



**POSTGRADUATE MEDICAL EDUCATION
Resident Remediation, Probation & Dismissal**

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Approval Authority PGME Committee	
Implementation Authority Associate Dean, PGME	
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Purpose	1	The purpose of this policy is to outline the principles governing Remediation, Probation, and Dismissal of Residents in Residency Training Programs in the Cumming School of Medicine at the University of Calgary.
Scope	2	<p>This policy applies to all Residents in all Programs in the Cumming School of Medicine at the University of Calgary. This policy does not apply to Clinical Fellows under the Fellowship Policy.</p> <p>Programs within PGME are permitted to create their own Resident Remediation, Probation and Dismissal Policy which must be approved by the PGME Committee.</p> <p>In this document, the word “must” is used to denote something that is required, and the word “should” is used to denote something highly recommended.</p>
Definitions	3	In this policy,
		<p>a) “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 Programs “Evaluation” is used interchangeably with “Assessment.</p> <p>b) “Associate Dean” means the Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary. The Associate Dean is the Faculty member responsible for the overall conduct and supervision of PGME.</p> <p>c) “CanMEDS and CanMEDS FM” refers to the CanMEDS Physician Competency Framework, and subsequent revisions, outlining the competencies physicians require to effectively meet the needs of the people they serve.</p> <p>d) “CBME” means Competency Based Medical Education that is a medical curriculum paradigm that focuses on outcomes (acquisition of skills, knowledge, competencies or Program elements) that may or may not be constrained by defined periods of time, such as Rotations, for their acquisition. In this Policy, CBME Program refers to both an entire Program or a stream within a Program that is based on CBME.</p> <p>e) “CFPC” means the College of Family Physicians of Canada.</p> <p>f) “CFPC Evaluation Objectives” refers to defining competence for the purposes of certification by the College of Family Physicians of Canada: the evaluation objectives in family medicine.</p> <p>g) “Competence Committee” means a sub-committee of the RPC in RCPSC CBME Programs that is tasked with monitoring Resident</p>

		<p>performance and making decisions with respect to Resident progress within the Program, specifically, readiness for increasing professional responsibility and promotion through the Stages of Training as well recommending and monitoring Focused Learning Plans, Remediation and Probation.</p> <p>h) “CPSA” means the College of Physicians and Surgeons of Alberta.</p>
		<p>i) “Dismissal” means the termination of a Resident from a Program.</p> <p>j) “Educational Experience” means an experience in a particular environment or set of environments selected/ designed to support the Resident’s achievement of competencies. This may or may not occur in a block, or Rotation.</p> <p>k) “EPA” refers to Entrustable Professional Activities which are defined by the Royal College of Physician and Surgeons of Canada as authentic tasks of a discipline. A supervisor can delegate a task to a Resident and observe their performance in the workplace.</p> <p>l) “Clinical Fellows” has the meaning ascribed to it in the PGME Fellowship Policy.</p> <p>m) “Home Program” means the Program the Resident is registered in.</p>
		<p>n) “ITER” means In-Training Evaluation Report.</p> <p>o) “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 resident learners in difficulty as well as developing evidence-based approaches in the area of remediation in medical education.</p> <p>p) “Not Progressing as Expected” means a status in RCPSC CBME Programs that a Resident is not progressing along the competency continuum as expected and includes a designation of “Failing to Progress”.</p>
		<p>q) “Off-Service” means activities in clinical service areas which are not part of the Home Program.</p>
		<p>r) “PGME” means Postgraduate Medical Education.</p>

