

# Table of Contents

<b>WELCOME FROM THE ASSOCIATE DEAN, POSTGRADUATE MEDICAL EDUCATION.....</b>	<b>3</b>
<b>POSTGRADUATE MEDICAL EDUCATION (PGME) DEANS OFFICE CONTACTS.....</b>	<b>4</b>
<b>RESIDENT REGISTRATION .....</b>	<b>5</b>
CHECKLIST FOR RESIDENTS 'NEW' TO A UBC RESIDENCY PROGRAM .....	5
RESIDENT REGISTRATION FEE PAYMENT POLICY .....	10
<b>2017 – 2018 ACADEMIC YEAR ROTATION SCHEDULE .....</b>	<b>11</b>
<b>RESIDENT MANAGEMENT SYSTEM (RMS).....</b>	<b>12</b>
LETTER OF OFFER.....	12
RMS HELP AND RESOURCES .....	12
<b>IMPORTANT INFORMATION .....</b>	<b>13</b>
ADDRESS AND NAME CHANGES .....	13
PAYROLL & BENEFITS INFORMATION FOR RESIDENTS .....	13
T2202A .....	13
SECURE USBs .....	13
UBC CARD (LIBRARY) .....	14
CONFIRMATION OF RESIDENCY LETTER .....	14
EXAMINATIONS.....	14
ALTERNATE RELIGIOUS HOLIDAYS.....	14
<b>RESIDENT WELLNESS .....</b>	<b>15</b>
UBC RESIDENT WELLNESS OFFICE .....	15
<b>GENERAL POLICIES.....</b>	<b>16</b>
RESIDENT FILES POLICY .....	16
RESIDENT SUPERVISION POLICY .....	16
PRESCRIBING IN POSTGRADUATE TRAINING PROGRAMS.....	18
RESIDENT EDUCATION ABROAD POLICY & AGREEMENT.....	19
MOONLIGHTING .....	23
RESIDENT EVALUATIONS OF ROTATIONS AND PRECEPTORS .....	23
<b>RESIDENTS AS TEACHERS.....</b>	<b>25</b>
RESIDENTS AS TEACHERS (RAT) INITIATIVE.....	25
TEACHING BY RESIDENTS IN THE UNDERGRADUATE CURRICULUM.....	25
GUIDELINES FOR RESIDENTS TEACHING MD UNDERGRADUATE STUDENTS .....	26
<b>HEALTH AND SAFETY .....</b>	<b>27</b>
BLOOD BORNE VIRUS POLICY .....	27
HEALTH AND SAFETY OF POSTGRADUATE MEDICAL TRAINEES .....	35
<b>ATTENDANCE AND ABSENCE .....</b>	<b>40</b>
LEAVE POLICY.....	40
PREGNANCY IN RESIDENCY POLICY .....	41
<b>COURSES AND CURRICULUM.....</b>	<b>42</b>

MANDATORY COURSE POLICY .....	42
QUALITY ASSURANCE POLICY .....	42
<b>TRAVEL AND REIMBURSEMENT .....</b>	<b>45</b>
RESIDENT REIMBURSEMENT FORMS .....	45
ACCOMMODATION POLICY – MANDATED ROTATIONS.....	45
RESIDENT MANDATED TRAVEL AND REIMBURSEMENT POLICY .....	46
FAMILY MEDICINE REIMBURSEMENT POLICY .....	48
COMMUNITY ROTATIONS REIMBURSEMENT POLICY.....	49
GEOGRAPHICALLY DISTRIBUTED ROYAL COLLEGE TRAVEL AND REIMBURSEMENT POLICY.....	49
<b>APPOINTMENTS AND PROMOTIONS .....</b>	<b>52</b>
RESIDENT SELECTION POLICY.....	52
VACATED POSITIONS POLICY .....	52
RESIDENT PROMOTION POLICY .....	53
WAIVER OF TRAINING POLICY.....	54
APPLICATION FOR WAIVER OF TRAINING AFTER A LEAVE OF ABSENCE FROM RESIDENCY.....	57
<b>EVALUATION, REMEDIATION, PROBATION, APPEALS .....</b>	<b>58</b>
RESIDENT EVALUATION, REMEDIATION, AND PROBATION POLICY.....	58
RESIDENT REMEDIATION LETTER AND OUTCOME FORM .....	67
RESIDENT PROBATION LETTER AND OUTCOME FORM.....	73
RESIDENT APPEAL POLICY .....	79
<b>RESIDENT TRANSFERS.....</b>	<b>83</b>
RESIDENT TRANSFER POLICY.....	83
NATIONAL TRANSFER GUIDELINES .....	84
RESIDENT CONSENT FOR RELEASE OF PGME FILE AND ITERs FORM.....	87
<b>POLICIES RELEVANT TO PGME RESIDENTS .....</b>	<b>88</b>
GUIDELINES FOR PHYSICIANS FOR INTERACTION WITH INDUSTRY: .....	88
PROFESSIONAL STANDARDS FOR FACULTY MEMBERS AND LEARNERS’ IN THE FACULTIES OF MEDICINE AND DENTISTRY: .....	88
POLICY AND PROCESSES TO ADDRESS UNPROFESSIONAL BEHAVIOUR (INCLUDING HARASSMENT, INTIMIDATION) IN THE FACULTY OF MEDICINE:.....	88
ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA/COLLEGE OF FAMILY PHYSICIANS OF CANADA ACCREDITATION AND THE ISSUE OF INTIMIDATION AND HARASSMENT IN POSTGRADUATE MEDICAL EDUCATION:.....	88
CONFLICT OF INTEREST/CONFLICT OF COMMITMENT: .....	88

## Welcome from the Associate Dean, Postgraduate Medical Education



On behalf of the Faculty of Medicine, welcome to postgraduate training at the University of British Columbia (UBC)!

You are part of a community that includes approximately 1400 postgraduate trainees (residents, fellows, international trainees). At UBC, we are committed to providing an environment of excellence in education, innovation and scholarship. Faculty members and program directors are tirelessly engaged in continuously looking at ways to make your training better. Our PGME office strives to support our trainees and programs in this process.

At UBC, clinical training is distributed across the province in a manner that supports community relationships and provides learning opportunities in multiple environments. UBC offers Family Medicine, together with over 70 specialty and subspecialty training programs recognized by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

Given the breadth and depth of postgraduate education at UBC, this manual is intended to provide relevant, appropriate information to support our programs. If you have any questions or just want to stop by and say “Hi” please do not hesitate to contact me.

**Ravi S. Sidhu MD MEd FRCSC FACS**

Associate Dean, Postgraduate Medical Education  
Associate Professor, Department of Surgery  
Faculty of Medicine | University of British Columbia

## Postgraduate Medical Education (PGME) Deans Office Contacts

PGME Office Mailing Address:  
Gordon & Leslie Diamond Health Care Centre  
11<sup>th</sup> Floor - 2775 Laurel Street  
Vancouver, BC V5Z 1M9

Website: <http://postgrad.med.ubc.ca/>  
General Inquiries: [postgrad@postgrad.med.ubc.ca](mailto:postgrad@postgrad.med.ubc.ca)

### Associate and Assistant Deans

<b>Dr. Ravi Sidhu</b> Associate Dean e: <a href="mailto:postgrad@postgrad.med.ubc.ca">postgrad@postgrad.med.ubc.ca</a>	<b>Rose Amann</b> Senior Administrative Assistant to the Postgraduate Deans e: <a href="mailto:rose.amann@ubc.ca">rose.amann@ubc.ca</a> p: 604-875-4111 x69374
<b>Dr. Elisabet Joa</b> Assistant Dean e: <a href="mailto:postgrad@postgrad.med.ubc.ca">postgrad@postgrad.med.ubc.ca</a>	

### Administrative

<b>Lois Moen</b> Director, Administration e: <a href="mailto:lois.moen@ubc.ca">lois.moen@ubc.ca</a> p. 604-875-4111 x63253	<b>Lisa Dyck</b> Postgraduate Manager e: <a href="mailto:lisa.dyck@ubc.ca">lisa.dyck@ubc.ca</a> p. 604-875-4111 x61496
<b>Martha Sellitti</b> Education Coordinator e: <a href="mailto:martha.sellitti@ubc.ca">martha.sellitti@ubc.ca</a> p. 604-875-4111 x63236	<b>Delfa Balagot</b> Resident Coordinator e: <a href="mailto:delfa.balagot@ubc.ca">delfa.balagot@ubc.ca</a> p. 604-875-4111 x68676
<b>Alma Salvador</b> Administrative Coordinator (Mandated Housing and Visa Trainees) e: <a href="mailto:alma.salvador@ubc.ca">alma.salvador@ubc.ca</a> p. 604-875-4111 x69370	<b>Sharon Emslie</b> Administrative Assistant (Visiting Electives and Clinical Fellow Applications) e: <a href="mailto:sharon.emslie@ubc.ca">sharon.emslie@ubc.ca</a> p. 604-875-4111 x69373

### Finance

<b>Don Brook</b> Finance Administrator e: <a href="mailto:don.brook@ubc.ca">don.brook@ubc.ca</a> p. 604-875-4111 x63173	<b>Samantha Ton</b> Financial Specialist Coordinator e: <a href="mailto:ston@mail.ubc.ca">ston@mail.ubc.ca</a> p. 604-875-4111 x67620
<b>Kim Harajda</b> Financial Processing Specialist e: <a href="mailto:kim.harajda@ubc.ca">kim.harajda@ubc.ca</a> p. 604-875-4111 x61904	

## Resident Registration

### Checklist for Residents 'New' to a UBC Residency Program

This checklist is a summary of tasks to be completed. Full details are outlined on pages 6 through 9.

Tasks to be Completed Prior to Program Start Date:	Due Date
<input type="checkbox"/> Send your Social Insurance Number (SIN) to BC Clinical and Support Services (BCCSS) *	April 13, 2017
<input type="checkbox"/> Activate your <a href="#">UBC Email Address</a> and update your contact information in the <a href="#">Resident Management System (RMS)</a>	May 12, 2017
<input type="checkbox"/> Complete and Return <a href="#">Payroll, Health &amp; Benefit Forms</a> to BC Clinical and Support Services (BCCSS) *	June 1, 2017
<input type="checkbox"/> Report <a href="#">Immunizations</a> to the Workplace Health Call Centre <i>(See reporting 'Immunizations' on pgs 7-8 for specific reporting date)</i>	June, 2017
<input type="checkbox"/> Complete Required <a href="#">Online Courses and Learning Modules</a>	Minimum of Two Weeks Prior to Start Date
<input type="checkbox"/> Complete <a href="#">Licensing</a> with the College of Physicians and Surgeons of British Columbia ("the College")	Prior to Start Date
<input type="checkbox"/> Acquire <a href="#">CMPA</a> Coverage prior to the start of residency	Prior to Start Date
<input type="checkbox"/> Complete <a href="#">PGME Registration</a> in the <a href="#">Resident Management System (RMS)</a> by updating your contact information and signing your letter of offer	Prior to Start Date
<input type="checkbox"/> Attend <a href="#">UBC PGME Orientation</a> on July 4 <sup>th</sup> from 12:45pm to 4:00pm	July 4, 2017
<input type="checkbox"/> Pay <a href="#">UBC Registration Fee</a> online through the Student Service Centre (SSC) *	July 7, 2017

*\*\*Please note: Items marked with a red asterisk (\*) are not required for Visa trainees*

## A) PGME REGISTRATION

PGME Registration for the 2017-2018 academic year will begin in April 2017. A unique link to the online UBC Resident Management System (RMS) and login instructions will be emailed to residents when registration begins. For residents new to UBC, emails will be sent to the email address provided with the resident's residency application.

The unique link provided in the registration email must be used when accessing RMS for the first time and is specific to each resident. Once a resident has registered they will be able to use a generic link to access RMS. RMS requires users to login using their Campus Wide Login (CWL). To register for a CWL you will need the MRES (student) number provided by enrolment services. Residents can create their CWL by logging into [www.students.ubc.ca/ssc](http://www.students.ubc.ca/ssc) using their MRES (student) number as their user name and date of birth in yymmdd format as the password. Resident's relationship to UBC is 'student & alumni'. CWL Information and FAQ can be found here: [Campus Wide Login - Getting Started](#). If you already have a CWL account and are having trouble with your login name or password, you can contact the IT Service Centre at 604.822.2008 or [submit a request](#).

All residents will be required to update their contact information during registration. Residents who are new to UBC, or beginning a new program will also be provided a letter of offer through RMS during registration. **Resident registration is mandatory and must be completed prior to a resident's scheduled start date.** Failure to complete registration in a timely manner will result in a delay of the commencement of training.

***Please Note:** All correspondence from the UBC Postgraduate Medical Education Dean's Office will be sent electronically. It is imperative that residents check their email regularly for instructions and updates in preparation for the upcoming academic year and for the duration of their training.*

## B) UBC REGISTRATION FEE

The UBC registration fee for the 2017-2018 academic year is \$421.07. New residents will be contacted directly by UBC Enrolment Services with instructions for payment. UBC registration fees can be paid through the [UBC Student Service Centre](#). See the Resident Registration Fee Payment Policy for further information.

## C) PAYROLL, HEALTH & BENEFIT FORMS

Residents are employees of the Health Authorities of British Columbia. Payroll and Benefits are administered by BC Clinical and Support Services (BCCSS). BCCSS will contact residents new to UBC by email prior to registration requesting your Social Insurance Number (SIN). This email will come from [Angela.Chow@hssbc.ca](mailto:Angela.Chow@hssbc.ca). It is very important that you provide the requested information to BCCSS in a timely manner; the deadline to submit your SIN is **April 13, 2017**. Any questions or concerns regarding the collection of SIN should be directed to BCCSS.

You can anticipate receiving your new hire package by the end of April, it will be mailed to the address provided with your residency application. If you have not received your package by May 5, 2017, please contact [Angela.Chow@hssbc.ca](mailto:Angela.Chow@hssbc.ca) and indicate in the subject '**New Resident**'. Packages will not be sent out in advance. **Do not contact** BCCSS prior to the date specified. To ensure your employment record is created in a timely manner, please be sure to complete and return all BCCSS Payroll and Benefits forms prior to **June 1, 2017**.

## D) LICENSING

All residents are required to obtain an educational license from the [College of Physicians and Surgeons of BC \("the College"\)](#) prior to the commencement of training. Information about registration and licensing can be found on the College website: [www.cpsbc.ca](http://www.cpsbc.ca). You will be contacted directly by the College regarding registration no later than May 1, 2017. Please **do not contact** the College prior to the date specified.

## E) IMMUNIZATIONS

Residents are required to report their immunization status prior to the beginning of training via the provincial Workplace Health Call Centre. Please do not call prior to the dates specified in the instructions below, as your employment record will not yet have been created and you will be asked to call back later.

If you have any questions in regards to immunizations, please contact the Workplace Health Call Centre directly. **You must be physically located in British Columbia (BC) to call the WHCC.** Please have all previous immunization records ready before talking to the Occupational Health Nurse (OHN) at the WHCC. A baseline TB skin test must be done within 6 months of hire or chest x-ray within one year of hire.

Residents must phone the WHCC for immunity assessments during a specific timeframe and grouping in the table below--according to your last name and the date that you are or will be living in British Columbia (BC).

Group	Location	Last Name Begins With	Dates to Call WHCC
1	Living in BC prior to April 2017	A to L	June 7 to June 13
2	Living in BC prior to April 2017	M to Z	June 14 to June 20
3	Moved to BC after April 2017	A to L	June 21 to June 27
4	Moved to BC after April 2017	M to Z	June 28 to July 4

The WHCC phone number is toll free and useable in BC only 1-866-922-9464. **Please do not call while out of province. WHCC is open Monday to Friday 0700-1700hrs only.** \*If you are on vacation or move to BC later than the week you are assigned to phone the WHCC, please call as soon as possible when you are in BC.

### Vaccine Documentation Required for WHCC:

**Hepatitis B** – series of 3 vaccines and documentation of antibody level >10 IU/L. Residents working in Northern BC, Vancouver Island Health Authority, or Interior Health who are unsure of their Hepatitis B antibody level-should get serology testing done before starting. Residents working in any of the Vancouver area hospitals can come to a drop-in vaccination clinic at the hospitals to get vaccines or a lab REQ for serology testing.

**Measles/Mumps/Rubella** – 2 documented doses measles/mumps vaccine required for all Residents born after 1956. History of disease no longer considered reliable. Reactive serology from measles accepted but not for mumps.

**Chicken Pox/Varicella**–history of chicken pox, reactive serology, or documentation of two vaccines accepted.

**Polio**-Adult dose of polio vaccine recommended for Health Care Workers.

**Tetanus/Diphtheria** – booster needed every 10 yrs. One adult dose of Pertussis recommended also (Tdap).

**TB skin testing** – baseline required for all new VCH employees. Report of a TB Skin Test (TBST) within 6 months of hire is acceptable. For residents with documentation of a positive TB skin test and normal chest x-ray, they must have a TB Risk/Symptoms assessment done on hire and yearly.

**\* TBSTs are done free at Vancouver Coastal Health (VCH) or Vancouver Island Health Authority (VIHA)**

**hospitals.** If you will be working at Fraser Health, Interior Health, Provincial Health Services or Northern Health sites you should get your TB Skin Test (TBST) or chest x-ray done *before you arrive*. If not working at these sites, you can pay for a TBST at public health or TB Control. You will need to send the original receipt or a pdf copy of it (no camera photo) and your contact information--including complete home mailing address-- to Lidija Zilic, Assistant/Data Analyst by email to [Lidija.Zilic@vch.ca](mailto:Lidija.Zilic@vch.ca) or you can mail the receipts to Lidija Zilic at VCH Employee Engagement, 10th Floor, 601 West Broadway, Vancouver, BC, V5Z 4C2. Email is the best way to contact Lidija with questions about reimbursement for TBSTs.

### N95 Mask Fit Testing

Please ensure you are fit tested for a make and model that is located at the site you will be working. All major facilities provide mask fit testing. Please inquire when you arrive.

### **Blood and Body Fluid Exposures**

If you have an exposure to blood or a body fluid (BBFE) please notify the manager/supervisor of the unit where you are working so that the correct process can be implemented at that site-including being seen in the closest Emergency Department (ED) within two hours of the BBFE. You will need to contact the WHCC after being seen in ED to report the BBFE incident and to talk to the WHCC OHNs so that follow up serology can be provided and so that you will not be billed for the ED visit.

### **Exposure to a Communicable Disease or Incident**

You will need to contact the WHCC (1-866-922-9464) if you have been exposed to any communicable disease or have had an incident at work.

### **WorkSafe BC Regulations**

All employees are responsible for ensuring that they have an orientation to Safety and Prevention protocols at their work site including: fire, first aid, violence prevention, infection control, and respect in the workplace.

## F) CMPA

Liability protection for residents registered at the UBC Faculty of Medicine is an important matter. All residents must be aware that they require liability protection when they begin their training program and throughout their program. It is important that residents understand that malpractice protection is mandatory and a condition of their license with the College of Physicians and Surgeons of British Columbia. All residents must be appropriately protected for any medico-legal issues that may arise during their training. Without liability protection, the UBC residents are in breach of their educational license with the College. In the event that residents submit late requests for CMPA membership, such as weeks after the residents have commenced their program, this means that they effectively have been without liability protection for that period of time. This exposes the residents to significant risk.

As per Article 18.02 of the HEABC/PAR-BC (Resident Doctors of BC) Agreement, "Effective January 1, 2013, all Residents will be required to maintain CMPA coverage at the Resident's expense". All residents are responsible for applying for CMPA coverage PRIOR TO the start of residency.

Please see the [Resident Doctors of BC Website](#) for the full article.

## G) ONLINE COURSES AND LEARNING MODULES

All Residents are required to complete the following three online modules prior to starting residency:

- Infection Control Basics
- Information Privacy and Confidentiality
- Student Practice Education Core Orientation (SPECO)

These online courses are available through the [Course Catalogue Registration System \(CCRS\)](#). Copies of your results should be forwarded to your Program Director's office for their records. If you have difficulty with the website, please email [learnwithus@vch.ca](mailto:learnwithus@vch.ca).

Full details for completing the online courses can be found [here](#).

**Please Note:** Each health authority in British Columbia requires that trainees complete online training before being given access to electronic health systems used in clinical settings across the province. To ensure that learners do not experience delayed access to Health Authority systems, it is the **responsibility of the trainee** to ensure they complete all necessary training requirements for any health authority they will be training in **prior** to their rotation start date.

Links to the health authority online course requirements can be found [here](#).



#### H) UBC EMAIL ADDRESS

Over the course of your time as a resident at UBC, all correspondence from the UBC Postgraduate Medical Education (PGME) Dean's Office will be sent electronically. It is imperative you check your email regularly for instructions and updates in preparation for the upcoming academic year, and over the duration of your training. **Residents new to UBC must create a [UBC-issued email address](#) and update their contact information in the Resident Management System prior to May 12<sup>th</sup>, 2017.**

A UBC-issued email address is a requirement of the Health Authorities of BC for access to electronic health record systems. Failure to comply in updating your email address will result in delayed access to Health Authority electronic systems which will impact your ability to begin a rotation on your scheduled start date.

For further information about using UBC's email service, visit the [Student and Alumni Email Service](#) site or direct your questions to UBC IT Services at 604-822-2411.

#### I) UBC PGME ORIENTATION

The 2017 New Resident Orientation hosted by the Postgraduate Dean's Office will be held on Tuesday, July 4, 2017 from 12:45pm to 4:00pm. This event is mandatory for all new-to-UBC incoming residents, and will be videoconferenced to postgrad sites province-wide. Attendance will be taken, and if residents are unable to attend for valid reasons such as post-call, the PG Dean's office should be notified. Further information regarding the Orientation will be provided by program administrators.

#### J) BASIC CLINICAL TRAINING YEAR

Select Royal College Specialty programs participate in the Basic Clinical Training Year (BCTY) at one of three sites: Royal Columbian Hospital, St. Paul's Hospital, or Vancouver Island. The BCTY placement process occurs after the R1 CaRMS match is completed (both first and second iteration). Residents can anticipate notification of site placement by email from the PGME Dean's Office in mid to late March.

#### K) ACLS: ADVANCED CARDIAC LIFE SUPPORT COURSE

Residents should contact their programs directly to determine if ACLS is required. Please see the 'Mandatory Course Policy' for reimbursement information.

## Resident Registration Fee Payment Policy

*Ratified April 23, 2007 by Faculty Residency Executive Committee*

Medical residents are required to be registered with the University of British Columbia for the duration of their training. The fee is set by the University Board of Governors and is a “registration” fee as opposed to a “tuition” fee. The fee for 2017-18 is \$421.07.

- The fee will be charged at the beginning of the resident’s program and subsequently at the beginning of each academic year (July) that the resident is enrolled in the program.
- The full registration fee will be charged regardless of the time period enrolled in the program; as such, registration fees will not be prorated.
- The fee is non-refundable should a resident withdraw, transfer, or be dismissed from a training program.
- If a trainee is on leave from the program, registration fees will be required in order to maintain their residency position in the training program and with the Postgraduate Medical Education (PGME) Office.

### **REGISTRATION**

The University of British Columbia provides the following for residents while registered with the University:

- Insurance Coverage – liability insurance. When not more specifically insured elsewhere (CMPA, etc.), residents are covered under the University’s liability insurance program for medical malpractice risks.
- UBC Card to allow access to the University libraries and facilities.

PGME is responsible for the registration and/or verification of registration of all postgraduate trainees as outlined in the Letter of Appointment with the following institutions:

1. The University.
2. The Affiliated Teaching Hospitals - Postgraduate trainees must be registered with PGME in order to obtain medical privileges at the teaching hospitals.
3. The College of Physicians & Surgeons of BC - Issuance of the Letter of Appointment and verification of licensure on behalf of the teaching hospitals.
4. Verification of appointment, level, and change of status to the Paymaster.
5. The Royal College of Physicians and Surgeons of Canada/The College of Family Physicians - Verification of training and completion of the FITER.
6. The Medical Council of Canada -Verification of postgraduate registration in order to access the MCCQE Part II examination.

