

Postgraduate Medical Education (PGME)

Policy and Procedure

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Preamble

Assessment is a critical component of postgraduate training that requires the exercise of academic judgment. Such judgment must be fair, non-arbitrary and free from discrimination. Faculty must base their assessments on the available relevant information and in conjunction with the conjoint Residency Accreditation Standards of the Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC) and Collège des médecins du Québec (CMQ), the standards of performance set by the Program, and any applicable Faculty of Medicine or University of British Columbia policies.

Residents in either Royal College or CFPC Residency Programs are assessed on an ongoing basis, both formally and informally. These assessments may be formative or summative but must be conducted in accordance with the policies and expectations of the University, College of Family Physicians of Canada and Royal College of Physicians and Surgeons.

Definitions

In this Policy:

“Academic Support Sub-committee” is a sub-committee of a Competency Committee to which certain Competency Committee tasks may be delegated to best meet the needs of the Program in assessing Resident performance.

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

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

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

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

“Competence Committee” is a committee whose goal is to ensure all learners achieve the requirements of the discipline through synthesis and review of the qualitative and quantitative assessment data at each stage of training and to provide recommendations on future learning activities.

“Designated assessment tools” are the specified assessment tool(s) approved by the Residency Program Committees tailored to the specialty, level of training and national training standards.

“Educational Experience” is a training period when a Resident is assigned to a clinical or other service for which there are specific, defined learning objectives.

“Entrustable Professional Activity” or “EPA” is a task or responsibility that can be entrusted to a trainee once sufficient specific competence is reached to allow for unsupervised completion.

“Final Summative Assessment” or “FSA” is the summative evaluation completed by the Program Director at the completion of the residency program attesting that the Resident has attained the competencies outlined in the objectives of training required of a physician in practice.

“Formal Remediation” is a period of more frequent and formal assessments and supervision developed to address situations in which a Resident is at risk of failing and has been identified as requiring an adjusted Learning Plan to remedy persistent or egregious performance deficits.

“Learning Plan” is a written statement of goals and objectives of training customized for each Resident and utilized throughout the training to guide progress.

“Milestones” are observable markers of a Resident’s ability along a developmental continuum in RCPSC programs.

“Oversight Committee” is a PGME advisory committee that will review a Program’s recommendations in cases where a Resident has been identified by the Program as having academic difficulties that may require formal remediation, probation, or dismissal. They will also review any situations where a Resident does not receive an FSA (either to sit exams or to proceed into practice).

“Probation” is a status imposed on a Resident when the Resident has demonstrated deficits in performance and/or conduct 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 training.

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

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

“Resident” is a physician in a postgraduate medical training program that:

- a) Leads to RCPSC or CFPC certification; and
- b) Is administered by the University.

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“Residency Program Committee” or Residency Training Committee (“RPC” or “RTC”) is a committee established to assist the Program Director in the planning, organization and supervision of the Program.

“Summative Assessment for Exam Eligibility” is the summative evaluation required by the CFPC or the RCPSC attesting that the Resident has attained the competencies required to sit the exam. In some cases, these will be separate from the FSA.

“Supervisor” is the faculty member in the Faculty of Medicine who has direct responsibility for supervision of the Resident’s clinical academic program during an Educational Experience and who may be the Program Director in certain circumstances.

“Suspension” is a temporary interruption in a Resident’s participation in clinical and education activities in the training program.

“Workplace-Based Assessments” are task-based assessments of the Resident’s performance in the clinical area provided at times and in a format prescribed by the Program

Policy

1. Assessment Process

1.1. General Principles

Residents are assessed in accordance with the conjoint Residency Accreditation Standards of the RCPSC, CFPC and CMQ, which outlines the basic requirements for assessment systems in each program.

<http://www.canrac.ca/canrac/general-standards-e>

Residents are assessed on an ongoing basis, both formally and informally. Specific assessment procedures in any particular field or clinical setting are established by individual programs and are communicated to Residents and supervising faculty.

Supervisors provide ongoing, informal, verbal feedback to the Residents in addition to providing the formal feedback required by the programs.

If a problem is identified at any point during an Educational Experience or any component of a Resident’s training, the Supervisor will bring the problem to the attention of the Resident in a timely fashion, preferably in person. This must be **documented** and forwarded to the Program Director who will provide additional support as needed.

