

Central Resident Assessment and Promotion Guidelines and Policies

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UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

**GUIDELINES FOR THE ASSESSMENT OF
POSTGRADUATE RESIDENTS
OF THE FACULTY OF MEDICINE
AT THE UNIVERSITY OF TORONTO**

February 28, 2017

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1. Introduction

These Guidelines for the Assessment of Postgraduate Residents at the Faculty of Medicine at the University of Toronto (the “Guidelines”) contain the rules governing the Assessment and promotion of all residents in postgraduate training programs at the University of Toronto. For the purposes of this document, a resident is a physician registered in a program subject to accreditation by the Royal College of Physicians and Surgeons of Canada (Royal College) or the College of Family Physicians of Canada (CFPC). It is the responsibility of each resident to read the Guidelines and to be familiar with their content.

The Guidelines have been developed to be in compliance with the accreditation standards of the Royal College and the CFPC. The Guidelines are also designed to be consistent with the following University of Toronto academic policies, and policies of the following medical organizations:

- (a) [the University of Toronto Code of Behaviour on Academic Matters](#);
- (b) [the University of Toronto Standards of Professional Practice Behaviour for all Health Professional Students](#)
- (c) [the University of Toronto Code of Student Conduct](#)
- (d) [the University of Toronto University Assessment and Grading Practices Policy](#)
- (e) [the College of Physicians and Surgeons of Ontario Policy on Professional Responsibilities in Postgraduate Medical Education](#) (CPSO); and
- (f) [the Canadian Medical Association Code of Ethics](#) (CMA)
- (g) [University-Mandated Leave of Absence Policy](#)

The Guidelines set out the procedures for the assessment of Residents (as defined below). The Guidelines also establish the processes for remediation when a Resident has failed to meet the performance standards of the Residency Program (as defined below), or where a problem in respect of the behaviour or performance of a Resident has been identified.

In these guidelines, the word “must” is used to denote something necessary, and the word “should” is used to denote something highly desirable.

2. Definitions

The following definitions are used in this document:

- 2.1. “Board of Examiners – PG” means the Board of Examiners – Postgraduate Programs, which is the committee of the University Faculty Council responsible as set out in the Terms of Reference by Faculty Council.
- 2.2. “Dean” means the Dean of the Faculty of Medicine of the University.
- 2.3. “Designated Assessment Tools” is the specified assessment tools approved by the Residency Program Committee for inclusion in the Program Assessment Plan which are appropriately tailored to the specialty, level of training, and the national training standards
- 2.4. “Standards of Accreditation” means the standards of accreditation of the Royal College or the CFPC, as applicable.
- 2.5. “Head of Department” means administrative head of the University department.
- 2.6. “Post-Graduate Medical Education Advisory Committee” or PGMEAC, means the committee responsible for the development and review of all aspects of postgraduate medical education within the Faculty and is chaired by the Post Graduate Medical Education (PGME) Dean.
- 2.7. PGME Dean, is the decanal lead responsible for the oversight of residency education
- 2.8. “Program Director” is the University officer responsible for the overall conduct of the integrated residency program in a discipline, and responsible to the head of the University department concerned and to the PGME Dean.
- 2.9. “Remedial Period” means any of Remediation, Remediation with Probation, and Probation, all as defined in the Guidelines.
- 2.10. “Residency Program” means the Royal College or CFPC postgraduate medical training program;
- 2.11. “RPC” means the Residency Program Committee and is the committee that assists the Program Director in the planning, organization, and supervision of the residency training program, (and) must include representation from the residents in the program.

- 2.12. “Scoring Rubrics” are the scoring guides used to assess performance for individual assessments and across assessment plans.
- 2.13. “Summative Assessment” refers to a formal written summary of a resident’s performance against established expectations which is carried out at specified intervals within each program.
- 2.14. “Signature” means actual signature or electronic acknowledgement
- 2.15. “Supervisor” means a staff physician directly responsible for a period or segment of the Resident’s professional training, teaching and instruction.
- 2.16. “Postgraduate Resident” or “Resident” means a physician registered in a training program accredited by the Royal College or the CFPC who is registered in the Faculty of Medicine of the University.
- 2.17. “University” means the University of Toronto.

3. PGMEAC – Maintaining Standards of Assessment

- 3.1. It is the responsibility of the PGMEAC to establish standards for the assessment, promotion, and dismissal of Residents in all Residency Programs, by:
- 3.1.1. Ensuring that assessment processes and practices are consistent with the Guidelines, and the minimum standards set by the University and related professional organizations, including the CPSO, CFPC and the Royal College;
- 3.1.2. Ensuring that clinical and field supervisors, as well as Resident, are properly informed about assessment and related processes as required by the University of Toronto University Assessment and Grading Practices Policy; and
- 3.1.3. Monitoring the performance of programs either directly or through the relevant subcommittee of the PGMEAC.

4. Resident Assessment

4.1. Assessment Principles

As learners of the University and Residents in either a Royal College or CFPC Residency Program, Residents are routinely assessed on an ongoing basis, both

formally and informally. This assessment may be formative or summative. This assessment must be conducted in accordance with the policies of the University, the Royal College and/or the CFPC.

For all clinical and field experiences, divisions must ensure that:

- (a) clinical and field assessors are fully informed regarding University, divisional and course policies concerning assessment procedures, including the specific assessment procedures to be applied in any particular field or clinical setting.
- (b) information about Resident support services are available to Residents to facilitate Resident success.

The minimum standards set by the University Grading Practices Policy for Clinical and Field Settings include regular longitudinal assessment and a written Summative Assessment against established required competencies.

4.2. Program Assessment Plan

4.2.1. Purpose

- 4.2.1.1. to provide a framework for the assessment of the Resident's knowledge, skills and attitudes by a Supervisor;
- 4.2.1.2. to facilitate feedback to the Resident by a Supervisor or the Program Director;
- 4.2.1.3. to serve as a record of the strengths and weaknesses of the Resident for the Program Director;
- 4.2.1.4. to enable the Program Director to assist future Supervisors in ongoing supervision;
- 4.2.1.5. to assist the Program Director in providing a progress and/or Summative Assessment of the Resident for the Royal College, the CFPC and/or the CPSO; and
- 4.2.1.6. to establish the basis for confirmation of progress, identification of needs and promotion.

4.2.2. Grading and Rating Practices

- 4.2.2.1. The Designated Assessment Tools must contain or be accompanied by a Scoring Rubric that includes an explanation of the rating scale to assist the Supervisor(s) in marking individual assessment items and should relate to level-specific learning goals and objectives. Comments should be made on any specific areas of performance which contribute significantly to the assessment, especially in areas of weakness.
- 4.2.2.2. For the purpose of completing the Designated Assessment Tools, appropriate medical and inter-professional team members should be consulted about the Resident's performance.

4.3. Assessment Process

- 4.3.1. As required by the University Grading Practices Policy, a Resident must be provided with:
 - 4.3.1.1. a copy of Residency Program Assessment Plan which may include goals and objectives, required training experiences, entrustable professional activities
 - 4.3.1.2. a statement describing the assessment processes used by the particular Residency Program;
 - 4.3.1.3. a copy of the Designated Assessment tools and other required assessment forms; and
 - 4.3.1.4. mechanism to engage Residents in regular discussion for review of their performance and progression.
 - 4.3.1.5. a copy of these Guidelines.
- 4.3.2. During a Residency Program, Supervisors should make every effort to provide ongoing, informal, verbal feedback to all Residents, in addition to the formal feedback and assessment required by the Guidelines.
- 4.3.3. If a problem is identified at any point during the rotation, a Supervisor must bring this problem to the attention of the Resident in a timely fashion, preferably in person. This should be documented by the Supervisor and shared with the Program Director so they can support residents who are not attaining the required competencies as anticipated.

- 4.3.4. At regularly defined intervals (such as at the end of a rotation in traditional models and as per progress review timelines in competency-based models), and at least every 6 months, a completed Summative Assessment must be submitted using all data collected with the Designated Assessment Tools.

The Summative Assessment must outline the progress that has been made by the Resident in addressing any problems previously identified. The Program Director or delegate, must discuss the Summative Assessment with the Resident. This discussion should occur in a timely fashion, preferably in person.

- 4.3.5. The Resident must be asked to provide their signature or electronic confirmation on the Summative Assessment to confirm that it has been seen and discussed with the Supervisor or Program Director. This confirmation does not signify that the Resident agrees with the Summative Assessment. Failure of the Resident to sign the form does not invalidate the Summative Assessment. The Resident should be given a reasonable period of time in which to consider the Summative Assessment and be encouraged to provide comments regarding this Summative Assessment in a space provided. If subsequent comments are added by the Supervisor, they must be shared and discussed. A copy of the Summative Assessment must be available to the Resident.
- 4.3.6. All Summative Assessments are confidential documents and must only be disclosed as strictly necessary to support learner success (e.g. learner handover). A Resident's Summative Assessment data must only be provided to the Resident, to the Resident's Supervisors, to the Program Director, Site Directors and RPC, and where appropriate, the PGME Dean, the Board of Examiners – PG and any Faculty or appeal committee considering the Resident's performance.

5. Remedial Periods

- 5.1. If a Summative Assessment is below the standards expected for the level of training of the Resident, the RPC must decide whether to recommend that the Resident be required to enter one of the following Remedial Periods:

5.1.1. Remediation (as defined in section 5.9);

5.1.2. Remediation with Probation (as defined in in section 5.10); or

- 5.1.3. Probation (as defined in section 5.11).
- 5.2. These Remedial Periods are intended to deal with problems which are not expected to be readily corrected in the normal course of the Residency Program
- 5.3. Any recommendation of a Remedial Period must be subject to the approval of the Board of Examiners – PG. Prior to consideration by the Board of Examiners – PG, the Resident must be given the opportunity to meet with the RPC or RPC formally designated subcommittee to discuss the recommendation, and meet with the PGME Dean or designate to review the recommendation and related processes.
- 5.4. Where a Remedial Period is being considered, for the purposes of presenting to the Board of Examiners – PG, the Program Director, in consultation with the RPC, or equivalent, must develop a written Remedial Plan for the Resident.
- 5.5. The written Remedial Plan should:
 - 5.5.1. Include Resident background Information;
 - 5.5.2. Detail objectives of the formal remediation and their rationale;
 - 5.5.3. Identify the aspects of the Resident’s performance or behaviour that require remedial attention;
 - 5.5.4. Describe the proposed remedial education and the resources available to the Resident to achieve these objectives;
 - 5.5.5. State the specific duration of Remedial Period;
 - 5.5.6. Define the expected outcomes of the Remedial Period and how they will be assessed; and,
 - 5.5.7. State the consequences of a successful or unsuccessful outcome of the Remedial Period;
 - 5.5.8. Outline the methods by which a final decision will be made around whether a Resident has successfully completed a period of formal remediation.
- 5.6. The Resident should be consulted about the Remedial Plan through interaction with the Program Director and must be provided with a copy of the Remedial Plan.

5.7. If the Resident indicates acceptance of Remedial Plan the Resident may commence the Remedial Period prior to the approval of the Board of Examiners – PG. If the Resident does not accept the recommendation, the Remedial Period may not commence until it is approved by the Board of Examiners – PG.