PGME will provide written verification, on request and free of charge, while registered in the program to banks, licensing authorities, etc.

2017 – 2018 Academic Year Rotation Schedule

<b>Block</b>	<b>Start Date</b>	<b>End Date</b>	<b>Stat Holidays</b>
1	July 1, 2017	July 30, 2017	July 1 (Canada Day)
2	July 31, 2017	August 27, 2017	August 7 (BC Day)
3	August 28, 2017	September 24, 2017	September 4 (Labour Day)
4	September 25, 2017	October 22, 2017	October 9 (Thanksgiving)
5	October 23, 2017	November 19, 2017	November 11 (Remembrance Day)
6	November 20, 2017	December 17, 2017	
7	December 18, 2017	January 14, 2018	December 25 (Christmas) December 26 (Boxing Day) January 1 (New Year's Day)
8	January 15, 2018	February 12, 2018	February 12 (Family Day)
9	February 13, 2018	March 11, 2018	
10	March 12, 2018	April 8, 2018	March 30 (Good Friday) April 2 (Easter Monday)
11	April 9, 2018	May 6, 2018	
12	May 7, 2018	June 3, 2018	May 21 (Victoria Day)
13	June 4, 2018	June 30, 2018	

## Resident Management System (RMS)

The Resident Management System (RMS) manages academic and administrative records for all UBC residents. RMS provides the ability for residents to review their academic records, access their letters of offer, update their contact information, as well as self-report stat holidays worked.

Residents are provided user access to RMS during registration. First-time users will be provided a unique link to RMS when registration begins. Once a resident has registered in RMS they will be able to access the system using the generic link: <http://rms.med.ubc.ca>

### Letter of Offer

Letters of Offer are issued and signed electronically through RMS during the registration period. Letters of Offer are term-based, and are only issued at the start of a UBC residency training program. Continuing residents who signed their contract electronically in a previous academic year, and who are not starting a new program in 2017-2018, will not be required to sign a contract for the 2017-2018 academic year.

Residents can access their Letter of Offer by logging into the RMS and following the steps below:

- Click on your name in the Tracking Inbox.
- Look to the left in the navigation; click on 'Program' and then your current programs name.
- Look to the left in the navigation again where it now says 'Contract'. Click on 'Contract', when the Contract page appears click on the paperclip icon under 'contract file'. Clicking on the paperclip will allow the download of your Letter of Offer.

### RMS Help and Resources

Residents can find helpful RMS How-To documents on the PGME website [here](#).

For Registration assistance, residents can contact: [pg.me@ubc.ca](mailto:pg.me@ubc.ca)

For all other issues, residents should contact their program administrator.

## Important Information

### Address and Name Changes

Residents are responsible for updating their contact information in the [Resident Management System \(RMS\)](#), as well as contacting the following professional institutions:

[BC Clinical and Support Services \(BCCSS\)](#)

[Resident Doctors of BC](#)

[College of Physicians and Surgeons of BC](#)

[UBC Enrolment Services](#)

[College of Family Physicians of Canada](#) (for Family Practice Resident)

For name changes, please contact the [Postgrad Dean's Office](#) with supporting documentation that applies to your situation.

### Payroll & Benefits Information for Residents

Payroll and Benefit services are administered by BC Clinical and Support Services (BCCSS).

*Please identify you are a medical resident as different rules apply to different employee groups.*

#### **Payroll**

**Office:** 1795 Willingdon Avenue | Burnaby, BC V5C 6E3

**Tel:** 604-297-8683; **Toll Free:** 1-866-875-5306 | **Option 2**

**Fax:** 604-297-9311

**Email:** [payrollvch@hssbc.ca](mailto:payrollvch@hssbc.ca)

#### **Employee Records and Benefits**

**Office:** 1795 Willingdon Avenue | Burnaby, BC V5C 6E3

**Tel:** 604-297-8683; **Toll Free:** 1-866-875-5306 | **Option 1**

**Fax:** 604-297-9316

**Email:** [employeeRBsupport@hssbc.ca](mailto:employeeRBsupport@hssbc.ca)

#### **Maternity, Parental and Personal Leaves**

Please inform your program office regarding all leaves. Information regarding Employment Insurance (EI) during leaves can be found at the [Service Canada Website](#).

### T2202A

Residents can access their T2202A through the UBC Student Service Centre [www.students.ubc.ca/ssc](http://www.students.ubc.ca/ssc).

Questions about T2202A can be directed to [questions@askme.ubc.ca](mailto:questions@askme.ubc.ca)

### Secure USBs

VCH and UBC are collaborating to issue encrypted USB drives to all residents practicing in British Columbia. Patient information must only be stored on this USB drive or another encrypted device. You can store any information, as long as you have a strong and secure password.

Further Information about Residents Encrypted USBs can be found under 'Information Privacy and Confidentiality' on the PGME website [here](#).

## UBC Card (Library)

The UBC Card acts as a library card. Residents who have completed the registration process and have obtained their UBC MRES (student) number can contact the [UBC Card Office](#).

## Confirmation of Residency Letter

For confirmation of residency, a copy of the resident's Letter of Offer is available for download from the Resident Management System (RMS) after completion of registration. Residents can access their Letter of Offer by:

- Clicking on their name in the Tracking Inbox.
- Looking to the left in the navigation; clicking on 'Program' and then current program name.
- Looking to the left in the navigation again where it now says 'Contract' and clicking on 'Contract'. When the Contract page appears, click on the paperclip icon under 'contract file'. Clicking on the paperclip will allow the download of the Letter of Offer.

Upon written request by [email](#) to the PGME Dean's Office, a letter of confirmation of wages can be provided.

## Examinations

All residents are encouraged to have taken, or succeed as soon as possible, in the [MCCQE-I](#) examination. All residents are encouraged to take the [MCCQE-II](#) after their first clinical year, rather than wait until later in their residency. It is necessary to have the MCCQE-II to obtain a full license in the province of British Columbia. For more information, visit the [Medical Council of Canada](#) website.

## Alternate Religious Holidays

Please refer to the PAR-BC (Residents Doctors of BC) Agreement article 11.06 for further information regarding Alternate Religious Holidays. A link to the multifaith calendar can be found on UBC's [Religious Accommodations](#) page.

## Resident Wellness

### UBC Resident Wellness Office

Over the course of your time as a resident you will face numerous pressures — both professional and personal. Whether you're seeking support around stress and time management, looking to improve your communication at work or with loved ones, learning ways to manage moods (depression, anxiety), or dealing with a loss or life transition, here at the Resident Wellness Office (RWO), we're here to listen and provide support.

The Resident Wellness Office is a free and confidential service available to all UBC residents and their spouses/common-law partners, no matter where you live and work.

We offer:

- Free and confidential counselling for individuals and couples (in-person, through Skype, and over the phone)
- Group support
- Referrals to community resources and other helping professionals
- Workshops on relevant health and wellness topics
- Up-to-date online resources
- Community events

#### **Contact Us:**

Phone: 1 855 675 3873 (toll-free)

Locations: Vancouver General Hospital and Surrey Memorial Hospital

Email: [resident.wellness@ubc.ca](mailto:resident.wellness@ubc.ca)

Website: [www.postgrad.med.ubc.ca/resident-wellness](http://www.postgrad.med.ubc.ca/resident-wellness)

Book an appointment online: <https://ubcresidentwellness.janeapp.com/>

Hours of operation: Monday - Friday, 8:00am-5:00pm, with evening appointments available on certain days of the week.

*For urgent needs outside of these hours, please contact alternative services listed [here](#).*



**Rebecca Turnbull, M.Ed., RCC**  
Resident Wellness Counsellor

[rebecca.turnbull@ubc.ca](mailto:rebecca.turnbull@ubc.ca)

Office: 604.675.3873  
Toll free: 1.855.675.3873



**Rachel London, M.Ed., RCC**  
Resident Wellness Counsellor

[rachel.london@ubc.ca](mailto:rachel.london@ubc.ca)

Office: 604.581.2211 x774588



**Lauren Phelan**  
Resident Wellness Program Coordinator

[resident.wellness@ubc.ca](mailto:resident.wellness@ubc.ca)

Office: 604.875.4111 x21088

## General Policies

### Resident Files Policy

The following constitute the guidelines of the Postgraduate Office in regard to files of residents.

1. A resident has access to all of his/her personal files.
2. The program director has access to all of the residents' personal files.
3. Anyone other than the resident or the program director can only access the file through the Freedom of Information Act.
4. The resident has the right to insert written comments into any document.
5. The resident has the right to be provided with a copy of any such personal material; photocopying charges may apply.
6. The program director has the obligation to inform the resident of any reports which may cause the resident to be placed on remediation or probation. The resident then has the opportunity to reply in writing and/or institute a grievance.
7. Copies of any document which may result in, or arise from, disciplinary action must be provided immediately to the resident concerned and entered into his/her file.
8. Reasonable access of the resident to his/her file is necessary, and in general this is considered to be a maximum of 24 hours after request.
9. There is no requirement for anyone to witness a resident while they are examining their file.
10. A resident's file must not be removed from the department, but does not necessarily have to remain within the same room in which it is stored when the resident is examining it.
11. A resident must not remove anything from their file.
12. A resident's file must not be destroyed, but instead be stored in order that queries may be answered.

### Resident Supervision Policy

*Approved by FREC (Faculty Residency Executive Committee) May 31, 2011*

*Approved by FRC (Faculty Residency Committee) October 25, 2011*

#### **Purpose**

The purpose of this document is to outline the components of supervision of postgraduate medical trainees and the respective responsibilities of physician supervisors, trainees and program administration. This is a general policy which may require interpretation by programs. It is expected that each program will consider a more specific policy or guidelines that reflect the nature, location and organization of their discipline and training program.

Postgraduate education prepares physicians for independent practice through graded responsibility and autonomy. Clinical supervision is required both to ensure safe and appropriate patient care and to promote resident professional development. Professional development of trainees includes not only clinical competence but also development of professional attributes such as judgment, self-assessment and time management.

#### **Definitions**

1. "Postgraduate trainee supervisor" or "PG trainee supervisor" or "PGTS" refers to the faculty member in the Faculty of Medicine who has direct responsibility for supervising the resident or group of residents in a particular practice or service. This physician may be:
  - a. Most responsible physician or "MRP"
  - b. Consultant physician
  - c. The on-call physician for a particular practice or service.
  - d. The designation of PG trainee supervisor is in relation to a physician who may or may not be responsible for the resident's clinical academic program during a rotation and may or may not be the Program Director.



2. “Resident” refers to a trainee enrolled in a postgraduate training program at the University of British Columbia. All residents will have licensure with the College of Physicians and Surgeons of BC. Normally this will be a temporary license for educational purposes as described by the CPSBC. In some cases, physicians with full licensure may be undertaking additional training either as ‘fellows’, enhanced skills or re-entry candidates. Regardless of licensure status, physicians undertaking duties in a postgraduate training program are deemed to be in training and requiring supervision by a PG trainee supervisor.

### Principles

1. PG trainee supervisor, trainees and programs should be guided by the CMA Code of Ethics, specifically but not limited to:
  - Consider first the well-being of the patient.
  - Recognize your limitations, and, when indicated, recommend or seek additional opinions and services.
2. Each patient has a “most responsible physician” (MRP) who maintains overall responsibility for patient care. Overall responsibility cannot be delegated to a trainee.
3. The educational environment must facilitate safe patient care and effective learning.

### Responsibility of the Postgraduate trainee supervisor

The attending/supervising physician must provide appropriate supervision for residents at all times, specifically:

1. Establish a supportive learning environment with open communication.
2. Assess, review and document resident competence in accordance with program specific policies and delegate responsibilities for patient care accordingly. The attending/supervising physician should take into account patient, trainee and context specific factors. It is expected that the PG trainee supervisor will review the residents findings, diagnosis and management plan in a timely fashion. This should be documented on the patient record.
3. Ensure residents under their supervision are aware of their responsibilities.
4. Advise patients, or their designate, that residents may be involved in their care and obtain consent for such participation. Depending on the setting this may be done by way of signage or practice brochure with negative consent (opting out).
5. Be available by phone or pager, when not available in person, respond in a timely manner and be available to attend to the patient in an emergency. When not immediately available, ensure that an appropriate alternate PG trainee supervisor is available and has agreed to provide supervision.
6. In addition to the above, when delegating specific responsibility for a diagnostic or therapeutic procedure, the PG trainee supervisor must specifically consider the need for direct observation, supervision and/or assistance. Except in an emergency, when a trainee is performing a procedure or act without direct observation, the patient or designate must be advised and provide specific consent.

The responsibility for supervising junior trainees may be delegated to a more senior resident. The PG trainee supervisor must assess trainee competence and delegate supervisory responsibility with the same care and consideration as delegation of clinical responsibility.

### Responsibility of the Resident

With respect to clinical supervision, residents must be aware of their status as a trainee, exercise caution and consider their experience when providing patient care, specifically:

1. Advise patients or their designate of their status as a trainee who is working under the supervision of a named physician, the PG trainee supervisor.
2. Notify the PG trainee supervisor of their assessment and actions with regard to a patient. Notification implies direct contact and should be documented in the patient record. Notification is specifically required upon:
  - a. Patient admission to a facility or service.
  - b. Significant change in status.
  - c. Prior to discharge from a facility or service.

- d. In emergency situations.
- e. When the resident, patient or designate has concerns about status or care.
3. Provide clinical supervision of more junior trainees. In this role, residents are expected to abide by the expectations as described for PG trainee supervisors above.
4. Notify their PG trainee supervisor if they are, for any reason, unable to carry out their assigned duties.
5. Notify the residency program director with concerns regarding level of supervision.
6. Strive to develop awareness of their limitations and seek appropriate assistance.

### Responsibility of the Program

It is the responsibility of the residency program director or designate, in conjunction with the residency training committee, to:

1. Ensure that faculty and trainees are made aware of policies regarding clinical supervision.
2. Review this policy in light of discipline specific needs and, if necessary, develop and distribute a more specific policy or guidelines that reflect the nature, location and organization of their discipline and training program.
3. Ensure a mechanism is in place for residents to report concerns about the level of supervision.
4. Investigate and manage complaints regarding supervision.

### Responsibility of the Office of Postgraduate Medical Education

In conjunction with the Associate Dean, Faculty Development, it is the responsibility of the Associate Dean, Postgraduate Medical Education to:

1. Ensure educational materials and workshops are available to faculty regarding where there is an identified need.

### Resources

1. CMPA. Delegation and supervision of medical trainees. IS0888-E. 2008
2. The Faculty of Medicine strictly prohibits any form of discrimination or harassment including abuses of power. Please refer to the following Faculty wide policies:
  - a. [Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry](#)
  - b. [Policy and Processes to address unprofessional behaviour \(including harassment, intimidation\) in the Faculty of Medicine](#)
  - c. [Process to Address Concerns/Complaints of Intimidation, Harassment, Unprofessional Behaviour](#)
3. Kilminster S, Cottrell D, Grant J, Jolly B. AMEE Guide No. 27: Effective educational and clinical supervision. Med Teach 2007 02:29(1):2-19.

## Prescribing in Postgraduate Training Programs

1. Residents in Postgraduate Training may be allowed to prescribe any medications, including narcotics, but excluding methadone, from the first day of the first month of Postgraduate Training, under supervision. The name of the supervising physician is to be printed on the prescription.
2. For the purpose of prescribing narcotics the Resident will be provided a triplicate pad that will contain the printed name of the Resident, and CPS ID Number. As well the Resident is to print the name of the supervising physician at that time on the prescription.
3. The ability to prescribe medication is restricted to patients seen by the Resident under the auspices of the training program; the Resident is to sign a statement acknowledging this restriction.
4. The Program Director must notify the College of Physicians and Surgeons of BC if any concerns arise as to the competency of the Resident to prescribe medications including narcotics. The Program Director may withhold recommendation for prescribing privilege of any Resident until the Program Director is satisfied that the Resident is competent to prescribe medication.
5. The request for prescribing privileges will be co-signed by the Postgraduate Dean and forwarded by the PGME office to the College of Physicians and Surgeons of BC.
6. Prescribing privileges are not granted to visiting or elective Residents.
7. The College of Physicians and Surgeons of BC reserves the right to withdraw prescribing privileges at any time.

## Resident Education Abroad Policy & Agreement

*Approved by FRC on September 24, 2013*

The Office of Postgraduate Medical Education (PGME) at the University of British Columbia provides opportunities, support and guidance for residents in postgraduate training programs to engage in education, activities abroad, in approved clinical settings that fulfill elective or core requirements of the Royal College of Physicians and Surgeons or College of Family Physicians of Canada for post graduate training programs (“International Rotations”).

The PGME Office recognizes the great potential of international educational experiences to enhance local clinical training, and to generate insights that will guide residents’ career development. This document outlines the PGME Office’s policies and recommendations for residents seeking to participate in International Rotations in both well-resourced and low resource health care settings.

Information relating to international and global health opportunities that may provide suitable experiences for International Rotations can be found on the global health website ([www.globalhealth.med.ubc.ca](http://www.globalhealth.med.ubc.ca)).

Travel abroad may expose a resident to certain risks. Residents participating in International Rotations are subject to the terms of the Faculty of Medicine **POLICY ON RESIDENT EDUCATION ABROAD** and **must** fulfill the requirements of the policy by reviewing the Pre-departure Checklist and completing the attached Post-graduate Resident Education Abroad Agreement.

Pre-departure training in preparation for travel and international engagement is mandatory for all residents. Pre-Departure Training Resources and Checklist are found at: <http://globalhealth.med.ubc.ca/resources/pre-departure/>

Participation in International Rotations is subject to the terms and conditions in the attached Post-graduate Resident Education Abroad Agreement. A resident’s participation in an International Rotation is contingent upon the resident signing the Agreement and providing a copy to the resident’s Program Director.

### EDUCATION ABROAD AGREEMENT

#### WHEREAS:

- A. The University of British Columbia through Postgraduate Medical Education (PGME) provides opportunities for residents to travel abroad to participate in approved clinical or non-clinical rotations to fulfill elective or core requirements of the Royal College of Physicians and Surgeons or College of Family Physicians of Canada postgraduate training programs offered through PGME (International Rotations); and
- B. Information relating to international and global health opportunities that may provide suitable experiences for International Rotations can be found on the global health website at [www.globalhealth.med.ubc.ca](http://www.globalhealth.med.ubc.ca).

Residents who wish to participate in International Rotations acknowledge and agree that they do so subject to the following terms and conditions:

- A. With respect to traveling to and working in another country the resident understands, agrees and acknowledges that:
  1. Circumstances beyond the control of the University may arise including war, civil unrest, or natural disasters that may require a modification or termination of the rotation. The resident has been informed of the risks associated with foreign travel, which without restricting the generality of the foregoing, include:
    - a. Injury or death suffered:
      - I. due to the acts of third parties including acts that would be regarded as criminal acts under Canadian law and acts of terrorism or war,
      - II. due to being a passenger in or operating an airplane, motor vehicle, boat, bicycle or any other means of transportation,

- III. due to illnesses and the lack of medical personnel or medical facilities to treat injuries or illnesses, and
    - b. Standards of criminal justice that differ from Canadian standards.
  2. The resident is subject to the laws of the host country and agrees to abide by those laws. The resident acknowledges that the University has no obligation or duty to assist the resident in the event the resident is arrested or charged with transgressing any law of any foreign country.
  3. The resident is required to obtain, at the resident's expense, extended medical travel insurance (including Evacuation Insurance) that will cover medical or hospital expenses that the resident may incur during the International Rotation and any travel period before or after the International Rotation.
  4. The resident is responsible for obtaining any visas or permits that may be required to travel to foreign countries.
  5. The resident is responsible for obtaining appropriate permits (licences) required to provide clinical care and for providing proof of malpractice insurance if required by the host country.
  6. The resident is responsible for obtaining any vaccinations or inoculations that are recommended or required by the government of a foreign country in which the resident will be traveling, or by the Canadian government for persons entering Canada from a foreign country.
  7. The resident is responsible for making all travel arrangements associated with the International Rotation and, notwithstanding that the University or PGME may provide information with regard to travel arrangements, neither the University nor PGME warrants the safety of any carrier and neither is responsible for the acts or omissions of any carrier.
  8. The resident is responsible for making all arrangements for accommodation during the PGME or Independent International Rotation and, notwithstanding that either the University or PGME may provide information to the resident with regard to accommodations, neither the University nor PGME warrants the quality or safety of any accommodation and neither the University nor PGME is responsible for the acts or omissions of the operators of any place of accommodation.
  9. The resident is required to attend pre-departure safety training workshops as well as complete the online pre-departure checklist and review the pre-departure training resource. Pre-departure training is mandatory for all Residents. Pre-Departure Training Resources and Checklist are found at:  
<http://globalhealth.med.ubc.ca/resources/pre-departure/>
  10. The resident must complete Schedule A to this agreement.
- B. The resident consents to the disclosure by the University during the resident's participation in the PGME or Independent Rotation of any personal information that is in the possession of the University that may be necessary in any or all of the following circumstances:
1. To a hospital, supervising medical personnel, provider of medical treatment or next of kin where a representative of the University is informed that the resident may require medical attention or treatment.
  2. To an official of a Canadian Consulate or the Canadian Government, an airline on the which the resident is booked as a passenger, or an agency that is responsible for the resident's travel arrangements where a representative of the University is informed that the information is required to satisfy the immigration or visa requirements of any country in which the resident is traveling or plans to travel, or to facilitate the resident's travel in conjunction with the International Rotation.
  3. To law enforcement authorities where the University is informed that the information is required to assist the resident.
- C. The resident assumes all of the risks related to the resident's death, any personal injuries to the resident, or damage to or loss of the resident's property, of any nature or kind arising out of the resident's participation in the International Rotation.
- D. **The resident WAIVES, RELEASES AND DISCHARGES the University, the members of the University's Board of Governors and anyone employed by or acting on behalf of the University, from any and all claims, causes of action, and any liability for personal injury, death, damage to property or loss of whatsoever nature or kind and howsoever caused which the resident or the resident's heirs, executors, administrators, or anyone else**

**may have arising out of or in any way related to the resident’s participation in the, International Rotation, the resident’s residency in the host country, and any travel to or from the International Rotation**

- E. The resident acknowledges that prior to signing this agreement the resident has read and understood the agreement and waiver of liability in its entirety and is aware that by signing this document, the resident is affecting his or her legal rights and those of the resident’s heirs, next of kin, executors, administrators and assigns.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Resident Name (please print)

\_\_\_\_\_  
Date

**SCHEDULE 'A'**  
**PROPOSED ROTATION**

Resident to Complete

Resident Name		Current PGY	
Program		PGY While Abroad	
Travel Dates (from/to)			
Faculty Supervisor			
Destination Country/City			
Host University/ Hospital/Organization			
Description of International Rotation			

## Moonlighting

*Revised & Approved June 24, 2003*

### **Preamble**

- Residents are encouraged to maintain a balance between their personal and professional life to promote their own physical and mental health and wellbeing as essential to effective lifelong practice.
- Moonlighting is defined as the independent practice of medicine during residency training in situations that are not part of required training in the residency training program.
- Moonlighting is neither condoned nor condemned during residency training.

