

Original Approval Date: December 9, 2024
 Effective Date: December 10, 2024
 Approximate Review Date: December 2028

Parent Policy: PGME Assessment Policy

PGME Assessment Procedure

Office of Accountability:	Faculty of Medicine & Dentistry (FoMD)
Office of Administrative Responsibility:	Postgraduate Medical Education (PGME)
Approver:	Postgraduate Medical Education Committee (PGEC)
Classification:	Assessment
Scope:	Residency and Area of Focused Competence (AFC) Programs

Purpose

This procedure outlines assessment expectations for trainees, programs, and the PGME, and additionally outlines the scope, oversight, and documentation requirements of the assessment of trainees in keeping with the principles described in the parent policy.

PROCEDURE

1. ASSESSMENT OVERVIEW

- a. At the beginning of the program, the Program Director (or delegate) must provide the trainee with:
 - i. an overview, and access to, the training program’s system of assessment, assessment strategies, and assessment processes/guidelines; and
 - ii. an overview, access to, and orientation on, the assessment software tools used for the program, as applicable.
- b. At the beginning of each rotation, integrated or horizontal learning experience, or training experience (hereby referred to as “training experience(s)”), the program must provide the supervising/teaching faculty and the trainee with:
 - i. the learning objectives and/or competencies of the training experience; and
 - ii. the related assessment activities such as workplace assessment (eg. Entrustable Professional Activities (EPAs), portfolio assessment, Field Notes, ITERs, etc) or non-workplace assessment (eg. oral, OSCE, or written exams, assessment of presentations or scholarly projects, etc.); and
 - iii. a list of duties, responsibilities, and expectations.
- c. The program must provide the trainee with regular and timely documented feedback, coaching feedback, and formal assessment on an ongoing basis.
- d. Assessment must be regular, timely, and include meaningful observations which guide further learning during the training experiences.
 - i. Trainees must actively seek out opportunities for assessment and coaching feedback.
 - ii. Supervising/teaching faculty should actively seek out opportunities to provide assessment and coaching feedback to trainees.

- e. Trainees should view and self-assess their performance information prior to any assessment meeting:
 - i. the program may, at their discretion, require trainees to self-assess their progress in advance of specified meetings (e.g. 6-month reviews, Faculty/Academic Advisor meetings, etc.)
- f. The training experiences must be organized such that trainees are given increasing professional responsibility according to their postgraduate year (PGY) level and/or stage of training, ability, competence, and experience.
- g. The assessment of a trainee's ongoing progress in the program is the joint responsibility of the Program Director, the Residency Program Committee (RPC) or AFC Program Committee, the Competence Committee, Assessment Committee, or equivalent, and the Faculty/Academic Advisor (if applicable).
- h. The assessment of trainees must be a regular agenda item for the RPC or AFC Program Committee and/or the Competence Committee, Assessment Committee, or equivalent.

2. SYSTEM OF ASSESSMENT

- a. The program must have a system of assessment that is documented, transparent, and readily accessible to trainees and must include:
 - i. the triggers for consideration of learning plans (monitoring, minor, major, or professionalism); and
 - ii. the consequences of low performance, lack of attendance, and/or lack of completion of program requirements (which may also act as triggers for consideration of learning plans); and
 - iii. multiple assessments of trainees' competencies during the various educational experiences, by multiple assessors, in multiple contexts.
- b. The use of CanMEDS roles supports the criteria for assessment outcomes. As such, all assessment tools must utilize at least one (1) CanMEDS or CanMEDS-FM role and should, where possible and detailed by the program's relevant accreditation standards, be relevant and applicable to the stage/level of training.
- c. With the exception of pre-defined assessments by the accrediting college, the program should define the criteria for outcomes for all forms of assessment, specific to the assessment tool and/or learner status (e.g. which may include terms such as satisfactory, borderline, unsatisfactory, meets expectations, accelerated progression, progressing as expected, not progressing as expected, failure to progress, etc).
- d. Trainees should receive regular, timely, meaningful, in-person feedback on their performance.
 - i. Any low performance outcome or an outcome that triggers a learning plan should be discussed face-to-face with the trainee as soon as possible.

3. PROGRAM OVERSIGHT OF ASSESSMENT AND DECISION-MAKING

- a. The Residency Program Committee (RPC) or AFC Program Committee are ultimately responsible for the assessment of trainees.
- b. The Competence Committee, Assessment Committee, or equivalent, as a subcommittee of the Residency Program Committee (RPC) or AFC Program Committee, must review and consider all trainee assessment data in their decision-making and recommendation process, as described in their program's system of assessment.
- c. The Competence Committee, Assessment Committee, or equivalent must make recommendations about learner status (e.g. promotion, stage progression, readiness for certification examination, and readiness for practice) and progress (e.g. progression to the next

stage of training or postgraduate level, promotion, etc.) each time a learner is reviewed by the RPC or AFC Program Committee.

