
PROMOTION/ASSESSMENT REGULATIONS 2011-2012

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A. Introduction

It is the student's responsibility to familiarize him/herself with these promotion/assessment regulations. It is advisable to read them at the beginning of each year. If you require clarification of any items, please contact the Director or the Associate Dean for Undergraduate Medical Education (UGME).

These regulations apply for the academic year 2011/2012, but may be reviewed during the year by Faculty Council and any such revisions will be transmitted to the students. Registration in the Faculty of Medicine implies acceptance of these regulations as revised from time to time. Students in the Flexible Scheduling Program* will be assessed in the same manner and at the same time as students in the traditional four-year program.

* Please refer to "The Flexible Scheduling Option" in the Calendar at the following web address for more information: <http://www.registrar.dal.ca/calendar/pr/MEDI.htm>.

B. Assessment Preparation and Administration

1. General

All examinations are in English.

Dalhousie University regulations govern the conduct of examinations for the Faculty of Medicine. Please refer to "University Regulations" at the following web address for more information: <http://www.registrar.dal.ca/calendar/pr/UREG.htm>.

Students who do not appear for a scheduled examination without a valid excuse as determined by the Associate Dean of Undergraduate Medical Education, or Student Academic Administrator in the Associate Dean's absence, will receive a grade of "F" for that component of the course assessment. Students in this case will also be deemed ineligible for any academic awards or prizes for that given year.

Following each end-of-unit examination and before the release of the results of the examination, the student unit representative will meet with the Unit Head/Clerkship Director to provide feedback on the examination. This meeting may occur in person, by phone or through email correspondence.

2. Med 1 & 2

Objectives of each component of each unit will be broad outcomes-based and clearly stated and will map to the overall goals of the curriculum. From these objectives the weekly problems and cases are derived. The Curriculum Committee will approve the plans for each unit annually, including lecture topics, case and lab objectives and assessment methods, prior to the beginning of the unit.

At the beginning of each academic year, students will be informed about the units to be assessed, the schedule of the unit assessments and the general format of the assessment plan

for the year. Each unit will explain its assessment plan in more detail to students within two weeks of the beginning of the unit. In units of four or five weeks, this information will be provided during the first week of the unit.

Attendance at all scheduled tutorials and clinical sessions is mandatory and absences without a valid reason, such as illness substantiated by a medical certificate, or other absences approved, in writing, by the Associate Dean of Undergraduate Medical Education, will be reason for failure of the unit.

Grading of tutorial participation will be on a Pass/Fail basis and will include a narrative assessment. The mid-unit tutorial assessment must be completed at the mid-point of the unit. The end of unit tutorial assessment forms will normally be completed within 10 working days after the completion of a unit. The tutor must meet with the students in his/her group to review their assessments. Students must review and sign their assessments to successfully complete a unit.

Examination review sessions will be held, following the release of unit results, to provide feedback to students. Model answers will be available to students and students will be permitted to review their exam on-line. This session does not replace the requirement for students who receive a failing grade on a unit exam to meet with the Associate Dean of Undergraduate Medical Education and the appropriate Unit Head, as set out in section H3 below.

Students may appeal end of unit examinations in accordance with the procedure set out in section F, below. Students may seek a remarking of a failed examination in accordance with the procedure set out in section I, below.

3. Med 3 & 4

Objectives of each component of each unit will be broad outcomes-based and clearly stated and will map to the overall goals of the curriculum. It is the responsibility of undergraduate clerkship unit committees to decide on their assessment format and content.

Review and approval of the Assessment Plans occurs at the Evaluation Committee; approved plans are forwarded to the Curriculum Committee. The Curriculum Committee must approve the proposed assessment plan of a unit and any changes in the plan. All Med 3 units, with the exception of the Introduction to Clerkship Unit, will administer an end-of-unit MCQ/short answer examination. A formative integrated OSCE, which will be based upon two twelve week blocks of experience, will be administered at mid-point (24 weeks). A comprehensive OSCE will be administered at the end of Med 3 (48 weeks). An In Training Evaluation Report (ITER) for each rotation will be submitted for each student as well.