	s)	“Preceptor” means a physician directly responsible for a period or segment of the Resident’s professional medical training, teaching, guiding, and instruction and who contributes to the evaluation and Assessment process.
	t)	“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.
	u)	“Program” means a RCPSC or CFPC accredited PGME Program in the Cumming School of Medicine at the University of Calgary.
	v)	“Program Director” means the person responsible for the overall conduct of a PGME Program in a discipline and is responsible to the Associate Dean.
	w)	“RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for Program accreditation, examination and Resident certification for RCPSC disciplines.
	x)	“Remediation” is a formal program of individualized educational support, Assessment, and monitoring designed to assist a Resident in correcting performance deficiencies.
	y)	“Rotation” is defined by each Program as a required element of training and may consist of one of more four (4) week blocks. See also Educational Experience above.
	z)	“RPC” means Residency Program Committee and is the committee or delegated subcommittee that assists the Program Director in planning, organization, and supervision of the Program. “Residency Education Committee (REC)” or “Residency Training Committee (RTC)” are equivalent terms used in some Programs.
	aa)	“Resident” means a physician registered in a PGME training Program that is administered by the Cumming School of Medicine at the University of Calgary and leads to RCPSC or CFPC certification
	bb)	“Stages of Training” in RCPSC CBME Programs means four developmental stages: transition to discipline, foundations of discipline, core of discipline, and transition to practice; each stage having its own set of markers for learning and Assessment.

Authority of the Associate Dean	4	<p>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:</p> <p>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.</p> <p>This section applies universally even in cases where the Program has approved their own Resident Remediation, Probation and Dismissal Policy.</p>	
Remediation	5	5.1	Remediation is required when ongoing informal feedback and support have not been fully effective in correcting a performance deficiency, or when a Resident has failed a single Rotation, Program requirement, or Education Experience.
		5.1.1	A failed Rotation is indicated by an overall Rotation Assessment of “marginal”, “borderline”, “inconsistently”, or “partially meets expectations for level of training”, “unsatisfactory”, “does not meet expectations for level of training”, or an ITER score of “1/5” or “2/5”. Refer to Policy on Resident Assessment.
		5.1.2	Any serious or recurring professionalism or patient safety issues/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 require referral to the Associate Dean pursuant to section 4.
		5.2	In RCPSC CBME Programs, the Competence Committee monitors a Resident’s progression through the Stages of Training on the basis of completed Milestones and EPAs during Educational Experiences and any other required Program elements. The Competence Committee reviews all data in a Resident’s file to determine if they are progressing as expected along this continuum and when they should be promoted to the next Stage of Training.
		5.2.1	The Competence Committee may recommend Remediation when it has determined that a Resident is Not Progressing as Expected.
		5.2.2	Remediation can occur if there is a lack of Assessment data in support of competence due to the Resident’s failure to elicit or initiate written feedback assessments.

		5.2.3	Remediation will only be required if the recommendation is ratified by the RPC or in cases where it has been decided by the Associate Dean pursuant to section 4 of this Policy.
		5.3	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.
		5.3.1	Remediation will continue without pause. 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 RPC's consideration of factors including the amount of Remediation completed and the likelihood that the Resident would have passed Remediation.
		5.4	Remediation may be required in one or more of the CanMEDS or CanMEDS FM competencies and/or CFPC skill dimensions.
		5.4.1	When Remediation is required in CanMEDS domains and/or CFPC skill dimensions, this may be included within scheduled Rotations, if appropriate, at the discretion of the RPC or Competence Committee.
		5.5	At the discretion of the RPC or Competence Committee, Remediation may include repeating or new Rotations, Educational Experiences or Program-specific requirements.
		5.5.1	Rotations and Educational Experiences will be chosen for educational reasons.
		5.5.2	In addition to remedial clinical Rotations or Educational Experiences, nonclinical remedial activities may be required of the Resident relating to CanMEDS competencies and/or in the CFPC Evaluation Objectives.
		5.5.3	The Program Director will determine the timing and location of Rotations/Educational Experiences during Remediation; they will usually be arranged at University of Calgary affiliated sites.
		5.5.4	With the exception of section 5.5.4.1, Rotations /Educational Experiences will usually be in the Home Program and the Resident will not be allowed to do elective Rotations. 5.5.4.1 Where a Resident is considering transfer to another Program, the Remediation may be paused to