### **When Moonlighting occurs the following principles apply:**

1. Moonlighting must not be coercive. Residents must not be required by their residency program to engage in moonlighting.
2. The moonlighting workload must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.
  - a. All program directors have an obligation to monitor resident performance to assure that factors such as resident fatigue from any cause are not contributing to diminished learning or performance or detracting from patient safety.
  - b. Program directors should bring to the attention of all residents any factors which appear to detrimentally affect the performance of the resident.
  - c. To facilitate this, the program director must be informed when a resident chooses to moonlight, on any service or unit that is part of the training program.
3. Moonlighting must not occur on the same unit or service to which residents are currently assigned, or to which they will be assigned in the future. Residents are eligible to moonlight on services that they have been previously evaluated on.
4. As residents primary obligations are to their training programs, they are not permitted to moonlight during work hours including on-call periods that are defined by the program.
5. Confirmation of licensing, credentialing and appropriate liability coverage is the responsibility of the employer.

## Resident Evaluations of Rotations and Preceptors

### **Mission:**

The Resident Training Programs at the University of British Columbia espouse a system of program and preceptor evaluations which are free of intimidation, and are directed towards continued educational improvement.

### **Goals:**

1. Each rotation should be evaluated in an objective fashion, allowing the residents to individually assess the following:
  - Were the numbers of patients and the associated work load appropriate
  - Was there an appropriate wide range of clinical problems
  - Was there an appropriate ambulatory care component
  - Were the numbers of consultations appropriate
  - Was there adequate supervision for the level of training
    - on the teaching ward
    - in ambulatory care
    - for consultations
  - Was the educational experience appropriate
  - Was there helpful and timely feedback during the rotation

2. The preceptors involved in the resident training program should be evaluated in an objective fashion, allowing the residents to individually assess the following for each preceptor:

- Did the preceptor provide formal and/or informal teaching.
- Did the preceptor stimulate the residents to learn
- Did the preceptor demonstrate an organized and clear approach to patient care
- Did the preceptor encourage the residents to take appropriate responsibility
- Did the preceptor provide appropriate supervision
- Did the preceptor provide helpful feedback
- Was the preceptor a good role model
- Were the Goals and Objectives of the rotation discussed at the beginning of the rotation.
- Were the Goals and Objectives of the rotation met.

3. Although in an ideal world the residents should feel comfortable in providing face to face evaluations, it is recognized that this is not the case. Therefore, there must be a methodology to ensure confidentiality of evaluations. This is quite separate from the ability to provide anonymous evaluations, which is recognized as not being appropriate. Methods to ensure confidentiality are most important in small programs or rotations. They include:

- responses coded to remove names
- saving evaluations for a period of time so that many residents will have rotated through.
- utilizing a “running average” approach with new evaluations being added to pre-existing evaluations. It is recognized that this approach will not allow for improvements to be immediately recognized.
- group evaluations at the end of the term. It is recognized that this could be criticized because the residents may not have a complete memory of the programs/preceptors if this approach is adopted.

4. Preceptor evaluations should be constructed so that the contact type is clearly identified. Appropriate designations include:

- regular involvement on ward/teaching area
- occasional involvement on ward/teaching area
- on-call involvement only
- involvement during academic activities only

5. If evaluations are being held to assure confidentiality, an additional mechanism must be set up to allow for emergent situations. An appropriate mechanism would include the involvement of the chief resident(s) as a liaison with the program director.

6. There must be evidence that the evaluations are being utilized appropriately to improve the educational experience.



## Residents as Teachers

### Residents as Teachers (RaT) Initiative

Residents as Teachers (RaT) is a standardized and structured curriculum that is being systematically implemented across all postgraduate residency programs. The aim is to prepare residents in their role as teachers of medical students, patients, and colleagues.

The RaT core curriculum covers six teaching topics: adult principles of learning, effective presentations, effective and efficient clinical teaching, clinical reasoning, direct observation and feedback, and patient education. Surgical specialties also include teaching technical skills.

RaT aligns with the CanMEDS 2015 competency-based framework and is tailored to the needs of each residency program and delivered within each program's contextual environment.

Please visit the RaT Website for additional information: [Residents as Teachers Website](#)

### Teaching by Residents in the Undergraduate Curriculum

#### **Rationale**

The Royal College affirms the value of providing opportunities to develop teaching skills and experience during residency training. Teaching is highly valued by the University of British Columbia, Faculty of Medicine.

#### **Guiding Principles**

1. There will be a consistent system across departments that will recognize teaching contributions, innovation, and excellence by residents (e.g. annual departmental Residents' Undergraduate Teaching Awards.).
2. Residents will be engaged in teaching for its intrinsic educational value and will not be used to substitute or usurp the faculty's central role in the undergraduate curriculum.
3. Residents will receive educational training and support including constructive feedback and formative evaluation from the Faculty.

#### **Policy**

1. Residents should all have both the opportunity and expectation to teach medical students.
2. Residents will be offered educational support and development pertinent to their teaching in the Undergraduate Curriculum.
3. Teaching will be most concentrated during the medical student pre-clerkship clinical skills blocks and during clerkship rotations.
4. However, residents who wish to teach during FPC, or a PBL/DPAS block may be permitted to teach with prior approval of their Postgraduate Program Director, if this meets their educational objectives and does not detract from their clinical commitments.
5. Recognition in teaching excellence will be built into Residency Training Awards presented to residents by their department (e.g. Medicine, Surgery, Pediatrics, Psychiatry, Radiology, Pathology, Ob/Gyn, and Family Practice).
6. Clinical faculty will not receive honorarium for teaching done by residents, nor will individual GFT faculty members receive teaching time equivalents for teaching done by residents.
7. Honorarium payment will not be given to salaried residents unless their teaching activity is clearly outside of the hours of their residency contract and is outside the content area of their specialty training (e.g. exam

preparation, invigilation, OSCE participation). Approval of such payment must come from the Undergraduate Dean's Office (not the Departments).

### Attachment

In the Royal College of Physicians and Surgeons of Canada General Standards of Accreditation (September 1997) there are two relevant statements under Standard B & Academic and Scholarly Aspects of the Program:

- Item 4: The program must ensure that residents learn effective communication skills for interacting with patients and their families, colleagues, students and co-workers from other disciplines. Clearly defined educational objectives for teaching these skills and mechanisms of formal assessment should be in place.
- Item 6: Residents must be given opportunities to develop effective teaching skills by teaching junior colleagues and students as well as through conference presentations, clinical and scientific reports, and patient education.

These principles are also echoed in the CanMEDS 2000 Project document involving scholarly competencies. These include: Item 3: Facilitate the learning of patients, students, residents and other health professionals. This includes the ability to: help others define learning needs and directions for development, provide constructive feedback, and apply the principles of adult learning in interaction with patients, students, residents, colleagues and others. The CanMEDS specific objectives indicate the following: Item 3: Education: a: Demonstrate and understanding of, and the ability to apply, the principles of adult learning with respect to oneself and others; b: Demonstrate an understanding of preferred learning methods in dealing with students, residents, and colleagues.

### Guidelines for Residents Teaching MD Undergraduate Students

*Approved by MD Undergraduate Education Committee (MDUEC) December 17, 2012*

*Approved by MD Undergraduate Regional Executive (MDUREX) January 8, 2013*

*Approved by Education Council January 15, 2013*

*Approved by Dean's Executive for information February, 2013*

*Approved by Faculty Executive for information February, 2013*

"The Mission and Goals of the MD Undergraduate Program have been reviewed and revised as part of an extensive process of curriculum renewal beginning in 2009. This final version was approved by the MD Undergraduate Regional Executive in November 2012. It is a living document that will be subject to periodic reviews to remain current and relevant.

This document will serve two primary functions. Firstly, it is intended as a communication tool to inform internal and external stakeholders including current and prospective students and faculty, administration, government agencies and the community at large. Secondly, it provides a structure and criteria to guide ongoing curricular development and program evaluation.

The Mission is a statement of the program's fundamental contribution – what it hopes to achieve and who it serves. The Principles are statements that encompass core values, beliefs and priorities that will guide program goals. The Goals are broad statements of long term accomplishment. Five goals were identified as the desired outcomes or outputs of the program. These outcomes can be attained through the achievement of a series of operational goals which have been grouped into five categories: Institutional Setting, Resources, Educational Program, Learning Environment and Students."

For full guidelines see: [Guidelines for Residents Teaching MD Undergraduate Students](#)

## Health and Safety

### Blood Borne Virus Policy

#### **Preamble:**

Since the early 1980s there has been a growing public and scientific awareness of blood-borne infections. Examples of such infections include (but are not restricted to) the human immunodeficiency virus (HIV) and hepatitis viruses (hepatitis B, hepatitis C). Over the past twenty years, policies have been developed at national, provincial and local levels to deal with these infections. This document will outline a policy for postgraduate trainees in the Faculty of Medicine at the University of British Columbia. It is the intent of this policy to balance the rights of the individual with a blood-borne infection with the need to protect the public well-being. In doing so, this policy will take into account external policies and ethical guidelines that impact on trainees at UBC. For the purposes of this document, the term “University” refers to the Faculty of Medicine, the Postgraduate Education office, the Postgraduate Dean and the Program Director.

The University recognizes the importance of balancing the needs and rights of its trainees with the collective well-being of all of the University’s constituents. The University recognizes the right of trainees to confidentiality and freedom from discrimination in pursuit of their academic goals. These rights must, however, be balanced with the rights of all members of the academic and non-academic community in order to function in a safe environment. Residents who have a blood-borne infection must recognize that while the University will defend their individual rights, the ability of any trainee to interact with patients may require modification, in keeping with policies of health care facilities and the College of Physicians and Surgeons of British Columbia (CPSBC). Trainees must also be aware that their training Program may require modification to avoid potential transmission of blood-borne infections to patients. While it is the obligation of the University to attempt to modify training under the terms of this policy, such modification of training may make residents ineligible to undertake certification examinations in certain specialties. The decision as to whether or not training satisfies the training requirements of the specialty rests with the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

Since postgraduate trainees are physicians, their activities are guided by a variety of agencies including the University, the CPSBC, and the Canadian Medical Association (CMA). Postgraduate trainees hold educational licenses from the CPSBC and are thus governed by the policies of this organization. The policy guidelines detailed below have been developed through a consultative process that includes the major stake-holders, including the CPSBC and the Professional Association of Residents of British Columbia (PAR-BC).

The Faculty of Medicine has its own policies that apply to undergraduate students. Different resources may be available to undergraduate students than postgraduate students.

These policy statements take into account the latest knowledge about the transmission of the major blood-borne infections. They are designed to meet the needs of various constituencies: postgraduate trainees, faculty and other university staff and patients. The policies recognize that the scientific knowledge about various blood-borne infections is rapidly evolving and that new knowledge about these and other infections is emerging continuously. No policy, therefore, can cover all eventualities with certainty. It will be necessary, on a regular basis, to review these policies and update them based on the latest scientifically validated information. A systematic and regular review of the content of this paper will ensure that the University remains responsive to the future needs of its trainees. The authors suggest that this policy paper be reviewed every five years at a minimum, or earlier, should new scientific knowledge require modification of the information contained in the policy guidelines. This policy should therefore be reviewed by no later than June, 2009.

**POLICY:**

**1. Confidentiality:**

Confidentiality is the hallmark feature of the Blood-borne Infection Policy. The Postgraduate Training Programs of the University of British Columbia have no interest in the sero-status of any individual and has no reason to ascertain such sero-status in the course of day-to-day functioning of its trainees or staff. It will make no efforts to determine the status of any trainee.

There are circumstances, however, where the knowledge of an individual's sero-status will be made known to the Postgraduate Dean's office. Such circumstances could include the need to alter a resident's training Program at the request of the CPSBC. The CPSBC has specific requirements for all physicians licensed to practice Medicine within the province, including postgraduate trainees who hold educational licenses that allow them to practice within the university system. These requirements include the mandatory reporting of such individuals (either self-reporting or reporting by the individual's treating physician), the need for the infected physician to have ongoing observation/treatment by a knowledgeable physician of their choice and refraining from undertaking exposure-prone procedures (EPP) in a health care setting (see Appendix E). The CPSBC has an expert panel that oversees such EPP and has the authority to ensure that physicians do not potentially expose patients or others to any blood-borne infection.

While the University encourages all physicians to know their status with respect to blood-borne infections, it will not mandate testing for postgraduate trainees at the University of British Columbia.

In the course of altering training Programs for residents with a BBI, it may be necessary to advise individuals within the Faculty of Medicine responsible for the resident's training of the resident's blood-borne infection status. Should alteration of a resident's training Program be required, it will be necessary to advise the resident's Program director of the reason for the Program change. This disclosure will be done with the knowledge of the trainee. Those who are made aware of the sero-status of a postgraduate trainee will be obliged to maintain confidentiality at all times.

It is not necessary to advise other members of the trainee's Program as to the reason for the alteration of training. A clinical or research supervisor has neither the need nor the right to such information. The Faculty of Medicine will ensure that the disclosure of a trainees BBI status will remain strictly limited on a "need-to-know" basis, with the full knowledge of the resident.

The risk of transmission of a BBI from a health care worker is extremely low, especially when universal precautions against transmission of a BBI are used. When the recommendations of the Expert Panel of the CPSBC are followed, the risk of transmission of a BBI should be eliminated. It is therefore unnecessary for trainees to advise patients of their BBI status.

By maintaining strict confidentiality of trainee information, it is hoped that trainees will be encouraged to know their BBI status and seek testing, counseling and expert care. Such supervision of the resident's work environment and abstention from EPPs as mandated by the Expert Panel of the CPSBC will ensure patient safety.

**1.00**

The blood-borne infection status of trainees is a confidential issue between themselves and their treating physicians, except that all postgraduate trainees within the Faculty of Medicine must have their status reported to an expert panel of the CPSBC. The University has no interest in this information, except where there is the necessity to alter academic Programs. Changes to Program content may be undertaken at the request of the trainee or may be required by the Expert Panel of the CPSBC (see Appendix A: College of Physicians and Surgeons of British Columbia, Policy Manual Section C-5).

**1.10**

The University expects that all residents with blood-borne infections will make this known to the appropriate agencies, as required by the ethics guidelines of the CPSBC and the CMA (see Appendix B).

**1.20**  
Because there is a low risk of transmission of blood-borne infections, trainees with transmissible blood-borne agents will not be obliged to inform patients of their status. Trainees should be guided by the ethics guidelines of the CMA and the recommendations of the expert panel of the CPSBC with respect to EPPs.

**1.30**  
Disclosure of the blood-borne infection status of any trainee will be limited to the following individuals:

1. the Postgraduate Dean
2. the Director of the trainee's specialty Program

No other individual has the need to know the sero-status of any trainee, except with the express and written consent of the trainee (with the exception of entering a Dispute Resolution Mechanism: see Section 6.00).

**1.40**  
Program Directors and Postgraduate Deans who are asked to supply letters of reference on behalf of trainees (for job positions/subspecialty training Programs etc.) will be required to maintain confidentiality at all times with respect to disclosure of the sero-status of a trainee. Program Directors would need to honestly advise the institution requiring a letter of reference that training had been modified. The reason for modification would remain confidential. The infected resident would need to be informed that such information would be disclosed.

**2. Non-discrimination:**

The second hallmark feature of this policy is the principle of non-discrimination. The BBI status of any trainee is a confidential matter between the trainee and his/her treating physician, except under circumstances that require alteration of training (see Policy item 1.0, Preamble). The Postgraduate Training Programs of UBC will comply with all non-discrimination legislation that governs such matters. The University recognizes that the disclosure of information regarding a trainee's BBI status could lead to harassment and discrimination. It is the obligation of the University to ensure, as best it can, a learning and work environment that minimizes discrimination.

The University recognizes the rights of individuals to function in a non-discriminating environment. Trainees with a BBI have a right to work in an environment that is free from discrimination and harassment.

Based on the current knowledge of transmission of blood-borne infections, there is no justification for restricting the access of trainees to University activities or services, other than those required to modify training Programs. Trainees have a right to access University services as long as this does not pose a safety or health hazard to themselves or to others.

The University will not discriminate against students who wish to enter the Postgraduate Training Programs of the University of British Columbia by requiring testing for BBIs on entry to postgraduate training Programs. Again, students applying to postgraduate training Programs would need to recognize that outside factors might require modification of their intended training Program and this could, in turn, lead to the failure to meet the training requirements of their specialty choice.

It is the responsibility of the Postgraduate Training Program to ensure that mechanisms are in place to deal with trainees who face discrimination or harassment in the performance of activities related to their academic Program, based on the individual's actual or perceived BBI status. These mechanisms must be made widely known to trainees so that all trainees are aware of the mechanisms for reporting such discrimination or harassment. Confidentiality in these matters is mandatory, as per Policy Items 1.0.

There is no justification for any member of the academic community to refuse to work with a trainee who has, or is perceived to have a BBI as long as the specific interaction does not put them at risk of exposure to blood or body fluids

that might transmit such an infection. It is the responsibility of the University and its allied health facilities to ensure that appropriate equipment and education is available to reduce the risk of transmission of a BBI.

The presence of a BBI alone will not be grounds for dismissal from any training Program within the Postgraduate Training Programs of the UBC. In the event of the development of an illness related to the presence of a BBI, the trainee has a right to continued employment, as long as their health allows them to do so. If a trainee with a BBI is unable to carry out his/her duties due to illness, or poses a health threat to others, the University will attempt to modify the work environment and training Program to accommodate the health needs of the trainee. In this regard, a trainee with a BBI will be treated no differently from any other trainee with an illness that may affect their ability to perform their educational activities.

## **2.00**

Trainees with any blood-borne infection have the right to freedom from harassment and discrimination while engaged in activities that are part of university life. Trainees have the right to freedom from harassment and discrimination while working in any health care environment, in keeping with the Human Rights Code of British Columbia and UBC and health center policies (see Appendix C: definitions of “health center”).

## **2.10**

Trainees who are harassed or discriminated against on the basis of having a blood-borne infection should report this to the appropriate agency. Reporting may be made to their personal physician, a trainee advocate (to be appointed by the trainee in discussion with the Postgraduate Dean – see 2.30) or to a Faculty agency (i.e. the Dean of Equity).

## **2.20**

The presence of a blood-borne infection is not in itself just cause for dismissal from a training Program or to be refused admission to a training Program.

## **2.30**

Residents have the right to an advocate who will act on the resident’s behalf on all matters related to the trainee’s blood-borne infection status. The trainee will select this “resident advocate”. The resident advocate must be acceptable to the Faculty of Medicine.

## **2.40**

Because there is no risk of casual transmission of blood-borne infections, there is no justification for any other health care worker to refuse to work with a resident with a blood-borne infection, in a low risk setting.

## **2.50**

The University will not oblige residents with a blood-borne infection to take part in activities that might lead to transmission of body fluids (i.e. blood-taking in a class/laboratory setting).

## **3. Modification of Training:**

It is the responsibility of the University to develop educational Programs that fulfill the educational requirements of postgraduate trainees. It is also the duty of the University, as outlined in this policy, to modify training Programs when trainees have a BBI. Trainees might require Program modification due to the risk of transmission of a BBI in a health care setting (i.e. trainees performing EPPs) or following the development of an illness related to the BBI that demands modification of his/her training Program.

Standards for resident education are developed through the Committee on Specialties of the Royal College of Physicians and Surgeons of Canada (RCPSC) and its various Specialty Committees or the College of Family Physicians of Canada (CFPC). Those training requirements are not under the jurisdiction of the University. Trainees whose Programs require modification to prevent transmission of a BBI or as due to illness may be unable to fulfill the specific training requirements of the trainee’s specialty. It is possible for some specialty areas that training modification may preclude

the trainee from fulfilling the specialty training requirements. Whether or not the training modification is major or minor, it is the responsibility of the University to attempt to modify the training of a resident with a BBI.

If the modification of training precludes the successful completion of a training Program, it is the responsibility of the University to make every reasonable effort to find training for a resident in another specialty area where the trainee's BBI will not prevent completion of training. A switch of Program would be done with the consent and involvement of the infected trainee. All discussions related to modification must have the knowledge and involvement of the affected trainee.

Information regarding the need to modify training could come from either the trainee directly to the Postgraduate Dean, or from the Expert Panel of the CPSBC via the trainee's personal physician. Under either circumstance, confidentiality would be maintained at all times.

In order to facilitate the modification of training, it would be necessary for (some) other individuals within the Residency Training Program to be aware of the trainee's BBI status. This information should be made known to the trainee's Program Director, since he/she would need to be involved in any attempt to modify a training Program. Other faculty members within the resident's training Program would have neither the right nor the need to know the reasons why any trainee's Program requires modification. The Program Director is bound by confidentiality to protect the resident under such circumstances.

The trainee may benefit from the availability of a "resident advocate" who could participate in discussions/negotiations with the Faculty. This advocate would be selected by the trainee and would act as an advocate for the trainee in the trainee's interaction with the Faculty. The advocate could be a faculty member of the trainee's choice, a personal physician, a representative of PAR-BC or other suitable individual. The University recognizes the right of a trainee to have such counsel.

The policy also recommends that a committee be set up to deal with all matters related to the needs of trainees with a BBI. This committee should be set up on the identification of a trainee with a BBI and would include the trainee, the Postgraduate Dean, a resident advocate, the trainee's Program Director, and, wherever possible, the trainee's personal physician or representative of the Expert Panel of the CPSBC. This panel would advise the Faculty of Medicine in matters relevant to the education of a trainee with a BBI.

### **3.00**

The Expert Panel of the CPSBC may require modification of the training Program of any individual with a blood-borne infection to prevent potential transmission of such infection to patients. It is the obligation of the Faculty of Medicine and specifically the Postgraduate Dean to make every reasonable effort to modify the training Program of any such individual and attempt to ensure that trainees are able to meet the Residency Training Requirements of the trainee's specialty.

### **3.10**

It is the responsibility of the University, in discussion with an infected trainee, to attempt to modify the training Program of an individual with a blood-borne infection. In the course of modifying a training Program it may be necessary to inform other members of the Faculty responsible for the trainee's education (as per Policy Statement 1.30). The Faculty of Medicine will make every attempt to modify the work practices of an infected trainee in order to allow the trainee to continue in his/her chosen profession. Modification of training should be done in collaboration with the trainee, the trainee's advocate, the trainee's Program director and the Expert Panel of the CPSBC. If so desired, the trainee may request the presence of a representative of PAR-BC.

### **3.20**

The Faculty of Medicine must advise students applying to a postgraduate Program at the University of British Columbia that if they have a blood-borne infection they may not be allowed by the CPBSC to undertake training in some specialty areas with frequent numbers of exposure-prone procedures. Medical students with a blood-borne infection are advised

to discuss their specific situation, and potential specialty career choice, with the Postgraduate Dean. For further details, please refer to the UBC Postgraduate Medicine website: <http://postgrad.med.ubc.ca/>

To ensure this is communicated to medical students who are contemplating their career choices, the above paragraph must be included in the eCaRMS description for each UBC Postgraduate Training Program, and an executive summary of this policy must be communicated from the Postgraduate Dean to the Undergraduate Dean. In addition, the policy must be made available on the Postgraduate Medicine website.

### **3.30**

If the modification of training prevents a trainee from meeting his/her Specialty Training Requirements, it is the obligation of the University to attempt to find alternate training for that individual in another specialty area. Transfer to another specialty area must be done with the knowledge and consent of the trainee. The trainee has the right to additional representation when matters of transfer to another Program are discussed (i.e. trainee advocate, representative of PAR-BC etc.).

### **3.40**

Prior to modifying training, the resident and the Program Director or Postgraduate Dean should jointly review in writing the impact of the trainee's modified Program with the Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada, to ensure that the trainee's modified Program will satisfy the training requirements of the specialty.

### **3.50**

It may be necessary, in the interest of patient safety, for the Expert Panel to advise the Postgraduate Dean about the health status of any trainee, if the health of that individual might have an adverse outcome on patient care (i.e. through transmission of infection, impact of altered mental status etc.). This should only be done with the knowledge of the trainee. Policy statements regarding confidentiality will apply to such disclosures.

