

Referred to the Senate Committee on Academic Procedures (SCAP)

## **Queen's University Postgraduate Medical Education Assessment, Promotion and Appeals Policy Background Information**

The purpose of this document is to provide the reader with background information about the Residency Training Program at the School of Medicine and explain the basis for the appeal processes available to a resident that culminates in a final appeal to the School of Medicine Postgraduate Tribunal. A resident will have no right of appeal to the University Student Appeal Board (USAB), but will have access to an appeal process that is equivalent in rigour and adheres to the principles of natural justice.

### **Residents are Licensed Physicians**

Residents are physician trainees who have graduated from Medical School and are registered in the Postgraduate Medical Education (PGME) Residency Program at Queen's University. They occupy a unique hybrid position, being a combination of both students and physician employees. The College of Physicians and Surgeons of Ontario (CPSO) grants educational licenses to residents that allow them to work in the medical educational environment. These environments range from large tertiary academic medical centres, community hospitals, out patient clinics, emergency departments, urgent care centres, or community clinics to private medical offices of independent physicians. As licensed physicians, they have the authority to write medical orders in patients' medical charts and nursing staff will carry out those orders. They have the authority to write prescriptions and pharmacists will fill and dispense those prescriptions. They also undertake medical procedures as their level of expertise allows. Ultimately, residents are responsible for the care they provide to patients and must carry malpractice insurance provided by the Canadian Medical Protective Association.

### **Patient Safety is the Primary Priority**

There is an expectation of graduated responsibility during the 2 to 6 year residency training period. However, College of Physicians and Surgeons of Ontario policies clearly stipulate that "safe and effective care of the patient takes priority over the training endeavor".

### **Residents are Paid Employees of our Healthcare System**

Residents are employees of the Kingston General Hospital (KGH), which acts as the paymaster hospital, providing human resources and employment services for residents. Residents are appointed to the Medical Staff of and are granted privileges by the hospitals where they practice and are bound by the Medical Staff bylaws and policies of those hospitals. Residents also belong to the Professional Association of Interns and Residents of Ontario (PAIRO), which is, in effect, their union. PAIRO negotiates the residents' contract with the Council of Academic Hospitals of Ontario (CAHO). The Ontario Ministry of Health (MOH) provides KGH with the funds to pay residents' salaries and benefits negotiated between PAIRO and CAHO. As employees providing medical care, they work anywhere from 40 to 80 hours per week across various clinical settings. Salaries range from \$51,000.00 annually for first year trainees, to more than \$72,000.00 annually for sixth year trainees. Residents also receive bonuses for call duty and assuming administrative roles such as Senior or Chief Resident positions.

### **Residents differ from all other Queen's Students**

Unlike all other Queen's students, residents pay no tuition but rather a registration fee to the Office of Postgraduate Medical Education in the amount of \$550.00 per year. This compares to tuition and registration fees ranging from \$7,000.00 – almost \$11,000.00 (MBA programs excluded) paid by Queen's graduate students. Although, residents receive student cards providing access to Bracken Health Sciences Library they have no access to other benefits that Queen's undergraduate or graduate students receive. Furthermore, upon successful completion of residency programs, residents are not awarded degrees from Queen's University, but 'Certificates of Completion' from the School of Medicine.

### **Control and Oversight of Residency Education is External to Queen's**

Medicine has the privilege, right, and responsibility of being a self-regulated profession. As physician trainees with an educational license to practice medicine residents are governed by institutions established by the medical profession. Residency Programs are accredited by and lead to certification with the College of Family Physicians of Canada (CFPC) for Family Medicine training and the Royal College of Physicians and Surgeons of Canada (RCPSC) for specialty training. Responsibility for (1) setting educational and administrative standards, (2) monitoring the quality of postgraduate medical education, and (3) administering certification examinations is shared between these Colleges. These accrediting bodies set the goals and objectives of training that guide all residency training curriculum development and assessment processes. External accreditation reviews of programs are conducted on a six-year cycle wherein programs are required to demonstrate compliance with the General Standards of Accreditation.

Residents must meet the goals and objectives of training set by the Colleges (CFPC & RCPSC). Programs must provide evidence that residents have attained the competencies outlined in those goals and objectives. However, upon program completion residents must pass final certification examinations set by the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada in order to obtain an independent license from the regulatory authorities (example; CPSO). Ultimately, Queen's University and Senate have no oversight or control over, nor any involvement in medical licensing, educational or credentialing processes.

### **Determinations about Physician Competence and Behaviour**

The Resident Assessment, Promotion and Appeals Policy of the School of Medicine describe: assessment processes for all residents, criteria governing promotion, remediation, probation, suspension and withdrawal and appeal processes. Negative decisions about a resident's progress, potentially leading to an appeal, may result because of general concerns about clinical competence or professional behavior more specifically, including physician-patient relations. For example, the Policy addresses urgent situations that could arise when a resident is alleged to have engaged in unethical, unprofessional or inappropriate behavior. In such circumstances, a resident would be suspended immediately pending an investigation undertaken to review the complaint. This could lead to the resident's hospital privileges and/or CPSO educational license being revoked. In such circumstances the resident would be required to withdraw from the Residency Program. The University Senate through its appeal body, USAB, could play no role in modifying such a result were a resident to appeal. These are issues that can be addressed only by the School of Medicine in conjunction with the relevant hospital and the CPSO. In all circumstances involving the competence

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or behavior of a resident the CPSO looks to the School of Medicine to address any shortcomings and render judgment about a resident’s ability to practice medicine.