			allow for a single elective in the receiving Program. This must be approved by the Associate Dean and the Program Directors of both the home and receiving Programs. In this circumstance, the receiving Program will be advised by the Associate Dean that the Resident is on Remediation.
		5.5.5	Rotations/Educational Experiences outside of University of Calgary affiliated sites will only be allowed in exceptional circumstances and must have prior approval from the Associate Dean.
		5.5.6	When circumstances require an Off-Service Rotation or Educational Experience, the Off-Service Program Director must be informed of the Resident's status. They must be provided with a copy of the Remediation document and agree in writing to provide the Remediation Educational Experience.
		5.6	Remediation will usually result in extension of training. The RPC has discretion to determine at the end of a successful Remediation the duration of the extension.
		5.6.1	Any anticipated extension of training implies a change in promotion and/or Program completion date and therefore must be approved by the Associate Dean. Refer to the PGME Policy on Resident Promotion.
		5.6.2	Waivers of training do not apply to such extensions.
		5.7	The Resident must comply with Remediation. Failure to comply with Remediation may constitute grounds for Probation.
		5.7.1	A Resident who is on Remediation is expected to focus on the performance deficiencies that have been identified.
		5.7.2	Other Program requirements (such as research presentations, teaching, call requirements etc.) may be suspended during Remediation at the discretion of the Program Director or Competence Committee.
		5.7.3	Failure of Remediation may result in Probation.

Remediation Process	6	6.1	The Program Director, or delegate, must meet with the Resident to discuss Remediation.
		6.2	Remediation must be approved by the RPC and the decision documented in the minutes.
		6.3	Remediation must be documented in a contract that is reviewed and signed by the Resident, Program Director, and the Associate Dean. The contract outlines the Remediation and must include:
		6.3.1	A statement of the Resident's performance deficiencies that have led to the need for Remediation.
		6.3.2	The learning experiences and other supports that will be provided to assist the Resident to address performance deficiencies.
		6.3.3	The objectives of Remediation.
		6.3.4	How the Resident will be assessed to determine that Remediation objectives have been accomplished.
		6.3.5	A tentative (non-binding) statement regarding the Resident's promotion and/or completion date.
		6.3.6	Remediation can proceed without a Resident's signature on the contract if reasonable efforts have been made to address the Resident's concerns.
		6.4	The Remediation plan must be reviewed by LASAC with suggestions made to the Program.
Assessment during Remediation	7	The Resident must be assessed, in writing, at the end of each Rotation/Educational Experience and must meet with the Program Director, or delegate, to review the Assessment of each Rotation/Educational Experience.	
		7.1	Programs should endeavor to provide Rotation/Educational Experience Assessments as soon as possible after the completion of each Rotation/Educational Experience.
		7.2	Completion of Assessments may require the convening of groups of Preceptors. The Resident should be informed of the date that they will receive the Assessment.
		7.3	Appeals are not permitted regarding each Rotation/Educational Experience Assessment during Remediation; only the decision at the conclusion of Remediation may be appealed.

		7.4	The RPC or Competence Committee must convene to determine the overall outcome of Remediation within FOURTEEN (14) CALENDAR DAYS of completion of the final Rotation/Educational Experience.		
		7.5	The Resident may be put on administrative LOA while awaiting notification by RPC of the decision of Remediation. The decision regarding the outcome of Remediation is not made until the Resident has completed the full Remediation.		
		7.6	If Remediation is successful as outlined in the Remediation document, the Resident must be notified in writing and a copy sent to the Associate Dean. This notification must include:		
		7.6.1	A statement that Remediation has been successfully completed.		
		7.6.2	The Resident's promotion and/or completion date, if this has changed. Refer to Policy on Resident Promotion.		
Probation	8	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. It is composed of a formal program of individualized educational support, Assessment, and monitoring designed to assist a Resident in correcting the serious performance deficiencies identified.			
		8.1	The CPSA and Alberta Health Services must be notified when a Resident is placed on Probation.		
		8.2	A recommendation by a Competence Committee in a RCPSC CBME Program for Probation must be ratified by the RPC to be required.		
		8.3	The RPC or Competence Committee must consider Probation when:		
			a) A Resident has failed a single Remediation;		
			b) When a Resident's performance deficiencies are such that successful completion of the Program is in jeopardy;		
			c) A Resident has failed two Rotations within a 12-month period regardless of whether the Resident completed a Remediation (and the outcome of that Remediation) in relation to those failed Rotations;		

