



# UNIVERSITY OF CALGARY

## Departmental Policy

Department of Family medicine  
Residency Programs' Appeals Policy

### Cumming School of Medicine FAMILY MEDICINE RESIDENCY PROGRAMS APPEALS POLICY

<b>Classification</b> Residency Training	<b>Table of Contents</b>
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<b>Implementation Authority</b> Postgraduate Director, Family Medicine	
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- Purpose**
- The purpose of this policy is to outline the appeal processes for summative end-of-rotation/experience assessment decisions and decisions relating to remediation, probation and dismissal.
- Scope**
- This policy applies to Residents in the Calgary and Rural Family Medicine Residency Programs and the FM Enhanced Skills Programs at the Cumming School of Medicine.
- Definitions**
- In this policy;**
    - “Appeal Committee” means the Departmental committee hearing the appeal; either the Family Medicine (FM) Residency Progress Subcommittee (RPS), an identified Residency Program Committee (RPC) or a Departmental Ad Hoc Appeal Committee.
    - “Appellant” means the Resident making an appeal.
    - “Assessment” and “evaluation” may be used interchangeably and refer to the various mechanisms whereby progress in residency training is monitored.
    - “Associate Dean” means Associate Dean of Postgraduate

Medical Education in the Cumming School of Medicine at the University of Calgary.

- 3.5. "Chair" refers to the Chair of the Appeal Committee, unless otherwise specified.
- 3.6. "Claim of Bias" means a challenge based on the grounds that there was a reasonable apprehension of bias in assessment.
- 3.7. "Day" means calendar day. When stated timelines/deadlines involve a recognised public holiday, this will be taken into account and allowed for in a flexible manner when calculating deadlines.
- 3.8. "Departmental Ad Hoc Appeal Committee" means the committee constituted under this policy by the Academic Department Head, Department of Family Medicine, to hear Resident appeals related to summative end-of-rotation assessment decisions, remediation, probation and dismissal that cannot be heard by a Residency Program Committee, or by the Family Medicine Resident Progress Subcommittee when delegated to do so.
- 3.9. "Enhanced Skills Program" is a Program offered by the Department of Family Medicine, Cumming School of Medicine, to Family Physicians wishing to gain additional skills in a specific focus of practice and health care delivery, usually with entry immediately after or within 6 months of completion of training. In some cases, practicing physicians in Alberta can also enter an Enhanced Skills Residency Program by a "re-entry" route.
- 3.10. "ITER" means In-Training Evaluation Report.
- 3.11. "PGME Appeals Subcommittee" means the subcommittee struck by the Associate Dean constituted under the PGME Appeals policy to hear Resident appeals related to a decision made by a Department-level Appeal Committee.
- 3.12. "PGME" means Postgraduate Medical Education.
- 3.13. "Preceptor" means an individual physician directly responsible for a period or segment of the Resident Trainee's professional training, teaching and instruction and who contributes to the evaluation process.
- 3.14. "Procedural Claim" means a challenge to fair process.
- 3.15. "Program Director" means the person responsible for the overall conduct of the Family Medicine Residency Program and is the person responsible to the Family Medicine Postgraduate Director, who is in turn, responsible to the Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary.
- 3.16. "Residency Program Committee" (RPC) is the formal Committee responsible for oversight of a Residency Training Program and for advising and supporting the Residency Program Director.
- 3.17. "Residency Training Program" means a RCPSC or CFPC accredited postgraduate medical education training program in the Cumming School of Medicine at the University of Calgary. (For Family Medicine this can be the 2-year training program or

- any of the FM Enhanced Skills Residency Programs).
- 3.18. "Respondent" means the Preceptor/Physician or Program leader identified as being responsible for making and/or overseeing the decision under appeal. This can be a Preceptor, Program Director or Chair of RPS (at the time the decision under appeal was made).
  - 3.19. "Rotation" is a scheduled mandatory or elective, supervised learning experience of a defined duration-usually between 2 and 24 weeks.
  - 3.20. "RPS" means Residency Progress Subcommittee and is the delegated subcommittee that reviews all issues related to Family Medicine Residents in difficulty in the Calgary and Rural Family Medicine Programs. It is also the delegated subcommittee that reviews Residents in difficulty in the FM Enhanced Skills Programs
  - 3.21. "Substantive Claim" means a challenge to the accuracy or validity of an evaluation or decision.