5.8. At the end of a Remedial Period, the Program Director, on the basis of the final Assessment and on the advice of the RPC, must inform the Resident and the Board of Examiners – PG of the outcome, which may be that:

5.8.1. The Remedial Period has been successful and the Resident will continue in the Residency Program at a level determined by the Program Director, on the advice of the RPC; or,

5.8.2. If the remedial period has been unsuccessful, the Program Director, on the advice of the RPC, may recommend outcomes as outlined in 5.9, 5.10, and 5.11.

5.9. Remedial Period: Remediation

5.9.1. Remediation is a formal program of individualized training aimed at assisting a Resident to correct identified weaknesses, where it is anticipated those weaknesses can be successfully addressed to allow the Resident to meet the standards of training.

5.9.2. Where the Remediation is unsuccessful, the RPC may recommend to the Board of Examiners – PG that the Resident enters a further period of Remediation or Remediation with Probation.

5.10. Remedial Period: Remediation with Probation

5.10.1. Remediation with Probation is a Remedial Period similar to Remediation, but provides that if the outcome of Remediation with Probation is unsuccessful, the Resident may be dismissed.

5.10.2. Remediation with Probation may be recommended and approved:

5.10.2.1. if there are exceptional circumstances

5.10.2.2. after an unsuccessful Remediation

5.10.2.3. following any documented assessment, where the Resident's overall performance or the performance in a critical area is sufficiently below expectations that there is serious concern about

the Resident's ability to meet the Residency Program's required standards within a reasonable time.

- 5.10.3. Where the Remediation with Probation has been successful, the Resident may continue in the regular Residency Program at an appropriate level, as determined by the Program Director on the advice of the RPC.
- 5.10.4. Where the Remediation with Probation has been only partially successful, the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Resident enter a further Remedial Period
- 5.10.5. Where the Remediation with Probation has been unsuccessful, the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Resident be dismissed from the Residency Program.

5.11. Remedial Period: Probation

- 5.11.1. A Resident will be placed on Probation in circumstances where the Resident is expected to correct identified serious problems which are not subject to usual remedial training including, but not limited to, attitudinal deficiencies, behavioural disorders or chemical dependence, which are assessed to jeopardize successful completion of the Residency Program.
- 5.11.2. The Program Director, on the advice of the RPC, may recommend that a Resident be placed on Probation. The Probation itself may not be able to provide the intervention required to address the identified serious problems, but may permit assessment of any further intervention required, if appropriate.
- 5.11.3. Where the Probation has been successful and the problem identified has been corrected the Resident may continue in the regular Residency Program at an appropriate level, as determined by the Program Director, on the advice of the RPC:
- 5.11.4. Where the Probation has been only partially successful, the Program Director, on the advice of the RPC may recommend to the Board of Examiners – PG that the Resident is required to enter another period of Probation.

- 5.11.5. Where the Probation has been unsuccessful the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Resident be dismissed from the Residency Program.

6. Suspension

- 6.1. Suspension is the temporary interruption of a Resident's participation in the Residency Program, and includes the interruption of clinical and educational activities (hereafter, "Suspension").

6.2. Improper Conduct

Because they are both physicians and learners of the University, the conduct of the Residents is governed by the policies of professional bodies, such as the CPSO, the Canadian Medical Association and others, and by policies of the Faculty of Medicine and of the University of Toronto, including the University of Toronto Standards of Professional Practice Behaviour for all Health Professional Students, University of Toronto Code of Behaviour on Academic Matters and the University of Toronto Code of Student Conduct. Violation of any of these standards or policies may constitute improper conduct.

6.3. Suspension from the Training Program

A Program Director may, pending consideration by the Board of Examiners - PG, and after consultation with the PGME Dean, suspend a Resident for Improper Conduct if the conduct is of such a nature that the continued presence of the Resident in the clinical setting would pose a threat to the safety of persons (i.e. patients, staff and students, or the public that uses the clinical setting), or to the academic function of the training program or the ability of other Residents to continue their program of study. The Resident, as well as the Head of the Department and the PGME Dean, must be notified in writing of a Suspension, and the notification must include the reasons for and duration of the Suspension. The Resident will continue to be paid during the Suspension, pending formal review, but may be denied access to hospitals and other clinical or laboratory facilities.

6.4. Assessment following Suspension

A decision to suspend a Resident must be reviewed by the RPC and followed by either full reinstatement or any of the processes described in sections 5 and 7, subject to approval by the Board of Examiners – PG.

7. Dismissal

7.1. Dismissal of a Resident involves the termination of the Resident from the Residency Program. Dismissal may occur:

7.1.1. following an unsuccessful Remediation with Probation;

7.1.2. following an unsuccessful Probation;

7.1.3. following Suspension; or

7.1.4. for Improper Conduct.

7.2. The recommendation to dismiss a Resident may be made by the Program Director on the advice of the RPC to the Board of Examiners – PG. The Resident must be informed of the decision in writing. The written statement must include the reason(s) for dismissal.

8. Decisions of the Board of Examiners – PG

8.1. All decisions of the Board of Examiners – PG must be communicated in writing by the Chair to the PGME Dean and copied to the Program Director and the Resident.

8.2. The Resident's copy of the decision should include a copy of the procedures of the Faculty of Medicine Appeals Committee.

9. Appeals

9.1. A Resident may appeal a decision of the Board of Examiners – PG.

9.2. If the Resident wishes to appeal the decision of the Board of Examiners – PG, notice should be given in writing, within 30 business days, to the Faculty administrative lead for BOE-PG. Appeals will be heard by the Faculty of Medicine Appeals Committee following the procedures of that Committee.

9.3. In the event that a Resident's appeal is rejected by the Faculty of Medicine Appeals Committee, a Resident may appeal to the Academic Appeals Board of the Governing Council, in accordance with its guidelines and procedures.

9.4. The terms and conditions of the Board of Examiners –PG decision, including any applicable Remedial Period, will begin following the disposition of the Appeal.

10. Final Assessment

When a Resident is assessed by the RPC at the end of the Residency Program as having met the prerequisites for certification by the Royal College or the CFPC, the PGME Dean will notify the Royal College or the CFPC of this in the required manner.

Assessment Guidelines

[BACK TO POLICIES & GUIDELINES](#)

The document *Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto* was approved by the Faculty Council Education Committee on March 9, 2017.

The purpose of these Guidelines is:

1. To provide minimum guidelines for the assessment and evaluation practices throughout the postgraduate medical education programs in the Faculty of Medicine
2. To provide guidelines for the remediation, probation, suspension, dismissal of trainees
3. To ensure that assessment and evaluation practices are consistent with the University of Toronto

University Grading Practices Policy, with the Standards of Professional Behaviour for Medical Undergraduate and Postgraduate Students of the Faculty of Medicine of the University of Toronto and with the requirements of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, and the CMA Code of Ethics.

It is the responsibility of the Postgraduate Medical Education Advisory Committee (PGMEAC) to establish and supervise evaluation, promotion and dismissal of trainees in all postgraduate medical education training programs. The Board of Examiners for Postgraduate Programs is appointed by Faculty Council to:

1. To review the cases of students in academic difficulty and to determine the appropriate course(s) of action, this may include: remediation, remediation with probation, probation, suspension and dismissal.
2. The assessment of a student's performance which may include the evaluation of the student's academic, behavioural, ethical and professional performance in the Program, or the evaluation/recommendation from an independent process.
3. After receiving and considering recommendations from the Vice Dean (or her/his delegate), make recommendations on the progression of students through the Program.

The Vice Dean, Post MD Education may bring to this Board, names of students/trainees in difficulty. All meetings of the Postgraduate Programs Board will be held in camera.

Decisions of the Board are final and binding on the Faculty and the Residency Training Program Committees and Directors. Decisions of the Board may be appealed by students to the Faculty of Medicine Appeals Committee.

Any student wishing to appeal a Board of Examiners decision must submit in writing a Notice of Appeal to the Faculty Secretary. This student must indicate her/his intention within a maximum of two weeks (10 working days) after receiving written notice of the decision to be appealed.

For more information on the Appeals Committee, basis for appeals, guidelines and process, please visit the [Faculty of Medicine website](#) or contact the Faculty Affairs Officer:

Todd Coomber

Email: faculty.affairs@utoronto.ca

Tel: 416-978-2711

Fax: 416-978-1774

- [Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto](#)
- [Board of Examiners - Postgraduate Programs, Terms of Reference and Function](#)
- [Board of Examiners' Meetings and Remediation Plan Templates](#)



University Assessment and Grading Practices Policy

Statement of Purpose

The University's Assessment and Grading Practices Policy sets out the principles and key elements that should characterize the assessment and grading of student work in for-credit programming at the University of Toronto.

Overarching Principles

The purpose of the University Assessment and Grading Practices Policy is to ensure:

- that assessment and grading practices across the University are consistent and reflect appropriate academic standards
- that student performance is evaluated in a manner that is fair, accurate, consistent, and objective and in compliance with these academic standards.
- that the academic standing of every student can be accurately assessed even when conducted in different divisions of the University and evaluated according to different grading scales.

Scope of Policy

This policy applies to the evaluation of student performance in for-credit programming at both the graduate and undergraduate level within all divisions/faculties of the University. For graduate programs and students, any reference to "division/faculty" should be understood to refer to the School of Graduate Studies, and any reference to department should be understood to refer to the relevant graduate unit. The School of Graduate Studies is the only division that may develop additional grading regulations and guidelines for graduate studies. Where undergraduate and graduate practices differ, this has been indicated explicitly in the text. Otherwise all clauses should be understood to apply equally to students at either level of study.

Divisions/faculties may wish to develop procedures for implementing these policies according to their needs. These procedures must be consistent with this policy. In case of conflict or lack of clarity, this policy will be understood to take precedence.

This policy is in three parts:

Part A: Grades

Part B: Grading Practices

Part C: Designators and Other Non-Grade Symbols Approved for Use in Reporting Course Results

Distribution of Policy

A copy of the University Assessment and Grading Practices Policy as well as the description of the grade scales and any divisional regulations and guidelines must be published in full in the Academic Calendar of each division and made available to students and to all instructors and others, including teaching assistants, involved in the evaluation of student performance, either electronically or, upon request, in hard copy.

A current list of grade scales and reporting symbols in use at the University will be maintained by the Provost's Office with the support of the University Registrar and the Chief Information Officer [CIO]. This list will also record historical data on the use of grade scales and reporting symbols in each division.

PART A: GRADES

1. MEANING OF GRADES AND GRADE SCALES

1.1. Meaning of Grades

Grades are a measure of the performance of a student. They are an indication of the student's command of the content of the components of the academic program. In assessing student performance and translating that assessment into grades, the University's standards and practices should be comparable to those of our academic peers.

1.2. Grade scales

Once an assessment of the performance of the student has been made, the following grade scales are to be used. This scale shows the corresponding Grade Point value which will appear on the student's transcript. divisions/faculties are encouraged to develop guidelines concerning the relative meaning of grades in the context of their division/ faculty.