## **4. Strategies for the Prevention of Transmission of Blood-borne Infections:**

There is an inherent responsibility on the part of the University to make educational Programs that reduce the risk of a blood-borne infection available to residents. It is important that these Programs be universal within the various specialty and subspecialty training Programs, that all residents have access to such education and that the educational Programs be carried out early on in training Programs. These educational Programs should be carried out frequently throughout residency training.

The responsibility for developing educational tools for residents belongs to the Postgraduate Dean and Program Directors. It is the responsibility of the Postgraduate Dean to ensure that Programs are in place for all trainees, in collaboration with the Program Directors. Education can be undertaken through common courses for all trainees, Program-specific courses within training Programs or other educational formats. The Postgraduate Dean must coordinate all such educational activities to ensure compliance with this policy.

Allied health facilities have policies and procedures in place to reduce transmission of blood-borne infections. Equipment to reduce transmission of a BBI must be made available to trainees at all educational sites used by training Programs, where EPPs are performed. The Faculty of Medicine accepts that policies in place at such facilities will supersede policies of the Faculty of Medicine and that trainees will accept the regulations of the allied health facility with respect to risk reduction. It is also the responsibility of allied health facilities to update equipment as warranted by changes in knowledge about transmission of specific BBIs.

Allied health facilities must ensure that post-exposure testing and prophylaxis (PEP), where indicated, is made available to trainees in a timely manner. All hospital emergency departments in the province of British Columbia have PEP kits with supplies of antiretroviral medications in the event of a significant exposure to HIV. Health Centers and physicians across the province have access to expert telephone advice through a hotline set up by the BC Center for Excellence in



HIV/AIDS (see Appendix E). Other interventional therapies for other blood-borne infections should also be made available to trainees.

Counseling for trainees who have had a significant exposure is extremely important, given the stress and uncertainty following an exposure. A variety of counseling services are available. Trainees who suffer side-effects of PEP or who suffer inordinate emotional stress as a result of the exposure/treatment should have sick leave in keeping with current contractual arrangements with PAR-BC.

#### **4.00**

It is the responsibility of the University, in collaboration with health care facilities, to ensure that policies are in place to educate trainees about prevention of transmission of blood-borne infections. University policies may be subservient to the policies of health care facilities in this regard.

#### **4.10**

Education regarding prevention of blood-borne infections will be a compulsory part of trainee education while in the postgraduate Programs of the Faculty of Medicine. It is the responsibility of the Postgraduate Dean and Program Directors to ensure that educational Programs are in place in all Departments. Educational Programs must be made available to trainees at the beginning of their Program and throughout the training Program on a reasonable frequency.

#### **4.20**

It is the responsibility of the University and health care facilities to ensure that proper equipment, and the knowledge to use such equipment effectively, will be available to trainees to reduce the risk of accidental exposure to infected body fluids. Such equipment must be as up to date as knowledge allows.

#### **4.30**

Post-exposure testing and counseling will be made available to trainees exposed to blood-borne infections in the course of their usual activities while under the auspices of the Faculty of Medicine. It is the responsibility of the University and health care facilities to ensure that medications/other therapies that may exist are made available to trainees, and that trainees are educated in the use of these treatments. Specific jurisdictions may have policies in place for such occurrences and trainees working at health centers may fall under the policies of these centers (i.e. see Appendix D: “Protocol in the Event of Exposure to Blood and Body Fluids; Vancouver Coastal Health Authority” for an example of such a policy).

### **5. Testing:**

The University recognizes that there is great controversy about testing health care professionals for BBIs. A variety of screening tests for a number of important BBIs are available (i.e. HIV, HBV, HCV etc.). The issue of infected health care professionals often invokes an emotional, as opposed to a scientific, response on the part of the public. It is the responsibility of the Expert Panel of the CPSBC to advise physicians of job modifications to reduce the transmission of a BBI to patients. In keeping with policy statements of the CMA and the CPSBC, physicians, including residents, should know their sero-status for testable BBIs (i.e. HIV, HBV, HCV etc.).

The Faculty of Medicine therefore encourages all residents to be tested for blood-borne infections and refrain from EPPs that might put patients or others at risk. Given the safeguards that exist within the current system, the Faculty of Medicine does not require the mandatory testing of trainees for BBIs. Testing will neither be mandatory for entry to training Programs nor throughout training Programs.

The University strongly encourages that residents receive proper treatment following an occupational exposure through the mechanisms available to them in health care settings. It is important that residents receive the proper testing, counseling and prophylaxis to reduce risk of infection following an occupational exposure. With the safeguards for confidentiality and non-discrimination as outlined within this policy, it is hoped that residents will be encouraged to come forward for testing following an EPP. There will be greater risk to patients if trainees do not come forward for testing.

## **5.00**

Mandatory testing for blood-borne infections is not required for admission to postgraduate training Programs within the Faculty of Medicine.

### **5.10**

Trainees in the Faculty of Medicine have an obligation not to subject their patients to unacceptable risk of transmission of blood-borne infection. Trainees who perform procedures that may transmit any blood-borne infection should be aware of their sero-status. Those who do not have evidence of HBV infection should be encouraged to be vaccinated.

### **5.20**

Trainees who test positive for any blood-borne infection should have counseling and other support services made available to them. The availability of such support services should be made known to all trainees (See Appendix E: examples of available counseling services).

## **6. Dispute Resolution:**

It is hoped that the mechanisms outlined above will reduce any conflict between the University and the trainee in regards to modification of training. The University recognizes the tremendous stress that residents will have following identification of a BBI. Such stresses may be physical, related to illness from a BBI, or emotional, due to uncertainty related to the impact of the BBI on training and career.

Such stress may lead to disputes between the trainee and the University, or the trainee and the Expert Panel of the CPSBC. In the event of a conflict between the trainee and the university, it is important that a mechanism be made available to trainees and the University to resolve such conflict. The policy proposes the establishment of a dispute-resolution mechanism to deal with any conflict, specifically the creation of an ad hoc committee to deal with trainees concerns. Trainees must recognize that in the event that a conflict-resolution committee is required, members of the committee will need to know the sero-status of the particular trainee. Confidentiality within this committee is mandated.

The committee will be struck at the request of the Postgraduate Dean, the Program Director or the trainee. The committee should be broadly representational and should include experts in the area of BBIs. The trainee will have the right to representation from PAR-BC and/or the trainee advocate if desired by the resident. Should the dispute involve the implementation of modification of training as mandated by the CPSBC Expert Panel, the trainee will be referred to dispute resolution mechanisms within the College. Trainees need to recognize clearly that the University has no power to overturn decisions of the Expert Panel.

## **6.00**

In the event of a dispute over the ability of a postgraduate trainee with a blood-borne infection to undertake postgraduate training (in whole or components of training), a dispute resolution mechanism will be put in place. Members of the dispute resolution panel may include; a) the Postgraduate Dean; b) a representative of the expert panel of the CPSBC; c) the trainee's personal physician; d) an expert in infectious diseases or blood-borne infections; e) the trainee advocate; f) a representative of PAR-BC; g) other members as requested by the trainee or the Faculty of Medicine. It is understood that disclosure of a trainee's BBI status will be disclosed to this panel and that confidentiality will apply to all members of this panel.

### **6.10**

In the event that the dispute relates to the recommendations of the expert panel of the CPSBC, the trainee will be referred to the College of Physicians and Surgeons of BC and dispute resolution mechanisms that exist within the College.

Trainees will be required to refrain from patient care activities pending the resolution of any dispute.

## Health and Safety of Postgraduate Medical Trainees

*Approved by FRC (Faculty Residency Committee) September 8, 2015*

### **Purpose**

The purpose of this policy is to promote a safe and healthy environment by providing basic standards for resident safety. This policy applies while residents are undertaking activities related to the execution of residency duties. In addition to this policy, each program must establish a written policy in accordance with the RCPSC/CFPC General Standards for Accreditation taking into account specific risks associated with the nature of the discipline and the organization of training.

### **Background**

In the General Standards of Accreditation (“A” Standards) of the RCPSC/CFPC, standard A.2.6 states:

“All participating sites must ensure resident safety at all times, particularly considering hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients or others.”

The Collective Agreement between the Health Employers Association of BC and the Professional Association of Residents of BC (now known as the Resident Doctors of BC) 2014-2019 outlines additional responsibilities of the employer with regard to safety of personal effects, orientation, on-call areas, workload during pregnancy and distributed training sites.

### **Principles**

Resident safety is a shared responsibility of Faculty of Medicine, the Health Employers Association of BC, clinical and academic departments and the trainees themselves. Occupational health and workplace safety is governed by Occupational Health & Safety Regulations (WorkSafe BC).

Awareness of personal safety and assessment of risk is part of professional development inherent in postgraduate medical education. Residents should not suffer academic consequences for declining to participate in an activity they feel puts them at unacceptable risk of physical harm. However, residents will be required to meet the educational objectives through alternate educational activities.

The scope of this policy encompasses Personal Safety, Workplace (environmental, occupational) Health and Safety, and Professional/Psychological Safety.

### **A) Personal Safety**

- Personal Safety Guidelines encompass:
- risk of violence or harm from patients or staff
- access to secure lockers and facilities including call rooms
- safe travel
- working in isolated or remote situations including visiting patients in their homes or after hours
- safeguarding of personal information

## 1. Responsibility of the Program

- a. As part of the educational curriculum, residents must be provided with general safety training including personal safety and protection of personal information, with an emphasis on risk identification and management.
- b. Special training must be provided to residents who are expected to encounter hazards such as exposure to violence from patients or others.
- c. To protect the personal security and privacy of trainees, programs should not publish photographs and rotation schedules of named residents on publically accessible websites.
- d. Specifically related to clinical activities on-call and after hours, residents are not expected to:
  - i. work alone after hours in health care or academic facilities without adequate support from Protection Services
  - ii. work alone in private offices, including after-hours clinics, without adequate support from Protection Services
  - iii. walk alone for any major or unsafe distances at night
- e. Programs and sites must identify policies specifically related to patient transfers by ambulance including critical care and infant transport.
- f. For programs and sites that require home visits, policies must be identified specifically related to home visits.
- g. For travel related to clinical and academic assignments, there should be an unscheduled day between rotations to and from distributed training locations.

## 2. Responsibility of the Resident

- a. Residents must participate in required safety sessions and abide by the safety codes of the assigned facility, unit or department.
- b. Residents should only telephone patients from a clinic or hospital telephone line. If calls must be made with a personal or mobile phone, this should be done using call blocking.
- c. Trainees must use caution when offering personal information to patients, families or staff.
- d. Residents are expected to exercise caution. If a trainee feels that her/his personal safety is threatened, s/he must seek immediate assistance and remove themselves from the situation in a professional manner. The trainees should ensure that their immediate supervisor and/or the program director has been notified.
- e. When traveling by private vehicle, it is expected that residents will execute judgement especially when driving in inclement weather or when fatigued.
- f. For long distance travel, residents should ensure that a colleague or the home residency office is aware of their itinerary.
- g. There is an unscheduled day between rotations to or from distributed training locations. When long distance travel is required, the resident should request that they not be on call on the last day of the preceding rotation.
- h. Residents should exercise caution when driving home after call if they have not had adequate rest.

**3. HEABC – PARBC (now Resident Doctors of BC) Collective Agreement (2014-2019)** sets forth standards for facilities including lockers and call-rooms.

**Procedures for Breach of Personal Safety**

Trainees who feel their personal safety or security is threatened should remove themselves immediately from the situation in a professional manner and seek urgent assistance from their immediate supervisor or from the institution's security services.

Trainees in hospital/institutional settings identifying a personal safety or security breach must report it to their immediate supervisor at the training site as well as to the program director.

Trainees in community-based practices or other non-institutional settings should discuss issues or concerns with the staff physician or community-based coordinator, or bring any safety concerns to the attention of their Program Director.

The Program Director has the authority to **remove trainees** from clinical placements if a risk is seen to be unacceptable.

If a decision is taken to remove a trainee, this must be communicated promptly to the Department Head, the Residency Program Committee, the site Clinical Head (or equivalent) and the PGME Dean.

**B) Workplace Occupational and Environmental Health and Safety**

This encompasses:

- Hazardous materials, radiation safety, chemical spills, indoor air quality
- Exposure to blood and body fluids
- Immunization
- Respiratory protection

**1. Responsibility of the Program/Employer**

- a. Residents must be made aware of site specific safety risks. Programs and training sites must ensure residents and fellows are appropriately oriented to current workplace safety guidelines.
- b. As part of the educational curriculum, residents should be provided with safety training with an emphasis on risk identification and management.
- c. Programs must have guidelines to address exposures specific to training sites, communicate these to residents and ensure appropriate understanding by residents prior to involvement in these activities.

**2. Responsibility of the Resident**

- a. Residents are expected to participate in required safety sessions and abide by the safety codes of the assigned facility, unit or department including WHMIS, fire safety or dress codes as they pertain to safety.
- b. Residents must use all necessary personal protective equipment, precautions and safeguards, including back up from supervisors, when engaging in clinical and/or educational experiences.
- c. Residents should familiarize themselves the location and services offered by the occupational health and safety office of the assigned facility.
- d. Residents are expected to exercise caution. If a trainee feels that her/his personal safety is threatened, s/he should seek immediate assistance and remove themselves from the situation in a professional manner. The trainees should ensure that their immediate supervisor and/or the program director has been notified.

- e. Residents are responsible for keeping immunizations up to date and seeking overseas travel immunizations and advice well in advance of international experiences.
- f. Pregnant residents should be aware of specific risks to themselves and their fetus(es) in the training environment and request accommodations where indicated.

**3. HEABC – PARBC (now Resident Doctors of BC) Collective Agreement (2014-2019)** Residents are considered employees by the Health Authorities. Hence, they are covered by WorkSafe BC and are subject to Health Authority specific Occupational Health and Safety procedures and protocols.

**Protocol for Workplace Accident/Injury or Incident:**

It is acknowledged that residents at UBC are assigned to many different types of learning environments across the province. Irrespective of this, if there is a workplace accident, exposure or incident (for example, needlestick injury), the resident must:

- 1) Report the incident to his/her immediate supervisor who may engage the Occupational Health Office Protocol of the institution; and
- 2) Go immediately to the nearest emergency room, identify him/herself as a resident (and thus an employee of the Health Authority), and request to be seen on an urgent basis.
- 3) During this process, an incident form will need to be completed; WorkSafe BC will need to be notified, and the resident will need to call the Workplace Health Call Centre (1-866-922-9464).

**C) Professional and Psychological Safety**

This encompasses:

- Confidentiality of Resident Information
  - Liability Coverage
  - Learning Environment
- a) Programs should support an environment in which residents are able to report and discuss adverse events, critical incidents, 'near misses', and patient safety concerns without fear of punishment.
  - b) Resident files are confidential. Residency Program Committee members cannot divulge information regarding residents.
  - c) Resident feedback and complaints must be handled in a manner that ensures resident confidentiality, unless the resident explicitly consents otherwise.
  - d) In cases where Intimidation and Harassment threaten the learning environment:

The Faculty of Medicine strictly prohibits any form of discrimination or harassment including abuses of power. Please refer to the following Faculty wide policies:

Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry  
Policy and Processes to address unprofessional behaviour (including harassment, intimidation) in the Faculty of Medicine

Process to Address Concerns/Complaints of Intimidation, Harassment, Unprofessional Behaviour

- e) As per the Collective Agreement, residents are required to be members of the CMPA.

## RESOURCES

### HEABC-PARBC Collective Agreement:

Collective Agreement between the Health Employers Association of BC and the Professional Association of Residents of BC (now Resident Doctors of BC) 2014-2019.

### Relevant PGME and UBC Faculty of Medicine Policies:

Resident Policies and Procedures Manual: [Resident Education Abroad Policy & Agreement](#)

Resident Policies and Procedures Manual: [Accommodation Policy – Mandated Rotations](#)

Resident Policies and Procedures Manual: [Blood Borne Virus Policy](#)

Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry:

<http://med.ubc.ca/files/2012/02/Professional-Standards-for-the-Faculties-of-Medicine-and-Dentistry.pdf>

Policy and Processes to address unprofessional behaviour (including harassment, intimidation) in the Faculty of Medicine

<http://med.ubc.ca/files/2012/02/Policy-Process-to-Address-Unprofessional-Behavior-Including-Harassment-Intimidation.pdf>

### 3. Specific Health Authority Resources

The following resources can be used by program directors and residency training committees to develop site specific policies. They are not intended to be a comprehensive list of occupational health and safety policies at each health authority.

- Providence Health Care Blood or Body Fluid Exposure Guidelines
- VCH Blood or Body Fluid Exposure Guidelines
- Fraser Health Blood or Body Fluid Exposure Guidelines
- Interior Health Management of Occupational Exposure to Blood/Body Fluid
- PHSA Blood and Body Fluid Exposure Protocols

### 4. Other Resources

- UBC Geriatric Psychiatry House Visit Safety Policy

## Attendance and Absence

### Leave Policy

#### **RCPSC Policies and Procedures**

##### **4.3.2 Policy on Granting a Leave of Absence**

The Royal College and the Collège des médecins du Québec (CMQ) expect that all residents must have achieved the goals and objectives of the training program and be competent to commence independent practice by the completion of their training program. It is understood by the Royal College and the CMQ that residents may require leaves of absence from training. The circumstances that would qualify residents for leaves of absence are determined by the university. It is anticipated that any time lost during a leave will be made up upon the resident's return.

#### **CFPC policy**

##### **A. Leaves of Absence**

Residents in family medicine must successfully complete 24 months of training. Normally these 24 months would be completed in sequence. The postgraduate dean, on recommendation of the postgraduate director of the Department of Family Medicine, may grant interruptions which require a leave of absence from the training programs. It is expected that the resident will make up time lost or rotations missed with equivalent extra time in residency upon his or her return to the program.

#### **University of British Columbia Policy**

It is the policy of the resident training programs at the University of British Columbia that leaves may be granted for the following reasons:

1. leaves as determined by the PARBC collective agreement Articles 10, 11, 12, 14
2. unpaid leaves
  - Article 13 of the PARBC Collective Agreement: "Requests for unpaid, short-term, or extended leave of absence shall be made in writing to the Program or Educational Director of the Hospital, and may be granted by the Hospital on the recommendation of the Program or Educational Director."
  - a resident must request a leave from the Program in writing to the Program Director
  - the leave must be approved prior to the leave taking place
  - the duration of the leave is at the discretion of the Program Director, but should not, except in extenuating circumstances, exceed six blocks (24 weeks) of training
  - at the discretion of the Program Director, longer leaves may be granted to allow residents to pursue research, educational or other academic activities related to their residency training but requiring absence from the Program
  - granting of an unpaid leave is at the discretion of the Program Director, and should not, in the opinion of the Program Director, negatively impact the residency program
  - reasons for granting unpaid leaves can include extended compassionate leave, leaves for personal reasons that are not supported by medical documentation, or other reasons deemed significant by the program
  - A LOA will not be granted for the purpose of generating supplemental income, unless for reasons of financial hardship
  - Leaves to provide longer vacation time will not be granted
  - A leave may be revoked by the Program Director if it becomes apparent that the leave is being used for purposes other than those originally approved (eg generating income)
  - Using a leave for purposes other than for which it was approved for will be considered a breach of professionalism



## Pregnancy in Residency Policy

Approved by FREC on November 27, 2012; Approved by FRC on January 22, 2013

### PURPOSE

The purpose of this policy is to outline the principles, guidelines, and clinical activity adjustments to support pregnant residents and promote the best health outcomes. This policy outlines the need for each program and site to establish adjustments, as required, for expecting residents to promote the wellbeing of both mother and child. This policy is for all UBC residents and is intended to be implemented with respect for and in collaboration with the PARBC Agreement.

### PRINCIPLES

The Postgraduate Residency Program support residents who are pregnant during training with the primary objective of ensuring the best health outcome for the expecting resident and her child while meeting the educational objectives of the residency program.

### GUIDELINES FOR RESIDENTS

1. Expecting residents must ensure that the Program Director is made aware as soon as possible about the pregnancy, especially when conditions or complications occur that require accommodation.
2. Expecting residents should obtain appropriate support from their health care provider to document requirements for accommodation.
3. Expecting residents should eliminate physically strenuous work and heavy lifting, especially after 24 weeks of gestation.
4. Expecting residents should avoid continuous prolonged standing of greater than four hours at a time and, after 32 weeks gestation, does not stand for more than 30 minutes at a stretch.
5. Well in advance of delivery, expecting residents should arrange for Maternity Leave pay through their Employment Insurance Benefit plan. They are also advised to identify and secure arrangements for infant daycare or other domestic and childcare support that will be needed to return to work following birth.
6. Early discussion with the Program Director regarding return to work planning is encouraged as this usually makes the return to work transition easier.

### GUIDELINES FOR CLINICAL ACTIVITIES

1. After 24 weeks of gestation, expecting residents will not be required to work more than 12 continuous hours, as prolonged working hours have been associated with increased risks of pregnancy complications such as hypertension, IUGR, and preterm labour.
2. Expecting residents will be allowed to reduce, alter, or eliminate call whenever this is deemed medically necessary. Should key competencies not be obtained because of this accommodation it may be necessary to extend training until those competencies are reached. In this instance, the resident will be provided with a written document outlining the work required to catch up and the expected timeline to obtain the competencies.
3. Expecting residents should comply with all infectious disease prophylactic measures recommended by occupational health, including opting out of work in circumstances where:
  - Infectious disease/toxic substance/or radiation prophylactic measures (e.g. personal protective equipment) are deemed by an occupational health specialist not to provide sufficient protection.
  - Exposure to infectious diseases and the potential related impact of treatment or post-exposure prophylaxis is determined to be unsafe for mother or fetus.
4. Residents will be advised to start maternity leave at 38 weeks or earlier if recommended by health care provider.

### REFERENCE

Physician Health Program of British Columbia: Medicine and Motherhood – Can We Talk: A Consensus Statement (<http://www.physicianhealth.com/medicineandmotherhood>)

## Courses and Curriculum

### Mandatory Course Policy

*Ratified Faculty Residency Executive Committee September 30, 2008*

#### **Mandatory Courses (ACLS and others)**

There is a provision in the collective agreement for the payment of mandatory course fees such as ACLS, “where the program or educational director and associate dean establish that a particular training is mandatory”. The fees are reimbursed through the BC Interns and Residents Paying Agency using the Resident Reimbursement Form.

To be eligible for reimbursement a resident must:

1. Be appointed as a postgraduate medical resident with the University of British Columbia PRIOR to the date of the course.
  - a. For CaRMS entry residents, this means on or after the CaRMS match day.
  - b. For non-CaRMS entry residents, this means the date of your contract letter.

AND

2. Be a MOH funded resident.

Program Directors are required to submit to the Postgraduate Dean’s office, a list of mandatory courses once per year for approval prior to July 1<sup>st</sup>. Courses not on the list from the program offices will not be reimbursed.

### Quality Assurance Policy

#### Royal College Expectations

I.  
Each residency program should develop clear objectives in quality assurance/improvement and these should be reflected in a defined curriculum. This will encompass knowledge, attitudes and skills. Many and diverse methods will be used.

#### II. Definition

QA/QI is defined as a systematic assessment of the appropriateness of patient care and the quality control of laboratory and other procedures. It includes both assessment of quality of care and the mechanisms established to improve the quality when necessary. This sounds very impressive and daunting, but the actual fact is that we are all carrying out QA/QI in our practises and on the ward without even recognizing that we are doing it. Rather, we think of it as “good medical practise”. To effectively teach QA, it is first necessary to recognize that what we are doing fits the definition of QA.