#### **Policy Statement 4. Jurisdiction**

- 4.1. A FM Resident (Calgary, Rural or ES) may appeal one *or more* of the following:
  - 4.1.1. an end of rotation, summative assessment decision (e.g. the decision indicated in a final ITER) from any rotation/experience which shows "Significant concerns identified; FAIL".
  - 4.1.2. a decision by RPS or RPC that a formal remediation program is required
  - 4.1.3. a decision by RPS or RPC that a Resident has failed a period of remediation
  - 4.1.4. a decision by RPS or RPC that a formal probation program is required
  - 4.1.5. a decision by RPS or RPC that a Resident has failed a period of probation
  - 4.1.6. a decision by RPS or RPC that a Resident be dismissed from the Program.
- 4.2. Pending the disposition of an appeal, the RPS (if the delegated subcommittee) or RPC shall determine if a Resident may continue with regularly scheduled rotations or whether alternative arrangements such as a leave of absence are necessary. Any leave of absence will be established under current PGME policies and as such, may be unpaid. Credit granted for continuing training pending the disposition of the appeal will be at the discretion of the RPS or RPC and based on successful completion of rotation requirements and/or other Program elements.

#### **Appeal Process and Decisions 5. Initiating an appeal**

- 5.1 The Resident must submit the appeal in writing to their Family Medicine Program Director within **fourteen (14) days** of the date of the first written notification of results of any of 4.1 above.
- 5.2 A Resident who is on a leave of absence for all or part of this **fourteen (14) day** period must submit their appeal within **fourteen (14) days** of their indicated ready to return to work date (e.g. as determined by an appropriate care provider for a medical leave of absence), regardless of any scheduling delays deemed necessary by the Program.
- 5.3 The written request for appeal may be submitted by email or hard copy and must include the following:
  - 5.3.1 A clear indication of what is being appealed, especially where the Resident is appealing more than one rating or decision.
  - 5.3.2 An explanation of why the Resident disagrees with the rating, assessment and/or decision
  - 5.3.3 Whether the grounds of the appeal are with respect to accuracy of rating (substantive claim) or fairness of the evaluation process (procedural claim or claim of bias) or both.
  - 5.3.4 Any evidence or documents that the resident believes are relevant to the appeal.
- 5.4 For an appeal of a regular, mandatory or elective rotation/experience summative assessment decision *made by a Preceptor* (as indicated by e.g. a final ITER), (4.1.1), the Program Director should forward the letter of appeal to the Preceptor who signed the ITER under appeal and the Program RPC will act as the Appeal Committee.
  - 5.4.1 In Programs without an RPC, or where an RPC has previously delegated this responsibility to the RPS, RPS will act as the Departmental level Appeal Committee.
- 5.5 Following completion of a regular, mandatory or elective rotation/experience, where the final summative assessment decision for a Resident is made by an RPC (or the majority of its members), the letter of appeal should be forwarded by the Program Director, as Chair of RPC, to the Academic Department Head, Family Medicine so that this appeal can be heard through an Ad Hoc Departmental appeal process (see below).
- 5.6 Where a Resident appeals a decision made by RPS or an RPC about remediation, probation or dismissal (any of 4.1.2 - 4.1.6), the Program Director should forward the letter of appeal to the Chair of RPS (at the time of the decision) or to the Chair of the RPC (if not the Program Director). The Program Director should at the same time forward the appeal letter to the Academic Head, Family Medicine, who should initiate the next steps of the appeal

process including the establishment of a Departmental Ad Hoc Appeal Committee which must conduct the appeal process and hearing.