1.2.1. Undergraduate:

- i. the refined letter grade scale A+, A, A-, B+, B, B-, C+, C, C-, D+, D, D-, F;
- ii. the numerical scale of marks, consisting of all integers from 0 to 100 (that is, 0,1...99, 100).

<i>Undergraduate</i>		
Refined Letter Grade Scale	Grade Point Value	Numerical Scale of Marks
A+	4.0	90 - 100%
A	4.0	85 - 89%
A-	3.7	80 - 84%
B+	3.3	77 - 79%
B	3.0	73 - 76%
B-	2.7	70 - 72%
C+	2.3	67 - 69%
C	2.0	63 - 66%
C-	1.7	60 - 62%
D+	1.3	57 - 59%
D	1.0	53 - 56%
D-	0.7	50 - 52%
F*	0.0	0 - 49%

*F = Fail

1.2.2. Graduate:

- i. a truncated refined letter grade scale A+, A, A-, B+, B, B-, FZ (replacing C,D, and F);
- ii. the numerical scale of marks, consisting of all integers from 0 to 100 (that is, 0,1...99, 100).

Graduate	
Truncated Refined Letter Grade Scale	Numerical Scale of Marks
A+	90 - 100%
A	85 - 89%
A-	80 - 84%
B+	77 - 79%
B	73 - 76%
B-	70 - 72%
FZ**	0 - 69%

**FZ = Fail

1.3. Alternate Grade Scales

In addition to the above, there are approved grade scales that are outside the standard grade scale system. These grades are assigned in some divisions/faculties for courses in which only broad evaluative distinctions in assessing the quality of student performance are judged appropriate. Any change to the grading scale for an existing course must be approved through governance as described in A 1.4 below. Approved alternate grade scales include:

- i. H (Honours), P (Pass), F (Failure).
- ii. HH (High Honours), H (Honours), P(Pass), LP(Low Pass), F(Fail)
- iii. CR (Credit), NCR (No Credit).
- iv. The final grades assigned in a graduate course must all be from the same scale.
- v. Normally, all grades in an undergraduate course must be from the same scale. However, divisions/faculties may establish procedures that allow individual students to elect to be graded within a limited number of courses using an alternate grade scale (ie. CR/NCR where the course uses the normal numerical/letter grades).

1.4. Approval of Alternate Grade Scales

- 1.4.1.** A division/faculty wishing to employ a grade scale or reporting symbol that is not defined in this document must obtain the prior approval of the Academic Board, acting with the advice of the Vice-President and Provost, or designate, and the University Registrar.
- 1.4.2.** To be approved, a proposed grade scale must be dictated by the particular circumstances of a division.

PART B: GRADING PRACTICES

Individual divisions/faculties may wish to develop more detailed regulations and guidelines governing grading procedures. These must be consistent with this policy and the practices outlined below. In the case where there is any conflict between the two, this policy will be held to take precedence. All such divisional/faculty regulations must be approved by divisional/faculty council and brought forward to the Committee on Academic Policy and Programs and, where required, to Academic Board for information or approval as appropriate. (The School of Graduate Studies is the only division/faculty that can develop additional grading procedures regulations and guidelines for graduate studies.)

1. COURSES

1.1. Disclosure of method(s) of evaluation of student performance

For both undergraduate and graduate courses, as early as possible in each course (and no later than the division/faculty's last date for course enrolment) the instructor shall make available to the class, and shall file with the division/faculty or department, the methods by which student performance shall be evaluated. This should include whether the methods of evaluation will be essays, tests, class participation, seminar presentations, examinations, or other; the relative weight of these methods in relation to the overall grade; and the timing of each major evaluation.

1.2. Consequences for late submission

For both undergraduate and graduate courses, instructors are not obliged to accept late work, except where there are legitimate, documented reasons beyond a student's control. In such cases, a late penalty is normally not appropriate. Where an Instructor intends to accept and apply penalties to late assignments, this must be set out clearly in the course syllabus

1.3. Changes to the method of evaluation

For both undergraduate and graduate courses, after the methods of evaluation have been made known, the instructor may not change them or their relative weight without **the consent of a simple majority** of students attending the class, provided the vote is announced no later than in the previous class. Any changes must be reported to the division or the department, or in the case of graduate courses, the graduate unit. The only exception to this is in the case of the declaration of a disruption. [Please see the University's *Policy on Academic Continuity*.]

1.4. Multiple assessments

1.4.1. Undergraduate.

Student performance in an undergraduate course must be assessed on more than one occasion. No one essay, test, examination, etc. should have a value of more than 80% of the grade. Criteria for exemption may be determined by the division/faculty.

1.4.2. Graduate

In graduate courses, there is no requirement for multiple assessments. However, if any one essay, test examination etc. has a value of more than 80% of the grade, this must be made clear in the information described in B.1.1 above. If participation forms part of the final grade it must not constitute more than 20%.

1.5. Timing of assessment**1.5.1. Undergraduate**

At least one piece of term work which is a part of the evaluation of a student performance and worth at least 10% of the final grade, whether essay, lab report, review, etc., must be returned to the student prior to the last date for withdrawal from the course without academic penalty.

1.5.2. Graduate

In graduate courses, there is no requirement for term work to be returned before the last date for withdrawal from the course without academic penalty. However, if no work is to be returned by this date, this must be made clear in the information described in B.1.1 above.

1.6. Access to commentary on assessed term work

Undergraduate and graduate students should have access to commentary on assessed term work and the opportunity to discuss the assessment with the instructor.

1.7. Final Examinations**1.7.1. Undergraduate**

In courses that meet regularly as a class, there should be an examination (or examinations) conducted formally under divisional auspices and worth (alone or in the aggregate) at least one-third of the final grade. Criteria for exemption may be determined by the division. The relative value of each part of an examination should be indicated to the student. In the case of a written examination, the relative value of the exam should be indicated on the examination.

1.7.2. Graduate

There is no requirement for final examinations in graduate courses. Where examinations are used, the relative value of each part of an examination should be indicated to the student.

1.8. Final grades

Final grades in undergraduate and graduate courses shall be recommended by the instructor, using the approved grade scales, to the Chair, Dean, or the Chair's or Dean's designate (and graduate Chairs in the case of graduate courses) on the basis of each student's overall performance and in conformity with the information described in Part B 1.1 above.

2. WRITTEN EXAMINATIONS IN COURSES**2.1. Access to exemplars**

For all undergraduate courses and graduate courses where there is a final written examination, all divisions/faculties should provide access to copies of the previous years' final examination papers and other years' papers where feasible. Exemptions may be granted by an appropriate committee of the division or department.

2.2. Review of final examinations

All divisions/faculties should provide students with the opportunity within a reasonable time to review their final course examination paper where feasible. Divisions/faculties may charge a cost-recovery fee (for review) consistent with *the Policy on Ancillary Fees*.

2.3. Re-reading of examinations**2.3.1. Undergraduate**

For undergraduate courses, all divisions should provide, in addition to the customary re-checking of grades, the opportunity for students to petition for the re-reading of their examination where feasible. Divisions/faculties may charge a cost-recovery fee (for re-reading) consistent with the *Policy on Ancillary Fees*.

2.3.2. Graduate

For graduate examinations, each graduate unit should provide students, upon request, with an opportunity for re-checking of marks. The rereading of graduate course examinations is governed by SGS procedures.

3. GRADE REVIEW AND APPROVAL

3.1. Responsibility and Oversight

The Dean (which in the case of graduate programs is the Dean of the School of Graduate Studies) or designate is responsible for:

- administering the implementation of the Assessment and Grading Practices Policy at the divisional/faculty level and overseeing the general consistency of grading procedures within the division/faculty

3.2. Review and approval of final grades

Final grades for undergraduate or graduate courses will be reviewed and approved by the Chair, Dean or Dean's designate according to divisional review procedures. The Divisional review constitutes final approval of grades except where grades are changed on appeal.

3.3. Adjustment of final grades

The final grades recommended by the instructor in an undergraduate or graduate course should not normally be adjusted except where the Chair, Dean or Dean's designate judge that the consequences of allowing the grades to stand would be injurious to the standards of the University, or are not in keeping with divisional grading guidelines. Any adjustment of final grades should be made in consultation with the instructor. Divisional review processes may rely on past statistical data, including drop-out rates, mean arithmetic average, etc. as background information where available; however, this information should not be relied upon exclusively to judge whether a specific grade distribution is anomalous. Rather, the information should provide part of the basis for an overall review of grades in a division.

3.4. Considerations in the review and approval of final grades

3.4.1. Conformity with Policy

For undergraduate and graduate courses, the fundamental criterion that any divisional/faculty final grade review process should employ is whether the instructor has followed this Assessment and Grading Practices Policy.

3.4.2. Distribution of grades

The distribution of grades in any course, examination or other academic assessment must not be predetermined by any system of quotas that specifies the number or percentage of grades allowable at any grade level. However, a division/faculty may provide guidelines to instructors setting out a reasonable distribution of grades in the division or department. The division may request an explanation of any grades for a course that appear not to meet divisional guidelines, are not based on the approved grade scales, or otherwise appear anomalous in reference to the Policy. It is understood that this section will normally only be used when the class size is thirty students or greater.

3.5. Informing instructors and students of grade adjustment

For undergraduate and graduate courses where grades have been adjusted, by the Chair, Dean, or Dean's designate, the Chair, Dean or Dean's designate should ensure that the instructor as well as the students are informed. On request, the students or the instructor will be given the reason for the adjustment of grades and a description of the methodology used to adjust the grades. Students will be given a description of the divisional appeal process.

4. GRADE REPORTING

4.1. Use of the grading scale

4.1.1. Undergraduate:

- i. The refined letter grade and normally the numerical grade will be reported for courses using the standard grade scales.

- ii. The H/P/F and CR/NCR scales may be used instead in courses approved to use that scale or for individual students as set out in A 1.3.1.iii.
- iii. Where an undergraduate student has completed a fully graduate course the student will be assessed according to the undergraduate grading scale and the appropriate undergraduate grade will be reported on the undergraduate student transcript.

4.1.2. Graduate:

- i. For all graduate courses, final grades will be assigned according to the graduate grade scale referred to above.
- ii. The CR/NCR scale may be used instead in courses approved to use that scale.
- iii. Where a graduate student has completed a fully undergraduate course, the course will be clearly identified as an undergraduate course on their graduate transcript. The student will be assessed according to the graduate grading scale and the appropriate graduate grade will be reported on the graduate student transcript.

4.2. Use of Non-grade designators

For both undergraduate and graduate courses, all Designators and Non-grade Symbols used in reporting course results must correspond to the University-wide standard. A list of the currently approved designators and their meanings is given in the Part C.

4.3. Transcripts [Please see the University's Transcript Policy for full details on the required content of the official University transcript]

4.3.1. Undergraduate:

Undergraduate transcripts must include:

- a refined letter grade and normally the numeric grade, or the final grade using an approved alternate grading scale for each course completed
- a "grade point average" based on a 4-point scale for all undergraduate divisions as described in A 1.2.3 except where the division/faculty has secured formal approval to be exempted from this policy or where CR/NCR has been used.
- a comprehensive guide explaining all grades and symbols used on the transcript

4.3.2. Graduate:

Graduate transcripts must include:

- a refined letter grade or other grade or designator for each graduate course completed
- a comprehensive guide explaining all grades and symbols used on the transcript.

