Remediation

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Introduction & Background

A program of remediation represents a formal, individualized learning opportunity intended to guide a resident towards successful attainment of competencies. Current remediation policies aim to ensure a resident's successful achievement of the objectives of the training program, and are designed to address identified performance deficiencies or areas of weakness. A program of remediation is typically carried out within a defined period of time, and outlines training objectives and learning components aimed at correcting specific performance deficits. Remedial action is triggered by the identification of knowledge deficits, inadequate clinical skills, performance concerns, or in some cases, breaches of professional conduct.

Satisfactory completion results in the resident resuming the regular training rotation. The outcome of unsatisfactory completion may include extension of the period of remediation, a new period of remediation, a period of probation or dismissal from the residency program.

The Postgraduate Medical Education office typically ratifies remediation decisions and plans; some universities have formal bodies that provide oversight for the training of residents in academic difficulty.

Process/Procedure/Methods

The CBD Policy Working Group followed pre-defined steps to collect information on the current policies related to remediation, probation and dismissal, and to establish questions and considerations for the transition to CBME training practices. For a detailed description of the CBD Policy Working Group processes and procedures, please refer to the Methods section on page [X] within the Introduction.

Data extraction

The data extraction team reviewed policies from all English speaking PGME offices in Canada, looking at policies relevant to remediation, probation and dismissal. Quebec faculties were not included due to language barriers.

The template headings used to extract data from the policies are:

- Institution and name of policy document
- Triggers for remediation and the associated process
- Definitions and/or goals of remediation
- Specific instructions/process guidelines/directives for a plan of remediation
- Outcomes of remediation.

Key terms and definitions

Key terms	Other key terms currently in use	Definition
Remediation	Formal remediation Individualized educational support Learning opportunity Learning experiences and supports	A defined period of time with training objectives and learning components structured to address an area of weakness or performance deficit
Performance Deficiencies	Trigger events Identified weaknesses Deficits Unsatisfactory assessment	Identified resident performance issues such as deficits in knowledge base, inadequate clinical skills or breaches of professional conduct
Resident/ Residency Training Committee (RTC)	Residency Program Committee (RPC) Resident Assessment Subcommittee (RAS)	The RPC assists the program director in the planning, organization and supervision of the program. Specifically related to the issue of remediation, this includes responsibility 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. The RPC or a subcommittee thereof must organize appropriate remediation or probation for any resident who is experiencing difficulties meeting the appropriate level of competence.
Probation	Period of Probation Probation Rotation Probationary Period	Probation is applied in circumstances where a trainee has not successfully completed a program of remediation. When unsatisfactory, a period of probation can result in dismissal or mandatory withdrawal
Learning Plan	Structured learning components Remediation Plan	An educational plan intended to address specified areas of weakness or performance deficit. The trainee is given the opportunity to review and discuss a learning plan with their Program Director.

Considerations for Post-Graduate Education Faculties

Themes were identified through the analysis of existing PGME policies. These themes were considered in the context of the change to CBME and the resulting considerations and recommendations are provided to support future policy adaptation work at individual faculties.

Terminology related to Remediation

Rationale for Change
Current performance policies employ language that refers to specific weaknesses, deficiencies, borderline performance, failure of rotation, etc. In CBME, an approach of continuous quality improvement (QI) is applied to individual performance. The language currently in use is not consistent with this approach. Existing remediation policies also use language such as resumption or return to the "normal" training program, modified instead of regular program, remediation. At present, the term remediation is often perceived as adding a negative context to learning that should reflect a supportive, learner-centered approach.

Considerations and Recommendations
Alternative language is proposed, so as to be consistent with competency based approaches and reflect learner centered education. This includes:

a) To reflect a learner's competency attainment, language such as 'in progress' or 'achieved' is suggested.
b) To describe progress in training and/or progression decisions, suggested language could include: Learning trajectory, Entrustment or Progressing as expected/Not progressing as expected/ Failing to progress.
c) To describe modifications to the usual course of training (previously remediation) proposed language could include: focused learning plans; enhanced learning opportunities; individual learning plans. It should also be noted that the term remediation may still remain as a component of a formalized process (e.g. when a resident is failing to progress).