- 5.7 The Program Director must also notify the Associate Dean of PGME of the appeal, in writing.

## 6. Pre-Appeal Resolution

- 6.1. Whenever possible, after an appeal has been filed by a Resident, any of; the Program Director, Preceptor, Preceptor Group representative, Resident, Faculty/Academic Adviser and, if appropriate, Chair of RPS, are encouraged to meet to attempt an informal resolution of the issues. Where an ITER has multiple contributors, a representative of the group may participate.
- 6.1.1. For an appeal of a regular, mandatory or elective, rotation/experience summative assessment decision made by a Preceptor (including where made on behalf of a group of Preceptors) (i.e. 4.1.1), a Pre-Appeal meeting of the FM Program Director or Chair of RPS (see section 5.7.2), the Preceptor who completed the ITER/summative assessment tool, or representative of the group (“respondent”), the Resident (“appellant”), and (at the Resident’s discretion) their Faculty/Academic Adviser (or equivalent), must be offered to the Resident and encouraged at this stage.
- 6.1.1.1. For appeals under 4.1.1, the pre-appeal meeting will be chaired by the Chair of the Program RPC (usually the Program Director).
- 6.1.1.2. The Resident may choose to decline this offer with no penalty.
- 6.1.1.3. The Preceptor or representative of a group, responsible for making the decision under appeal cannot decline the meeting, if accepted by the Resident.
- 6.2. If the regular, mandatory or elective summative assessment decision under appeal was as a result of an *RPC decision*, the pre-appeal meeting should be chaired and facilitated by the Chair of the Appeal Committee appointed to do so by the Academic Department Head, Family Medicine, under the Ad Hoc Departmental appeals process (see below).
- 6.3. Such informal review should be completed **within fourteen (14) days** of the Program Director receiving the letter of appeal. The intent is to seek a mutually satisfactory resolution agreeable to both the Program and the Resident.
- 6.4. The outcome of the pre-appeal meeting should be clearly documented and placed in the Resident’s file.

- 6.5. For an appeal of a summative decision made by a Preceptor under 4.1.1, if a mutually satisfactory resolution to the Resident's appeal is not possible, then the appeal must be heard formally by the Program RPC or, where previously delegated, by the RPS, **within thirty (30) days** of the pre-appeal resolution meeting, unless both parties agree in writing to an extension of time. The hearing must occur **within forty (40) days** of the written request for appeal, if no informal review occurs, again, unless both parties agree in writing to an extension in time.
- 6.6. For appeals of a summative decision made by an RPC (or a majority of its members) under 4.1.1, if a mutually satisfactory resolution to the Resident's appeal is not possible, then the appeal must be heard formally by an Ad Hoc Departmental Appeal Committee appointed to do so by the Academic Head, Family Medicine, **within thirty (30) days** of the pre-appeal resolution meeting, unless both parties agree in writing to an extension of time. The hearing must occur **within forty (40) days** of the written request for appeal, if no informal review occurs, again, unless both parties agree in writing to an extension in time.
  - 6.6.1. For an appeal of a summative decision made by an RPC under 4.1.1, RPS can be appointed as the Departmental Ad Hoc Appeal Committee by the Academic Department Head, Family Medicine. The Chair of RPS then acts as the designated Chair of the Appeal Committee, acting on behalf of the Department Head.
- 6.7. For an appeal of any of a decision made by RPS or an RPC, as per 4.1.2 - 4.1.6 a pre-Appeal meeting, organized and facilitated by the appointed Chair of the Departmental Ad Hoc Appeal Committee, must be offered to the Resident. This should include participation by the Resident ("appellant"), his/her Faculty adviser (or equivalent) at the discretion of the Resident, the chair of RPS or RPC ("respondent") and the Resident's Program Director (if not already present as Chair of the decision-making RPC).
  - 6.7.1. The Resident may choose to decline this offer with no penalty.
  - 6.7.2. The chair of RPS or RPC (as appropriate) responsible for making the decision under appeal cannot decline the meeting if accepted by the Resident.
  - 6.7.3. Such informal review should be completed **within fourteen (14) days** of the Program Director receiving the letter of appeal. The intent is to seek a mutually satisfactory resolution agreeable to both the Program and the Resident.
  - 6.7.4. The outcome of the pre-appeal meeting should be clearly documented and placed in the Resident's file.