1.2. Performance Reviews

Each Resident must receive a performance review twice a year. The Program, in its discretion, may have more frequent performance review meetings with a Resident.

The performance review will be conducted by the Program Director, or designated faculty, and will be based on information available from:

- a) Various tools determined by the Program to be suitable to assess competencies and/or provide a summative assessment after a rotation or clinical experience (i.e., ITER, EPA

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- or narrative).
- b) Feedback on the Resident's performance from faculty and allied health professionals
- c) Exams
- d) OSCEs
- e) Research done by the Resident
- f) Feedback from Resident presentations
- g) Feedback from the Competence Committee

The goal of the review is to discuss the Resident's progress with the Resident to ensure that the Resident is on track with the Learning Plan and to identify any adjustments required to ensure the Learning Plan meets the Resident's needs.

This is also an opportunity for the Resident to provide feedback about the Program. Resident concerns about the Program will be forwarded to the Program Director, Competence Committee, or the RPC.

If the Performance Review identifies concerns regarding the Resident's academic performance, the Program Director will determine the appropriate steps to address the concerns which may include referral to the Competence Committee, assessment committee or equivalent body to develop a remediation plan or to consider probation. If a faculty delegate conducts the performance review, any concerns must be forwarded to the Program Director.

The performance reviews will be written and included in the Resident's portfolio.

1.3. Final Summative Assessments

The FSA provides a summary assessment of the Resident's performance in all program requirements over the course of postgraduate training including as applicable CanMEDS roles, EPAs, and Milestones to determine readiness to practice.

The Final Summative Assessment will be completed by the Program Director and the Competence Committee in accordance with the conjoint Residency Accreditation Standards as adopted by the RCPSC and the CFPC. If there is disagreement, the final decision rests with the Program Director.

The RCPSC and CFPC also require a summative assessment attesting that the Resident has attained the competencies outlined in the objectives of training and is eligible to sit RCPSC or CFPC exams.

Normally, the FSA can be used to establish both readiness to practice and exam eligibility. In some cases, a separate summative assessment for exam eligibility ("SA") will be required.

A copy of the FSA or SA for exam eligibility is provided to the Resident and forwarded by the Program Director to the RCPSC or CFPC.

If the Program Director does not provide a successful FSA for transition to practice or FSA or SA for exam eligibility the academic record of the Resident upon which the Program Director's assessment is based will be reviewed by the Competence Committee.

The Competence Committee assesses the Resident and provides a recommendation to the Residency Program Committee on their readiness to practice and exam eligibility. If the Program Director deems that the resident is not ready for practice or exam eligibility, then the next step would be for the Oversight Committee to add further input ([Postgraduate Medical Education Resident Assessment Policy, 3. Oversight Committee](#)), if required, for the Program Director to render a final decision.

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The Resident will be provided with copies of the materials upon which the Program Director's assessment is based and with an opportunity to present additional material to the Competency Committee.

A decision not to provide a successful FSA for transition to practice or an FSA or SA for exam eligibility may be appealed pursuant to the Resident Appeal Policy.

2. Competence Committee

The Competence Committee's composition and size will vary depending on the size of the Program. The Program Director may sit on the Committee.

The Competence Committee will meet regularly and will consider the progress of each Resident in the Program at least twice per year.

The Competence Committee will consider information from multiple assessments and observations to make decisions related to the progress of individual Residents within each stage of the training program. Programs are expected to consider how Competence Committees will build anti-racism, equity, diversity and inclusion principles into their recommendations. This may include the structure and membership of the committee itself and the decision-making process. Competence Committee members must complete some form of unconscious bias training prior to joining, and regularly thereafter (every 3 years at minimum).

The Competence Committee will:

- a) Make a recommendation whether a Resident is promoted to the next stage of training.
- b) Review Performance Reviews
- c) Make adjustments to individual Learning Plans to address areas for improvement
- d) Review the Final Summative Assessments
- e) Make a recommendation as to the readiness to write final exams
- f) Make a recommendation as to the readiness to transition to independent practice
- g) Make recommendations regarding formal remediation, Probation, or dismissal
- h) Monitor the progress of trainees placed on remediation or Probation

The Competence Committee may, in its discretion and subject to the needs of the Program and Program Director, create one or more Academic Support Sub-committees to fulfill the following tasks:

- a) Review performance reviews of learners in difficulty;
- b) Make adjustments to individual Learning Plans to address areas of improvement;
- c) In appropriate cases, develop and implement formal remediation plans.
- d) Monitor progress and outcome of remediation plan and make recommendations to the Competence Committee.
- e) Assist the Competence Committee in fulfilling duties "a" through "h" of Competence Committee, as described above.