5. APPEALS OF FINAL GRADES

Every division/faculty shall establish divisional appeal procedures. (In the case of graduate programs this is the responsibility of the School of Graduate Studies.) Students may appeal grades regardless of whether marks have been altered by the review process or not. Divisional/faculty appeal procedures should be made available through the divisional/faculty academic Calendar, and available upon request at the Dean's and/or Faculty Registrar's Office.

6. OTHER ACADEMIC ASSESSMENTS

Appropriately qualified faculty members are responsible for the final evaluation of all assessments and grades for academic credit at both the undergraduate and graduate level.

Graduate

In graduate programs, graduate units may expect students to complete requirements for a degree other than course work, such as comprehensive or qualifying examinations, language examinations, field work or internships, major research papers, theses etc.. Evaluations of performance in these requirements and/or settings should

accord with the principles set out in this Assessment and Grading Practices Policy. Doctoral Final Oral Examinations (FOE) are governed by the regulations established by the School of Graduate Studies.

7. ASSESSMENT OF STUDENT PERFORMANCE IN PLACEMENTS (eg., Clinical and Field settings)

The assessment of the performance of students in clinical or field settings should be conducted in line with this Policy. Accordingly, where a student's performance in a placement, clinical, or field setting is to be assessed for-credit, the evaluation must encompass as a minimum:

- a formal statement describing the evaluation process, including the criteria to be used in assessing the performance of students and the appeal mechanisms available. This statement should be available to all students before or at the beginning of the clinical or field experience;
- in the case of undergraduate placements, a mid-way performance evaluation with feedback to the student and written documentation of the final assessment.

In addition, for such clinical and field placements, divisions must ensure that:

- clinical and field assessors are fully informed regarding University, divisional and course policies concerning evaluation procedures, including the specific assessment procedures to be applied in any particular field or clinical setting.

8. CONFLICT OF INTEREST

Situations where the instructor or a student is in a position of a conflict of interest, where there may be an appearance of a conflict of interest, or where a fair and objective assessment may not be possible, should be brought to the attention of the chair (the graduate chair in the case of graduate courses) or the Dean who is responsible for taking steps to ensure fairness and objectivity.

PART C: DESIGNATORS AND OTHER NON-GRADE SYMBOLS APPROVED FOR USE IN REPORTING GRADE AND ASSESSMENT RESULTS

AEG: Aegrotat standing granted on the basis of term work and medical or similar evidence where the student was not able to write the final examination in the course. AEG is assigned by a division upon approval of a student's petition. It carries credit for the course but is not considered for averaging purposes. (undergraduate)

DNW: Did not write/did not attend/did little work. DNW is assigned by the instructor and must be changed to another symbol during the divisional grade review. It carries credit for the course prior to the review but is not considered for averaging purposes. (undergraduate)

GWR: Grade Withheld pending Review. GWR is assigned by the division (School of Graduate Studies in the case of graduate courses) in cases where a course grade is being reviewed under the Code of Behaviour on Academic Matters. It is replaced by a regular grade upon completion of the review. It carries no credit for the course and is not considered for averaging purposes.

INC: Incomplete. INC may be assigned by the division or the instructor, according to divisional guidelines, normally as a final report, where work is not completed but where there are not grounds for assigning a failing grade. It carries no credit for the course and is not considered for averaging purposes.

IPR: In Progress. IPR is assigned as the report for a course that is continued in a subsequent session. The final grade will appear only once and only for the last enrolment period. It carries no credit for the course and is not considered for averaging purposes.

LWD: Permitted to withdraw from a course without academic penalty. The division may approve such an option and restrict the number of courses for which a student may exercise the option. It carries no credit for the course and is not considered for averaging purposes. LWD is relevant only if a division wishes to show the course on the transcript. (undergraduate)

NGA: No grade available. NGA is assigned by the division in the extraordinary case that a grade is not available for one of its students enrolled in a course. It must be replaced by a regular grade assigned by the instructor or by another symbol assigned during the divisional review. It carries no credit for the course and is not considered for averaging purposes. (undergraduate)

SDF: Standing deferred on the basis of incomplete course work because of medical or similar reasons. SDF is assigned by the division upon approval of a student's petition or an instructor's recommendation. It must be replaced by a regular grade assigned by the instructor before the expiry of a specific extension period. It carries no credit for the course and is not considered for averaging purposes.

TRF: Program Transfer. Assigned by the School of Graduate Studies to a continuing research/seminar courses begun but not completed in the first program and not required in the new program to which the student has been officially transferred. (graduate)

WDR: Withdrawn without academic penalty. WDR is assigned by the division upon approval of a student's petition for late withdrawal from a course for compelling extenuating circumstances. It carries no credit for the course and is not considered for averaging purposes. WDR is relevant only if a division wishes to show the course on the transcript.

XMP: Exemption granted on the basis of credit for work done elsewhere. XMP is assigned by a division upon approval of a student's petition. It carries credit for the course but is not considered for averaging purposes.

Approved by the Academic Board January 26, 2012, effective July 1, 2012



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

Policy on the Student Evaluation of Teaching in Courses

May 19, 2011

To request an official copy of this policy, contact:

The Office of the Governing Council
Room 106, Simcoe Hall
27 King's College Circle
University of Toronto
Toronto, Ontario
M5S 1A1

Phone: 416-978-6576

Fax: 416-978-8182

E-mail: governing.council@utoronto.ca

Website: <http://www.governingcouncil.utoronto.ca/>

University of Toronto Policy on the Student Evaluation of Teaching in Courses

Preamble

The University of Toronto is committed to ensuring the quality of its academic programs, its teaching and the learning experiences of its students. An important component of this is the regular evaluation of courses by students. At the University of Toronto, course evaluations are conducted for the following reasons:

1. To provide formative data used by instructors for the continuous improvement of their teaching.
2. To provide members of the University community, including students, with information about teaching and courses at the institution.
3. To collect data used in the summative evaluation of teaching for administrative purposes such as annual merit, tenure and promotion review.
4. To provide data used by departments and divisions for program and curriculum review.

Course evaluations are part of an overall teaching and program evaluation framework that includes regular peer review, instructor self-assessment, cyclical program review and other forms of assessment, as appropriate. As part of this framework, course evaluations are a particularly useful tool for providing students with an opportunity to provide feedback on their own learning experiences.

Statement of Purpose

The purpose of this policy document is to outline the principles and parameters that guide the evaluation of courses at the University of Toronto. The specifics of how the course evaluation process will be structured and administered in particular contexts will be outlined in the *Provostial Guidelines for the Student Evaluation of Teaching in Courses*. The Provostial Guidelines and this course evaluation policy, in addition to divisional guidelines on course evaluation, will form an institutional framework for the evaluation of courses.

Principles

Any course evaluation framework at the University of Toronto should:

1. Reflect institutional teaching and learning priorities.
2. Recognize the diversity of teaching priorities and strengths across the institution.
3. Gather information from students about their learning experience.
4. Provide opportunities for both summative and formative feedback on teaching.
5. Be equitable, consistent and transparent in the collection, use and interpretation of data.
6. Protect the anonymity/confidentiality of student respondents.
7. Provide reliable and meaningful data to instructors, administrators and students.

Administration of course evaluations: scope and access

Scope

Each undergraduate and graduate course will be evaluated each time it is offered. It is left to divisions to make provisions for obtaining student feedback by alternative means in courses of an individual/independent nature (e.g. independent study courses, music studios, practica) or courses with very small enrolments as defined by each faculty/division.

In courses with teaching assistants or multiple instructors, evaluations will also assess the individual contributions of these members of the teaching team.

Policy on the Student Evaluation of Teaching in Courses

Access

Data for a course will not be released until the official approval of final grades. Data from course evaluations will be made available as follows:

Instructors

- Instructors will have full access to all quantitative and qualitative data from course evaluations conducted in each course they have taught.
- Instructors may elect to release data from instructor-selected questions to academic administrators.

Academic Administrators

- Academic administrators will have access to data except from instructor-selected questions.
- Only statistically significant data should be used for summative purposes (e.g. personnel decisions).

Students

- As the general norm, course evaluation data will be shared with students. (These data may include numerical data and/or written comments.) Individual instructors may opt not to release data for their course(s).

Responsibilities

All members of the University of Toronto community have an important responsibility to conduct themselves in a manner that acknowledges the importance of course evaluations to the excellence of the University's programs and that enhances the effective and full functioning of this critical process.

Institution: The University has a responsibility to:

- Oversee the implementation of this policy.
- Provide education and support to students, instructors and academic administrators about the use and importance of course evaluations.

Divisions/Faculties: Each division/faculty has a responsibility to develop its own guidelines in line with the institutional framework.

Academic Administrators (Dean/Chair/Principal/Director): Academic administrators are responsible for:

- Reviewing course evaluation data including quantitative and qualitative data, as available, as one component of the assessment of teaching effectiveness;
- Understanding the guidelines for interpreting course evaluation data.

Instructors: Instructors are responsible for:

- Understanding the role of course evaluations at the University of Toronto;
- Explaining the importance of course evaluations to students;
- Reviewing their own course evaluations regularly;
- Discussing these results with their division/department head.

Students: Students have a responsibility to:

- Participate in the evaluation process and to provide constructive feedback;
- Approach the process with appropriate seriousness, recognizing the importance of course evaluations.

Policy on the Student Evaluation of Teaching in Courses

Process

The *Provostial Guidelines on the Student Evaluation of Teaching in Courses*¹ provide additional details on the administration, use and interpretation of course evaluations at the University of Toronto. Additional guidelines developed at the divisional level will indicate the specific approach taken to course evaluation within an individual division.

Approved May 19, 2011 by the Governing Council

¹The Governing Council saw draft Guidelines when this *Policy* was brought forward for approval. Final Provostial Guidelines will be forthcoming at which time a link will be provided to them.

Board of Examiners

June 14, 2016

The Board of Examiners (BOE-PG) is a committee of faculty and residents appointed by the Faculty Council of the Faculty of Medicine, University of Toronto. At the request of the Program Director and Vice Dean, Post MD Education, the BOE-PG reviews the cases of residents in academic difficulty and determines the appropriate course(s) of action, which may include remediation, remediation with probation, probation or suspension and dismissal.

The BOE-PG committee meets on a monthly basis usually on the last Friday of each month. A Program Director who would like to bring forward a case to be considered by the committee must notify PGME approximately 4 weeks in advance of the BOE meeting date in the month they wish to bring forward a case (Please see BOE Meeting schedule for deadline dates).

Meeting Dates

Please see below the BOE-PG meeting schedule for the academic year, or download the [BOE-PG Meeting Schedule](#).