6.7.5. If a mutually satisfactory resolution to the Resident's appeal under 4.1.2-4.1.6 is not possible, then the appeal must be heard formally by a Departmental Ad Hoc Appeal Committee **within thirty (30) days** of the pre-appeal resolution meeting, unless both parties agree in writing to an extension of time. The hearing must occur **within forty (40) days** of the written request for appeal, if no informal review occurs, again, unless both parties agree in writing to an extension in time.

6.8. If no initial pre-appeal resolution meeting is held, the Department level appeal (heard either by RPC, RPS or Ad Hoc Appeal Committee) should proceed as below (section 7).

6.9. For all appeal timelines in this policy, when a resident goes on medical leave, the clock is stopped and all activities relating to the appeal are put on hold, until the Resident returns to the program.

## **7. Departmental level appeals (to the RPC, RPS or an Departmental Ad Hoc Appeal Committee)**

7.1. Appeals must be heard by the RPC, (or a subcommittee thereof e.g RPS) or, when specified by this policy, a Departmental Ad Hoc Appeal Committee.

7.1.1. The RPC (or a subcommittee of the RPC) hears appeals unless the RPC (or a majority of its members) made the decision under appeal. In this circumstance, a Departmental Ad Hoc Committee **must** be struck.

7.2. In the absence of any specifically developed guidelines for handling an appeal at RPS or RPC level, the RPS or RPC will use the same guidelines for Departmental Ad Hoc Appeal Committee hearings (see below) to describe the procedure for handling an appeal except the membership and Chair is that of the RPC or RPS (as a delegated subcommittee or designated Ad Hoc appeal Committee). Information about these guidelines must be accessible to all Residents.

7.3. For an appeal under 4.1.1, the RPC will hear an appeal of a regular, mandatory or elective rotation/experience summative assessment decision *made by a Preceptor* (e.g. as indicated on a final ITER), as directed above, unless the hearing of any appeal has previously been delegated by the RPC to RPS or where no RPC exists, in which case RPS will hear the appeal.

7.4. For an appeal under 4.1.1, where an RPC, or a majority of its members, made the decision under appeal, the Academic Department Head, Family Medicine will identify an Ad Hoc Appeal Committee to hear the appeal. This will usually be RPS

with the Chair of RPS acting as the designated Chair of the Departmental Appeal Committee unless otherwise directed by the Academic Head, Family Medicine.

- 7.5. A Family Medicine Departmental Ad Hoc Appeal Committee will hear all appeals of decisions made regarding remediation, probation or dismissal (as per 4.1.2-4.1.6 made either by an RPC or RPS, or a majority of members of either committee.
  - 7.5.1. For any appeal under 4.1.2-4.1.6, RPS cannot act as the designated Departmental Ad Hoc Appeal Committee.
  