#### III. What are the available tools

- |   |                                   |
|---|-----------------------------------|
| a. Critical appraisal of the literature and evidence based medicine | e. Morbidity and mortality rounds |
| b. Clinical practice guidelines : formulation and evaluation        | f. Peer review                    |
| c. Chart audits   | g. Technical quality improvement  |
| d. Post mortem analysis   | h. Small area variation analysis  |
|   | i. Questionnaires or focus groups |
|   | j. Meeting management             |

#### IV. What Do These Tools All Have in Similar

All of the above should start with the identification of a simple question, and I list the following as simple questions that we ask every day and are the basis of QA:

- What antibiotic should I choose if my differential diagnosis for this fever is X –Z
- Why did this patient spend two extra days on the ward before I could discharge her
- Why did I not get my report until 5 days after the specimen was taken
- Should I do an open versus a laparoscopic procedure
- Why have there been so many liver ultrasounds in the past 3 months
- Why did I not get my consult until two days after I asked one to be done
- Why did I not recognize that this patient had an intraabdominal abscess

#### V. What is The Role of Each of the Above Tools

- a. Critical appraisal of the literature and evidence based medicine. This helps to answer the day to day questions that all of us have in the investigation and management of patients. To be an appropriate QA experience, it is necessary to carefully formulate the question which needs answering, search the literature using the available search engines, evaluate the articles using knowledge of statistics, formulate an answer to the original question, implement the desired treatment, and assess whether it was appropriate in this individual patient.
- b. Clinical practice guidelines: formulation and evaluation. This involves a management team approach to a specific question, and although it may involve residents, it is probably too large and time consuming a project to be initiated by residents. In its absolute form, it involves current practices, scientific information related to treatments, acceptance/feasibility issues, resource utilization assessment, compliance (physician/patient), and outcome analysis. It is, however, quite feasible to have a resident develop practice guidelines for a specific issue. Examples:
  - a. the development of practice guidelines related to whether each patient who develops a headache in ICU, and who does not have visual alterations should have a CT scan
  - b. The development for the appropriate INR for a patient with pulmonary emboli and congestive heart failure on the medical ward
- c. Chart Audits. Chart audits are actually mandatory for Family Physicians, and are an integral portion of their training. It involves selection of a topic, prior establishment of target standards or performance criteria, comparison of performance with targets, implementation of changes, repetition of review to ensure that changes were implemented or quality of care enhanced. It is important that this be performed in a non-punitive fashion.
- d. Post Mortem Analysis. This is occasionally performed to answer epidemiological questions. Pertinent examples include: what is this strange pneumonia which many of the homosexual community are dying from. What is the specific pulmonary condition that patients given amiodarone are dying with. It can be performed prospectively, in which case it is probably not feasible for a resident project, or it can be performed retrospectively. Note that the question precedes the analysis.
- e. Morbidity and Mortality Rounds. This is a very common form of QA, but is perhaps not always being performed in the optimum fashion. It should not merely be a recitation of the patient's course while in hospital, but should be performed so as to answer specific questions. Although "Why did this patient die" is certainly appropriate, it should not stop there, but lead to other questions designed to improve hospital practice.
- f. Peer Review. This is difficult to do without causing a certain amount of stress on the involved parties. It would, however, be appropriate for a group of residents to create a "focus" group of residents to discuss a certain type of management. How has Dr. X managed a group of patients with congestive heart failure, compared to the management of Dr. Y. What is the basis of each type of management, and what are the outcomes of each.
- g. Technical Quality Improvement. This is very common in the laboratory medicine and radiology disciplines, but also can be assessed in the medical and surgical disciplines. It involves assessment of the "tools" of medicine including equipment, dictation/written components, and efficiency of process. Pertinent questions for medical/surgical disciplines include:

UBC PGME Resident Manual

- a. assessment of timing between ordering to administration of treatment
  - b. what is the type of equipment which optimizes ease of use, best results, longevity, and price
  - c. which bronchoscope, electrocautery apparatus etc. should the department buy
  - d. what is the reason for the time lag between asking for a consult and consult report
- h. Small Area Variation Analysis. This is a tool which allows assessment of how rates of health care use and events vary over well-defined geographic areas. Pertinent questions would be:
- a. vaginal versus abdominal hysterectomy rates in rural versus urban sites
  - b. hospitalization for acute asthma in area A versus area B
  - c. These are usually complicated analyses since sources of variation include differences in underlying morbidity, access to care, physician judgment and capabilities, patient demand for services, and random variation. Methodological concerns include the definition of the areas, definition of the at risk population, appropriate sample size, case mix adjustment, and stability of rates over time. This would be a very difficult type of analysis for a resident project
- i. Questionnaires or Focus Groups. This is a very feasible type of project and would involve developing the most appropriate questions to ask to answer the problem identified, structuring the questionnaire, informing the respondents about the survey, pre-testing or post-testing, analysis of the data, dissemination of the results. A very simple example was the study performed to answer the question “do the people who enter your office wish to be referred to as patients or clients”.

#### VI. Meeting Management

These are the procedures used in meetings, the rules of order, development of the order of business, and preparations necessary for each meeting. They will be necessary for almost any QA activity.

#### VII. Use of The Tools in Resident Education

Obviously, all tools are not appropriate for all programs, and each program should select those which suit them the best. The problem is not actually in selecting the tools, it is in how to evaluate them. The questions you need to ask yourself are:

- what is the appropriate minimum amount that the resident should know about each of the QA tools appropriate for my discipline
- is a completed resident project(s) the best way you can evaluate QA skills
- should QA be a recognized part of the charting (you can include communication skills in this part of the evaluation if you choose this)
- should QA be a short answer examination type question, or could it be a component of an oral examination. If this is your choice, remember that you will have to decide the points which will be necessary for a “pass” in this type of question. What are these points:
  - identification of a problem
  - form an investigative team (use of appropriate help)
  - logically divide the problem into potential components
  - assess the components objectively (ie: data)
  - critical appraisal of literature (if necessary)
  - develop solution
  - implement solution
  - evaluate solution

#### VIII. Summary

Remember, these really are the things physicians of all sorts do every day, but do not recognize them as QA activities. It is easy to recognize them and difficult to evaluate them. However, even if the residents recognize or realize what are potential QA activities, you will have advanced your program.

## Travel and Reimbursement

### Resident Reimbursement Forms

For reimbursement of expenses resulting from mandatory rural rotations, academic half-days, offsite callback, community rotations, or course fees, residents must complete and submit the reimbursement form available on the PGME website [here](#).

### Accommodation Policy – Mandated Rotations

*Ratified FRC September 20, 2016*

#### **Preamble**

The Health Authorities, with the assistance of the Postgraduate Deans' Office, have arranged for accommodations at training sites throughout the province for residents' use during mandated rotations. All of the properties have been pre-paid so residents do not have to incur out of pocket expenses.

These pre-paid accommodations fulfill the requirements outlined in the memorandum of understanding between HEABC/PAR-BC:

- Accommodation will be secure and will have consideration for privacy
- Accommodation should be clean and well maintained, self-contained, have access to full kitchen, bathroom and laundry facilities
- All suites have high speed internet access, cable television and a telephone

Accommodations for mandated rotations vary based on availability at the various training sites. Accommodations include houses, apartments, or basement suites, and may be shared as required.

#### **Policy**

##### 1. Housing

- a. Residents assigned to mandated rotations where accommodations have been provided are required to stay in the pre-paid accommodation should it be available at the time of the rotation. Requests for accommodations must be submitted on the resident's behalf by their program administrator.
- b. Requests for alternate accommodations will only be considered on the grounds of physical limitations or health (written documentation required), and must be pre-approved by the Postgraduate Deans Office to be eligible for reimbursement.
- c. Should a resident refuse to stay in the accommodation provided by the Health Authorities for reasons other than physical limitations/health (eg. decor not to their liking), alternate housing will not be provided. Residents may find alternate accommodation; however, they will not be reimbursed.
- d. Should the accommodations provided become uninhabitable due to unforeseen circumstances (flooding, fire, etc.), Postgraduate Deans Office staff will make a reasonable attempt to find temporary alternative accommodation at a B&B and/or hotel/motel. It should be recognized that temporary alternative housing may not be immediately available due to local accommodation conditions (ie high tourist season; shortage of housing in rural locations). Residents may return to their home base only upon approval from the Specialty Site director and/or their home program director.

2. Care of Accommodations

- a. All suites are professionally cleaned prior to the arrival of each resident.
- b. Residents are required to maintain the premises in a reasonable state of cleanliness throughout their placement, and must leave the suite in a clean orderly state on departure with all food, garbage, and recycling removed. Residents must abide by all rules and regulations of the accommodation.
- c. Residents are responsible for any and all damages to accommodations beyond normal wear and tear

3. Smoking

- a. Smoking is prohibited at all accommodations provided by the Health Authorities

4. Pets

- a. Pets are prohibited at all accommodations provided by the Health Authorities

5. Bikes

- a. Bikes are prohibited from being stored inside the suites at all accommodations provided by the Health Authorities.

6. Furniture

- a. Residents are required to return to its original location any moved furniture prior to departure of the suite and are responsible for any costs incurred due to damage resulting from moving furniture.

7. Additional Services and Amenities

- a. Residents are responsible for any costs incurred due to additional services and amenities that may be available at accommodations provided by the Health Authorities. For example:
  - i. Cribs
  - ii. Pay-per-view movies
  - iii. Long distance calling

8. Access: Keys, Security Passes, Parking Passes, or Remotes

- a. Residents are responsible for any keys, security passes, parking passes, or remotes they are provided for access to the accommodation during the mandated rotation.
- b. Residents are required to adhere to the policies and guidelines for each accommodation for pick up and return of keys, security passes, parking passes, or remotes at the beginning and end of the rotation.
- c. Residents are responsible for any costs incurred should keys, security passes, parking passes, or remotes in their possession become lost or misplaced. Should they be stolen, residents are required to provide proof of theft (police report, incident report from hospital, etc.).

9. Illegal Activity

- a. Residents, or any persons affiliated with the resident, shall not engage in any illegal activity on the premises of any accommodation provided by the Health Authorities

10. Loss of Property

- a. **The Health Authorities and/or the University are not responsible for loss or theft of personal property from any of the accommodations provided by the Health Authorities.** Residents are responsible for insuring their personal property.

## Resident Mandated Travel and Reimbursement Policy

*Approved by FREC June 24, 2014*

*Approved by FRC September 30, 2014*

As trainees of a public institution which aims to use its resources as effectively as possible, residents must exercise care when incurring travel expenses. It is the responsibility of the traveler to make the most economical travel and accommodation arrangements possible.

### Policy

The Ministry of Health has mandated that postgraduate resident training occur at distributed sites throughout the province.

The Ministry of Health provides funding to support the travel and accommodation of residents mandated to undertake training at Faculty of Medicine identified distributed sites.

Where possible, the Health Authorities, with the assistance of the Faculty of Medicine, has procured long term leases of appropriate furnished accommodation for residents undertaking training at distributed sites.

Where accommodations are not provided, residents will be reimbursed for commercial accommodations rented at mandated distributed sites at the rates specified below.

Residents are responsible for booking all travel arrangements, including accommodations, where no prepaid accommodations are available.

Residents should make travel arrangements well in advance of rotation dates in order to take advantage of savings available by booking early.

### **Procedures for Reimbursements**

Claims for reimbursement of travel expenses must be submitted on the Resident Reimbursement Form, and ideally be submitted within 30 days of return from rotation. Claims must have:

- Purpose and duration of the rotation
- Clearly detailed expenses supported by original dated receipts
- Original signature of resident and original signature of Program Director/Program Assistant

### **Receipts**

Original itemized dated receipts MUST be submitted; photocopies, cancelled cheques, and credit card statements are not acceptable. All receipts must coincide with dates of rotation.

- Airline Tickets : Electronic tickets – a copy of the itinerary/receipts is acceptable. Receipt must show ticket number, breakdown of cost and form of payment.
- Hotel/Apartment/B&B Rental - Original receipt from commercial properties only.
- Toll fees/Ferry/Bus/Taxi – original dated receipts only

### **Expenses covered**

- Travel
  - To and from site to a maximum of \$700 economy airfare return or mileage (\$.50/km)
  - Return trip to program base at the end of every four week block or a return trip for the resident's partner to a maximum of \$700 economy airfare return or mileage from program base (\$.50/km)
  - Return trip to program base for educational activities deemed mandatory by the program director and with PRIOR written approval by the postgraduate deans' office to a maximum of \$700 economy airfare return or mileage (\$.50/km)

Allowable travel expenses are:

- Economy Airfare -
- Bus Fare to and from site
- Mileage – to and from site
- Taxi to and from airport/bus depot
- Ferry
- Public transit to and from air/bus depot
- Ferry Reservation Fee
- Bridge tolls (Port Mann Bridge)

### **Accommodation**

Subject to this policy, if housing is not in place, \$1300 per month (commercial properties). Accommodation exceeding \$1300/month must be pre-approved by the postgraduate deans' office.

### **Expenses not covered**

Expenses that are not reimbursable (this list is not exhaustive and the Postgrad Dean's office reserves the right to reject other expenses not itemized below):

- Interest charges on outstanding charge card balances
- Loss or damage to personal possessions
- Parking and traffic fines
- Automobile rental
- Expenses to change or cancel transportation or accommodation reservations
- Excess baggage fees
- Assured Boarding fee (BC Ferries)
- Airline Seat Selection Fees
- Meals and grocery supplies
- Travel Agent Fees

## Family Medicine Reimbursement Policy

Inter Site rotations:

Travel to the community site for Core/Rural Rotation:

- Reimbursement for economy airfare or mileage (@.50/km) to a maximum of \$700 round trip (up to \$1,000 for remote locations on pre-approval)
- (Inuvik travel covered by host site)
- One mid-rotation return trip to the Resident's program base or one spousal trip to a maximum of \$700

Other travel to and from the distributed site:

- Economy airfare or mileage (@.50/km) to a maximum of \$700 round trip

Accommodation:

- Up to \$1,300 per month
- Up to \$100 for host gift if accommodation is free
- (Inuvik accommodation covered by host site)

Daily commute and Academic Half Days:

- Mileage between 40 to 100 kms one way - \$20 per day
- Mileage over 100 kms one way - \$40 per day
- Academic Half Days are reimbursable when it is within commutable distance and when videoconferencing is not available. Note: Attendance not mandatory when on rural rotation or out-of-town elective



## Academic/Approved Events

ALARM course  
Postgrad Resident Retreat  
R1 Academic Day

Resident Research Day  
Program Orientation  
CaRMS interviews/Open House

- Up to 13 academic days per year
- Travel: \$600 round trip, \$700 round trip for remote sites
- Accommodation \$130 - \$160 per night

## Community Rotations Reimbursement Policy

*Ratified by FREC January 29, 2008*

Should a resident be required to commute to a mandatory rotation where the mileage is greater than 40 km one way, the resident will be reimbursed at the rate of \$.50/km.

For example, within Vancouver, using Vancouver General Hospital as the home base, locations **within** the 40 km radius include Lions Gate Hospital to the North; Richmond General, Delta Hospital, Surrey Memorial to the South; Burnaby General, Royal Columbian, Riverview and Eagle Ridge to the East.

Locations **outside** the boundary include:

Peace Arch to the South; and Ridge Meadows, Langley, MSA and Mission to the East.

**This policy applies to all Royal College residents doing rotations at all sites, including our distributed sites on Vancouver Island and Prince George.**

## Geographically Distributed Royal College Travel and Reimbursement Policy

*Approved by FREC June 24, 2014*

*Revised and Approved by FRC September 30, 2014*

As trainees of a public institution which aims to use its resources as effectively as possible, residents must exercise care when incurring travel expenses. It is the responsibility of the traveler to make the most economical travel and accommodation arrangements possible.

### Policy

Residents enrolled in the following RCPSC distributed programs are funded to travel from their distributed site to Vancouver once per 4 week block (maximum 13 trips per year) to attend Academic Half Day and/or other mandated pre-approved educational activities, in order to maintain linkages with their home program:

Victoria: Psychiatry, Emergency Medicine, Internal Medicine, Pediatrics,  
Basic Clinical Year PGY1 Programs  
Kelowna: Emergency Medicine  
Prince George: Psychiatry  
Various locations: Public Health and Preventive Medicine

Residents may claim expenses up to \$600 per trip (\$700 for residents based in Prince George), to a maximum of 13 trips per academic year. This \$600 INCLUDES the cost of any pre-paid airline tickets dispensed by the Regional Specialty Program office in Victoria. Residents located in Kelowna and Prince George are required to purchase their own airline tickets and submit receipts for reimbursement.

### **Procedures for Reimbursements**

Claims for reimbursement of travel expenses must be submitted on the Resident Reimbursement form and ideally submitted within 30 days. Claims must have:

- Purpose and duration of the rotation
- Clearly detailed expenses supported by original dated receipts
- Original signatures of resident and Program Director/Program Administrator

### **Receipts**

Original itemized dated receipts MUST be submitted – photocopies, cancelled cheques, and credit card statements are not acceptable. All receipts must coincide with the dates of event in Vancouver.

- Airline tickets (if not supplied by the Regional Specialty Office in Victoria): Electronic tickets. A copy of the itinerary/receipts is acceptable. Receipt must show ticket number, breakdown of cost and form of payment.
- Hotel/Apartment/B&B Rental – Original itemized receipt from commercial properties only.
- Toll fees/Ferry/Bus/Taxi – original dated receipts only

### **Reimbursable Expenses**

- Travel
  - Return economy airfare (if not supplied by the Regional Specialty Office in Victoria)
  - Mileage – to and from site
  - Ferry
  - Ferry Reservation fee
  - Parking
  - Bus Fare to and from site
  - Taxi – to and from airport/bus depot
  - Public transit to and from air/bus depot
- Accommodation

Residents are eligible for one night's accommodation per block. Should a resident be unable to travel back due to flight/ferry cancellations, an additional one night's accommodation may be claimed. Residents are expected to stay in moderately priced hotels/B&B's (maximum \$200/night). Examples of acceptable hotels include (but not limited to)

  - Best Western
  - Park Inn
  - Holiday Inn

### **Non-reimbursable Expenses**

This list is not exhaustive and the Postgrad Dean's office reserves the right to reject other expenses not itemized below:

- Interest charges on outstanding charge card balances
- Loss or damage to personal possessions
- Parking and traffic fines
- Automobile rental
- Expenses to change or cancel transportation or accommodation reservations
- Excess baggage fees
- Assured Boarding fee (BC Ferries)

- Airline Seat Selection Fees
- Expenses of family members unless pre-authorized
- Meals and grocery supplies
- Travel Agent Fees

The completed reimbursement form is to be approved by the Program Director/Program Administrator at the distributed site and forwarded to the postgraduate deans' office for processing. If programs require their residents to travel back to Vancouver for any event OTHER than the monthly academic half-day or other, pre-approved academic activities, the program will be responsible to pay the travel expenses.

## Appointments and Promotions

### Resident Selection Policy

*Approved by FREC November 27, 2012*

*Approved by FRC January 22, 2013*

#### **PURPOSE**

The General Standards for Accreditation (RCPC, CFPC, CMQ), provide that the residency program committee or a subcommittee thereof **must** select candidates for admission to the program. This policy sets out the requirements governing resident selection for admission to a program of postgraduate training.

#### **PRINCIPLES**

The selection of Residents is a program responsibility. The selection of Residents is conducted through the CaRMS matching process. In addition, the process for selection of Residents undertaken by each program must comply with the General Standards of Accreditation, the *Human Rights Code* and UBC Policy #3 Discrimination and Harassment.

#### **POLICY**

1. Each program will establish its own processes and procedures for Resident selection. The selection processes must be fair, open and transparent. These processes may be amended from time to time and must be published on the Program web site or otherwise made available to potential applicants.
2. Residents will be selected on the basis of individual achievement and merit. A broad range of criteria may be taken into account including academic achievement, achievement in standardized tests, demonstrated learning or aptitudes, activities in and out of school and personal preparedness to undertake postgraduate medical training.
3. The selection process and procedures must be free of discrimination and harassment as defined in UBC Policy #3.
4. The selection process must comply with the requirements of the CaRMS matching process.

### Vacated Positions Policy

This policy governs the actions which will arise should a position become vacant in a program at the University of British Columbia.

1. The resident training committee will determine whether they wish to fill the position by an additional position placed in the immediately subsequent PGY-1 match.
2. Should the resident training committee determine that they wish to have the position filled at a time in advance of the PGY-1 match, they will:
  - a. consider applications from a single pool consisting of the following candidates:
    - i. candidates with a full medical license in Canada
    - ii. candidates with a temporary license for educational purposes in Canada
    - iii. International Medical Graduates who fulfil the requirements for the second iteration of the CaRMS match
    - iv. eligible medical students who do not have a training position in Canada
  - b. advertise the vacant position in the following fashions:
    - i. a listing in the University of British Columbia Postgraduate website

- ii. a notice to all postgraduate deans across Canada
- iii. a notice to PAR-BC
- iv. advertisements in the Canadian Medical Association Journal and in the British Columbia Medical Association Journal
- c. make a short list of appropriate candidates using defined criteria
- d. interview candidates in a reproducible fashion, and rank them according to a defined set of criteria
- e. indicate the final choice to the Associate Dean - Postgraduate Education who will be responsible for sending out a final letter of offer.

## Resident Promotion Policy

*Amended and approved by FREC on November 27, 2012*

*Approved at FRC on January 22, 2013*

### PURPOSE

The General Standards for Accreditation (RCPSC, CFPC, CMQ), state that the residency program committee or a subcommittee thereof **must** be responsible for the assessment of residents and for the promotion of residents in the program in accordance with policies determined by the faculty postgraduate medical education committee. This policy sets out the requirements governing promotion of residents in a program of postgraduate training.

### PRINCIPLES

The assessment and promotion of residents is a program responsibility. However, the assessment and promotion of residents undertaken by each program must comply with the General Standards of Accreditation, the UBC Resident Evaluation, Remediation, and Probation Policy, and the policy set forth below.

### POLICY

1. The Program Director, in consultation with the Residency Training Committee for the Program will determine the rotation requirements for each year of the Program. The rotation requirements may be amended from time to time and must be posted on the Program's web site or otherwise communicated to the Residents.
2. A Residency training year usually runs from July 1st to June 30th of the following year ("R Year"). If a Resident has an R Year that differs from the usual then the dates for the Resident's R Year must be explicitly communicated to the Resident.
3. A Resident will be promoted to the next residency training level in their postgraduate training program when the Resident has successfully completed the requirements for completion of the Resident's current R Year as determined by the Program. This will normally occur by June 30th of the R Year.
4. A Resident who has not successfully completed any remediation program or period of probation imposed pursuant to the UBC Resident Evaluation, Remediation, and Probation Policy will not be promoted to the next residency training level. This may cause the Resident to have a training year completion date other than June 30th. The new completion date must be explicitly communicated to the Resident.
5. On an annual basis the Program Director, in consultation with the Residency Training Committee, must approve each Resident's promotion to the next residency training level or, if the Resident is not being promoted, must confirm the revised training year completion date for the Resident.

**Waiver of Training Requirements after a Leave of Absence from Residency: A joint policy of the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), and the Collège des médecins du Québec (CMQ)**

April 2014

The current policy regarding waiver of training requirements after a leave of absence from residency in the Faculty of Medicine at UBC is based on the following standards:

**I. College of Family Physicians of Canada Requirements for Residency Eligibility: Waivers of training**  
**(<http://www.cfpc.ca/LeavesAbsenceWaivers/>)**

A leave may still result in a waiver of training requirements, but only in exceptional circumstances. Such circumstances will be determined by the Postgraduate Director of the Department of Family Medicine with the approval of the Postgraduate Dean. The Board of Examiners of the College of Family Physicians of Canada must be notified that a waiver of training was granted under these circumstances, if the candidate wishes to maintain their residency eligibility for certification. Such notification must be provided prior to the submission of completion of training for each individual.