Meeting Date	Deadline for submitting DRAFT report	Deadline for submitting FINAL report
March 27, 2020	Wed Mar 11	Wed Mar 18
May 1, 2020 (April meeting)	Wed Apr 15	Wed Apr 22
May 29, 2020	Wed May 13	Wed May 20
June 26, 2020	Wed Jun 10	Wed Jun 17
July 31, 2020	Wed Jul 15	Wed Jul 22
August 28, 2020	Wed Aug 12	Wed Aug 19
September 18, 2020	Wed Sep 2	Wed Sep 9
October 30, 2020	Wed Oct 14	Wed Oct 21
November 20, 2020	Wed Nov 4	Wed Nov 11
December 11, 2020	Wed Nov 25	Wed Dec 2
January 29, 2021	Wed Jan 13	Wed Jan 20
February 26, 2021	Wed Feb 10	Wed Feb 17
March 26, 2021	Wed Mar 10	Wed Mar 17
April 30, 2021	Wed Apr 14	Wed Apr 21
May 28, 2021	Wed May 12	Wed May 19
June 25, 2021	Wed Jun 9	Wed Jun 16

Remediation templates

- [Remediation Template Single Form \(.docx\)](#)

Policies & Procedure Guidelines

- [Guidelines for the Assessment of Postgraduate Residents](#)
- [Medicine By-laws](#)
- [BOE Roles & Responsibilities](#)
- [Board of Examiners – Postgraduate Programs, Terms of Reference and Function](#)
- [Resident in Difficulty Procedure](#)
- [Resident Guide to Remediation](#)



RESIDENT GUIDE



to FORMAL



REMEDICATION



**BOARD OF EXAMINERS
POSTGRADUATE PROGRAMS (BOE-PG)**

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Resident Guide to Remediation

Introduction

This guide has been prepared to help ‘de-mystify’ the formal remediation process for residents experiencing some form of academic difficulty. This guide is intended to help residents become familiar with the remediation process and terminology, their own responsibilities, and the roles and responsibilities of others.

The Board of Examiners – Postgraduate Programs

The Board of Examiners – Postgraduate Programs (BOE-PG) is a committee of the University of Toronto (U of T) Faculty Council that reviews cases of residents in academic difficulty. The members determine the acceptability of the recommendation for remediation, provide direction on the design of the remediation plan, and approve the appropriate status of training which could be: remediation, remediation with probation, probation, suspension, or dismissal. Cases are brought forward to the BOE-PG by the Program Director (PD) on the advisement of their Residency Program Committee (RPC). The Associate Dean, Post MD Education, Postgraduate Medical Education (Post MD Education) or his/her designate also presents information to the Board about key process issues related to the case, and education experts provide the BOE-PG with a content review of the proposed educational plan.

Definitions of Remediation Status Terms

Remediation: A formal program of individualized training aimed at assisting a Resident to correct identified weaknesses, where it is anticipated that those weaknesses can be successfully addressed to allow the resident to meet the standards of training. Remediation plans often include additional forms of assessment on top of regular training assessments. All remediation plans are reviewed and approved by the BOE-PG.

Remediation with Probation: is a remedial period similar to Remediation, but provides that if the outcome of Remediation with Probation is unsuccessful, the Resident may be dismissed. Remediation with probation may be recommended and approved:

- a) if there are exceptional circumstances; or
- b) after an unsuccessful Remediation; or
- c) following any documented assessment, where the Resident’s overall performance or the performance in a critical area is sufficiently below expectations that there is serious concern about the Resident’s ability to meet the Residency Program’s required standards within a reasonable time.

Probation: A resident may be placed on probation in circumstances where the resident is expected to correct identified serious problems which are not subject to the usual remedial training including, but not limited to, attitudinal deficiencies, behavioural disorders or chemical dependence, which are assessed to jeopardize successful completion of the Residency Program.

Suspension: Suspension is the temporary interruption of a resident's participation in the Residency Program, including the interruption of clinical and educational activities.

Dismissal: Dismissal of a resident involves the termination of the Resident from the Residency Program at the University of Toronto. Dismissal may occur: following an unsuccessful Remediation with Probation, an unsuccessful Probation, following Suspension, or for improper conduct or critical incident.

Extensions of the Remediation period: Occasionally requests are made by the PD on advisement of their RPC for an extension to the remediation period to provide the resident more time to correct weaknesses. The length of an extension varies from one case to the next. Extensions of remediation must be approved by the BOE-PG.

Administrative Extension: on occasion, a PD may request and Administrative Extension for administrative purposes if at the end of the remediation period, more time is required for the program to determine whether the Resident successfully completed the objectives of the remediation plan. Administrative extensions are not a remediation status and are not a reflection of the Resident's performance during remediation.

The Composition of BOE-PG

The BOE-PG is a committee of Faculty Council of the Faculty of Medicine and is comprised of an elected chair, an elected vice chair, minimum of 9 teaching faculty and minimum of 3 postgraduate residents. None of the teaching faculty are current residency PDs; the majority are former PD's and/or faculty with extensive educational experience and expertise in adult learning strategies. Among the nine teaching faculty members, there is at least one representative from Family Medicine, Internal Medicine and Surgery.

Both the Chair and the Vice Chair usually serve 3-year terms and may renew for a second term. Postgraduate residents commit to 1-year terms with the option to renew for a second term. When new resident representatives are needed, a notice is sent to all PDs who then identify residents who may be interested. Resident candidates submit applications for consideration to serve on the BOE-PG and are jointly selected by the Chair and Vice Chair.

Ex-officio members of the BOE-PG include: the Associate Dean of Post MD Education, the Faculty Affairs Officer, and key staff from Post MD Education.

BOE-PG Decisions

The Lead, Education Learner Support and Associate Dean, Post MD Education meet with the Resident who is being presented at the BOE-PG prior to the BOE-PG meeting. The purpose of this meeting is to discuss any issues relating to process, to assess the resident's understanding of the situation, discuss his/her perspective on the matter, and to assess the resident's readiness to commence remediation (this includes exploring any possible wellness issues that may need to be supported or addressed prior to remediation). In this meeting, residents are given the option to provide a written submission to the BOE-PG containing anything they would like to convey directly to BOE members.

Prior to the monthly meetings, BOE-PG committee members review the documentation concerning each individual remediation case including: all ITERs from each year of the resident's training program, a detailed proposed remediation plan (prepared by the PD and reviewed by their RPC), a copy of the Resident Training Profile and other documents relative to the remediation request or assessment during remediation. Residents must be provided with a copy of the remediation plan and other documents relative to the remediation request.

At the BOE-PG meeting, committee members hear a presentation by the PD (or his/her delegate) about the case and the proposed remediation plan. Committee members then gather further information during a question and answer session with the PD. A medical education expert (the Lead, Learner Education Support, Post MD), provides a written and a verbal report on the proposed remediation plan. The Associate Dean or his/her designate also report on process issues that were previously reviewed with the resident in the Associate Dean/Resident meeting. Decisions are reached at the conclusion of discussions among the committee members. See <http://pg.postmd.utoronto.ca/about-pgme/boards-committees> for the BOE-PG meeting schedule.

The Goal of Remediation

The goal of remediation is to provide individually tailored support to residents so that they can succeed at meeting their residency program's requirements. The supportive services provided during remediation are geared towards resident success. In some cases, residents need more time to acquire and assimilate knowledge that can effectively be transferred into clinical practice. Access to 1:1 coaching within a resident's program or through a Post MD Education-affiliated coach provides new learning strategies that residents can utilize throughout the remainder of their residency training and their professional careers.

When residents are identified as having professionalism issues warranting formal remediation, an opportunity is provided in the form of 1:1 coaching: to recognize the potential impact of unprofessional behavior, to develop strategies to change the behavior, to increase self-awareness and to prevent future harm to others. Addressing professionalism issues during training may prevent adverse events for others and for oneself - not only for the duration of residency but throughout the span of professional practice.

When a Problem is Identified by Faculty

When faculty members identify problems related to a resident's progress, they consult with the PD and an assessment is made whether extra supports can be provided within their program to help address the concerns. If it is determined that the issues cannot be addressed at the program level, consideration is given to formal remediation under the auspices of the BOE-PG. For further information please refer to the Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine at the University of Toronto (March 2017):

<http://pg.postmd.utoronto.ca/about-pgme/boards-committees>

The Role of the Resident Program Committee (RPC)

PDs must present cases of residents in difficulty to members of their respective Residency Program Committees (RPC). All residents who are brought forward for discussion about referral to the BOE-PG must be invited to attend the RPC meeting at which their remediation plan is being discussed. Resident attendance at the RPC meeting is optional. Residents must also be provided with the opportunity for a program level appeal (e.g. of assessment or evaluation results, or the rationale leading to the remediation request) and may prepare and submit a written response to the RPC outlining their perspective on the need for formal remediation. Recommendations as to whether or not to proceed with formal remediation should be made with full consideration of the input provided by members of the RPC.

The Role and Activities of PDs in the Remediation Process

Once a decision has been reached by the PD and the RPC to bring a resident case forward for formal remediation, PDs and/or Remediation Coordinators contact the Post MD Education office. Initially they contact the Lead, Learner Education Support to discuss the case. PD's and/or Remediation Coordinators then liaise with the Lead, Learner Education Support who discusses and guides the development of a tailored educational plan and assessment framework with identified benchmarks for success. (Request for Remediation templates can be downloaded from <http://pg.postmd.utoronto.ca/about-pgme/boards-committees>).

A draft of the remediation plan is presented to the program's RPC for their review and feedback. (Normally this is the RPC meeting that the resident is also invited to attend if he or she wishes). Following input from the RPC, the PD and/or Remediation Coordinator submit a final signed plan to the Lead, Learner Education Support. The final plan is sent to Faculty Affairs for distribution to the BOE-PG committee members at least one week prior to the upcoming BOE-PG meeting.

On the day of the BOE-PG meeting, PDs/Remediation Coordinators present the case to BOE-PG during a designated time slot. Members of the board then pose questions. After questions have been answered, PDs leave the meeting.

Approximately one week after the BOE-PG meeting, PDs and residents receive a BOE Chair's letter outlining the BOE-PG decision any changes requested by the BOE-PG that must be made to the remedial plan. Dates for the submission of subsequent interim and final reports by the PD to the BOE-PG are provided. It is the duty of the PD to revise the plan and to submit the finalized version to the Post MD Education office within the period provided in the email with the Chair's letter. The revised and finalized plan is then submitted for approval to the Chair, BOE-PG. Once approved, Program Directors receive notification from Post MD Education office. It is then the responsibility of the PD inform any supervisors or mentors about relevant modifications.

During the remediation period, PDs are responsible for assigning faculty or program staff to oversee the collection of assessments. Ideally, one individual collects the assessments and reminds faculty when assessments are due. This information is utilized by PDs to complete interim and final reports for the BOE-PG.

PDs must submit interim and final reports to the BOE-PG on the dates provided in the letter from the Chair, BOE-PG. They are not required to attend the BOE-PG meetings at which these reports are reviewed. The exception to this is in cases in which remediation has not been successful and the PD wishes to request an extension of remediation or dismissal.

It is also the responsibility of PD's to report any critical incidents occurring during a residents' remediation period (for example serious professionalism concerns or patient safety issues) to the BOE-PG. Any critical incident can be reported directly to the Lead, Learner Education Support or the Associate Dean, PGME.