Each unit will provide its assessment plan in detail to students, prior to/at the beginning of the unit. This includes the assessment format and relative weighting of the different components. Grades in the clinical clerkship will be assigned based on a determination of whether the student has met the pre-determined objectives, irrespective of the overall class performance.

Written assessments of a student's performance (ITER) must be completed by the supervisor at the mid-point of the rotation and when the student completes the unit. In the ITER, preceptors must document performance, recommendations for remedial work, and pass or failure of intra-unit evaluations. Additionally, students will be assessed as to whether or not they have satisfactorily met the learning objectives of the unit, and whether there are any concerns relating to their professional behavior and fitness to practice medicine.

Students who are at risk of failing a unit must receive timely feedback on these concerns, and be given a chance to remedy identified deficiencies. It is the responsibility of both the student and the preceptor to ensure that all ITERs are discussed and signed by both the preceptor and the student. The student's signature does not necessarily imply agreement with the assessment received.

Formative ITERs for each rotation in a unit must be sent to the Clerkship Director for review. A summative ITER must be sent to the UGME office within 10 working days of the completion of the unit. It is the responsibility of the Associate Dean of Undergraduate Medical Education or the Student Assessment Administrator, UGME to review these assessments upon receipt at the UGME Office. Students will then be assessed as to whether or not they have satisfactorily met the learning objectives of the unit.

Students will not normally be permitted to sit an OSCE representing a unit that they have not completed. The final decision as to whether a student will be permitted to sit an OSCE, notwithstanding time missed, will be at the discretion of the Clerkship Director(s) involved in consultation with the Associate Dean, UGME.

Student attendance at scheduled sessions is a professional responsibility.

Students must meet the requirements set out in their Electives Manual to receive credit for electives.

NB. Some of these requirements must be met before the elective is approved.

C. Progress Committees

1. Mandate

The Progress Committee shall:

1. review student progress throughout the year, by way of reviewing written and performance assessment, fitness to practice medicine, and professional behavior;
2. approve end-of-unit results;
3. ensure that due process is followed in the assessment of students;
4. discuss and make recommendations for remediation for students who experience academic difficulties (e.g. fail the end-of-unit exam or tutorial/ITER assessment), difficulties related to the fitness for the study and practice of medicine, or circumstances that led to the deferral of an exam;
5. make recommendations to the Curriculum Committee on matters related to the assessment process;
6. make recommendations to the Curriculum Committee on matters related to assessment policies.

Except as set out in section F, below, the Progress Committee does not become involved in the assessment process of individual units since the Committee is not privy to or expert in the contents of a unit.

2. Schedule of Meetings

Progress Committee meetings will be held at the end of each unit. The final meeting of the year is also used to determine recommendations for student promotion. Special meetings may be convened at the discretion of the Associate Dean of Undergraduate Medical Education or Chief Evaluator.

3. Committee Membership and Voting Status

The members are (voting status is noted):

1. Associate Dean, Undergraduate Medical Education (voting member)
2. Assistant Dean, Student Affairs (non-voting member)
3. Two Associate Professors or Professors from clinical departments (appointed by the Dean on the recommendation of the Nominating Committee)
4. Two Associate Professors or Professors from basic science departments (appointed by the Dean on the recommendation of the Nominating Committee)
5. Two Faculty members elected
6. Two Student Representatives (non-voting members recommend by DMSS and approved by the Associate Dean)
7. Chief evaluator/chair will be appointed by the Curriculum Committee from the faculty members above. (See 4. Below)

*at least one voting member on the committee must be from DMNB

4. Committee Appointments

The Associate Dean of Undergraduate Medical Education, in consultation with the Curriculum Committee, appoints the Chief Evaluator for the committee for a three-year term.

5. Conduct of Meetings

There shall be a quorum of 50% + 1 voting members for each Progress Committee meeting, with a minimum of two student representatives. Where the minimum number of students is unavailable to attend a meeting, the DMSS president shall appoint two students to sit as committee members for that meeting.

