

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

February 2017

** These Guidelines are currently under review and being updated. If any part of these Guidelines conflicts with an applicable University of Toronto or Temerty Faculty of Medicine by-law, policy, or regulation-the University or Faculty requirement will take precedence (September 2026).*

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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)

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 Reviewing the assessment process of each Residency Program on a periodic basis including;

3.1.1.1 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;

3.1.1.2 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

3.1.2 Responding appropriately to the annual report of the Board of Examiners – PG.

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

Every program will adopt a Program Assessment Plan that includes designated assessment tools and Scoring Rubrics tailored to the specialty and level of training which are derived from the national training standards.'

The Program Assessment Plan that will be used by a Residency Program should be adopted by the RPC of that program. The purpose of the Program Assessment Plan is as follows:

- 4.2.1.1 to provide a framework for the assessment of the Resident's knowledge, skills and attitudes by a Supervisor;
- 4.2.2.2 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 180 days, 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 to discuss the recommendation, and meet with the PGME Dean 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 formal 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 even 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.