As an example, language used by the department of Family Medicine at the University of Calgary is provided, and may be useful in adapting current policies (*see attachment A*).

Changing Process for Progress Decisions

Rationale for Change
At present, promotion decisions reside with the Program Director and RTC, along with the Postgraduate Office, and the current policies identify the roles, responsibilities and processes for decisions about remediation, probation, appeals and dismissal. CBD promotes the use of a group to review competency achievement and make progress decisions based on a program of assessment. The role and responsibilities of this group,

the Competence Committee, are outlined in the accreditation standards for disciplines transitioning to CBD.

Considerations and Recommendations
As a centralized body within the training program with the responsibility to review competency achievement and resident progress, the Competence Committee will have a role in identifying residents that are not progressing as expected. Consideration should be given to the introduction of Competence Committees, and how the function and role of these committees is reflected in university policies. Specific recommendations are not provided as it is expected that processes will be specific to individual universities and their current infrastructure and governance.

Process of Monitoring Resident Progress during Remediation

Rationale for Change
Currently, some policies require that a specific supervisor or mentor be identified for a resident on remediation. CBME introduces two new roles to the oversight of resident progress: the Competence Committee and the Academic Advisor. The Competence Committee has been described in the previous section. An academic advisor is a faculty member who establishes a longitudinal relationship with a resident for the purpose of monitoring and advising with regards to educational progress. Academic advisors are not required in CBD, but programs may choose to apply this approach.

Considerations and Recommendations
A clear and succinct allocation of monitoring and communication responsibilities between resident, supervisor(s), academic advisor (if present) and competence committee is suggested for the revision of policies. Academic advisors may be a useful adjunct to the support of residents that are not progressing as expected.

Time-Based Learning Experiences and Duration of Training

1. Duration of remediation
Rationale for Change
Many policies currently link the duration of remediation to the duration of the failed or unsuccessful rotation. CBME de-emphasizes time, and instead focuses on ensuring that that learning experiences are organized to immerse the learner in authentic practice conditions. Progress is based not on successful completion of time based rotations but rather on the documentation of competency attainment through the assessment program.

Considerations and Recommendations
While acknowledging that time based rotations will continue to be an organizing structure for residency training, it is suggested that policies be modified to remove specific references to matching time in remediation to time on failed rotations. To align

with competency based medical education, it is recommended that individual learning plans describe the learning experiences to be provided, the competencies to be achieved, the assessment processes to be followed, and how successful achievement will be defined.

2. Elective Time and Remediation

Rationale for Change
Currently, some policies identify that elective time may be forfeited in order to complete the remediation. The purpose may be two-fold: to ensure the resident focuses on mandatory aspects of training before elective components; and to ensure that residency is completed within the proscribed duration of training. CBME de-emphasizes time and, in CBD, specific training requirements are no longer described as time-based. Instead progression, promotion and certification in CBD are based upon the documentation of the discipline specific competencies.

Considerations and Recommendations
While acknowledging that time based rotations will continue to be an organizing structure for residency training, it is suggested that policies be modified to remove specific references linking time to specific training requirements for certification.
It is recommended that policies be modified to prioritize the achievement of required competencies for certification over elective components of training.

3. Academic Credit and Extension of Training

Rationale for Change
Current training standards describe specific training requirements for certification that are time based (i.e. XX months of rotation XX). Many remediation policies currently identify that time in remediation will not provide credit towards the discipline specific training requirements. This may lead to training being extended beyond the usual duration of training for residents that have undergone periods of remediation in order for the time based requirements for certification to be achieved.

CBME de-emphasizes time and, in CBD, specific training requirements are no longer described as time-based. Instead progression, promotion and certification in CBD are based upon the documentation of the discipline specific competencies.

Considerations and Recommendations
As CBME focuses on the attainment of competencies, the requirements for certification may be met despite having time dedicated to individual learning experiences. While acknowledging that time based rotations will continue to be an organizing structure for residency training, it is suggested that policies be modified to remove specific references linking time to specific training requirements for certification.