Student representatives have non-voting status but are otherwise fully participatory members of the Committee, except when their own grades are being considered, in which event they must withdraw from participation.

Members of the Committee must be in attendance for the entire meeting. A member shall not vote on the outcome of the meeting if he/she leaves the meeting during proceedings, unless the proceedings are discontinued during his/her absence.

Progress Committee meetings shall be conducted in-camera and all deliberations are confidential. The recommendations of the Committee are also confidential.

6. Unit Results

Each unit that administers an end-of-unit written exam shall meet with the Assessment Committee to develop a summary report of the assessment results. The report shall include:

1. class mean on exam;
2. number of students performing above and below the mean;
3. student(s) who fail the exam;
4. student(s) who receive a marginal pass on the exam;
5. pass/fail results on the tutorial assessment;
6. number of examinations deferred;
7. any concerns identified in relation to the fitness to study and practice medicine; and
8. any other information relevant to the unit evaluation.

Normally the pass mark for written examinations is 60%.

The Assessment Committee in consultation with the Unit Head or Clerkship Director shall determine the range for marginal passes, based on overall student performance or component performance on an exam. The marginal pass is intended to identify those students whose performance is sufficiently below the class mean to warrant individualized feedback and or individual assistance. The Progress Committee shall review and ratify the marginal pass range.

The Assessment Committee will also receive summary reports of the assessment results for the mid-point and comprehensive OSCE examination. The reports will include information on overall group performance on the OSCE, station performance, student performance on each station, and the variability of examiner ratings. Student performance for each station is graded as outstanding, satisfactory, below expectations or poor.

The Assessment Committee shall review the unit reports to determine Pass/Fail status and, in the case of failures and marginal passes, make recommendations to the Progress Committee who will determine:

1. the nature of remediation and support required by a student;
2. whether a student will be required to apply to repeat the year; and,
3. whether a student will be required to withdraw from the study of medicine.

Unit results shall be released to the students in accordance with section G. Standings are described in section H.

7. Recommendations to Faculty Council

The Progress Committee shall report to Faculty Council concerning the academic standing of the students at the end of each academic year. The Progress Committee's recommendations must be approved by Faculty Council. Once approved by Faculty Council, their decisions will be presented to Faculty for information. Faculty Council will approve the Progress Committee's report unless, by majority vote of those present, the Council asks the Progress Committee to reconsider a decision. In such event, the Progress Committee must reconsider its decision and report back to Faculty Council.

Recommendations to Faculty Council regarding student promotion include the provision that students who are unsuccessful in supplemental evaluation will be required to repeat the year if they are eligible to do so.

D. Deferred Examinations

1. General

A student who is experiencing personal or health problems that may interfere with academic performance should, as early as possible and before the end-of-unit examination, identify these problems to the Assistant Dean, Student Affairs. If an illness is involved, documentation by a physician will be required. Deferrals on the basis of illness or personal difficulties require the support of the Student Affairs Office prior to submitting the request to UGME. Note that any contact with the Student Advisor Program and the Student Affairs Office is confidential, therefore contact with either of the two is not considered to be official notification.

A student requesting permission to defer an examination must submit a written request to the Associate Dean of Undergraduate Medical Education on a form available from the UGME Office. The request must be submitted prior to the commencement of the end-of-unit assessment. The Associate Dean of Undergraduate Medical Education or the Student Academic Administrator may allow a deferral at any time before the examination in the event of unforeseen circumstances. Either of the above two individuals shall consult each other and the respective Unit Head where possible when making such a determination. The Progress Committee will be informed of all deferrals granted to students.

All deferred examinations will be written at the end of the academic year or at a time determined by the Associate Dean of Undergraduate Medical Education. The date will be posted by UGME at the beginning of the academic year.

In determining the deferred examination format, the Unit Head or Clerkship Director will, in consultation with the Associate Dean of Undergraduate Medical Education:

1. administer a different exam, based on the same objectives; or
2. use another method to assess the student.