To be eligible for the certification examination in Family Medicine and for being granted Certification in The College of Family Physicians (CCFP), the maximum length of a waiver of training for residents in family medicine residency training programs will be four weeks.

Family Medicine residents registered in Enhanced Skills programs of one year or less in duration must complete the entire duration of training (that is, no waiver allowed) to be eligible for CFPC examinations leading to certificates of special competence and/or attestations of completion of training.

**II. Policies and Procedures for Certification and Fellowship**  
**(Royal College of Physicians and Surgeons of Canada)**

January 2013

**Section IV: Postgraduate Medical Education**

**4.3.2 Waiver of Training after a Leave of Absence from Residency: A Joint Policy of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the Collège des médecins du Québec (CMQ)**

**Accommodation**

The policy detailed in this section 4.3.2 is subject to the Royal College of Physicians and Surgeons of Canada (RCPSC) commitment to accommodate residents with personal characteristics enumerated under applicable human rights legislation, as provided in sections 4.3 and 6.9 of this guide.

**Policy on Granting a Leave of Absence**

The Royal College and the Collège des médecins du Québec (CMQ) expect that all residents must have achieved the goals and objectives of the training program and be competent to commence independent practice by the completion of their training program. It is understood by the RCPSC and the CMQ that residents may require leaves of absence from training. The circumstances that would qualify residents for leaves of absence are determined by the university. It is anticipated that any time lost during a leave will be made up upon the resident's return.

### **Policy on Granting a Waiver of Training**

The Postgraduate office may allow a waiver of training following a leave of absence, in accordance with university policy and within the maximum time for a waiver determined by the RCPSC and the CMQ. A decision to grant a waiver of training can only be taken in the final year of the program but cannot be granted after the resident has taken the certification examinations.

Each university will develop its own policy on whether or not it is willing to grant a waiver of training for time taken as a leave of absence; however, in the case where waivers of training are acceptable to the university, they must be within the acceptable times listed below. In addition, regardless of any waived blocks of training, the decision to grant a waiver of training must be based on the assumptions that the resident will have achieved the required level of competence by the end of the final year of training.

A waiver of training can only be granted by the Postgraduate Dean on the recommendation of the resident's Program Director.

### **RCPSC and CMQ Maximum Allowable Times for Waivers**

It is the responsibility of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the Collège des médecins du Québec (CMQ) to set maximum allowable times for waivers of training that would maintain eligibility for certification. The following are the maximum allowable times for waivers **for RCPSC Programs only**:

1. One year program – no waiver allowed
2. Less than one year for remediation– no waiver allowed
3. Two year program – six weeks
4. Three year program – six weeks
5. Four year program – three months
6. Five year program – three months
7. Six year program – three months
8. In Internal Medicine and Pediatrics, where residents are undertaking three years of training with an Internal Medicine or Pediatrics Program Director, a maximum of six weeks may be waived for these three years of training. Subsequently, a maximum of six weeks of training may be waived in the following two years of training under the subspecialty Program Director.

The process for these programs is as follows:

- i. Three years of training completed with an Internal Medicine or Pediatrics Program Director followed by two or three years of subspecialty training with a different Program Director are treated separately for the purpose of the waiver of training.
- ii. A waiver must be recommended by the Internal Medicine or Pediatrics Program Director and approved by the Postgraduate Dean on the Core In-Training Evaluation Report (CITER). A decision to grant a waiver is made in the PGY3 for a maximum duration of six weeks.
- iii. In the subspecialty years, a decision to grant a waiver is recommended in the final year by the subspecialty Program Director and approved by the Postgraduate Dean. A maximum six week waiver of training can only be taken in the final year of training.
- iv. If the resident undertakes three years of Internal Medicine or Pediatrics training with an Internal Medicine or Pediatrics Program Director at one university and switches to another university for subspecialty training, it is the responsibility of the Postgraduate Dean at the corresponding institution to approve the waiver of training. For example, if a resident does Pediatrics training at the University of Toronto and switches to Pediatric Nephrology at McGill, the Postgraduate Dean from Toronto would approve the six week waiver in Pediatrics and the Postgraduate Dean from McGill would approve the six week waiver in Pediatric Nephrology.

**UBC Application of this Policy**

The Office of Postgraduate Medical Education at the University of British Columbia will consider applications for waiver of training following a leave of absence. This policy will comply with all standards outlined in the current Policies and Procedures for Certification and Fellowship of the Royal College of Physicians and Surgeons of Canada and The College of Family Physicians of Canada.

In order to standardize the process across all UBC residency programs for considering applications for waiver of training following a leave of absence, we will require the residency Program Director to complete and submit the attached form to our office for any resident whom the program is recommending for a waiver of training.

The resident and the residency Program Director must review the relevant CFPC or RCPSC Policies noted above and confirm that the resident fulfills all of the requirements.

In addition, to satisfy the specific UBC requirement that the resident's performance be deemed exceptional, the Program Director will have to demonstrate that based on the evaluations throughout the program the resident's performance is exceptional – i.e. that on the majority of rotations the resident's performance was considered to be exceptional (within the top ten percentile of residents in that program).

**Timing and Deadlines for Application**

To be considered for the waiver of training, a resident must ensure that his/her Program Director submits a completed application for waiver of training to the Office of the Postgraduate Medical Education ***during the final year of training at least three months for Family Medicine or six months for Royal College programs prior to the scheduled date of program completion in the absence of the waiver. The application must be made before certification examinations are taken.*** The decision as to whether a resident will be granted a waiver of training will be made by the Associate Deans and Assistant Dean for Postgraduate Medical Education.

**Preliminary Assessment**

We recognize that for certain jobs and for applying to subspecialty residency programs and clinical fellowships it may be helpful for the resident to determine if she/he likely will be granted the waiver of training prior to the last year of the residency program. In such cases, our office will review the merits of the application and offer a "prognostication", but this will not be binding on the decision rendered above during the final year of the residency program.

**Waiver of Training Application Form for Residency Programs**

Please note: In order to complete this form, the residency program will need some measure of whether a resident meets the standard of "exceptional" While this is difficult to define precisely, "consistent performance within the top ten percentile" will be the minimum expectation of an exceptional resident.

To assist residency programs in identifying exceptional residents, it is recommended that programs include at the end of their In-Training Evaluation Reports (ITERS) the following section for rotation supervisors to complete:

"Overall I consider this resident to be exceptional (in the top ten percentile of residents at this level of training) (YES/NO). If yes, please support this statement citing specific performance measures based on the CanMEDS/CanMEDS-FM criteria."



Application for Waiver of Training After a Leave of Absence from Residency

**APPLICATION FOR WAIVER OF TRAINING  
AFTER A LEAVE OF ABSENCE FROM RESIDENCY**

Resident Name (*last name, first name*): \_\_\_\_\_

Residency Program: \_\_\_\_\_

Start Date of Resident in Program: \_\_\_\_\_ Current Year in Program: Choose Year

Anticipated Completion Date for Resident (*in the absence of* waiver of training): \_\_\_\_\_

Anticipated Completion Date for Resident (*with approval of* waiver of training): \_\_\_\_\_

Start Date of Leave: \_\_\_\_\_ Last Date of Leave: \_\_\_\_\_

Type of Leave: Choose Type of Leave Total Duration of Leave: \_\_\_\_\_

Number of clinical rotations during the residency program: \_\_\_\_\_

Percent of clinical rotations on which the resident was rated as “exceptional”: \_\_\_\_\_

	<b>NO</b>	<b>YES</b>
Has this resident completed all non-rotation based learning/educational requirements (scholarly work, for example)?	<input type="checkbox"/>	<input type="checkbox"/>
Was the resident rated as exceptional in these activities?	<input type="checkbox"/>	<input type="checkbox"/>
Has the resident demonstrated to be exceptional in all competencies related to the specialty? <i>If NO, please outline why waiver is being requested in an attached letter</i>	<input type="checkbox"/>	<input type="checkbox"/>
Has the resident ever failed a rotation?	<input type="checkbox"/>	<input type="checkbox"/>
Has this resident ever required a period of remediation or probation?	<input type="checkbox"/>	<input type="checkbox"/>

I, **(click to enter program director name)**, have reviewed the relevant RCPC or CFPC Waiver of Training Policy and believe this resident to be eligible for the waiver. Further, I consider this resident to be exceptional and recommend that **(choose number)** **(choose one)** of her/his training be waived.

Signature of Program Director:

Date:

Signature of Postgraduate Dean:

Date:

*Please include a brief summary of the information on which you have based this recommendation (eg. in-training evaluation reports, national in-training examinations, OSCEs, peer assessments, abstracts, publications, etc.). Your summary should describe the resident’s performance based on the CanMEDS/CanMEDS-FM criteria. You may include copies of any relevant documents. Please also provide any other information that you feel makes this resident’s application for waiver of training satisfy the requirement of “exceptional resident”.*

## Evaluation, Remediation, Probation, Appeals

### Resident Evaluation, Remediation, and Probation Policy

*Amended and approved by FREC on June 26, 2012*

This document outlines the evaluation and remediation processes applicable to Residents in Postgraduate Training Programs in the Faculty of Medicine at the University of British Columbia. Evaluation of a Resident is a critical component of postgraduate training that requires the exercise of academic judgment. Such judgment must not be exercised in a manner that is unfair, arbitrary or discriminatory. Faculty must base their assessment of the Resident on the available relevant information and with regard to the conjoint General Standards of Accreditation, Standard B6, Evaluation of Resident Performance of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, the standards of performance set by the Program, and any applicable Faculty of Medicine or University of British Columbia policies.

#### **DEFINITIONS**

In this Policy:

“Associate Dean” means the Associate Dean of Postgraduate Medical Education of the Faculty of Medicine at the University.

“CFPC” means the College of Family Physicians of Canada, a national, voluntary organization that sets standards for residency education for family physicians.

“Collective Agreement” means the collective agreement between the Health Employers Association (“HEABC”) and the Professional Association of Residents of British Columbia.

(“PAR-BC”), the certified bargaining agent for residents employed by the hospitals and Health Authorities represented by HEABC.

“College” means the College of Physicians and Surgeons of British Columbia, the professional licensing body for physicians in British Columbia.

“FITER” means a Final In Training Evaluation as described in paragraph 4.1.

“HEA-BC” means the Health Employers Association of British Columbia, an association representing the hospitals and Health Authorities that employ Residents.

“ITER” means an In Training Evaluation Report, which is a formal written evaluation that is part of the Resident’s normal post-graduate medical training program and is not an evaluation given during a period of remediation or probation.

“Program Director” means the member of the Faculty of Medicine responsible for the overall conduct of a post-graduate training program in a specific discipline and who is responsible to the Associate Dean, Postgraduate Medical Education and the Department Head of the Department.

“RCPSC” means the Royal College of Physicians and Surgeons of Canada, a national organization that sets educational standards for medical specialist physicians.

“Resident” means a physician in a postgraduate medical training program that: (a) leads to RCPSC or CFPC certification; and (b) is administered by the University.

“Rotation” means the period of time a Resident is assigned to a clinical service for which there are specific, defined learning objectives.

“CanMeds/CanMeds-FM competencies” means the discipline specific competencies as outlined by the RCPSC or the CFPC.

“Resident Training Committee” (“RTC”) means a committee of members of the Department or Division and Resident representatives from the Program established to assist the Program Director in the planning, organization and supervision of the Program.

“Rotation Supervisor” means the faculty member in the Faculty of Medicine who has direct responsibility for the Resident’s clinical academic program during a Rotation and who may be the Program Director in certain circumstances.

“Formative evaluation” means frequent, ongoing feedback given to residents by faculty and supervisors designed to improve performance.

“Summative evaluation” means the final, overall assessment of a resident’s performance on a Rotation or other educational experience.

## **A. EVALUATION PROCESSES**

### **1. GENERAL PRINCIPLES**

- 1.1. Residents will be evaluated in accordance with the conjoint General Standards of Accreditation, Standard B6, Evaluation of Resident Performance of the RCPSC and CFPC which outlines the basic requirements for a resident evaluation system in each program.  
<http://www.royalcollege.ca/portal/page/portal/rc/credentials/accreditation>
- 1.2. Timely formative evaluations, written or oral, should be provided to the Resident as deemed necessary and appropriate by the Rotation Supervisor, throughout each Rotation.
- 1.3. The Rotation Supervisor, or the Program Director, must meet with any Resident who is not meeting objectives during a Rotation. The Resident must be given a written mid-point evaluation identifying the deficits in performance or conduct and be provided with an opportunity to correct the deficits by the end of the Rotation.
- 1.4. Residents will be evaluated on rotation-specific goals and on competencies that span rotations. Residents must demonstrate that they meet objectives in all competencies in the CanMEDS roles and any rotation-specific goals to successfully complete the Rotation. The Rotation Supervisor must discuss borderline performance or a failure to meet these competencies with the Resident and must document the deficits in the Resident’s ITER.
- 1.5. A Resident who does not successfully complete a Rotation will be required to repeat the Rotation and may be placed on Remediation or Probation as appropriate and in accordance with this Policy.
- 1.6. For Residents in non rotational programs (horizontal or integrated) the Program Director, or delegate must fill out an ITER for the Residents at regular intervals of not less than 3 months. The ITER must be reviewed with the Resident.

### **2. IN-TRAINING EVALUATION REPORTS**

- 2.1. At the end of each Rotation the Resident must receive a summative evaluation ITER in basic CanMEDS format which records the evaluation of the Resident in the CanMEDS roles and on rotation-specific goals where appropriate. The evaluation must recognize the difference in expectations of skills and knowledge between junior and senior Residents.
- 2.2. The ITER will be completed by the Rotation Supervisor and may be individual or composite depending on the requirements of the Rotation. Where appropriate and practicable the Rotation Supervisor will solicit

input from the Resident's teaching faculty, including allied health professionals, who worked with the Resident in the Rotation. In completing the ITER the Rotation Supervisor will include narrative comments from individuals who contributed to a composite evaluation.

- 2.3. Once the ITER is completed it will be provided to the Resident, or entered onto the One45 system, to allow the Resident to review and comment. The Resident must sign the ITER or mark the appropriate box on the One45 form to acknowledge receipt of the ITER. If the Resident does not agree with the evaluation, he or she has the right to place a written comment on the form and may appeal the ITER as provided in section 3 of this Policy.
- 2.4. The Program Director, Site Director or the Rotation Supervisor must meet with the Resident to discuss the ITER and to review the strengths and weaknesses documented in the ITER.

### **3. APPEAL OF AN ITER**

- 3.1. A Resident has the right to appeal an ITER to the RTC.
- 3.2. A request for such an appeal must:
  - (a) be submitted in writing to the Program Director within ten (10) calendar days of the meeting between the Resident and Program Director, Site Director or Rotation Supervisor held to review the contents of the ITER; and
  - (b) describe the basis for the appeal.
- 3.3. The RTC may contact the Resident, or any of the evaluators named on the ITER, if further information is required.
- 3.4. The Program Director will forward the Resident's request for appeal, along with any additional information obtained by the Program Director from the Resident or any of the evaluators named on the ITER, to the RTC for consideration.
- 3.5. The RTC will review the appeal to determine whether the evaluation was conducted in accordance with the processes and principles set out in this Policy and whether the evaluation was a fair assessment of the Resident's knowledge and skills. An assessment is fair if it is based on information relevant to the Resident's performance and ability to meet the standards of the Rotation and does not take into account irrelevant information.
- 3.6. The RTC will not substitute its academic judgment for that of the evaluator(s) unless it is established that the evaluation was not conducted in accordance with this Policy or was otherwise not a fair assessment of the Resident's performance in the Rotation.
- 3.7. Once the RTC has considered the Resident's appeal the RTC will decide either:
  - (a) to deny the appeal on the basis that the appropriate process for evaluation has been followed and the ITER will remain in the Resident's file; or
  - (b) to deny the appeal on the basis that there has been some procedural deficiency of a minor nature identified, but the RTC is satisfied that this procedural error could not have resulted in an erroneous evaluation; or
  - (c) to grant the appeal on the basis that there has been a procedural deficiency that could have resulted in an erroneous evaluation and a new ITER will be written by the Program Director and placed in the Resident's file. In the case of a successful appeal the original ITER will be removed from the Resident's file and will be destroyed.
- 3.8. The decision of the RTC with regard to a Resident's appeal of an ITER will be made on the basis of a majority vote and is final. A Resident may not appeal a replacement ITER created pursuant to sub- paragraph 3.7(c).

### **4. FINAL IN TRAINING EVALUATION REPORT**

- 4.1. At the completion of postgraduate training Residents require a Final In Training Evaluation (FITER) from their Program Director for the purpose of determining exam eligibility in RCPSC programs, or a recommendation for examination in CFPC programs.
- 4.2. The FITER provides a summary evaluation of the Resident's performance in all CanMEDS roles and program requirements over the course of postgraduate training. A copy of the FITER is provided to the Resident and forwarded by the Program Director to the RCPSC or CFPC.

- 4.3. The FITER will be completed by the Program Director in accordance with the General Standards of Accreditation, Standard B6, Evaluation of Resident Performance as adopted by the RCPS.
- 4.4. A Program Director may refuse to complete a FITER in circumstances in which the Program Director determines that the Resident's overall performance does not demonstrate that the Resident should be recommended to write the RCPSC or CFPC certification examination and that the Resident requires more time in the Program to complete his or her postgraduate training.
- 4.5. A Resident may appeal a Program Director's refusal to provide a FITER, or the contents of a completed FITER, under the process set out in the Faculty of Medicine Policy on Resident Appeals.

## **B. CORRECTION OF DEFICITS IN PERFORMANCE OR CONDUCT**

It is expected that deficits in performance or conduct will be corrected through the supervision and formative evaluations provided orally or in writing to the Resident by the Rotation Supervisor and other faculty who have contact with the Resident during the course of the postgraduate training. Where a Resident has failed to meet the performance standards of the postgraduate training program or where a problem with performance or conduct has been identified that has not been responsive to informal direction and feedback it may be necessary to implement a more formal, focused, individualized training program to address the deficits in performance or conduct. The goal in any remedial process is to provide the Resident with an opportunity to correct the deficits in performance or conduct and to demonstrate readiness to continue with postgraduate training.

Remediation and probation periods are intended to deal with deficits in performance or conduct deemed to be remediable but which are not expected to be readily corrected in the normal course of postgraduate training. It is not necessary to place a Resident on Remediation before placing a Resident on Probation. The nature and scope of the remedial process required will be determined by the Program Director and will depend on the circumstances and the type of weakness or deficit in performance or conduct.

## **5. REMEDIATION**

- 5.1. Remediation is a defined period of time with training objectives and learning components structured to address an area or areas of weakness or deficit in performance or in conduct that have been identified in the Resident's training. Remediation is indicated when it is anticipated that those weaknesses can be successfully addressed so as to allow the Resident to meet the standards of the training. Remediation is best suited to correct discrete performance issues such as deficits in knowledge base, inadequate clinical skills or minor breaches of professional conduct.
- 5.2. Remediation may include special evaluations, which may be of more than one kind, and may be performed by multiple internal or external evaluators. At the completion of the Remediation, a Resident is expected to demonstrate satisfactory improvement in his or her conduct or performance in identified area or areas of weakness or deficit.
- 5.3. A Resident may be placed on remediation when:
  - (a) The Resident has failed a Rotation as documented in an ITER; or,
  - (b) Poor or borderline performance, or a pattern of poor or borderline performance, as documented in ITERs, written formative feedback, or discussions with the Resident, in one or more of the domains in the CanMEDS/Can/MEDS-FM roles, is identified even though the Resident has not failed a rotation as documented in an ITER; or
  - (c) In competency based programs the Program Director identifies that the Resident requires more time to demonstrate an ability to meet the competencies required to progress in the Program
- 5.4. The Program Director will normally consult with the RTC before making a final decision to place a resident on Remediation. The Program Director will notify the Associate Dean of any decision to place a Resident on Remediation.

- 5.5. The Program Director will set the terms of the Remediation with input from the RTC as required. The Program Director must designate a member of the faculty as the Remediation Supervisor who will assume responsibility for implementing the terms of the Remediation.
- 5.6. Before the commencement of the Remediation the Program Director must provide the Resident with a letter describing the identified deficits and areas of weakness in performance or conduct, and the remediation plan which will include a specified time to remedy the identified deficits (“Remediation Letter”). The template for the Remediation Letter is attached as Addendum “A” to this Policy. The Remediation Letter must be signed by the Remediation Supervisor, the Program Director and the Postgraduate Dean.
- 5.7. At the conclusion of the Remediation, the Program Director or Remediation Supervisor will meet with the Resident to discuss the summative evaluation of the Resident’s performance during Remediation.
- 5.8. The Program Director will call a meeting of the RTC, or a subcommittee of the RTC, to discuss the outcome of the Remediation. Material related to the Resident’s performance relied on by the Remediation Supervisor and the Program Director to evaluate the Resident’s performance will be presented to the RTC, or the subcommittee, by the Program Director, or by the Remediation Supervisor, as appropriate. The summative evaluation of the Resident’s performance will be reviewed by the RTC, or the subcommittee of the RTC, and a recommendation will be made to the Program Director regarding the outcome of the Remediation. The Resident will not normally attend the meeting of the RTC.
- 5.9. The Program Director will consider the recommendation of the RTC and will make a final decision regarding the outcome of the Remediation. The Program Director may meet with the Resident before making a final decision if the Program Director determines that additional information from the Resident is required although the Program Director may make a decision on the basis of the summative evaluation and the recommendation of the RTC.
- 5.10. The Program Director will record the final decision in the FINAL OUTCOME OF REMEDIATION LETTER (“Outcome Letter”), attached as Addendum “B” to this Policy and will meet with the Resident to discuss the outcome. A copy of the Outcome Letter must be provided to the Resident.
- 5.11. The Program Director may make one of the following determinations regarding the outcome of Remediation:
  - a) A determination that the weakness or deficit has been corrected within the specified time period and that the Resident may continue in the postgraduate training program with extension of training to account for time lost due to the requirement to remediate the poor performance; or
  - b) A determination that although the Resident has made some progress the weakness or deficit in performance or conduct has not been corrected and the Remediation is extended for a specified period on the same terms; or
  - c) A determination that the goals of the Remediation have not been met and the Resident will be placed on probation; or
  - d) A determination that during the Remediation the Resident has demonstrated that the deficits or weaknesses in performance or conduct are not remediable or that on some other basis the Resident is not trainable and the Resident should be dismissed from the Program under section 6 of this Policy on the basis of unsuitability for continued training.
- 5.12. The question of the Resident’s unsuitability for continued training may be referred by the Program Director to the RTC for discussion and recommendation. Before referring the question to the RTC the Program Director will meet with the Resident to advise of the Program Director’s decision to refer the question to the RTC. The Resident will be invited to provide in writing any relevant information the Resident wishes the Program Director and the RTC to consider.
- 5.13. The Program Director will provide the information provided by the Resident to the RTC. The final decision regarding whether the Resident will be dismissed for unsuitability will be made by the Program Director.
- 5.14. A decision to dismiss from the Program on the basis of unsuitability must be approved by the Head of the Department in the Faculty of Medicine. The Program Director will notify the Associate Dean in writing of the decision and the reasons for the decision.

- 5.15. The Associate Dean will confirm the dismissal in writing to the Resident. The Resident will be informed of his or her right to appeal the dismissal and will be provided a copy of the Resident Appeal Policy.
- 5.16. Neither a decision to place a Resident on Remediation nor a decision regarding the outcome of Remediation may be appealed except in circumstances in which a failure to successfully complete Remediation leads to a decision to dismiss on the basis of unsuitability as provided in section 5.12 above. A decision to dismiss a Resident on the basis of unsuitability may be appealed as provided in the Faculty of Medicine Resident Appeal Policy.