**Appeals Process**

The Resident Assessment, Promotion and Appeals Policy includes 3 levels of appeal. The final appeal is the Dean’s Tribunal. Following are the reasons why the final appeal to the Tribunal will provide a fair process for residents:

- The rules governing an appeal to the Tribunal have been modeled on the USAB process to ensure that a resident will have the same appeal rights and opportunities.
- The Tribunal would be made up of clinical faculty members and residents from the School of Medicine who would receive legal education about the principles of natural justice and the rules of evidence. The Tribunal members would be supported during any appeal by legal counsel.
- The clinical faculty on the Tribunal would be familiar with the unique and complex medical educational and clinical environments. They would be familiar with the policies of the CPSO, the bylaws of the teaching hospitals, and the accreditation standards of the Colleges. They would understand the complex working and learning environment in which the residents both practice and learn.
- The clinical faculty have a professional responsibility to and are familiar with the importance of placing the patient as the primary priority in the clinical environment.
- The members of the Tribunal would have the expertise to fashion appropriate remediation or probationary conditions to meet the particular circumstances.

**Summary of Changes**

APA Policy reference	Adjustment
Nomenclature: Evaluation/Assessment	The term Evaluation is now reserved for reference to program evaluation activities (e.g., evaluation of teaching and rotations). The term Assessment is used in reference to resident learning with the exception of “ITERS & FITERS” as these terms are mandated by RCPSC & CFPC.
Introduction, 3 <sup>rd</sup> paragraph	A clear distinction has been made between ITERS as institutional records and assessment strategies to reflect our use of multiple assessments that inform ITER completion.
Creation of the Education Advisory Board (EAB)	Functions as an advisory committee to PDs, RPCs and the Associate Dean, PGME on issues related to residents in academic difficulty. (see Terms of Reference p. 22) <ul style="list-style-type: none"> <li>✓ Convened by the Associate Dean, PGME in response to requests for assistance from PDs &amp; RPCs</li> <li>✓ Reviews all remediation &amp; probation plans (mandatory).</li> <li>✓ May assist in the development of individualized educational plan for residents in need.</li> <li>✓ Formulates recommendations relating to (a) the <b>process</b> by which the need for remediation, probation and/or individualized educational planning was determined, and (b) the <b>quality</b> of the proposed plan.</li> </ul>
Creation of the Postgraduate Tribunal	To hear level 3 appeals – becomes the final level of appeal (see Rules of Procedure p. 27)

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Principles of Surgery Examination p.3	Renamed Surgical Foundations Examination (SFE)
Item 1.4 formerly 6 month interval	ITERS must be completed at regular intervals, at minimum at the end of each rotation or after 4 months of a horizontal learning experience
Item 6.2 formerly only referenced ITERS, now expanded to include 'all relevant assessment data'	The Program Director or delegate and resident should review all relevant assessment data (e.g., ITERS, OSCE results, multisource feedback, etc) and discuss patterns of strengths and weaknesses that emerge and strategies for improvement. Career counseling may also be discussed.
Inclusion of additional criteria for promotion (item 6.5.2)  Formerly: 13.5 Promotion of a resident to the next academic level occurs if all rotation periods during the academic year have been completed with satisfactory global performance evaluations.	6.5 Promotion of a resident to the next academic level occurs when: 6.5.1 All rotation periods during the academic year have been completed with satisfactory global performance evaluations. 6.5.2 Additional criteria for promotion as stipulated by individual programs have been met including, but not limited to:  <i>6.5.2.1a Documentation of passing the MCCQE – Part II for promotion to PGY4 level (applicable to incoming residents as of 2013).</i> <i>6.5.2.1b Documentation of passing the MCCQE – Part II for promotion to PGY5 level for medical subspecialty residents matching to our Programs at the PGY 4 level (applicable to incoming residents as of 2013).</i> <i>6.5.2.2 Documentation of passing the SFE examination for surgical residents requiring the SFE examination for certification is a criterion for promotion to PGY4 level (applicable to incoming residents as of 2013).</i>
<b>New item: 6.6</b>	Under extenuating circumstances the Program Director and RPC have the discretion to waive criteria for promotion.
Remediation 10.2.3	Requirement that remediation plans be reviewed by EAB
Remediation 10.5 Formerly: 10.5 One unsatisfactory evaluation during a remedial period shall require the resident to proceed to a probationary period.	A <b>failed</b> remediation period shall require the resident to proceed to a probation period.  (Please note: Item 10.2.6 The RPC will review all relevant documentation to determine the outcome of a remediation period (pass/fail).
Probation 11.3	Requirement that probationary plans be reviewed by EAB
Probation 11.5.4 Formerly: 11.5.4 One unsatisfactory evaluation during a probationary period shall require the resident to withdraw from Queen's School of Medicine.	A <b>failed</b> probationary period shall require the resident to withdraw from Queen's School of Medicine.  (Please note: Item 11.3.7 The RPC will review all relevant documentation to determine the outcome of a probationary period (pass/fail).