A student who fails a deferred examination will be required to complete a supplemental assessment at the end of the academic year. The date will be posted by UGME at the beginning of the academic year. Normally, each end-of-unit examination may be deferred only once.

2. Deferring an OSCE Exam

A student granted a deferral of the Med 3 comprehensive OSCE examination will sit the deferred examination at the time of the supplemental OSCE.

E. Letters to File

A student who is experiencing personal or health problems that may interfere with academic performance should, as early as possible and before the end-of-unit assessment, identify these problems to the Assistant Dean of Student Affairs.

If the student prefers, he or she may describe such special circumstances in a letter within a sealed envelope, and submit it to the Undergraduate Medical Education Office or the Associate Dean of Undergraduate Medical Education. The envelope should indicate the date and be labeled "Only to be opened in the event of academic difficulty." At the student's request, this letter will be returned, unopened, if it is not used.

The letter will be provided by the Associate Dean of Undergraduate Medical Education to the Progress Committee in the event that the student is identified as having academic difficulty. The letter will serve to assist the Progress Committee in explaining the student's performance and making appropriate recommendations. It does not allow the Progress Committee to alter a grade.

F. Appeal of a Written End-of-Unit or Supplemental Examination Perceived to be Unfair

Should a minimum of 67% of students who wrote a particular examination believe the examination to be unfair, a written submission may be made to the Assessment Committee within 5 working days of the writing of the examination. The written submission must be signed by all students supporting the submission. The Assessment Committee will review the submission and will make recommendations to the Progress Committee. The decision of the Progress Committee is final.

If after an examination review session, a student can demonstrate clear irregularities in the marking of an end-of unit, deferred or supplemental examination (i.e. questions not marked, marks added incorrectly), he/she may bring such irregularities to the attention of the Student Academic Administrator, UGME. This must be done within 5 days of the review session for that examination.

G. Release of Unit Results

1. Timing

Exam, tutorial, ITER and OSCE results for each unit will normally be released to students in the form of a DalMedix grade report within 15 working days of the end of a unit, and only after the results have been approved by the Progress Committee. The overall end-of-year results will **not** be released until approved by Faculty Council. End of year results are recorded on an official university transcript.

It is the student's responsibility to obtain end-of-year assessment results promptly to ensure that remedial plans can be made in the event of unit failures.

2. Grade Reports

Unit results are recorded in grade reports that are posted on DalMedix. Grade reports include the following information:

1. numerical score on exam;
2. mean score of class;

3. section scores, if applicable;
4. tutorial or ITER result;
5. marginal pass status; and
6. OSCE performance results including global results for each station.

The DalMedix grade reports shall **not** be considered official university documents. The information provided on these reports, including numerical grades and marginal pass status, is for student feedback only. This information is not kept in student files. Grades recorded on the official university transcript are Pass, Fail, Incomplete or In-Progress only. University transcripts will be updated following Faculty approval of the end-of-year results.

Signatures on assessments acknowledge the student has been informed and does not imply agreement. Students are encouraged to provide written comments if they do not agree with their assessment.

The marks for those students who have received either a marginal pass or failure on any assessment are also given to the appropriate Unit Head or Clerkship Director, for advising and/or remediation purposes.

A student can obtain a copy of their tutorial assessments or ITERs on-line.

H. Standing

1. Med 1 & 2

In order to proceed to the next year, a student must:

1. pass all units of the year (Note: to pass a unit, a student must pass both the tutorial assessment and the end-of-unit assessment(s), in addition to other criteria established by the unit);
2. pass any supplemental examinations or other assessments;
3. pass any remedial work required by the Progress Committee in accordance with the schedule established by the Progress Committee;
4. have adequately addressed any concerns regarding the student's fitness to practice medicine, and
5. meet all standards for professional behavior.