## 6. PROBATION

- 6.1. Probation is a more formal remediation process and is indicated where the Resident's deficits in performance or conduct are persistent and have not been responsive to correction or where the Resident's overall performance, or performance in a critical area, is sufficiently below expectations that there is a serious concern about the ability of the Resident to meet the postgraduate training program's required standards within a reasonable time. A failure to successfully complete Probation may lead to dismissal from the Program.
- 6.2. Probation will include special evaluations which may be of more than one kind, and may be performed by multiple internal or external evaluators.
- 6.3. A Resident may be placed on Probation in the following circumstances:
- When the Resident has failed to successfully complete a period of Remediation;
  - When, in the judgment of the Program Director, correction of identified deficits and weaknesses in performance and conduct require a more formal program of correction than is provided in Remediation under the policy;
  - When, in the judgment of the Program Director, the identified deficits in performance and conduct are of such nature that there can be no tolerance of recurrence and the Resident requires formal monitoring of performance or conduct for the duration of the postgraduate training program.
- 6.4. Before deciding whether to place a Resident on Probation the Program Director will consult with the RTC. If the Program Director decides to place a Resident on Probation the Program Director will notify the Associate Dean and will convene a Probation Committee to set the terms of the Probation.
- 6.5. A Probation Committee will consist of the following individuals:
- the Program Director, or delegate, who will chair the committee;
  - the Head of the Division or Department, or delegate
  - one member of the Division or Department who is a member of the RTC
- 6.6. The Probation Committee will review all the relevant documentation related to the Resident's identified deficits and weakness in performance or conduct along with any additional documentation provided by the Resident before determining the terms of Probation. The Resident may provide any relevant material to the Probation Committee that the Resident wishes to have taken into account in determining the terms of the Probation.
- 6.7. The Probation Committee will meet with the Resident to discuss the terms of Probation. The Resident may choose to be accompanied by a support person when meeting with the Probation Committee. The terms of Probation must include:
- a statement of the deficits in performance or conduct that require correction;
  - the duration of the probation;
  - identification of a Probation Supervisor; and
  - the course of training and evaluation to be met in the probation.
- 6.8. The terms of Probation must be set out in writing in the Probation Letter, attached as Addendum "A" to this Policy. A copy must be given to the Resident.
- 6.9. The Probation Letter must be signed by the Probation Supervisor, the Program Director and the Associate Dean. The Associate Dean will advise the hospital or Health Authority in which the Resident is employed of the Probation and of the potential consequences of the Probation.

- 6.10. At the end of the Probation the Probation Committee will meet with the Resident to discuss the outcome of the Probation. If the Probation Committee concludes that the Resident has successfully completed Probation it will reinstate the Resident and will provide recommendations as to the appropriate level of reinstatement. If the Probation Committee concludes that the Resident has not successfully completed Probation the Resident may be placed on an additional period of Probation, subject to terms. Alternatively the Probation Committee can recommend that the Resident be dismissed from the Program.
- 6.11. A recommendation for dismissal must have the support of the Program Director. In the event the Probation Committee cannot reach consensus regarding the outcome of the Probation, the Program Director will make a final decision regarding the outcome of Probation. The Program Director will record the final decision regarding the outcome of Probation in the FINAL OUTCOME OF PROBATION form attached as Addendum “B” to this Policy, and will provide a copy to the Resident.
- 6.12. If the Program Director concludes that dismissal from the Program is appropriate the Program Director must identify the specific deficits in performance or conduct that have not been adequately addressed by the Resident during the Probation. A decision to dismiss the Resident due to a failure to successfully complete Probation must be approved by the Head of the Department in the Faculty of Medicine.
- 6.13. The Program Director must provide a copy of the Final Outcome of Probation form to the Associate Dean who will notify HEABC of the outcome of the Probation and HEABC will notify the Health Authority or hospital in which the Resident is employed.
- 6.14. If the final outcome of Probation is a decision to dismiss the Associate Dean will confirm the dismissal in writing to the Resident. The Resident will be informed of his or her right to appeal the dismissal and will be provided a copy of the Resident Appeal Policy.
- 6.15. Neither a decision to place a Resident on Probation nor a decision regarding the outcome of Probation may be appealed except in circumstances in which a failure to successfully complete Probation leads to dismissal. A decision to dismiss a Resident may be appealed as provided in the Faculty of Medicine Policy on Resident Appeals.

### **C. NON-REMEDIAL DEFICITS IN PERFORMANCE OR CONDUCT**

Sections 3 and 4 of this Policy set out the usual remedial processes undertaken when, in the judgment of the Program Director, the Resident’s deficits in performance or conduct are likely to be corrected with additional support and training and the Resident demonstrates capacity to benefit from a specified period of such support and training. However, there may be instances in which a Program Director may make a decision that a Resident is unsuitable for further training in the Program for reasons that cannot be remediated. This decision may be made prior to, during, or at the conclusion of Remediation or Probation.

### **7. UNSUITABILITY FOR CONTINUED TRAINING**

- 7.1. A Resident may be dismissed by the Program Director summarily at any time on the basis of unsuitability for reasons that include, but are not limited to, the following:
  - a) the lack of a basic skill required to complete the training program (such as physical dexterity in the case of a surgical specialty);
  - b) a physical or mental condition that prevents completion of the full academic program and for which accommodation cannot be provided;
  - c) failure to comply with the Professional Standards for Faculty and Learners in the Faculties of Medicine and Dentistry at the University of British Columbia; (include web link);
  - d) failure to comply with the standards of Academic Honesty and Academic Misconduct at the University ([www.calendar.ubc.ca/vancouver](http://www.calendar.ubc.ca/vancouver));
  - e) conduct unbecoming a member of the medical profession; or
  - f) other qualities of the Resident which in the judgment of the Program Director, make the Resident unfit for continued training or for the practice of medicine.



- 7.2. The question of the Resident's suitability for further training will normally be referred by the Program Director to the RTC for discussion and recommendation. Before referring the question to the RTC the Program Director will meet with the Resident to advise the Resident of the Program Director's decision to refer the question to the RTC. The Resident will be invited to provide, in writing, any relevant information the Resident wishes the Program Director and the RTC to consider. In appropriate circumstances the Program Director can make a decision related to suitability without referring the matter to the RTC.
- 7.3. The Program Director will provide any information provided by the Resident to the RTC for its consideration and recommendation. The final decision regarding whether the Resident will be dismissed for unsuitability will be made by the Program Director.
- 7.4. In appropriate circumstances the Program Director may make a decision related to suitability for continued training without referring the matter to the RTC. The Program Director will meet directly with the Resident to discuss the issues and to allow the Resident to respond or provide additional information for the Program Director's consideration.
- 7.5. In all cases the decision of the Program Director to dismiss on the basis of unsuitability must be approved by the Head of the Resident's Department in the Faculty of Medicine prior to any action being taken.
- 7.6. Once the Department Head has approved the decision to dismiss, the Program Director must inform the Associate Dean of the decision in writing and must provide the reason for the decision. A copy of the Program Director's letter to the Associate Dean must be provided to the Resident.
- 7.7. The Associate Dean will confirm the dismissal in writing to the Resident. The Resident will be informed of his or her right to appeal the dismissal and will be provided a copy of the Faculty of Medicine Resident Appeal Policy.

#### **D. DISMISSAL OF A RESIDENT FROM A TRAINING PROGRAM**

- 7.8. A Resident's position and progress in his or her academic program is dependent upon the Resident maintaining standing as: an employee in the University affiliated training hospitals administered by the provincial Health Authorities, or of another designated employer affiliated with the University; as a licensed physician; and, as a Resident under this Policy.
- 7.9. Residents may be dismissed from a post-graduate medical training program in any of the following three ways:

##### **(a) Dismissal by the Program**

A Resident may be dismissed by the Program Director either during, or following one or more periods of Remediation or Probation or summarily at any time on the basis of unsuitability as provided in this policy.

##### **(b) Dismissal by the Employer**

Participation in a postgraduate training program is contingent upon a Resident maintaining an employment relationship with a Health Authority, or with another designated site to which the Resident has been assigned by the Program. Residents can be dismissed by their employer in accordance with the terms of their Collective Agreement. A Resident dismissed by his or her employer or by a designated site to which the Resident has been assigned, cannot continue with their post-graduate medical training program. A Resident suspended by the employer, or by a designated site to which the Resident has been assigned, will not be permitted to continue with post-graduate medical training for the duration of the suspension.

##### **(c) Loss of Licensed Professional Status with the College**

All Residents are on the educational register of the College. The College may entertain complaints against Residents and, after appropriate investigation, remove their license to practice medicine. These mechanisms are outlined in the *Health Professions Act, RSBC 1996, C. 183*. Residents who permanently lose their licensed professional status with the College cannot continue with their post-graduate medical training program. Residents who have their licensed professional status with the College suspended cannot continue their post-graduate medical training program for the duration of the suspension.

- 7.10. If a decision is made to dismiss a Resident from the Program under the Policy, then the Associate Dean will advise HEABC or the hospital or Health Authority in which the Resident is employed of the dismissal. The Associate Dean will advise HEABC or the employer if the Resident gives notice of an intention to appeal the decision and will advise HEABC or the employer of the final outcome of the appeal.
- 7.11. The Associate Dean will provide written notice of a decision to dismiss a Resident from a Program to the College as soon as practicable and will advise the College if the Resident gives notice of an intention to appeal. Upon the request of the College the Associate Dean will provide additional information related to the reasons for dismissal. The Associate Dean will advise the College of the outcome of any appeal.
- 7.12. The Associate Dean will provide written notice of a decision to dismiss a Resident from a Program to the RCPSC or CFPC as soon as practicable. If the Resident gives notice of an intention to appeal the dismissal then the provision of notice will be delayed pending the outcome of the appeal and will be sent if the appeal is upheld.

#### **E. APPEALS**

A Resident may appeal a refusal to provide an FITER, the contents of a FITER, or a dismissal by the Program to the Appeal Committee under the Resident Appeal Policy.

Resident Remediation Letter and Outcome Form

**REMEDIATION LETTER**  
Residency Training Program  
University of British Columbia

This remediation letter shall be completed for every resident on remediation in the Faculty of Medicine prior to the start of each period of remediation. The arrangements described in this letter are subject to the Faculty of Medicine's Resident Evaluation and Appeals Policy. It is recommended that any resident placed on remediation should have access to a mentor who is not involved in the resident's direct evaluation and, if necessary, that appropriate counseling be arranged. By signing this document (last page), the resident indicates that he/she understands the goals and terms of the remedial period and the consequences of not successfully meeting the objectives of the remedial period.

Date \_\_\_\_\_

Dr. \_\_\_\_\_ PGY \_\_\_\_\_ resident in *(program)* \_\_\_\_\_

requires a remedial rotation in \_\_\_\_\_ .

The dates of this remedial period are from \_\_\_\_\_ to \_\_\_\_\_ .

The remediation is required because of:

- Failure to achieve a satisfactory level of competence during the following rotations *(specify service, dates, etc.)*:

- Consistent difficulties identified throughout residency training in the following CanMeds competencies:
  - Medical Expert                       Manager                       Professional
  - Communicator                       Health Advocate
  - Collaborator                       Scholar

- Inadequate attention to, or failure to maintain the standards of, the profession as described in the Faculty's Standards of Ethical and Professional Behaviour including, in particular, the following points:

The following specific weaknesses have been identified *(add more as necessary)*:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

OBJECTIVES OF THE PERIOD OF REMEDIATION  
for THE RESIDENT

During the remedial period, Dr. \_\_\_\_\_ must:

1. Increase their reading in the area of \_\_\_\_\_ ,

paying particular attention to the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Basic science           | <input type="checkbox"/> Management and approach |
| <input type="checkbox"/> Pathophysiology         | <input type="checkbox"/> Therapeutics            |
| <input type="checkbox"/> Evidence based medicine | <input type="checkbox"/> Clinical presentation   |
| <input type="checkbox"/> Other (indicate)        |  |

The following resources are recommended:

2. Improve their clinical performance by:

3. Improve the following behaviours (*check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Interactions with patients                    | <input type="checkbox"/> Interactions with faculty and attending staff |
| <input type="checkbox"/> Interactions with peers                       | <input type="checkbox"/> Punctuality/Accessibility/Participation       |
| <input type="checkbox"/> Interactions with allied health professionals | <input type="checkbox"/> Sense of responsibility                       |
| <input type="checkbox"/> Other (indicate) _____                        |  |

4. Participate in the following examinations (*specify type, frequency*):

5. Meet with Dr. \_\_\_\_\_ at \_\_\_\_\_ (*daily/weekly/monthly*)

Intervals during the remedial period to discuss progress and ongoing objectives.

6. Other:

OBJECTIVES OF THE REMEDIATION  
REMEDIAL SUPERVISOR RESPONSIBILITIES

During the remedial period, Dr. \_\_\_\_\_ will:

1. Provide supervision of Dr. \_\_\_\_\_ during the remedial period from \_\_\_\_\_ to \_\_\_\_\_ .
2. Meet with Dr. \_\_\_\_\_ weekly (*or specify other interval*) to review and discuss progress or lack thereof in attaining the objectives of the remediation, keep records of these meetings, and submit these weekly to the resident's Program Director.
3. Help Dr. \_\_\_\_\_ in achieving the objectives of remediation by (*check all that apply*):
  - Clarifying the difficulties the resident is having with knowledge base
  - Providing extra teaching in clinical matters
  - Providing supervision and training in procedural skills
  - Counselling regarding attitudes
  - Directing the resident to other specific sources of information on teaching
  - Assessing the resident by means of
  - Other (*indicate*)
4. Attest at the end of the remedial period whether the resident has or has not met the objectives of the period of remediation.

**OUTCOME OF THE REMEDIATION**

Upon completion of the remediation period, the following outcome may occur as determined by the Residency Program Director in consultation with the Residency Program Committee, depending on the resident's performance:

1. Reinstatement as a resident, with training extended as recommended by the Program Director and the RTC.
2. Reinstatement as a resident in the program with training extended based on time lost due to unsatisfactory performance.
3. An additional period of remediation if, in the opinion of the Program Director, the resident has made some progress in remedying the identified deficiencies but requires more time to fully meet the expectations of the remediation.
4. An additional period of remediation if, in the opinion of the Program Director, the resident has failed the remediation, has not made sufficient progress in remedying the identified deficiencies, or additional deficiencies have been identified during the remediation and the resident requires a more formal period of evaluation.
5. Dismissal from the program if, in the opinion of the Program Director and Residency Training Committee, the resident's performance indicates that the identified deficiencies are not remediable or the resident otherwise demonstrates that he or she is not suitable for continued training such that further remediation or probation would not remedy the deficits.

<b>SIGNATURES</b>		
By signing this document, the resident indicates that he/she understands the goals and terms of the period of remediation and the consequences of a failure to meet the objectives of the remediation.		
Signature of Resident:	Date:	
	Print:	
Signature of Remedial Supervisor:	Date:	
	Print:	
Signature of Program Director:	Date:	
	Print:	
Signature of PGME Associate Dean:	Date:	
	Print:	

### FINAL OUTCOME OF REMEDIATION

This form has been completed by the Program Director and has been ratified by the Residency Training Committee at its meeting on *(date)* \_\_\_\_\_ .

Dr. \_\_\_\_\_ has completed a period of remediation from \_\_\_\_\_ to \_\_\_\_\_ . The final outcome of the period of remediation is as follows:

Specific Areas of Weakness		Resolved	Partially Resolved	Not Resolved
1.				
2.				
3.				
4.				
5.				

Specific Objectives of the Period of Remediation <i>(add additional pages as required)</i>		Exceeds Expectations	Fully Meets Expectations	Fails to Meet Expectations
1.	Reading and demonstration of core knowledge			
2.	Clinical performance			
3.	Interactions with patients			
4.	Interactions with peers			
5.	Interactions with allied health professionals			
6.	Interactions with attending staff			
7.	Interactions with others			
8.	Punctuality/Accessibility/Participation			
9.	Sense of Responsibility			
10.	Other <i>(specify)</i> :			

New weaknesses identified since the period of remediation began <i>(if any)</i> :	
1.	
2.	
3.	

Overall, the period of remediation is considered  Successful  Unsuccessful

The result of the period of remediation is:

- Reinstatement as a resident in the program with no loss of time or extension of training.
- Reinstatement as a resident with training extended as recommended by the Program Director and the Residency Program Committee based on time lost due to unsatisfactory performance.  
 The extended period of training will occur from \_\_\_\_\_ to \_\_\_\_\_
- An additional remedial period from \_\_\_\_\_ to \_\_\_\_\_
- Placed on probation
- Other (*indicate*): \_\_\_\_\_

Comments by Program Director/Resident:

<b>SIGNATURES</b>		
By signing this document, the resident indicates that he/she has met with the program director to discuss the final outcome of the period of remediation and has reviewed this document. This does not in any way preclude the resident from pursuing an appeal of the decision for remediation, according to the Faculty of Medicine Policy on Evaluation. An appeal must be submitted in writing to the program director.		
Signature of Resident:	Date:	
	Print:	
Signature of Remedial Supervisor:	Date:	
	Print:	
Signature of Program Director:	Date:	
	Print:	



Resident Probation Letter and Outcome Form

**PROBATION LETTER**  
Residency Training Program  
University of British Columbia

This probation letter must be completed for every resident placed on probation in the Faculty of Medicine prior to the start of probation. The requirements of probation are subject to the Faculty of Medicine’s Resident Evaluation and Appeals Policy. It is further recommended that any resident placed on probation have access to a mentor who is not involved in the resident's direct evaluation. In appropriate circumstances, the Program Director should arrange counselling for the resident. By signing this document (last page), the resident indicates that he/she understands the goals and terms of the probation and the consequences of a failure to meet those terms.

Date \_\_\_\_\_

Dr. \_\_\_\_\_ PGY \_\_\_\_\_ resident in *(program)* \_\_\_\_\_

is hereby being placed on probation from \_\_\_\_\_ to \_\_\_\_\_.

The reasons for being placed on probation are:

- Failure to achieve a satisfactory level of competence during the following rotations *(specify service, dates, etc.)*:

- Consistent difficulties identified throughout residency training in the following CanMeds competencies:
  - Medical Expert                       Manager                       Professional
  - Communicator                       Health Advocate
  - Collaborator                       Scholar

- Failure to meet and/or maintain the standards of the profession as described in the Faculty’s Standards of Ethical and Professional Behaviour including, in particular, the following points:

The following specific weaknesses have been identified *(add more as necessary)*:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

OBJECTIVES OF THE PROBATION  
THE RESIDENT

During the probation period, Dr. \_\_\_\_\_ must:

1. Increase their reading in the area of \_\_\_\_\_ ,

paying particular attention to the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Basic science           | <input type="checkbox"/> Management and approach |
| <input type="checkbox"/> Pathophysiology         | <input type="checkbox"/> Therapeutics            |
| <input type="checkbox"/> Evidence based medicine | <input type="checkbox"/> Clinical presentation   |
| <input type="checkbox"/> Other (indicate)        |  |

Reading should be done from the following sources:

2. Improve their clinical performance by:

3. Improve the following professional behaviours (*check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Interactions with patients                    | <input type="checkbox"/> Interactions with faculty and attending staff |
| <input type="checkbox"/> Interactions with peers                       | <input type="checkbox"/> Punctuality/Accessibility/Participation       |
| <input type="checkbox"/> Interactions with allied health professionals | <input type="checkbox"/> Sense of responsibility                       |
| <input type="checkbox"/> Other (indicate) _____                        |  |

4. Participate in the examinations (*specify type, frequency*):

5. Meet with Dr. \_\_\_\_\_ at \_\_\_\_\_ (*daily/weekly/monthly*) intervals during the probation period to discuss progress and ongoing objectives.

6. Other:

OBJECTIVES OF THE PROBATION  
PROBATION SUPERVISOR RESPONSIBILITIES

During the probation period, Dr. \_\_\_\_\_ will:

1. Provide supervision of Dr. \_\_\_\_\_ during the probation period from \_\_\_\_\_ to \_\_\_\_\_ .
2. Meet with Dr. \_\_\_\_\_ weekly (*or specify other interval*) to review and discuss progress or lack thereof in attaining the objectives of the probation, keep records of these meetings, and submit these weekly to the resident's Program Director.
3. Help Dr. \_\_\_\_\_ in achieving the objectives of probation by (*check all that apply*):
  - Clarifying the difficulties the resident is having with knowledge base
  - Providing extra teaching in clinical matters
  - Providing supervision and training in procedural skills
  - Counselling regarding attitudes
  - Directing the resident to other specific sources of information on teaching
  - Assessing the resident by means of
  - Other (*indicate*)
4. Attest at the end of the probation period whether the resident has or has not met the objectives of the probation period.

**OUTCOME OF THE PROBATION**

Upon completion of the probation period or at any time during the probation period, depending on the resident’s performance, the following outcomes may occur as determined by the Residency Program Director in consultation with the Residency Program Committee:

1. Reinstatement as a resident with training extended based on time lost due to unsatisfactory performance.
2. An additional period of probation if, in the opinion of the Program Director, the resident has made some progress in remedying the identified deficiencies but requires more time to fully meet the expectations of the probation.
3. Dismissal from the program.
4. Other:

<b>SIGNATURES</b>		
By signing this document, the resident indicates that he/she understands the goals and terms of the probation period and the consequences of a failure to meet those terms. This does not in any way preclude the resident from pursuing an appeal of a decision related to their probation period as provided for in the Faculty of Medicine’s Resident Evaluation and Appeals Policy. An appeal must be submitted in writing to the Program Director.		
Signature of Resident:	Date:	
	Print:	
Signature of Probation Supervisor:	Date:	
	Print:	
Signature of Program Director:	Date:	
	Print:	
Signature of PGME Associate Dean:	Date:	
	Print:	

### FINAL OUTCOME OF PROBATION

This form has been completed by the Program Director and has been ratified by the Residency Training Committee at its meeting on *(date)* \_\_\_\_\_ .

Dr. \_\_\_\_\_ has completed probation from \_\_\_\_\_  
to \_\_\_\_\_ . The final outcome of the period of probation is as follows:

Specific Areas of Weakness		Resolved	Partially Resolved	Not Resolved
1.				
2.				
3.				
4.				
5.				

Specific Objectives of the Period of Probation <i>(add additional pages as required)</i>		Exceeds Expectations	Fully Meets Expectations	Fails to Meet Expectations
1.	Reading and demonstration of core knowledge			
2.	Clinical performance			
3.	Interactions with patients			
4.	Interactions with peers			
5.	Interactions with allied health professionals			
6.	Interactions with attending staff			
7.	Interactions with others			
8.	Punctuality/Accessibility/Participation			
9.	Sense of Responsibility			
10.	Other <i>(specify)</i> :			

New weaknesses identified since the period of probation began <i>(if any)</i> :	
1.	
2.	
3.	

Overall, the period of probation is considered  Successful  Unsuccessful

The result of the period of probation is:

- Reinstatement as a resident with training extended as recommended by the Program Director and the Residency Program Committee based on time lost due to unsatisfactory performance.  
 The extended period of training will occur from \_\_\_\_\_ to \_\_\_\_\_
- An additional period of probation from \_\_\_\_\_ to \_\_\_\_\_
- Dismissal from program effective \_\_\_\_\_
- Other (indicate): \_\_\_\_\_

Comments by Program Director/Resident:

<b>SIGNATURES</b>		
By signing this document, the resident indicates that he/she has met with the program director to discuss the final outcome of the period of probation and has reviewed this document. This does not in any way preclude the resident from pursuing an appeal of the final outcome of probation, according to the Faculty of Medicine Policy on Evaluation.		
Signature of Resident:	Date:	
	Print:	
Signature of Remedial Supervisor:	Date:	
	Print:	
Signature of Program Director:	Date:	
	Print:	

## Resident Appeal Policy

*Amended and approved by FREC on June 26, 2012*

This document outlines the process for Residents in Postgraduate Medical Education Programs in the Faculty of Medicine at the University of British Columbia to appeal a dismissal by the Program.