			d) A Resident has already been required to undergo two Remediation Periods or has exceeded a cumulative maximum of twenty-four (24) weeks of Remediation; or
			e) In RCPSC CBME Programs, when a Competence Committee determines that a Resident is Not Progressing as Expected and the performance deficiencies are such that successful completion of the Program is in jeopardy.
		8.4	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 document.
		8.4.1	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.
		8.4.2	The entire Probation should be completed without a break in order to monitor and maintain progress. It is recognized that in certain circumstances (such as contract mandated vacation) an interruption may occur which will not count towards the overall duration of Probation.
		8.5	Probation will commence at the discretion of the RPC without undue delay, but is dependent on capacity for specific activities, availability of Preceptors and other required resources. At the discretion of the RPC, a Resident may continue with regularly scheduled Rotations/Educational Experiences or may be asked to take a leave of absence until Probation can commence.
		8.6	Probation may include new or repeating Rotations, Educational Experiences or Program-specific requirements at the discretion of the RPC or Competence Committee.
		8.6.1	Rotations/Educational Experiences will be chosen so that the Resident's ability to continue in the Program can be assessed.
		8.6.2	In addition to performance in Rotations or Educational Experiences, demonstration of adequate performance relating to CanMEDS or CanMEDS FM competencies and/or in the CFPC Evaluation Objectives may be required.

		8.6.4	Rotations/Educational Experiences will usually be in the Home Program and the Resident will normally not be allowed to do elective Rotations.
		8.6.5	Rotations/Educational Experiences outside of University of Calgary affiliated sites will only be allowed in exceptional circumstances and must have prior approval from the Associate Dean.
		8.6.6	When circumstances require an Off-Service Rotation or Educational Experience, the Off-Service Program Director must be informed of the Resident's status. They must be provided with a copy of the Probation document and agree in writing to provide the Educational Experience.
		8.7	Probation will usually result in extension of training. The RPC has discretion to determine at the end of a successful Probation the duration of the extension.
		8.7.1	Any anticipated extension of training implies a change in promotion and/or Program completion date and therefore must be approved by the Associate Dean. Refer to the PGME Policy on Resident Promotion.
		8.7.2	Waivers of training do not apply to such extension.
		8.8	A Resident may not transfer to another program while on Probation.
		8.9	Time taken for vacation or a leave of absence for personal or medical reasons will not be counted as part of Probation.
		8.10	The Resident must comply with Probation. Failure to comply with Probation may constitute grounds for Dismissal.
		8.11	Failure of Probation results in Dismissal.
Probation Process	9	9.1	The Program Director, or delegate, must meet with the Resident to discuss the Probation.
		9.2	Probation must be approved by the RPC and the decision documented in the minutes.
		9.3	Probation must be documented in a letter that is sent to the Resident and a copy to the Associate Dean, which outlines the Probation and must include:
		9.3.1	A statement of the Resident's performance deficiencies that have been documented.

		9.3.2	The learning experiences and other supports that will be provided to assist the Resident to address these performance deficiencies.
		9.3.3	The objectives of Probation.
		9.3.4	How the Resident will be assessed to determine that Probation objectives have been accomplished.
		9.3.5	A tentative (non-binding) statement regarding the Resident's promotion and/or completion date, whether unaltered or delayed due to a requirement for an extension of training.
		9.3.6	Any special reporting requirements.
		9.3.7	The Probation plan must be reviewed by LASAC with suggestions made to the Program.
Assessment during Probation	10		The Resident must be assessed, in writing, at the end of each Rotation/Educational Experience and must meet with the Program Director, or delegate, to review the Assessment of each Rotation/Educational Experience.
		10.1	Programs should endeavor to provide Rotation/Educational Experience Assessments as soon as possible after the completion of each Rotation/Educational Experience.
		10.2	Completion of Assessments may require the convening of groups of Preceptors. The Resident should be informed of the date that they will receive the Assessment.
		10.3	Appeals are not permitted regarding each Rotation/Educational Experience Assessment during Probation; only the decision at the conclusion of Probation may be appealed.
		10.4	The RPC or Competence Committee must convene to determine the overall outcome of Probation within FOURTEEN (14) CALENDAR DAYS of completion of the final Rotation/Educational Experience.
		10.5	The Resident will be put on administrative LOA while awaiting notification by RPC of the decision of probation. The decision to dismiss or not to dismiss a Resident is not made until the Resident has completed the full Probation.
		10.6	If Probation is successful as outlined in the Probation document the Resident must be notified in writing and a copy sent to the Associate Dean. This notification must include:
		10.6.1	A statement that Probation has been successfully completed.