2. Med 3 & 4

To pass Med 3, a student must:

1. pass all Med 3 end-of-unit examinations;
2. meet expectations for performance in each clinical clerkship unit, achieving a Pass
3. pass other required assessment methods for each Med 3 unit;
4. pass the Med 3 comprehensive OSCE;
5. pass any supplemental examinations;
6. pass any remedial work required by the Progress Committee in accordance with the schedule established by the Progress Committee;
7. have adequately addressed any concerns regarding the student's fitness to practice medicine; and

8. meet all standards for professional behavior.

A student must complete and pass all Med 3 ITER requirements prior to the start of the Electives unit in Med 4 except in exceptional circumstances and with the approval of the Associate Dean, Undergraduate Medical Education.

To pass Med 4 a student must:

1. pass all Med 4 unit summative ITERs;
2. pass other required assessment methods for each Med 4 unit;
3. pass any remedial work required by the Progress Committee in accordance with the schedule established by the Progress Committee; and
4. have adequately addressed any concerns regarding the student's fitness to practice medicine, and
5. meet all standards for professional behavior.

A student must pass all units in Med 4 in order to be recommended for graduation.

3. General

Marginal Pass

A student who receives a marginal pass on **one** unit assessment will be required to meet with the appropriate Unit Head or Clerkship Director to review the material. The student is required to contact the Unit Head or Clerkship Director (in person, by phone or by email) within 5 working days of release of the end-of-unit results to schedule the meeting.

A student who receives a marginal pass on **two or more** unit assessments will be required to meet with the appropriate Unit Head or Clerkship Director **and** the Associate Dean of Undergraduate Medical Education for assistance and advice. The student is required to contact the Unit Head or Clerkship Director and Associate Dean (in person, by phone or by email) within 5 working days of release of the end-of-unit results to schedule the meeting.

A Med 3 student who receives a marginal pass on the Unit 4 exam or comprehensive OSCE and who is completing electives outside the Halifax area must meet with the Clerkship Director and Associate Dean, if required, no later than January 15.

Failure

A student who fails **one** unit will be required to meet with the appropriate Unit Head or Clerkship Director **and** the Associate Dean of Undergraduate Medical Education to discuss supplemental work, remediation and/or support. The student is required to contact the Unit Head or Clerkship Director and Associate Dean (in person, by phone or by email) within 5 working days of release of the end-of-unit results to schedule a meeting. Supplemental work and remediation are addressed in section J.

A student who fails **one** unit **and** the **supplemental** assessment will be eligible to apply to repeat the year, if eligible to do so in accordance with Section K.

A student who fails a combination of Med 3 units totaling **18 to 24 weeks** will be eligible to apply to repeat the year, if eligible to do so in accordance with Section K.

A student who fails a combination of Med 3 units totaling **more than 24 weeks** will be dismissed from the program.

A Med 3 student who fails the comprehensive OSCE and the supplemental examination will be eligible to apply to repeat the year, if eligible to do so in accordance with Section K.

A student who fails the **same unit twice** will be dismissed from the program.

I. Appeal of a Final Grade - Remarking of Written Examinations

A student who has failed a written examination may request a remarking of the examination by submitting a formal request to the Undergraduate Medical Education Office within 5 working days of the release of the results of the end-of-unit evaluation. No other remarking will be permitted.

The appropriate Unit Head or Clerkship Director will coordinate the remarking and will be unaware of the original grades assigned. Remarking will be conducted using the same standards of the original exam. The remarking process will normally be completed within 10 working days of receiving the request. The student's grade will only be affected if the remark results in the student passing the examination. The changed grade is not final until reviewed and approved by the Progress Committee. The student will be notified of the outcome of the remarking by the Student Academic Administrator, UGME.

Standardized Examinations (e.g. NBME examinations) scored externally and multiple choice exams cannot be remarked.

There is a \$25 administration fee, payable at the time of the request, for each remarking of an exam. If the student's **overall unit grade** is changed from a Fail to a Pass as a result of remarking, the fee will be reimbursed.