The Academic Support Sub-committees will work closely with the site responsible for the resident's

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training and will report all assessments, interventions and recommendations to the Competence Committee.

The Competence Committee or Academic Support Sub-Committee may seek review and input from the Oversight Committee in determining its recommendations. This is recommended in situations involving probation, dismissal, and/or non-successful FSA (unable to write exams or transition to practice). In some cases of formal remediation this may also be helpful.

Recommendations made by the Competence Committee or Academic Support Sub-Committee related to formal remediation, probation, or dismissal will be reported to the RPC.

The RPC/OC/CC can make recommendations, however, the Program Director has the final authority on matters of assessment.

2.1. Remediation, Probation, Dismissal and Suspension

When it is anticipated that the Competence Committee or an Academic Support Sub-committee likely would be considering formal remediation, probation or dismissal, the Program Director will meet with the Resident prior to the Competency Committee or Academic Support Sub-committee to review the information that will be considered by the Competence Committee or Academic Support Sub-committee. The Resident will be provided with an opportunity to bring additional information to the attention of the Competence Committee, or Academic Support Sub-committee for consideration. This can be done either in person or in writing. If the Resident attends the Committee meeting in person, the Resident may be accompanied by a support person.

The Program Director will meet with the Resident to review the recommendation of the Competence Committee, or Academic Support Sub-Committee.

2.2. Formal Remediation

If a Resident's performance is below the standards expected for the Resident's level of training, and the Competence Committee, or Academic Support Sub-committee, determines that the Resident is at risk or may require extension of residency training or dismissal the Competence Committee or Academic Support Sub-committee may recommend that the Resident undergo a period of formal remediation.

The recommended remediation plan must be in writing, time-limited, identify specific goals of the remediation period, provide support to the Resident to meet those goals, and identify a process for evaluation of performance during the remediation period. The plan will be developed by members of the Competence Committee, or Academic Support Sub-committee and approved by the Program Director.

The plan must also clearly outline the possible outcomes for the remediation period:

- a) Successful remediation
- b) More time is required on remediation
- c) Dismissal from the program

The Resident will be provided with an opportunity to review and provide input regarding the remediation plan.

2.3. Probation

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The Competence Committee, or Academic Support Sub-committee may recommend that a Resident who has demonstrated persistent deficits in performance, and/or conduct of such nature that there can be no tolerance of recurrence, and who requires formal monitoring of performance or conduct for the duration of training, be placed on Probation. Typically, probation status would then continue for the duration of training.

A recommendation to impose probation status on a Resident must be reviewed by the Oversight Committee. The Resident's status must be reviewed at least annually by the Competence Committee; removal of the probation status may be recommended by the Competency Committee and any recommended changes reported to the Oversight Committee.

2.4. Suspension

The Program may remove a Resident from the clinical area and may suspend a Resident from clinical duties in the following circumstances:

If a Resident exhibits disruptive, erratic or unprofessional conduct such that the continued presence of the Resident in the clinical setting may pose a threat to the safety of the resident, patients, staff, other learners, or members of the public using the clinical setting;

If a Resident exhibits disruptive, erratic or unprofessional conduct such that the continued participation of the Resident in the program undermines or interferes with the academic functions of the training program or the ability of other Residents or learners to continue their program of study.

The initial decision to remove and suspend will be made by the Program Director and will be communicated to the Resident in person and effective immediately. The decision to suspend must be reviewed by the RPC at the earliest opportunity.

The decision to end the suspension will be made by the Program Director in consultation with the RPC.

The Program Director must notify the Postgraduate Associate/Assistant Dean promptly if a resident is suspended.

At any time during the suspension the Resident may ask the RPC to review the decision to maintain the suspension. The Resident may present additional information to the RPC for consideration.

2.5. Dismissal

The Competence Committee, or Academic Support Sub-committee may recommend dismissal of a Resident in the following circumstances:

- a) If the Resident has failed to progress and, in the judgment of the Competence Committee, further remediation is not likely to be successful;
- b) If the Resident has breached the terms of the probation status;
- c) If the Resident has engaged in egregious unprofessional conduct and, in the judgment of the Competence Committee, remediation is not likely to be successful.
- d) Notice of this recommendation will require written notice from the PD to the PGME Associate Dean and should have support from the RPC and OC.