- 7.6. When a Departmental Ad Hoc Appeal Committee must be struck, it is chaired by the Academic Department Head or a designate. It must have at least 5 members, including the Chair. As per 7.4, when RPS has been designated as the Departmental level Ad Hoc Appeal Committee, the Chair of the Appeal Committee will be the Chair of RPS unless otherwise directed by the Academic Head, Family Medicine.
  - 7.6.1. Representation on a Departmental level Appeal Committee hearing an appeal under 4.1.2-4.1.6 should be similar to that of the RPS or RPC that made the decision under appeal and include faculty with experience in postgraduate medical education (for example, previous RPS or RPC members and previous Program Directors).
    - 7.6.1.1. Individuals with a declared or perceived conflict of interest regarding the Resident must not participate in the hearing.
    - 7.6.1.2. There should be at least one (1) Resident on the Appeal Committee.
    - 7.6.1.3. If the Program Director was involved in the decision being appealed, (e.g. as Chair of an RPC at the time of the decision), the Program Director, as the “respondent”, should make a statement that includes the background information and rationale for the decision at the appeal hearing, but must not participate on the committee or help render a decision regarding the appeal.
    - 7.6.1.4. If the Chair of RPS was involved in the decision being appealed, (e.g. as Chair of RPS at the time of the decision), the Chair of RPS, as the “respondent”, should make a statement that includes the background information and rationale for the decision at the appeal hearing but must not participate on the committee or help render a decision regarding the appeal.
    - 7.6.1.5. Membership of the Appeal Committee must be communicated to all parties no later than 10 days ahead of the hearing.
  - 7.6.2. A Resident may object to any individual scheduled to hear

the appeal, however the Appeal Committee Chair shall judge the merits of the challenge.

7.6.2.1. In the event that the Resident objects to the Chair of the Appeal Committee, the Academic Head, Family Medicine shall judge the merits of their challenge and if necessary identify an alternate Chair.

7.7. The Chair of the Appeal Committee will provide administrative support including the taking of minutes of the hearing.

7.8. The Resident has the right to be heard and to be accompanied by a support person and/or legal counsel.

7.8.1. Notification of the Resident's intent to be accompanied must be submitted in writing to the Chair at least **fourteen (14) days** prior to the hearing. This must include an indication of who the support person is and whether or not legal counsel will be present. This must be communicated by the Chair to all parties at least **twelve (12) days** prior to the hearing.

7.8.2. The Chair will have the right to determine the level of participation of the support person. This will be communicated to all parties prior to the hearing.

7.8.3. If the Resident elects to be accompanied by a support person, the support person may present the Resident's case if requested to do so by the Resident and authorized to do so by the Chair. Additionally, the support person should be given an opportunity to speak on the Resident's behalf regarding relevant details.

7.8.4. If the Resident elects to be accompanied by legal counsel, the Chair will have the right to determine the level of participation of legal counsel. This will be communicated prior to the hearing.

7.9. The Preceptor, Program Director, Chair of RPC or Chair of RPS (as the identified "respondent") has the right to be heard and may choose to be accompanied by a support person and/or legal counsel.

7.9.1. Notification of the Respondent's intent to be accompanied must be submitted in writing to the Chair at least **fourteen (14) days** prior to the hearing. This must include an indication of who the support person is and whether or not legal counsel will be present. This must be communicated by the Chair to all parties at least **twelve (12) days** prior to the hearing.

7.9.2. The Chair will have the right to determine the level of participation of the support person. This will be communicated to all parties prior to the hearing.

7.9.3. If the Respondent elects to be accompanied by a support person, the support person may present the Respondent's

case if requested to do so by the Respondent and authorized to do so by the Chair. Additionally, the support person should be given an opportunity to speak on the Respondent's behalf regarding relevant details.

7.9.4. If the Respondent elects to be accompanied by legal counsel, the Chair will have the right to determine the level of participation of legal counsel. This will be communicated prior to the hearing.

7.10. The Chair and the Appeal Committee may choose to be accompanied by legal counsel.

7.10.1. Legal Counsel in this situation is advisory to and does not represent the Appeal Committee.

7.10.2. The Resident and the respondent will be notified of the name(s) of such individuals **seven (7) days** prior to the hearing date.

7.11. Other persons with knowledge of the circumstance, or experts in particular areas, may be invited by the Chair to appear at the meeting.

7.11.1. The Resident and the respondent will be notified of the name(s) of such individuals at least **ten (10) days** prior to the hearing date.