If the remark results in a changed grade, i.e. from Fail to Pass, the new grade replaces the original one. If the remark does not result in a grade change, the original grade stands. The decision is final.

Note: Med 3 Comprehensive OSCE examinations are not recorded so cannot be remarked. Supplemental OSCE examinations are videotaped; therefore a remark can be requested, in the event of failure. The process for requesting a remark is as noted above.

J. Supplemental Work and Remediation

1. Med 1 & 2

A student who fails one end-of-unit **tutorial** assessment must undertake remedial work during the following unit, organized by the Undergraduate Medical Education Office, in consultation with the appropriate Unit Head, and in accordance with the remediation schedule determined by the Progress Committee. If a student fails the final unit of the year, remediation will occur during the summer.

A student who fails one end-of-unit **examination** will be required to write a supplemental examination, scheduled by the Undergraduate Medical Education Office. The supplemental examinations are normally written at the end of July.

A student who fails either a tutorial assessment or end-of-unit examination will have a grade of "F" recorded on the university transcript. If the student successfully completes the supplemental requirements, a grade of "P" will be added to the transcript. The original grade of "F" will remain on the student's record.

2. Med 3 & 4

A student who fails a formative ITER must be offered remedial support. A student who fails a summative **ITER** in Med 3 or 4 will be discussed by the Progress Committee which will recommend appropriate remedial work and/or supplemental study, including the timing of such work and/or study, in light of the components failed, in consultation with the appropriate Clerkship Director.

A student who fails Med 3 end-of-unit examinations for units totaling **less than 18 weeks** of the curriculum will be required to write and pass a supplemental exam for each failed unit. These exams are scheduled by the Undergraduate Medical Education Office and are normally written at the end of October, following completion of the regular Med 3 year.

A student who fails the summative OSCE will be required to sit the supplemental OSCE exam. A student who fails the supplemental evaluation will be required to repeat the year, if eligible to do so in accordance with Section K.

A student who fails an end-of-unit examination, OSCE or ITER will have a grade of "F" recorded on the university transcript. If the student successfully completes the supplemental requirements, a grade of "P" will be added to the transcript. The original grade of "F" will remain on the student's record.

K. Repeating the Year

The following students are eligible to apply to repeat the year, provided that they are otherwise considered fit for the study and practice of medicine (as set out in Section L):

1. A Med 1 or 2 student who fails two units in one year;
2. A Med 3 student who fails a combination of units totaling 18-24 weeks;
3. A student who fails a supplemental evaluation or remedial work for a failed end-of-unit assessment;
4. A Med 3 student who fails the summative OSCE and the supplemental evaluation;
5. A student who withdraws voluntarily, due to illness or other personal circumstances, and provides satisfactory evidence that s/he is ready to continue in the program, provided that the student was in good standing when they withdrew; and,
6. A student who meets promotion requirements but elects to repeat the year for reasons deemed satisfactory to the Progress Committee.

Application to repeat the year

Application to repeat the year must be submitted, in writing, to the Associate Dean of Undergraduate Medical Education and will be considered by the Progress Committee. The Committee considers academic and other information in making its decision. The application must be received no later than 2 weeks prior to the start of the academic year.

No student will be permitted more than one repeat year during the undergraduate program.

A student who is in good standing and who is granted permission to restart the year on the basis that s/he withdrew voluntarily, due to illness or other personal circumstances, will not be considered a student in a repeat year.

A student who meets promotion requirements but has been granted permission to repeat the year will not be considered a student in a repeat year.

L. Dismissal from the Study of Medicine/Fitness to Practice Medicine

The following students will be dismissed from the study of medicine:

1. A Med 1 or 2 student who fails **more than two** units of the curriculum in one year;
2. A Med 3 student who fails a combination of units **totaling more than 24 weeks**;
3. A Med 3 or Med 4 student who fails the same unit twice;
4. A student who does not meet the criteria for promotion in a repeat year; or
5. A student who is judged by the Progress Committee to be unfit for the study and practice of medicine for any reason

Because of the nature of the study and practice of medicine, which places physicians and medical students in a position of special trust in patients, some types of conduct unbecoming to a member of the medical profession may be grounds for dismissal, non-promotion or suspension. Fitness for the study and practice of medicine, as determined by the Faculty and its Progress Committees, are requirements for promotion. Please refer to the "Faculty Code of Conduct" and the Faculty of Medicine Professionalism Policy, found on the UGME website, for more information.