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Dismissal in the above circumstances may be appealed pursuant to the Resident Appeal Policy.

3. Oversight Committee

The Oversight Committee (“OC”) is a subcommittee within the Postgraduate Medical Education (“PGME”) office that provides recommendations and/or direction to Postgraduate Training Programs with respect to Program decisions that have a significant effect on a Resident’s educational progress. These could include Program recommendation for dismissal or a decision affecting the provision of a successful transition to practice or for certification exam eligibility. The OC makes recommendations to assist Programs in following due process, so that the Program’s actions and decisions are aligned with UBC policies and procedures. The OC may also make suggestions on further supports and educational strategies for the resident. Importantly, OC does not make judgments on a resident’s performance or competence, as that determination is the responsibility of the Program.

The OC is responsible for review of cases brought forward by the Programs in the following circumstances:

1. Where a Resident has been identified by the Program as having academic difficulties that require repeated Formal Remediation (that if unsuccessful may lead to dismissal) or Probation; or
2. Where dismissal of a Resident has been recommended by the Program; or
3. Where the Program has deemed the resident to be ineligible to sit certification exams (in the calendar year) or to proceed into practice (>8 weeks from previously anticipated program completion date); or
4. Where the Remediation Faculty Lead or PGME Assistant Dean recommends a Program to seek assistance and guidance from the OC to address significant concerns in a Resident’s academic or clinical performance.

The OC may assist the Program in the development of appropriate Formal Remediation, Probation or other learning plans to promote adherence to best practices and consistency with UBC policies and procedures. When appropriate, the OC will provide feedback to the Program with respect to the process involved in reaching Program decisions related to the academic progress of a Resident.

The OC may not interfere with or substitute its academic judgment for that of the Program’s Competency Committee, Academic Support Sub-committee, Residency Training Committee (RTC) or the Program Director. Similarly, the OC is not a forum for appeal of a Program’s decision regarding resident performance or competence. However, the OC may identify areas of concern and can recommend that a decision be reviewed again by the Program.

PGME Oversight Committee Terms of Reference: https://postgrad.med.ubc.ca/wp-content/uploads/2024/05/Oversight_Committee_TOR_20250310_Rev0.pdf

4. Alternative Bases for Dismissal from the Program

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A Resident's position and progress in a postgraduate training program is dependent upon the Resident maintaining employee status in the University-affiliated training hospitals administered by the provincial Health Authorities, or in another designated employer affiliated with the University and maintaining a valid educational license from the College.

4.1. Dismissal by the Employer

A Resident's employment is governed by the terms of the Collective Agreement between Resident Doctors of British Columbia and the Health Employers Association of British Columbia ("HEABC"). A Resident may be dismissed for cause. A Resident dismissed by their employer or by a designated site to which the Resident has been assigned, cannot continue in a postgraduate 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 postgraduate medical training for the duration of the suspension.

4.2. Loss of Licensed Professional Status with the College

All Residents must be on the educational register of the College. The College may remove a Resident's license to practice medicine in accordance with its bylaws and the Health Professions Act, RSBC 1996, C.183. Residents who do not hold an educational license with the College cannot engage in postgraduate medical training. Residents who have their licensed professional status with the College suspended cannot continue their postgraduate medical training program for the duration of the suspension.

A Resident may not appeal a dismissal from the program that is a result of a dismissal by the employer or loss of license with the College.

5. Notification of Dismissal

If a decision is made to dismiss a Resident from the Program under the Policy, the Associate Dean will advise HEABC and VCH in writing of the dismissal. The Associate Dean will advise HEABC and VCH if the Resident gives notice of an intention to appeal the decision and will advise HEABC and VCH of the final outcome of the appeal.

The Associate Dean will provide written notice of a decision to dismiss a Resident 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.

The Associate Dean will provide written notice of a decision to dismiss a Resident from a Program to the Royal College 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 to the Royal College or CFPC if the appeal is upheld.

Action	Committee	Date	Status
Updated	PGME Committee	June 5 2019	Active
Updated	PGME Executive	Oct. 29, 2019	Active
Updated	Policy Working Group	Oct. 22, 2023	Recommended to PGME Executive
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