4. Probation, Dismissal and Maximal Duration of Training

Rationale for Change
Most policies presently define probation as a consequence of unsatisfactory completion of a period of remediation, and dismissal as a consequence of a failure of probation, severe remediation failure or other significant professionalism concern.

In CBD, the de-emphasis on time leads to greater flexibility for residents and the possibility of individualized progress through training. However, patient safety, learner safety and practical budgetary realities require universities to maintain a process to remove individuals from training programs. Although the discipline specific training requirements are no longer time based, individual disciplines are providing guidance to program directors and PGME offices regarding the typical duration of overall training as well as the typical duration of each stage of the CBD Competence Continuum

Considerations and Recommendations
The working group recognizes that indefinite training to achieve required competencies is neither practical nor desired. It is recommended that individual universities consider policies related to training extension and limits to training duration. In adapting policies, consideration should be given as to whether there is a need to define the consequences of duration of training that (significantly) exceeds the usual course of training in the discipline and/or instances where there is a persistent or repetitive lack of progress. It may also be important to liaise with government funders in the decision making around maximal training duration.

Learner Role in Individual Learning Plan

Rationale for Change
Current policy documents refer to a learning plan being developed and resident agreeing to or complying with the provided plan; this language identifies the learner as a passive consumer of the RTC plans. In CBME, the learner is intended to be an active and engaged member in the development of their individual learning plan, and the overall approach is fundamentally learner-centered.

Considerations and Recommendations
It is suggested that policies be revised to adopt language that is more learner-centered and identifies the active role of the resident in identifying the need for and developing individual learning plans. The resident does not need to agree with the plan, nor "approve it," but should be involved or engaged in its development. It is recognized that once the plan has been developed, it becomes a mandatory feature of the resident's training and there may be a need for language in the policy that requires resident participation in the learning plan as a prerequisite for ongoing participation in the residency program.

Postgraduate Office Involvement

Rationale for Change

Currently, remediation policies and processes include the involvement of the Postgraduate Dean in remediation, either by notification or validation of a remediation plan. It is perceived that the purpose is multi-factorial: to ensure PGME office oversight of residents in academic difficulty, and, to ensure the PGME office is informed when there is change to resident rotations/progress as this may impact other programs, educational resources and/or training duration (i.e. overall training budget). In addition, Postgraduate Deans have a responsibility to report to regulatory or other external bodies (see Final Thoughts section).

Considerations and Recommendations

As individualized learning plans become more common/ typical it may not be necessary to report each event to the PG Dean. Notification to the Postgraduate Dean may only be required when there is the potential for impact outside of the program (budget, resource, impacts on other programs, regulatory reports) and/or when there are concerns for learner or patient safety.

It is suggested that individual universities establish guidelines for the reporting of individual learning plans to the PG Dean. This may require review of local regulatory requirements and hospital-university affiliation agreements.

Final Thoughts

In considering the policy and process around remediation in the competency-based environment, postgraduate medical education offices should be aware of changing registration requirements in some jurisdictions that may impact choices for remediation nomenclature and processes. In Ontario, for example, the College of Physicians and Surgeons of Ontario (CPSO) requires that all remediation agreements be sent to the College at the time of application.

The competency based environment, with its increased requirements for assessment, is likely to lead to increased focus on individual learning plans. These situations, which allow for targeted support of residents have, to date, been considered to represent "remediation". The working group is concerned that specific regulatory requirements on reporting of remediation may cause an increase in challenges, legal and otherwise, when learning plans that differ from "usual residency practice" are implemented. Recognizing the need to balance learner safety and patient safety, consideration of alternate terms and approaches to remediation may be advisable, identifying that learning plans are an educational tool for supportive learning.

Considerations for other stakeholders

The working group suggests that the regulatory authorities review policies and procedures regarding the reporting of remediation/probation events. Given the learner centered approach in CBME, and the perception that the frequency of individual learning plans will increase, regulatory authorities may wish to consider the nature of the events that require reporting by PGME offices as well as the information requested and recorded.