The Role of Program-Based Tutors

Some remediation plans involve program-based tutors. The specific activities of tutors are unique to each individual remediation plan. Often when residents are working on the Medical Expert Role they are required to review readings and prepare summaries to discuss with their assigned tutor. In other circumstances tutors may work with residents on simulations, practice oral exams, case presentations or other assignments. The role

of the tutor is to provide support and leadership, offer constructive feedback and complete evaluations as outlined in the plan. It is the responsibility of tutors to submit evaluations to the PD or his/her designate in a timely fashion.

The Role of Non-Evaluative Mentors

Every resident working on a formal remediation plan is expected have an identified non-evaluative mentor. The resident and PD must agree on who this individual will be. An existing professional relationship is not required. Usually non-evaluative mentors are from the same discipline/specialty; however, this is not a requirement. Residents may speak with or meet with non-evaluative mentors about any aspect of the remediation experience. Mentors can provide encouragement and support. They may be able to provide advice about difficult situations. Conversations with non-evaluative mentors are considered confidential. The onus of responsibility is on the resident to initiate contact with the mentor if desired. There is no obligation on the resident to make use of this support. As the name implies, non-evaluative mentors are not individuals who will be completing summative or formative evaluations of the resident during the remediation period. If residents have questions about the remedial process that mentors are not able to respond to, mentors should contact the Post MD Education office for direction and support. See Appendix B for information about who to contact for specific issues or questions during the remediation process.

Remediation Plans

Each remediation plan includes activities and assessments based on the areas in need of remediation. Plans should focus on no more than 3 CanMEDS Roles. PDs/ Remediation Coordinators should meet with residents to review and discuss draft remediation plans. During this meeting, residents are asked to provide their signatures and responses in a few sections near the end of the plan. This includes accepting or declining the invitation to attend an upcoming RPC meeting.

Assessments conducted throughout the remediation period provide: i) important information to residents about their progress; ii) important information for PDs about residents' progress and iii) documentation for BOE-PG members to inform future decisions. Benchmarks for success are clearly articulated in the plan.

Resident Meetings with the Associate Dean or Designate

Residents being referred to the BOE-PG for remediation receive an email notification about the date and time of a meeting with the Associate Dean or his/her designate. This meeting is usually scheduled early in the same week that the BOE-PG meeting takes place. The Lead, Learner Education Support as well as an Education Learning Specialist are usually in attendance at this meeting with the Associate Dean. The purpose of the meeting is for the Associate Dean to explain the remediation process, to

ensure that due process has been followed and to answer any questions residents may have about the process. Residents are routinely asked if there are any wellness issues which need to be addressed or which may interfere with their ability to start remediation. Information is provided to all residents about the wellness services offered through the Post MD Office of Resident Wellness. In circumstances in which residents require a leave of absence prior to starting remediation, arrangements can be made. Such circumstances should be made known by the resident as early as possible in the preparation for remediation phase. The Post MD Office of Resident Wellness Office may be contacted at any time. Residents do not need to wait until their meeting with the Associate Dean to disclose that there is a wellness issue.

Residents are asked to share their perspective about the events leading up to a referral for remediation. Notes are made about residents' concerns or requests for changes to the plan. These issues are brought forward by the Associate Dean on behalf of the resident at the BOE-PG meeting for consideration. At the meeting with the Associate Dean, residents are also informed that they have the right to prepare a letter for the members of the BOE-PG if they wish. Those who elect to do so must submit their letters by noon hour the day prior to the BOE-PG meeting.

Assignment of PGME Coaches

After the Chair's letter (outlining the BOE-PG decision on remediation) is distributed, residents who required Post MD coaching as a part of their remediation curriculum will receive an email from the Post MD Education office introducing them to Post MD-assigned coaches. PGME coaches address topics related to the following CanMEDs Roles: Professional, Communicator, Collaborator, Manager and Scholar. Support for Medical Expert issues are provided by program-based tutors and clinical faculty. Time for coaching sessions is built into remedial plans. When residents are assigned two Post MD coaches, often arrangements can be made to meet with both on the same morning or afternoon or on alternate weeks. It is the responsibility of residents to pre-book appointments and manage their coaching schedule to meet the requirements of the remediation plan.

Post MD coaches provide support and feedback to residents undergoing remediation. Coaching sessions are tailored to objectives and teaching and learning strategies outlined in the remediation plan. Post MD coaches also have a role in assessment. Typically, the coach will provide formative feedback to the resident during each session.

If any resident has concerns about their Post MD coaching experience they should contact the Post MD Lead, Learner Education Support.

The Appeal Process

Residents have the right to appeal a BOE-PG decision.

For more information on appeals see:

<http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/appeals/>

PARO

Residents may wish to consult with PARO prior to or during remediation:

Professional Association of Residents of Ontario

Phone: (416) 979-1182

Email: paro@paroteam.ca

400 University Avenue, Suite 1901, Toronto, Ontario M5G 1S5

Hours of Operation: Monday – Friday 8:30 am – 4:30 pm

PARO Distress Helpline

24-Hour Hotline: 1-866-HELP-DOC (1-866-435-7362)

More information about the help-line: (416) 979-1182

www.myparo.ca/24_HOUR_Helpline

The Office of Resident Wellness at Post MD Education

Some residents may be experiencing wellness issues which impact their performance resulting in a referral for formal remediation under the BOE-PG. Residents in these types of situations can receive support and resources through the Office of Resident Wellness. In some cases, a leave of absence (LOA) prior to undergoing the remediation process may be appropriate. Staff in the Office of Resident Wellness can explain the steps that need to be taken to arrange a LOA and can provide counselling sessions or referrals to external support services.

Sometimes challenges arise during the remediation process. Residents undergoing remediation are encouraged to consult with the Office of Resident Wellness at any point during the remediation process if they are encountering difficulties, or for any other reason. It is possible to take a LOA part way through a remediation period. Given the importance of the remedial process, rather than pushing through and risking not doing well, residents may wish to consult with the Wellness Office to discuss options that will help to support their success.

Office of Resident Wellness

500 University Avenue, Suite 501

Toronto, Ontario M5G 1V7

Phone: (416) 946-3074

Email: pgwellness@utoronto.ca

Resident Wellness Resources:

<http://pg.postmd.utoronto.ca/2017-orientation-book-now-available/>

Privacy and Confidentiality

Residents' remediation status is only revealed to those who need to know. Other than members of the BOE-PG, examples of those who may be informed include: site directors, clinical supervisors, program-based tutors, program assistants, and Post MD staff who are directly involved with administrative, educational or assessment aspects of remediation. Any information that is shared with program staff pertains directly to the learning objectives of the remediation plan. Documentation related to remediation is maintained on secure network drives at the University of Toronto. All hard copies of such documentation are maintained in secure, locked cabinets at the Post MD Education office.

Other Resources

See Appendix B for additional resources.

Appendix A
Who to Contact for Specific Questions / Issues

Question / Issue	Contact Person
Questions about the activities, evaluations and benchmarks for success within the remediation plan	PD, Remediation Coordinator, Melissa Hynes Lead, Learner Education Support, PGME melissa.kennedy@utoronto.ca (416) 946-0046
Experiencing a problem with a program-based tutor	PD, Remediation Coordinator
Experiencing a problem with a PGME-assigned coach or with scheduling of appointments	Melissa Hynes Lead, Learner Education Support, PGME melissa.kennedy@utoronto.ca (416) 946-0046
For emotional support, mentorship and guidance	Non-Evaluative Mentor
For questions about the remediation process that a non-evaluative mentor is not able to answer	Non-Evaluative Mentor contacts the Lead, Learner Education Support, PGME
For clarification about the goals, activities and evaluation process of PGME coaching sessions	PGME-assigned Coach
For wellness issues, enquiries about a leave of absence, enquiries about medical leaves of absence, for stress management and wellness resources	Diana Nuss Coordinator, Office of Resident Wellness Assistant to Dr. Julie Maggie, Director, Dr. Heather Flett, Associate Director, Resident Wellness Christopher Trevelyan & Anita Gupta (Wellness Advisors) diana.nuss@utoronto.ca pglearner@utoronto.ca (416) 946-3074
For further information about the appeal process	Todd Coomber, Faculty Affairs Officer Office of the Dean, Faculty of Medicine todd.coomber@utoronto.ca (416) 978-2711

Appendix B Other Resources

<p>Board of Examiners – Postgraduate Programs: Roles and Responsibilities</p> <p>http://pg.postmd.utoronto.ca/wp-content/uploads/2016/11/BOE_PGME_Roles-and-Responsibilities_Rev-2016Aug18.PDF</p>
<p>Guidelines for the Assessment of Postgraduate Residents of the Faculty of Medicine</p> <p>https://pg.postmd.utoronto.ca/wp-content/uploads/2017/04/Guidelines_ASSESSMENT-OF-PG-RESIDENTS_Approved_17mar09SEND.pdf</p>
<p>CPSO Policy on Physician Behaviour in the Professional Environment</p> <p>http://www.cpso.on.ca/policies-publications/policy/physician-behaviour-in-the-professional-environment</p>
<p>Postgraduate Education Committee of COFM: Leaves from Ontario Postgraduate Residency Programs (October 2009)</p> <p>http://pg.postmd.utoronto.ca/wp-content/uploads/2016/06/PGE-COFM-Policy-on-Leaves-Oct-2009.PDF</p>
<p>PGME Staff List</p> <p>http://pg.postmd.utoronto.ca/about-pgme/pgme-staff-list/</p>
<p>Policy on Academic Appeals (December 2005)</p> <p>http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/pPDF_ec122005.PDF</p>
<p>University of Toronto Governing Council – Standard of Professional Practice Behaviour for all Health Professional Students (June 16, 2008)</p> <p>http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppsep012008i.PDF</p>



Resident: <LAST NAME, First Name>

STAGE OF REMEDIATION:

- Request for Remediation
- Interim Report
- Completion Report
- Extension of Remediation

Press ‘Control’ and click once on the link below to move to the section of report you want:

[Request for Remediation](#)

[Remediation Plan](#)

[Interim Report](#)

[Completion Report](#)

PGME Administration Only:

Activities and Reports	Date
Request for Remediation Submission to BOE Meeting	
Letter from the Chair, BOE	
Date Revised Request for Remediation Post-BOE (Current Approved Plan)	
Interim Report Submission to BOE Meeting	
Completion Report Submission to BOE Meeting	
Extension of Remediation (if needed)	
Extension of Remediation Submission to BOE meeting (if needed)	



Post MD Education
UNIVERSITY OF TORONTO

NOTES for Completion:

- Please review BOE Process for Resident in Academic Difficulty
- Fill in YELLOW highlighted information
- Please use 11 or 12 pt. font
- Send the final version of plan in Word format with consistent formatting, page numbers to pgboe@utoronto.ca
- Send all assessment tools/forms that will be used (e.g. session encounter, verbal encounter, monthly schedule, reading lists etc.) as separate files.

REQUEST FOR REMEDIATION

Draft Date: <Date>

Date Revised Post-BOE:

FOR: < Resident LAST NAME, First Name >
< Training Program Name >
< Training Year >

**A. REQUEST OF RESIDENCY PROGRAM COMMITTEE TO
PGME BOARD OF EXAMINERS**

(Click on a box, delete options that don't apply)

- Remediation for << e.g. 6 months/blocks >> dates X to Y
- Probation for << e.g. 6 months/blocks >> dates X to Y
- Remediation with Probation for <<e.g. 6 months/blocks >> dates X to Y
- Dismissal
- OTHER:

The PLAN will focus on meeting the goals and objectives related to:

Note: the remedial plan should focus on **no more** than 2-3 CanMEDS Roles at a time.