			10.6.2	The Resident's promotion and/or completion date, if this has changed. Refer to Policy on Resident Promotion.	
		10.7	The RPC decides the outcome of Probation.		
			10.7.1	The Resident will NOT be provided any scheduled Rotations/ Educational Experiences while awaiting formal notification of the RPC's decision.	
			10.7.2	The Resident must take a leave of absence until the RPC has delivered its decision.	
Dismissal: Performance Deficiencies	11	11.1	If a Resident is not successful in meeting objectives for Probation OR there is insufficient improvement in one or more objectives identified as a requirement in Probation, the Resident will be Dismissed from the Program by the RPC. The Resident will no longer be a student of the University of Calgary, registration with PGME will be terminated, and access to Alberta Health Services email and IT platform will be terminated.		
		11.2	Failure of a Resident to comply with Probation constitutes grounds for Dismissal.		
		11.3	The Resident must be advised in writing by the Program Director or the Chair of the RPC of the decision for Dismissal and the reasons for the decision and a copy must be sent to the Associate Dean.		
		11.4	The Resident should be advised of the right to appeal and be directed to the appeal policies. Refer to Policy on Resident Appeals.		
		11.5	When a Resident is Dismissed, they must immediately surrender all University of Calgary and Alberta Health Services property, such as ID badges, pagers, etc., and electronic access.		
			11.5.1	The PGME office will notify Alberta Health Services, the Professional Association of Residents of Alberta, and the CPSA immediately when a Dismissal occurs.	
			11.6	There may be other grounds, such as criminal, academic, patient safety issues, or unprofessional conduct that warrant Dismissal.	

Personal or Medical Factors	12	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 the 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. 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.
			12.1.2 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.
			12.1.3 If the 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.
			12.1.4 A Resident on a leave of absence for any reason is not permitted to participate in PGME's or the Program's educational or mandatory activities.
			12.1.5 All other aspects of a Resident's Leave of Absence will be governed pursuant to PGME's Leave of Absence Policy.
Disclosure	13		
		13.1	It is essential that everyone associated with a 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 PGME may require carefully considered disclosure of a Resident's performance deficiencies.
			13.2.1 Therefore, Program Directors may exercise their discretion in informing Preceptors and/or other

			appropriate educational leaders of a Resident's difficulties and individualized goals and plans.
		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 opportunity to succeed.
		13.2.3	Preceptors who are not able to provide unbiased Assessments should excuse themselves from the formal Assessment process. The RPC or Competence Committee 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	14.1	Any responsibilities assigned to parties in this Policy may be delegated to an appropriate faculty member.
Related Information	15		<p>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 Program at the Cumming School of Medicine at the University of Calgary.</p> <p>The Student Ombuds Office, which is part of the University of Calgary, can provide confidential advice, assistance preparing appeal documents, liaison with faculty and referral to other resources. P: 403.220.6420 E: ombuds@ucalgary.ca W: http://www.ucalgary.ca/provost/students/ombuds</p>
History	16		<p>Approved: February 25, 2005 Revised: November 20, 2009 Revised: December 10, 2010 Revised: February 15, 2015 Revised: June 21, 2018 Approved: June 27, 2018 Approved: December 2, 2022</p>