- i. As recommendations by the Competence Committee, Assessment Committee, or equivalent must be ratified by the RPC or AFC Program Committee, the recommendations are non-binding and therefore not subject to appeal by the trainee.
 - ii. Learner status and progression are determined by:
 - Achievement of relevant mandatory training experience objectives;
 - Achievement of workplace assessments;
 - Learning trajectory; and
 - Performance on other assessments as determined by the program and as outlined in the program's system of assessment.
- d. Unless discipline-specific standards of accreditation specify more frequent meeting and review requirements:
- i. The Competence Committee, Assessment Committee, or equivalent must meet quarterly, at minimum.
 - ii. The Competence Committee, Assessment Committee, or equivalent must review each trainee at least three times per academic year or with each stage of training, whichever is more frequent.

4. SUMMATIVE DECISIONS

- a. The actual summative decision on learner status, progression, readiness for certification examination, and readiness for practice is made by the Program Director in collaboration with the RPC or AFC Program Committee and informed by the recommendations of the Competence Committee, Assessment Committee, or equivalent.
- b. Summative decisions are subject to appeal by the trainee as per the PGME Academic Appeals Policy.

5. FEEDBACK AND DOCUMENTATION

- a. Feedback must be given verbally as an essential part of the assessment.
- b. Feedback must be documented using one of the PGME-approved assessment software tools, applicable to the educational model of the program.
 - i. Timely documentation of feedback is the joint responsibility of the trainee, supervising/teaching faculty, rotation supervisor(s), and the Program Director.
 - ii. Other forms of documented feedback can and should be used by the program in a summative manner outside of those required based on the educational model.
- c. Assessment must be adequately documented to judge competence.
 - i. Written assessments must occur at regular intervals.
 - For training experiences which are one (1) block or less in duration, at a minimum a written assessment must be completed during each training experience.
 - For training experiences which are equal to or greater than two (2) blocks in duration, at a minimum a written assessment must be completed once every two (2) blocks.
 - All written assessments ideally should be completed within one (1) block of the completed training experience.
 - ii. The documented feedback must be based on observations of the trainee's performance.

- d. The Program Director (or delegate) must meet with the trainee at least every six (6) months to conduct a comprehensive review of performance information, which must include submission of the PGME Six-Monthly Evaluation written assessment.

6. ATTENDANCE REQUIREMENTS

- a. In order to meet pedagogical requirements and need for robust workplace-based assessment, trainees must not miss greater than twenty-five percent (25%) of any required training experience due to vacation, named holidays, personal days, or other leaves as defined in the Resident Physician Agreement.
 - i. Where a training experience is less than seventy-five percent (75%) of the expected time commitment, it may be considered incomplete at the discretion of the Program Director in consultation with the rotation supervisor(s).
 - ii. An incomplete training experience should be completed, or repeated, for a duration determined by the nature of the experience and the need for continuity of the experience.
 - iii. The Program Director will, in consultation with the rotation supervisor(s), the RPC or AFC Program Committee, and/or the Competence Committee, Assessment Committee, or equivalent, determine whether the experience was sufficient for meaningful assessment.
- b. For patient safety, ongoing development of expertise, and contractual obligations, trainees must continue to attend assigned training experiences.

7. PROMOTION

- a. Promotion, as it relates to assessment, is unrelated to resident pay-grid promotion, which is outlined and detailed in the Resident Physician Agreement.
- b. Academic promotion is the promotion from one level (postgraduate year, or “PGY”, or CBD stage of training) to the next, and typically occurs according to the timeline set by the program’s curriculum map and relevant national training experiences/profile document.
 - i. Promotion of a trainee occurs if all mandatory training and educational experiences for the identified academic year and/or stage of training have been completed with satisfactory assessment, as per the program’s system of assessment.
 - ii. The decision to recommend promotion to PGME must be made by the Program Director in collaboration and consultation with the RPC or AFC Program Committee.

8. PROGRAM COMPLETION

- a. A trainee has successfully completed the program when all program requirements as outlined in the program’s system of assessment (including all mandatory training and educational experiences) and the applicable discipline-specific national standards of accreditation, have been completed and met with satisfactory assessment.
- b. The program must inform the PGME office of the successful completion of all trainees.
- c. On an annual basis, the program is expected to sign the forms for Confirmation of Completion of Training (for residents) or Confirmation of Competencies Acquired (for AFC trainees) by the applicable accrediting college for all graduating trainees.
 - i. CBD programs are additionally expected to sign the Confirmation of Certification (CC) following the success of the RCPSC specialty and/or subspecialty examinations.

DEFINITIONS

Definitions are listed in the sequence they occur in the document (i.e. not alphabetical).

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.	
Trainees	Refers to residents or fellows registered in accredited postgraduate residency or Area of Focused Competence (AFC) programs.
Entrustable Professional Activities (EPAs)	EPAs are an authentic task of a discipline. Overtime, frequent observations of a resident's performance of an EPA will provide a comprehensive assessment of their competence. In CBD, each EPA has milestones which define the abilities of the task.
Milestone	An observable marker of a resident's ability along the continuum of training.
Resident Physician Agreement	The Resident Physician Agreement describes the terms and conditions applicable to Resident Physicians related to the provision of health care services within a learning environment. The agreement applies to Resident Physicians as described in the agreement.