### 1. DEFINITIONS

#### 1.1 In this Policy:

“Associate Dean” means the Associate Dean of Postgraduate Medical Education of the Faculty of Medicine.

“Collective Agreement” means the collective agreement between PAR-BC and HEA-BC.

“CFPC” means the College of Family Physicians of Canada, a national, voluntary organization that sets standards for continuing medical education for family physicians.

“College” means the College of Physicians and Surgeons of British Columbia, the professional licensing body for physicians in British Columbia.

“Dismissal” means dismissal from the Program by the Program pursuant to the Evaluation Policy but does not include dismissal by the employer or dismissal due to a loss of licensed professional status with the College.

“Evaluation Policy” means the Faculty of Medicine Policy on Resident Evaluation, Remediation and Probation.

“FITER” means a final in-training evaluation required by the RCPSC and the CFPC as described in paragraph 4.1 of the Evaluation Policy.

“HEA-BC” means the Health Employees Association of British Columbia, an association representing the hospitals and Health Authorities in British Columbia that employ Residents.

“PAR-BC” means the Professional Association of Residents of British Columbia, the certified bargaining agent for Residents employed by the hospitals and Health Authorities in British Columbia.

“Program” means a CFPC or RCPSC accredited postgraduate education training program leading to certification in family medicine or specialty medicine which is sponsored by the University and administered through Postgraduate Medical Education in the Faculty of Medicine.

“Program Director” means the member of the Faculty of Medicine responsible for the overall conduct of a post-graduate training program in a specific medical discipline and who reports to the Associate Dean.

“RCPSC” means the Royal College of Physicians and Surgeons of Canada, a national organization that sets standards for medical specialists.

“Resident” means a physician in a post-graduate medical training program that:

- (a) leads to RCPSC or CFPC accreditation; and
- (b) is administered by the University.

“Appeal Committee” means the committee constituted under this policy to hear Resident appeals related to FITERs and to decisions to dismiss by the Program.

## **2. APPEAL OF FITER or DISMISSAL BY THE PROGRAM**

- 2.1 A Resident may appeal a decision by the Program Director not to provide a FITER; the contents of a FITER; or a dismissal by the Program. A Resident may not appeal a dismissal from the Program under this policy if that dismissal is a result of dismissal from employment by the employer or due to the loss of the Resident’s licensed professional status with the College.
- 2.2 A Resident must communicate an intention to appeal to the Associate Dean, in writing, within ten (10) calendar days of receipt of the FITER, the notice of refusal to provide a FITER, or notice of dismissal.
- 2.3 Within ten (10) calendar days of giving notice of intention to appeal the Resident must submit a written appeal brief to the Associate Dean (“Appeal Brief”). The Appeal Brief must contain the following:
  - (a) a copy of the FITER, notice of refusal to provide a FITER, or notice of dismissal which is being appealed;
  - (b) a statement of the grounds of appeal and of the substance of the appeal;
  - (c) copies of any documents or materials which support the appeal and which the Resident wishes the Appeal Committee to consider; and
  - (d) the names of any witnesses whom the Resident intends to call to give information relevant to the appeal to the Appeal Committee
- 2.4 The Associate Dean will review the Appeal Brief and will determine whether the request for appeal is based on one of the grounds of appeal set out in this Policy. If the request for appeal is not based on a ground of appeal set out in this Policy the Associate Dean may dismiss the appeal without a hearing. There is no appeal of the decision of the Associate to dismiss the appeal without a hearing.
- 2.5 If the Associate Dean determines that the request for appeal is based on one of the grounds of appeal in this Policy then the Associate Dean will forward the Appeal Brief to the Program Director for response.
- 2.6 Within ten (10) calendar days of receipt of the Appeal Brief the Program Director must submit a written response to the appeal (“Program Brief”) to the Associate Dean. The Program Brief must contain the following:
  - (b) the Program Director's response to the substance of the appeal;
  - (c) copies of any documents or materials which support the decision taken by the Program Director and which the Program Director wishes the Appeal Committee to consider; and
  - (d) the names of any witnesses the Program Director intends to call to give information relevant to the appeal to the Appeal Committee.
- 2.7 The Associate Dean will provide a copy of the Program Brief to the Resident.
- 2.8 Once the Associate Dean receives the Appeal and Program Briefs the Associate Dean will constitute an Appeal Committee as provided in Section 3 of this policy.

## **3. COMPOSITION OF THE APPEAL COMMITTEE**

- 3.1 The Appeal Committee will be composed of the following three individuals:
  - (a) the Associate Dean, or delegate appointed by the Dean of the Faculty of Medicine, who will chair the Appeals Committee;
  - (b) two Program Directors, or senior faculty if two Program Directors are not available, appointed by the Associate Dean.

## **4. GROUNDS FOR APPEAL**

A decision as to whether a Resident has met the standards of the Program or is suitable for continued postgraduate training is a decision determined through the exercise of academic judgment in the evaluation process set out in the Evaluation Policy

- 4.1 An appeal of a decision to dismiss a Resident from a Program may only be brought on the grounds set out below:



- a) The Program Director failed to follow the procedures set out in the Evaluation Policy in reaching the decision to dismiss the Resident; or
- b) The decision to dismiss the Resident did not take into account relevant evidence or relied on irrelevant evidence; or
- c) The academic judgment of the faculty and/or Program Director was exercised in an arbitrary or discriminatory manner.

## 5. TERMS OF REFERENCE OF THE APPEAL COMMITTEE

- 5.1 The Appeal Committee may consider any relevant evidence and the Chair may make procedural decisions necessary to ensure a fair and transparent hearing process in accordance with the principles of natural justice. The Chair will seek submissions, either written or oral, from the Resident and the Program before deciding any procedural matter arising either before or during the hearing.
- 5.2 The Chair of the Appeal Committee may seek a legal opinion on any matter arising from the Appeal or Program Brief, or during the hearing, or during the deliberations of the members of the Appeal Committee.

## 6. PROCEDURES FOR A HEARING BEFORE THE APPEAL COMMITTEE

- 6.1 The hearing of the appeal should be scheduled at the earliest opportunity and no later than 60 days after the briefs have been submitted to the Appeal Committee. The Chair of the Appeal Committee will set a date for the hearing after consulting with the Resident and the Program Director.
- 6.2 The Resident may be represented by an advocate during the hearing. If the Resident intends to be represented by legal counsel then notice must be given to the Chair of the Appeal Committee at least fourteen (14) days prior to any hearing before the Appeal Committee.
- 6.3 The Resident presents the case for the appeal and the Resident bears the onus of establishing the grounds of appeal. The Program Director, or a representative who may be legal counsel, will present the case on behalf of the Program.
- 6.4 Subject to the rule of the Chair, the following procedure will be followed in the conduct of the hearing:
  - (a) the Resident, or advocate, may make an opening statement;
  - (b) the Resident, or advocate, may call and examine any witnesses named in the Appeal Brief;
  - (c) the Program Director, or representative, may cross-examine the Resident or any witness called by the Resident.
  - (d) the Program Director, or representative, may make an opening statement;
  - (e) the Program Director, or representative, may call and examine any witnesses named in the Program Brief and may call and examine any additional witnesses required to respond to the case presented by the Resident;
  - (f) the Resident may cross-examine the Program Director or any witness called by the Program Director;
  - (g) any member of the Appeal Committee may question any witness, the Program Director, or the Resident, at any time. Either the Resident, or advocate, or, the Program Director, or representative, may ask further questions of the witness that arise directly from the questions posed by the member of the Appeal Committee;
  - (h) once all of the evidence has been presented the Resident, or advocate, may make a closing statement;
  - (i) the Program Director, or representative, may make a closing statement.
- 6.5 Before the hearing concludes the Appeal Committee may request that it be provided with additional information from either the Resident or Program Director. If such additional information is requested, both the Program Director and the Resident must have an opportunity to consider this additional information and respond to the Appeal Committee prior to a final decision being made.
- 6.6 During the course of the hearing the Appeal Committee may adjourn and reconvene at the discretion of the Chair.
- 6.7 Absent a request from the Appeal Committee for additional information the hearing will conclude at the end of the closing statements and the Appeal Committee will not accept any further evidence related to the appeal.

## **7. DECISION OF APPEALS COMMITTEE**

- 7.1 The Appeal Committee will arrive at a decision regarding its recommendation on the appeal by a simple majority vote.
- 7.2 In appeals of decisions to dismiss by the Program if the Appeal Committee finds that there has been a procedural error of sufficient magnitude that they are satisfied that the academic judgment of the Program Director or faculty members may be erroneous, the Appeal Committee may recommend that the Program either fully reinstate the Resident to post-graduate medical training, or place the Resident on probation in accordance with the terms of Section 6 of the Evaluation Policy.
- 7.3 In appeals of decisions related to FITERs if the Appeal Committee finds that there has been a procedural error of sufficient magnitude that the Appeal Committee is satisfied that the academic judgment of the Program Director may be erroneous the Appeal Committee may direct the Program Director to provide a FITER to the Resident or to re-issue the FITER addressing the errors in academic judgment. Decisions of the Appeal Committee with respect to FITERs are final.
- 7.4 In either appeal described in section 7.2 and 7.3 if the Appeal Committee finds that there has been a procedural error of a minor nature, but the Appeal Committee is satisfied that the procedural error did not result in an erroneous academic decision, the Appeal Committee may recommend that the appeal be denied.
- 7.5 The recommendations of the Appeal Committee will be provided in writing to the Dean of the Faculty of Medicine within ten (10) days of the conclusion of the hearing. The Dean will consider the recommendation of the Appeal Committee and will render a final decision within ten (10) days of receipt of the Appeal Committee decision. A copy of the Appeal Committee recommendation and the Dean's decision will be provided to the Resident and the Program Director.

## Resident Transfers

### Resident Transfer Policy

*Approved by FRC on September 24, 2013*

#### **A. PRINCIPLES:**

1. This Policy applies to transfers by residents from one UBC Program (Home Program) to another UBC program (Receiving Program). Residents in Family Medicine and all Royal College programs are eligible for consideration for transfer.
2. All requests for transfer must initially be made to the Post Graduate Dean's Office (PGDO). Final approval of all transfers rests with the PG Dean.
3. The PGDO will support requests for transfer where the Resident has completed at least 6 months of post graduate training that includes a reasonable exposure to the Home Program, and has had reasonable exposure to the Receiving Program. An elective period in the Receiving Program may be required.
4. In responding to requests for transfer the integrity and principles of the CaRMS match must be maintained.
5. Only a single transfer will be considered for an individual resident.
6. There must be an available position in the Receiving Program and the Receiving Program must be willing to accept the transfer.
7. The resident must meet the same criteria applied to those candidates who successfully matched through CaRMS to the Receiving Program. The Receiving Program will use similar methods for assessing and determining the suitability of the candidate as those used by the Receiving Program in the CaRMS match.
8. Consideration of requests for transfer will only occur twice during the Academic year, during April and November. Transfer requests from PGY-1 residents will only be considered after January 1st of the Resident's PGY 1 year.
9. All transfers are dependent on availability of funding.
10. Requests for transfers by residents will be maintained in strict confidence until approval of the transfer is granted.

#### **B. PROCEDURE FOR TRANSFER:**

1. A resident requesting a transfer will contact the PGDO. The PG Dean will consider whether the resident meets the criteria for transfer and will confirm whether the receiving program will consider the request for transfer.
2. The PG Dean will advise the resident whether the request for transfer will be supported by the PGDO. If the request for transfer will not be supported then the PG Dean will advise the resident of the basis upon which the request for transfer will not be supported.
3. If the request for transfer is supported by the PGDO, the resident must contact the program director of the Receiving Program to begin the process of determining whether the candidate is suitable for acceptance into the Receiving Program. The Resident must provide all ITERs and must advise whether the Resident has undergone a period of remediation or probation. The Receiving Program may request additional documentation for review and may request a formal interview by a selection committee. A Receiving Program is not obligated to accept trainees who do not meet the admission requirements of the Receiving Program.
4. Transfer requests are confidential and the PGDO and Receiving Program Director will not contact the applicant's Home Program Director to discuss the transfer request or the Resident's performance in the Home Program without the resident's authorization.
5. If, after reviewing the relevant information, the Receiving Program determines that the resident is not accepted for transfer then the Receiving Program Director will inform the resident and PGDO of the Receiving Program's

decision. The Receiving Program's decision regarding the suitability of the Resident for transfer is final and not subject to appeal.

6. If the Receiving Program accepts the resident for transfer then the Program Director will inform the resident and the PGDO. The PGDO will contact the Program Director of the Home Program and inform them of the transfer. The PGDO will arrange appropriate funding for the transfer in consultation with the Home Program Director and Receiving Program Director.
7. The effective transfer date for transfers accepted during April will be July 1st or a date which is mutually agreed to by the Receiving Program Director and Home Program Director. The effective transfer date for transfers accepted during November will be January 1st or a date which is mutually agreed to by the Receiving Program Director and Home Program Director.
8. The PGDO will issue a revised Letter of Appointment to the Resident.

## National Transfer Guidelines

*AFMC/policies/ national transfer guidelines final*

*Approved at Postgraduate Deans meeting November 26, 2015*

### **Preamble**

The Postgraduate Medical Education Offices across Canada are supportive of transfers from institution to institution. These guidelines are intended to provide a transparent process that is clear to both the Resident and Universities involved. Prior to engaging in discussion regarding a transfer, it is the responsibility of the Resident to review the national guidelines as well as his or her home school's transfer guideline / policy.

### **Scope**

These guidelines apply to Residents currently enrolled in a postgraduate training program in Canada (subject to the criteria of the RECEIVING provincial licensing jurisdiction(s) and the RECEIVING University). These guidelines apply to all transfers that take place outside of the second iteration of CaRMS.

### **Principles**

The following are basic principles to which all PGME Offices adhere regarding Resident transfers:

1. Transfers should not subvert the CaRMS match, and consideration will not be given until at least 6 months and adequate exposure to the Resident's home discipline, as determined by the Associate Dean, PME at the HOME University.
2. Discussions regarding transfer will remain confidential until such time as the Resident consents to disclosure of his/her intent to transfer.
3. Provincial government funding is not transferrable between institutions. Special cases that require the transfer of government funding are to be resolved between concerned PGME Offices.
4. The local Faculty of Medicine guideline / policy takes precedent over the national guidelines.
5. Residents have the ability to access positions in the second iteration of CaRMS, with the exception of Quebec. It is the Resident's responsibility to clear any return-of-service commitments with the provincial Ministry of Health. Quebec programs will not consider any Residents with return-of-service obligations to other jurisdictions.

## Process

### Initial enquiry:

1. A Resident who is interested in pursuing a transfer to another Canadian University should contact the Postgraduate Medical Education (PGME) Office of his / her HOME University to register their interest in transfer.
2. The PGME Office of the HOME University will notify the PGME Office(s) of the desired University(s) of the Resident's interest in transfer.
3. The RECEIVING PGME Office will review the request and determine whether clinical training capacity and funding capacity is available.
4. The RECEIVING PGME Office will inform the HOME PGME Office if the RECEIVING program can or cannot receive a transfer application. If they are able to review the request the RECEIVING PGME Office would request the documentation identified below.
5. The Resident must provide his / her consent for their HOME PGME Office to release the following documents / information to the RECEIVING PGME Office:
  - All in-training assessments
  - Summary of Training Record from the Home University (including leaves from the program)
  - Brief summary from the PGME Office regarding any remediation and outcomes. If there are ongoing investigations / appeals in progress, the other school will be notified.The Resident will also provide a brief letter outlining his / her request and the reason for the transfer
6. The file will be sent from the home PGME Office to the receiving PGME Office.

### If consideration is possible:

If there is agreement by the RECEIVING program to consider the candidate, then the Resident must contact the program for their program-specific selection process used by the RECEIVING program.

### If consideration is not possible:

If the RECEIVING PGME Office or program determines they cannot accommodate a transfer request, then the second iteration of CaRMS may be an alternate route where funding and resources have already been determined. It is up to the Resident to apply through this route if desired. In such a case, the policies and guidelines of the second iteration of CaRMS would apply.

### After acceptance into a transfer (RECEIVING) program:

1. If the Resident is accepted into the RECEIVING program, the RECEIVING PGME Office, in consultation with the RECEIVING program, will issue a conditional offer contingent on the release from their HOME program. A copy of the letter of offer will be provided to the HOME program (so confidentiality will not be possible after this point).
2. Should the Resident decide to accept, s/he is expected to follow any additional internal steps required by their HOME PGME Office.
3. The Resident must write to their HOME Program Director (copied to the HOME PGME Office) to request a release from his/her HOME Program and arrive at a mutually acceptable departure date.
4. The HOME program will provide a written release, copied to the HOME PGME Office, including the agreed transfer date. All documentation, including verification of training dates, will be provided via the HOME PGME Office to the RECEIVING PGME Office.

2017 – 2018

UBC PGME Resident Manual

**Links to the School policy / guideline re Transfers:**

**UBC**

<http://postgrad.med.ubc.ca/current-trainees/policies-procedures/>

**University of Calgary**

<https://wcm.ucalgary.ca/pgme/files/pgme/uofcpgmeresidencytransferpolicyrevisedfeb2006.pdf>

**University of Alberta**

[http://www.med.ualberta.ca/-/media/medicine/pme/policy/resident\\_transfer\\_policy.pdf](http://www.med.ualberta.ca/-/media/medicine/pme/policy/resident_transfer_policy.pdf)

[http://www.med.ualberta.ca/-/media/medicine/pme/policy/inter-provincial\\_pgme\\_transfer\\_guide.pdf](http://www.med.ualberta.ca/-/media/medicine/pme/policy/inter-provincial_pgme_transfer_guide.pdf)

**University of Saskatchewan**

<http://www.medicine.usask.ca/education/medical/postgrad/policies--guidelines/Resident%20Transfer%20Policy-Revised%20June%2024%202011.pdf>

<http://www.medicine.usask.ca/education/medical/postgrad/policies--guidelines/Inter-provincial%20transfer%20guidelines.pdf>

**University of Manitoba**

[http://umanitoba.ca/faculties/health\\_sciences/medicine/education/pgme/transfer.html](http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/transfer.html)

**Northern Ontario School of Medicine**

[https://www.nosm.ca/uploadedFiles/Education/PGME/Resident\\_Resources/Resident\\_Go-To-Guide/items/Policies/PG-1.11%20Transfer%20of%20Residency%20Programs\\_2011%2011%2010.pdf](https://www.nosm.ca/uploadedFiles/Education/PGME/Resident_Resources/Resident_Go-To-Guide/items/Policies/PG-1.11%20Transfer%20of%20Residency%20Programs_2011%2011%2010.pdf)

**University of Western Ontario**

[http://www.schulich.uwo.ca/medicine/postgraduate/docs/Policies%20for%20Website/Transfer\\_Policy.pdf](http://www.schulich.uwo.ca/medicine/postgraduate/docs/Policies%20for%20Website/Transfer_Policy.pdf)

**University of Ottawa**

[http://www.med.uottawa.ca/postgraduate/assets/documents/policies\\_guidelines/PGME\\_guidelines\\_for\\_trainees\\_wishing\\_to\\_change\\_programs.pdf](http://www.med.uottawa.ca/postgraduate/assets/documents/policies_guidelines/PGME_guidelines_for_trainees_wishing_to_change_programs.pdf)

**Queen's**

<http://meds.queensu.ca/education/postgraduate/policies/transfers>

**McMaster University**

[http://www.fhs.mcmaster.ca/postgrad/documents/TransfersPolicyFINALJUNE2010\\_000.pdf](http://www.fhs.mcmaster.ca/postgrad/documents/TransfersPolicyFINALJUNE2010_000.pdf)

**University of Toronto**

[http://pgme.utoronto.ca/sites/default/files/public/Policies\\_Guidelines/Transfers/Principles%20for%20Transfers%20in%20Ontario%20Residency%20Programs%20-%20final%20October%202013\\_0.pdf](http://pgme.utoronto.ca/sites/default/files/public/Policies_Guidelines/Transfers/Principles%20for%20Transfers%20in%20Ontario%20Residency%20Programs%20-%20final%20October%202013_0.pdf)

[http://pgme.utoronto.ca/sites/default/files/public/Policies\\_Guidelines/Transfers/UofT%20PGME%2BTransfer%2BPolicy%2B2011.pdf](http://pgme.utoronto.ca/sites/default/files/public/Policies_Guidelines/Transfers/UofT%20PGME%2BTransfer%2BPolicy%2B2011.pdf)

**McGill**

[http://www.medicine.mcgill.ca/postgrad/residentinfo\\_changesofprogram.htm](http://www.medicine.mcgill.ca/postgrad/residentinfo_changesofprogram.htm)

**Universite de Montreal**

<http://medecine.umontreal.ca/etudes/etudes-medicales-postdoctorales/etudiants-actuels/reglements-procedures/transfert-duniversite/>

**Universite de Sherbrooke**

<http://www.usherbrooke.ca/medpostdoc/guide-de-residence/>

**Universite Laval**

[http://www.fmed.ulaval.ca/site\\_fac/formation/post-md/changement-de-programme/](http://www.fmed.ulaval.ca/site_fac/formation/post-md/changement-de-programme/)

**Dalhousie University**

<http://medicine.dal.ca/departments/core-units/postgraduate/calendar/resident-transfer/transfers-interprovincial-guidelines.html>

**Memorial University**

<http://www.med.mun.ca/medpolicies/documents/Program%20Transfer%202014%2005%2027.pdf>

<http://www.med.mun.ca/PGME/Current-Residents/Inter-Provincial-Transfer.aspx>

Resident Consent for Release of PGME File and ITERs Form

**Resident Consent for Release of PGME File and ITERs  
 Regarding Transfers between Schools**

**Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Level:** \_\_\_\_\_

**Email:** \_\_\_\_\_

In conjunction with my transfer request, I give permission for the following information to be provided to the PGME Office for the schools listed below:

- ITER's,
- Summary of Training Record (which includes leaves from the program), a
- Summary from the PGME Office regarding any remediation and outcomes. If there are ongoing investigations / appeals in progress, the other school will be notified.

*I understand that these documents are required in order that my application for transfer can be reviewed by the program. These documents will be provided to the Program(s) to which I am applying.*

**Transfer Request #1**

Name of School	
Name of Program	

**Transfer Request #2**

Name of School	
Name of Program	

**Transfer Request #3**

Name of School	
Name of Program	

\_\_\_\_\_  
 Resident's signature

\_\_\_\_\_  
 Date

Please return consent form to: PGME Office

## Policies Relevant to PGME Residents

Guidelines for Physicians for Interaction with Industry:

<http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf>

Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry:

<http://med.ubc.ca/files/2012/02/Professional-Standards-for-the-Faculties-of-Medicine-and-Dentistry.pdf>

Policy and Processes to address unprofessional behaviour (including harassment, intimidation) in the Faculty of Medicine:

<http://med.ubc.ca/files/2012/02/Policy-Process-to-Address-Unprofessional-Behavior-Including-Harassment-Intimidation.pdf>

Royal College of Physicians and Surgeons of Canada/College of Family Physicians of Canada Accreditation and the issue of intimidation and harassment in Postgraduate Medical Education:

[http://www.cfpc.ca/uploadedfiles/education/intimidation\\_and\\_harassment\\_en.pdf](http://www.cfpc.ca/uploadedfiles/education/intimidation_and_harassment_en.pdf)

Conflict of Interest/Conflict of Commitment:

<http://med-fom-postgrad.sites.olt.ubc.ca/files/2013/09/policy97.pdf>