7.11.2. Persons other than an identified support person and legal counsel who are granted the right to appear before the Appeal Committee will be allowed to make oral presentations and may be subject to questioning. The level of their participation is decided by the Chair.

7.12. The Resident and the Respondent must be given at least **ten (10) days'** notice of the time and place of the hearing, as well as the composition of the Appeal Committee.

## **8. The Appeal File**

8.1. The Resident and Respondent must submit copies of relevant documentation to the Chair no later than **ten (10) days** prior to the hearing date. Notice should be given if it is anticipated that additional documents may be available closer to or during the hearing with the understanding that this may result in a postponed hearing, at the discretion of the Chair.

8.2. All parties must be aware of the information to be presented at the appeal hearing at least **seven (7) days** prior to the hearing.

8.3. Both Resident and respondent are expected to submit only documentation relevant to the appeal as detailed in the Resident's appeal letter.

8.4. The Chair may also request the inclusion of documentation they deem relevant and provide this information to all parties at **least**

**seven (7) days** ahead of the hearing.

8.5. All documentation shall form part of the Record of Appeal.

8.6. The Chair of the appeal committee will deliver the Appeal File to all parties no later than **seven (7) days** prior to the hearing date

**9. Appeal Committee Hearing**

9.1. The Resident and Preceptor, Program Director, Chair of RPC or Chair of RPS (as the identified respondent) may, with approval from the Chair, present copies of relevant documents not previously distributed.

9.1.1. If new documents are introduced at the time of the hearing, the Resident and/or the Respondent have the right to a postponement in order to consider their response. The Committee shall grant whatever postponement of the hearing that it determines to be appropriate to allow all parties to fully understand the evidence that will be used at the hearing.

9.1.1.1. New information may NOT be introduced after all parties have presented evidence and have left the hearing room before deliberation.

9.2. The appeal hearing will proceed in the following order; The Resident (“appellant”) will present their position first, followed by a question period; then the Preceptor, Program Director, Chair of RPC or Chair of RPS (“respondent”) will present, followed by another question period. Each party and the Committee will have the opportunity to ask questions of clarification. Questions directed between the appellant and the respondent and vice versa will be addressed via the Chair who will determine if the question is relevant to the topic at hand.

9.2.1. The Chair will decide on who else, apart from the appellant and the respondent, can ask questions and whether or not any question is relevant to the topic at hand.

9.3. Appeal presentations shall be limited to **twenty (20) minutes** duration for each party.

9.4. Following all presentations, all parties except Appeal Committee members and support resources for the Appeals Committee will be asked to leave the hearing and advised that the decision will be communicated as soon as possible once it is available.

9.5. The Appeal Committee shall consider all relevant evidence that was presented by the parties. Deliberations will be held in strict confidence and voting will be conducted by closed ballot.

9.5.1. The Chair will count ballots in conjunction with one other Appeal Committee member.

9.5.2. Decisions will be made by majority vote

- 9.5.3. The Chair will only vote in the event of a tie
- 9.5.4. Vote counts will not be announced or recorded in the Minutes of the hearing, nor in the written decision of the Committee.
- 9.5.5. Pending the release of full reasons, the Chair will announce only that the appeal has been upheld or denied.

- 9.6. Minutes for the deliberation of the Appeal Committee shall only include motions made, the final decision, and a brief rationale.
- 9.7. The Chair is responsible for writing a decision letter including a summary of reasons for the Appeal Committee's decision.
  - 9.7.1. The decision letter will be sent **within thirty (30) days** of the hearing to the Resident and the Respondent, as well as to the Associate Dean PGME.
- 9.8. The appeal decisions with respect to items 4.1.1-4.1.4 above made by the RPS, an RPC or an Departmental Ad Hoc Appeal Committee are final and cannot be appealed further.
  - 9.8.1. Appeal decisions with respect to items 4.1.5 (re failed probation) and 4.1.6 (re dismissal) made by the RPS, RPC or a Departmental Ad Hoc Appeal Committee may be further appealed by the appellant to the PGME Appeals Subcommittee, but only on the grounds of procedural unfairness or the apprehension of bias.
  - 9.8.2. An appeal to the PGME Appeals Subcommittee must be submitted in writing within **fourteen (14) days** of receiving the results of the previous appeal. (See PGME Appeals Policy for full description of policy and procedure; <https://cumming.ucalgary.ca/pgme/files/pgme/pgme-resident-appeal-policy-final-jul2018.pdf>).

