS, where one of the outcomes may include Remediation, but not Probation (see above)
- 4.3.8.2 Residents who will be on Remediation at the time of the Examination
- 4.3.8.3 Residents who are awaiting the commencement of Remediation
- 4.3.8.4 Residents who have completed Remediation rotations, but who have not yet been reviewed by RPS to determine if Remediation was successful

Residents on Focused Learning Plans

- 4.3.8.5 Residents on Focused Learning Plans may be recommended by the Postgraduate Director or their delegate to sit the Examination.

Withdrawal of Recommendation

4.3.9 The Postgraduate Director or their delegate may withdraw their recommendation for a Resident to sit the examination at any time prior to the start of the exam period.

4.4 NON-COMPLETION OF NON-CLINICAL ELEMENTS

4.4.1 When a Resident has completed all clinical rotations of the curriculum without satisfactory completion of the non-clinical elements of the curriculum, the Resident will be placed on an immediate Leave of Absence.

4.4.2 The Resident Progress Subcommittee will review these Residents, and recommend a formal remediation plan that will include clinical work, to permit time to complete the missing elements.

4.4.3 Extension of training will be required in these circumstances, thereby delaying Program completion. Any anticipated change in completion date must be approved by the Associate Dean.

Responsibilities **5** *Approval Authority* – ensure appropriate rigour and due diligence in the development or revision of this Operating Standard.

Implementation Authority – ensure that University staff are aware of and understand the implications of this Operating Standard and related procedures. Monitor compliance with the Operating Standard and related procedures. Regularly review the Operating Standard and related procedures to ensure consistency in practice. Sponsor the revision of this Operating Standard and related procedures when necessary. Appoint a Policy Advisor to administer and manage these activities.

Policy Advisor – fulfill the responsibilities of the Implementation Authority.

Related Policies **6** Attendance and Leave Operating Standard – Summary
Family Medicine Residency Program Assessment Operating Standard
Family Medicine Residency Program Remediation, Probation, and Dismissal Operating Standard
Family Medicine Residency Program Appeals Process – Summary and Guidance

History **7** ***Drafted:*** January 10th 2014

Approved: *PGEC – 2014-03-03, PGEC 2014-12-18; PGEC 2015-05-28; PGEC 2018-02-01*

Effective:

Revised: 2014-07-14

- *Formatting*
- *Updates to related policy names*
  - *Removal of dates in the files names*
  - *Separating appreals and assessment into two distinct files*
- *Change of "their" to "his or her" under 4.1.4 and 4.2.5*

Revised 2014-11-24

- *Removal of reference to "Triple-C Program"; replaced with "Urban Residency Program"*
- *Change of document name to Urban Residency Program Promotion and Completion Requirements*
- *Updated names of Related Policies*

Revised 2015-04-16

- *Added 4.1.4 1 i and ii – Promotion requirements pertaining to the Combined/Integrated MSc Program*

Revised: 2016-10-20

- *Under Scope removal of "Urban PGY1 and PGY2" from the policy statement*
- *4.1.2 & 4.2.2 Updated name of related policy "Attendance and Leave Policy"*
- *4.1.4 removal of 'Combined/Integrated' and replaced with "Concurrent"*

Revised: 2017-10-25

- *Name Change from Urban Program to Calgary Program*

Revised 2018-02-01

- *Gendered language removed*
- *Both Calgary and Rural Programs now accounted for in the same policy*
- *Additional definitions included*
- *Section on Non-Completion of Non-Clinical requirements added*

Revised 2018-04-06

- *Electronically approved by PGEC Committee*

Revised 2020.12.03

- *Added section on Recommendation to sit Examinations*
- *Policy now explicitly includes Enhanced Skills Residents*
- *Added section on Residents unable to complete a specific R1 rotation still being eligible for promotion if the rotation is unavailable due to scheduling issues, but not performance concerns*
- *Renamed Policy references to Operating Standards*
- *Approved FM RPC 2024-03-21*

Revised 2026.04.09

- *Updated section on Non-Completion of Non-Clinical elements to include that Remediation (with clinical work) will recommended if non-clinical elements remain outstanding when a Resident's final scheduled clinical rotation ends.*
- *Approved FM RPC 2026-06-18*