(Click on box)

<input type="checkbox"/> Medical Expert	<input type="checkbox"/> Communicator
<input type="checkbox"/> Collaborator	<input type="checkbox"/> Advocate
<input type="checkbox"/> Scholar	<input type="checkbox"/> Leader/Manager
<input type="checkbox"/> Professional	

B. BACKGROUND

1. Trainee Information

Dr. << First Name, Last Name>> is currently a << Resident >> in the XX year of the << Program >>.

The << Program>> is a << duration>> training program.

Based on current level of performance, we request that during this period of remediation, Dr. << Resident's Name>> will be evaluated at the PGYX level.

2. Board of Examiner's Profile

Outline all previous Board of Examiner actions for this trainee:

(Click on a box, delete options that don't apply)

- Not Applicable
- Dr. << Resident's Name>> was previously considered by the Board of Examiners on <BOE meeting DATE> with respect to << REQUEST>>. The Board of Examiners decided << OUTCOME>>.
- On <BOE meeting DATE> with respect to << REQUEST>> the Board of Examiners decided << OUTCOME>>.

3. Training Profile

(Provide a brief outline of the resident's training profile. If a PGY year had overall ratings of 3, 4 and 5 and comments were primarily positive, summarize this in one sentence instead of filling in the table below for that PGY year e.g. "All ITERs in PGY1 had overall ratings of 3, 4 or 5 with primarily positive comments.")

In the <<program name>> program, a "pass" is << benchmark for passing grade, e.g. 3/5>>

PGYX

Dates	Month or Block #	Rotation Assignment	Overall ITER Score	Excerpted comments in ITERs in which relevant weaknesses were identified

Dates	Month or Block #	Rotation Assignment	Overall ITER Score	Excerpted comments in ITERs in which relevant weaknesses were identified

Examination Results for all years of residency

Group like examinations together for comparison purposes (e.g. in-training exams for each year grouped together, OSCE scores for each year grouped together)

Dates	Test	Result	Comparator (e.g. mean & SD for comparators)

NOTES:

- PGME will download ITERs from POWER and include with package
- Send other evaluations and/or documents relevant to the need for remediation, if any.

C. PLAN

1. Rationale for Remediation

- **Identify the aspects of the Trainee's performance or behaviour that requires remedial attention** (i.e. provide a brief 2-3 paragraph summary in narrative form that outlines the rationale for the request; do not identify any specific wellness issues).

2. Purpose of Remediation

(Click on a box, delete options that don't apply)

- To provide a period of focused education to enable the resident to meet the <<Program>> Goals & Objectives for << Residency Training Level >>
- To provide a period of focused education to << DETAILS>>
- Other: << DETAILS>>

Specifically, the PLAN will focus on meeting the goals and objectives related to:

Note: the remedial plan should focus on **no more** than 2-3 CanMEDS Roles at a time.

(Click on box)

<input type="checkbox"/> Medical Expert	<input type="checkbox"/> Communicator
<input type="checkbox"/> Collaborator	<input type="checkbox"/> Advocate
<input type="checkbox"/> Scholar	<input type="checkbox"/> Leader/Manager
<input type="checkbox"/> Professional	

3. Details of Remedial Plan

- State the specific duration of remediation period;
- List the assigned rotation(s), training location(s), and length of time/dates spent at each rotation/location, during the remediation period.

The proposed remediation period will be **X blocks**:

Rotation Dates	Rotation Assignment	Location	Rotation Supervisors	Clinical Responsibilities

Specific remedial plan goals, strategies, evaluation/outcome measures are listed in the following table:

- Use one table for each CanMEDS role
- Consistently use either Months or Blocks throughout the report and plan
- Add more rows to tables as needed
- Add more tables as needed

REMEDIATION PLAN

4.1 <<CanMEDS Role>> Goals and Objectives: e.g. To improve in...; To satisfactorily complete...; To demonstrate

-
-
-

4.1 Month/Block: eg. Months 1-3 or Blocks 1-3 <<dates>>

CanMEDS Role: eg. Medical Expert

Learning or Teaching Strategy	Assessment of Achievement	PROGRESS <i>(Complete for Interim Report & continue for Completion Report)</i>	OUTCOME <i>(Complete for Interim Report & continue for Completion Report)</i>
<ul style="list-style-type: none"> ▪ Describe the proposed remedial education and the resources available to the Trainee; ▪ Append detailed schedule for teaching topics, faculty for each topic, approach to teaching 	<p>State the:</p> <ul style="list-style-type: none"> ▪ evaluation method / tool ▪ criteria being evaluated ▪ name the assessment tool(s)/form(s). ▪ append assessment tools/forms. ▪ PGY level to be evaluated at ▪ frequency of evaluation ▪ benchmarks for achievement (e.g. 70% or greater in XX is a pass) 	<ul style="list-style-type: none"> ▪ Describe activities that have taken place and progress that has been observed ▪ Report on each assessment tool that is described under Assessment of Achievement ▪ Example: <ul style="list-style-type: none"> ○ Resident was rated 3/5 on his/her ITER 	<p>Indicate outcome (e.g. pass or fail)</p>

4.2 <<CanMEDS Role>> Goals and Objectives: e.g. To improve in...; To satisfactorily complete...; To demonstrate

-
-
-

4.2 Month/Block: eg. Months 1-3 or Blocks 1-3 <<dates>>
CanMEDS Role: eg. Communication

Learning or Teaching Strategy	Assessment of Achievement	PROGRESS <i>(Complete for Interim Report & continue for Completion Report)</i>	OUTCOME <i>(Complete for Interim Report & continue for Completion Report)</i>
<ul style="list-style-type: none"> ▪ Describe the proposed remedial education and the resources available to the Trainee; ▪ Append detailed schedule for teaching topics, faculty for each topic, approach to teaching 	<p>State the:</p> <ul style="list-style-type: none"> ▪ evaluation <u>method / tool</u> ▪ criteria being evaluated ▪ <u>name the assessment tool(s)/form(s).</u> ▪ <u>append assessment tools/forms,</u> ▪ <u>PGY level to be evaluated at</u> ▪ <u>frequency of evaluation</u> ▪ <u>benchmarks for achievement (e.g. 70% or greater in XX is a pass)</u> 	<ul style="list-style-type: none"> ▪ Describe activities that have taken place and progress that has been observed ▪ Report on each assessment tool that is described under Assessment of Achievement ▪ Example: <ul style="list-style-type: none"> ○ Resident was rated 3/5 on his/her ITER 	<p>Indicate outcome (e.g. pass or fail)</p>

4.3 <<CanMEDS Role>> Goals and Objectives: e.g. To improve in...; To satisfactorily complete...; To demonstrate

-
-
-

4.3 Month/Block: eg. Months 4-6 or Blocks 4-6 <<dates>>

CanMEDS Role: eg. Medical Expert

Learning or Teaching Strategy	Assessment of Achievement	PROGRESS <i>(Complete for Interim Report & continue for Completion Report)</i>	OUTCOME <i>(Complete for Interim Report & continue for Completion Report)</i>
<ul style="list-style-type: none"> ▪ Describe the proposed remedial education and the resources available to the Trainee; ▪ Append detailed schedule for teaching topics, faculty for each topic, approach to teaching 	<p>State the:</p> <ul style="list-style-type: none"> ▪ evaluation method / tool ▪ criteria being evaluated ▪ name the assessment tool(s)/form(s). ▪ append assessment tools/forms, ▪ PGY level to be evaluated at ▪ frequency of evaluation ▪ benchmarks for achievement (e.g. 70% or greater in XX is a pass) 	<ul style="list-style-type: none"> ▪ Describe activities that have taken place and progress that has been observed ▪ Report on each assessment tool that is described under Assessment of Achievement ▪ Example: <ul style="list-style-type: none"> ○ Resident was rated 3/5 on his/her ITER 	<p>Indicate outcome (e.g. pass or fail)</p>

Return to:
[Interim Report](#)
[Completion Report](#)

List of Assessment tools/forms that will be used in this plan (send as separate files).

NOTE: it is the program’s responsibility to distribute all forms to appropriate persons at the start of the remediation and to collect and collate all completed forms throughout the remediation period

-
-
-

Role / Function	Name / Details
Remediation Coordinator (i.e. the person responsible for overseeing the entire plan throughout the remediation period; often this is the Program Director, however it may be someone else)	
Non-Evaluative Mentor(s) (i.e. mentor to provide support to resident in a <u>non-evaluative</u> role)	
Tutors (if applicable)	
Other Arrangements	
On-Call Arrangements	

- **Outline typical week during remediation period for each different type of session** (e.g. noting academic half-day, clinical sessions, coaching sessions, protected reading time, etc.)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

* Please note that faculty/coach remediation sessions will depend on schedule availability.

Time off during the remediation period, for vacation or CME leave, requires approval by the Remediation Coordinator and Program Director.

Generally time off is not taken during the last month of remediation, during any scheduled evaluation (e.g. OSCE) or during the week before any BOE meeting where the resident's case is being presented.

5. Outcome of Remediation

Upon **successful completion** of the remedial plan:

- Dr. <<Resident Name >> would begin residency training for PGY <<training level>>

OR

- Dr. <<Resident's Name >> would have completed the PGY <<training level>> residency training

OR

- Dr. << Other planned next step>>

Upon **unsuccessful completion** of the remedial plan

- << planned next step>>

6. Development of the PLAN

- This PLAN was reviewed by the Resident on <<DATE>>.
- I, <<Resident Name >> agree with the plan
Yes No
- I, <<Resident Name>> was provided with information for appealing this remediation within my residency program and:
 - I WAIVED my interest in appealing
 - I EXECUTED an appeal

- I, <<Resident's Name >> was offered the opportunity to meet about the PLAN with the Residency Program Committee
 - I ACCEPTED and met with the RPC on <<DATE>>
 - I DECLINED this opportunity

Resident's Signature

Date

- This PLAN was reviewed and approved by the Residency Program Committee on <<DATE>>.
- There are extenuating circumstances identified by the Residency Program Committee which may impact the implementation of this PLAN:

Yes (do not identify details anywhere in plan) No

7. Signed & Dated

Program Director's Signature
<<PROGRAM>>

Date

INTERIM REPORT

Draft Date: <Date>

D. REPORT TO PGME BOARD OF EXAMINERS

UPDATE: << e.g. 3 months/blocks>> report of current <<total length of plan e.g. 6 months/blocks>> remedial plan from dates X to Y

E. SUMMARY

1. Summary of Current Status:

- Provide a brief narrative summary of this resident's progress with respect to program expectation (1-2 paragraphs)
- Comment on projected outcome at the end of this remediation period.