**Appeal outcomes 10. Upholding an appeal**

- 10.1. For an appeal to be upheld, the Appeal Committee members must vote in support of upholding the appeal.
  - 10.1.1. In the event of a tie, the Chair will vote. The Chair may vote for or against the motion
- 10.2. If the appeal is upheld, the Appeal Committee may make recommendations regarding remediation/assessment activities.
- 10.3. If an appeal decision for dismissal is upheld, the Resident will resume their training and will be subject to all program assessment activities.
- 10.4. Depending on the circumstances and findings of the appeal, the Resident will be either reinstated to satisfactory status in the Program or placed back on a formal remediation or probationary period. The decision may be made by the Appeal Committee or deferred for consideration at RPC or RPS.

10.5. If a dismissal appeal is upheld and a Resident is reinstated with fewer than four (4) blocks remaining prior to completion of training, the Appeal Committee may require an extension to training in order that the Resident may be fully assessed after reinstatement.

**11. Denial of Appeal**

11.1. For an appeal to be denied, the Appeal Committee members must vote in support of denying the appeal.

11.2. In the event of a tie, the Chair will vote. The Chair may vote for or against the motion

11.3. If the appeal is denied the original decision under appeal stands.

**Responsibilities**

**12. Approval Authority: Family Medicine Postgraduate Executive Committee**

12.1. Ensures appropriate rigour and due diligence in the development or revision of this policy.

**13. Implementation Authority: Family Medicine Postgraduate Director**

13.1. Ensures that University staff are aware of and understand the implications of this policy and related procedures;

13.2. Monitors compliance with the policy and related procedures;

13.3. Regularly reviews the policy and related procedures to ensure consistency in practice; and

13.4. Sponsors the revision of this policy and related procedures when necessary.

**Instructions/Forms**

**14.** 14.1. "Urban Residency Program Appeals Process – Summary and Guidance" PG FM Appeals Process - Brief Overview for Residents and Respondents"

14.2. Available on the FM Policies and procedures page  
<https://ucalgary.ca/familymedicine/residency/policies-and-procedures>

14.3. PGME Resident Appeals Timeline document  
<http://medicine.ucalgary.ca/pgme/current-trainees/residency-training-policies>

**Parent Policy**

**15. PGME Resident Appeals Policy**

<https://cumming.ucalgary.ca/pgme/files/pgme/pgme-resident-appeal-policy-final-jul2018.pdf>

**Related Information**

**16. Residency Progress Subcommittee Terms of Reference**

**Related Policies**

**17. POLICIES for appeals to the PGME Appeals Subcommittee**

17.1. See PGME policies:

17.1.1. PGME Resident Appeals Policy

<https://cumming.ucalgary.ca/pgme/files/pgme/pgme-resident-appeal-policy-final-jul2018.pdf>

17.2. Available on PGME Website at:

<http://medicine.ucalgary.ca/pgme/current-trainees/residency-training-policies>

17.3. For membership and guidance on appeal process in general, see:

17.3.1. RPS Terms of Reference

17.3.2. PGME Resident Appeals Policy

17.3.3. "PG FM Appeals Process - Brief Overview for Residents and Respondents"

17.3.4. Resident Appeals Timeline documents

**History**

- 18.** *Approved: January 23, 2014*  
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