2. Progress during Remediation

Dr. <<Resident's Name >>'s ITERs pertaining to <<period of time, e.g. 3 months>> on remediation are as follows:

Dates	Month or Block #	Rotation Assignment	Overall ITER Score	Brief summary of comments from ITER

- PGME will download ITERs from POWER and include with package

Fill in remediation plan table. Link to: (press control and click)
[Remediation Plan](#)

3. Development of the REPORT

This interim remediation report was forwarded to Dr. <<Resident's Name>> for review on << date>>.

The resident met with the Program Director to review progress under remediation on << date>>.

Signed & Dated

Program Director's Signature
<<PROGRAM>>

Date

COMPLETION REPORT

Draft Date: <Date>

F. REPORT TO PGME BOARD OF EXAMINERS

FINAL report for current remedial plan <<< dates X to Y >>>>

G. SUMMARY OF CURRENT STATUS

- Provide a brief narrative summary of this resident's progress with respect to program expectation (1-2 paragraphs)

Dr. <<Resident's Name >>'s ITERs pertaining to the final <<months/blocks>> on remediation are as follows: (new information only)

Dates	Month or Block #	Rotation Assignment	Overall ITER Score	Brief summary of comments from ITER

- PGME will download ITERs from POWER and include with package

Fill in remediation plan table. Link to: (press control and click)

Remediation Plan

5. Outcome of Remediation

Dr. <<Resident's Name>> has **successfully completed** the objectives of the remedial plan.

6. Development of the REPORT

This completion of remediation report was forwarded to Dr. <<Resident's Name>> for review on << date>>.

The resident met with Program Director, <<PD name>> to review progress under remediation on << date>>

7. RPC decision regarding time spent in remediation

It is at the discretion of the PD and the RPC to award credit for blocks/months spent in remediation (none, some or all) towards the regular residency training program. This determination may be made at any time before the end of training.

8. Promotion Date

(The following date is 'anticipated' and can be changed at any point at the discretion of the PD and RPC. If the anticipated date identified for promotion changes after this completion form has been submitted please ensure that you notify registration at PGME accordingly)

Dr. <<Resident's Name >> is anticipated to be promoted to PGY <<training level>> as of << date>>

Signed & Dated

Program Director's Signature
<<PROGRAM>>

Date



Post MD Education
UNIVERSITY OF TORONTO

Post MD Education (<http://postmd.utoronto.ca>) Faculty of Medicine (<http://medicine.utoronto.ca>) U of T main (<http://utoronto.ca>)
Maps (<http://map.utoronto.ca/>) A-Z Directory (<https://www.utoronto.ca/directory/a-to-z>)
Contact PGME (<https://pg.postmd.utoronto.ca/contact-pgme/>)

(<https://pg.postmd.utoronto.ca/>)

[Home](https://pg.postmd.utoronto.ca) | [About PGME](https://pg.postmd.utoronto.ca/about-pgme/) | [Policies & Guidelines](https://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/) | [Appeals](#)

Appeals

To appeal a Board of Examiners decision, the resident must submit in writing a Notice of Appeal to the Appeals Committee indicating an intention to appeal within a maximum of two weeks (10 working days) after receiving written notice of the decision to be appealed.

For more information on the Appeals Committee, basis for appeals, guidelines and process, please refer to the Faculty of Medicine website (<http://medicine.utoronto.ca>) or call the Faculty Affairs Officer at 416-978-2711 or via email (<mailto:faculty.affairs@utoronto.ca>).

NEWS

GLOBAL HEALTH AT PGME
(<https://pg.postmd.utoronto.ca/pgme-global-health-gh-day-and-gh-education-initiative/>)
April 1, 2020

Hold'em for Life Oncology Fellowships – Application Open
(<https://pg.postmd.utoronto.ca/holdem-for-life-oncology-fellowships-application-open/>)
March 9, 2020

UPCOMING EVENTS

ALL EVENTS CANCELLED UNTIL FURTHER NOTICE
([HTTPS://PG.POSTMD.UTORONTO.CA/EVENT/ALL-EVENTS-IN-MARCH-APRIL-CANCELLED-POSTPONED/](https://pg.postmd.utoronto.ca/event/all-events-in-march-april-cancelled-postponed/))

MAY 1, 2020	12:00 AM
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[ADD TO GOOGLE CALENDAR](https://www.google.com/calendar?add=1) ([HTTPS://WWW.GOOGLE.COM/CALENDAR?add=1](https://www.google.com/calendar?add=1))
FURTHER NOTICE&DATES=20200501T000000/20200501T235959&DETAILS=FOR-EVENTS-IN-MARCH-APRIL-CANCELLED-POSTPONED/)

The health, safety and well-being of our community members is very important to us. We regret to inform you that owing to the current situation... CONTINUE READING THIS POST
([HTTPS://PG.POSTMD.UTORONTO.CA/EVENT/ALL-EVENTS-IN-MARCH-APRIL-CANCELLED-POSTPONED/](https://pg.postmd.utoronto.ca/event/all-events-in-march-april-cancelled-postponed/))

CONTACT INFORMATION
POST MD EDUCATION
602-500 University Avenue
Toronto , Ontario
M5G 1V7 Canada

OFFICE HOURS
Monday-Friday: 8:45am-5:00pm

PGME OFFICE MAP LOCATION

PGME TWEETS
RT @MichaelChaikof
(<https://twitter.com/MichaelChaikof>):
@TheAlyssaLouis
(<https://twitter.com/TheAlyssaLouis>)



UNIVERSITY OF TORONTO

University of Toronto
Governing Council

Policy on Academic Appeals Within Divisions

December 12, 2005

To request an official copy of this policy, contact: The

Office of the Governing Council
Room 106, Simcoe Hall
27 King's College Circle
University of Toronto
Toronto, Ontario
M5S 1A1

Phone: 416-978-6576

Fax: 416-978-8182

E-mail: governing.council@utoronto.ca

Website: <http://www.governingcouncil.utoronto.ca>

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Policy on Academic Appeals Within Divisions

1. Guiding Principles

The implementation of all academic appeals within the University across all divisions should be informed by the following principles:

- i. **Diversity, Equity, and Accommodation:** Consistent with the University's commitment to diversity, equity and accommodation, and its accompanying institutional policies, every division should be sensitive to issues of diversity, equity, and accommodation in the academic appeals process.
- ii. **Consistency:** The purpose of the Policy on Academic Appeals within Divisions is to formalize University wide principles to ensure effective procedures for the academic appeals process are in place within divisions. The Policy is designed to set minimum standards and consistent procedures across the University.
- iii. **Flexibility:** While the Policy is intended to establish certain essential features of a division's academic appeal system, it recognizes that divisional size and complexity of issues have a bearing on divisional needs in this regard.
- iv. **Transparency and Timeliness:** The University ensures that information on procedures for academic appeals are well publicized, accurate, clearly presented, and readily accessible to students, instructors, and staff. Student academic appeals should be addressed in a timely manner, using appropriate, fair and transparent procedures.
- v. **Fairness and Confidentiality:** Throughout the process, students should have the opportunity to raise matters of proper concern to them without fear of disadvantage and in the knowledge that privacy and confidentiality will be appropriately respected. Both formal and informal resolutions for academic appeals should be available to the student.
- vi. **Academic Standards and Regulations:** The academic appeals process and principles should be applied in a manner that maintains academic standards and contributes to the University goal of academic excellence. Detailed information about the University of Toronto's Academic Regulations and Requirements can be found in relevant University Policies regarding academic regulations and requirements such as the Grading Practices Policy, as amended from time to time.

2. The Academic Appeal

- i. An academic appeal is an appeal by a student of the University:
 1. against a University decision as to his or her success or failure in meeting an academic standard or other academic requirement of the University;
 or,
 2. as to the applicability to his or her case of any academic regulation of the University; however,
 3. no appeal lies from any admissions decision.
- ii. The standard of review of an academic appeal is reasonableness.

3. Guidelines for Divisional Processes for Academic Appeals

- i. Divisions should decide how best to implement this policy and what additional principles, structures and procedures, not inconsistent with the spirit of this policy, may be required.
- ii. Divisional processes should be broadly communicated and available in print form and electronic form.
- iii. Divisional processes should offer opportunities for early resolutions and should provide informal lines of communication throughout the process. Students should be encouraged to resort to these alternatives before launching formal appeals.
- iv. Divisional processes should recommend informal mediation throughout the process and parties should be encouraged to consider the possibility of resolution throughout the process.
- v. Divisional processes should encourage a student's confidential disclosure of appropriate information at the earliest possible stage particularly with respect to diversity, accommodation and other personal issues that may be relevant to the disposition of the appeal.
- vi. Divisional processes should set timelines for administrative decision making and student response throughout the process. Timelines should include sufficient flexibility and discretion to accommodate the particular circumstances of the appeal and to avoid inappropriate prejudice to the student or to the University.
- vii. Divisional processes should provide a mechanism for periodic internal review and a reporting mechanism for an annual report to the division's governing body.
- viii. Divisional processes should refer to the fact that throughout the process, students should have the opportunity to raise matters of proper concern to them without fear of disadvantage.
- ix. Divisional processes should provide a clear mechanism for responding to academic appeals. Guidelines for divisional processes should delegate the authority to determine divisional appeals to a standing committee of reasonable size ("the divisional appeals committee"). This committee should report to the division's governing body for information. This committee should include members of the teaching staff and student body. The selection process for student members should be done with a view toward diversity and transparency.
- x. Divisional processes should provide that students commencing a divisional appeal do so by a written notice that states the nature and grounds of the appeal, and which includes copies of any documents relied upon in support of the appeal.
- xi. Divisional processes should ensure that the student has the right to a hearing before the divisional appeals committee in person, with or without counsel or other advisor, and to call evidence and present argument in person or by counsel.

4. Right of Appeal to the Academic Appeals Committee of the Academic Board of Governing Council

- i. Divisional processes should require that any student whose appeal has been denied must be advised of a further right of appeal of the decision of the divisional appeals committee to the Academic Appeals Committee of the Academic Board of Governing Council. The existence of this right of appeal should be clearly communicated, in writing, to students for whom the appeal was denied at the divisional level.
- ii. The procedures for appeals to the Academic Appeals Committee are set out in the Committee's Terms of Reference.

5. Implementation and Monitoring

- i. So as to provide for the fair and effective disposition of academic appeals, every division of the University is required to maintain processes for academic appeals that are consistent with this Policy.
- ii. The Office of the Provost will establish a framework for the divisional academic appeal processes which reflects best practices and incorporates the principles and minimum standards set out in this policy.
- iii. The Office of the Provost is responsible for monitoring the implementation of divisional appeals processes that are in compliance with this Policy. The Office of the Provost is also responsible for facilitating a periodic review of divisional processes for consistency to the Policy, for facilitating effective communication of the Policy and divisional processes, and for conveying information to the divisions about suggested best practices.
- iv. The Office of the Provost will undertake to ensure that information about divisional processes is communicated in technologically relevant, up-to-date and easily accessible ways.

RELATED DOCUMENTS (added for reference by the Secretariat January 14, 2020)

[Grading Practices Policy](#)

[Academic Appeals Committee's Terms of Reference.](#)

Approved by Governing Council on December 12, 2005 to replace *Guidelines for Academic Appeals within Divisions* (approved June 19, 1975), effective September 1, 2006.