M. Presentation to Progress Committee

The Associate Dean of Undergraduate Medical Education will identify students at risk of repeating a year, suspension from the program or for dismissal from the Faculty.

The student will be informed of the risk prior to the scheduled Progress Committee meeting in which the student will be discussed. The student will be offered the opportunity to meet with the Progress Committee prior to any decision being made.

This is not a formal hearing and is designed solely for the student to make known to the Committee any extenuating circumstances that may have bearing on the deliberations of the Progress Committee. The student may also submit a written representation.

Following approval of the decision of the Progress Committee, the Associate Dean of Undergraduate Medical Education will notify the student in writing, along with the stated reasons for the decision.

N. Leave of Absence

A request for a leave of absence for an extended period must be submitted in advance for approval by the Associate Dean of Undergraduate Medical Education. A student who absents himself/herself from medical school without prior permission for an extended period will be deemed to have withdrawn and will not be readmitted.

Approval for an extended leave of absence may be given for a variety of reasons, including but not limited to, special opportunities for career or personal development, parental leave, illness, etc.

When a leave of absence is granted, the student must confirm his or her acceptance of the terms outlined by the Associate Dean of Undergraduate Medical Education, in writing. Normally, such terms will include a determination of which level the student may re-enter.

O. Re-entry to the Study of Medicine

Students must apply, in writing, to the Associate Dean of Undergraduate Medical Education, to return following a leave of absence, providing any documentation required regarding fitness to return. For students in good standing, the Associate Dean of Undergraduate Medical Education will determine at which level a student may re-enter.

Requests to return following a leave by students in academic difficulty at the time of the granted leave will be considered in consultation with the Progress Committee. Only students judged fit for the study and practice of medicine will be allowed to re-enter.

Students will be required to meet the objectives of all Med 3 and 4 Clerkships units. Consideration will be given in exceptional circumstances on a case by case basis by the Associate Dean.

Students who require extended or repeated leave must complete the MD degree within 7 years.

P. Appeal Associated with Failure to Promote, Suspension or Dismissal

A student may appeal a Progress Committee decision not to promote or to suspend or dismiss him/her from the study of medicine, to the Faculty Undergraduate Appeals Committee. An appeal is available only on the following grounds:

1. there is new information relevant to the reason for the decision that was unavailable at the time of the Progress Committee deliberations; or
2. denial of natural justice.

An appeal must be commenced within 20 working days of notification of the decision of the Progress Committee as approved by Faculty Council by filing a written notice of appeal with the Associate Dean of Undergraduate Medical Education. The notice shall contain:

1. the name of the appellant;

2. a description of the matter under appeal, i.e. the basis of the appeal; and
3. the mailing address certified by the appellant as a sufficient and suitable one for notifying him/her with respect to any matter connected with the appeal.

The Faculty Undergraduate Appeals Committee shall be struck as soon as possible following receipt of the notice of appeal and shall comprise the following:

1. four faculty members jointly selected from Faculty Council by the Associate Dean Undergraduate Medical Education and the Secretary of Faculty;
2. the President of the DMSS or, in the President's absence, the DMSS Vice President for Medical Education; and
3. the Chair of Faculty Council (Chair).

In selection of the four faculty members, care will be taken to ensure that no member has participated in any steps of the decision leading up to the appeal. Where necessary, the Associate Dean of Undergraduate Medical Education will appoint other faculty members to the Committee. It is incumbent upon the Appellant and the Chair of the Progress Committee to identify concerns relating to the potential or actual bias of Appeals Committee members prior to the commencement of the appeal hearing.

The appeal hearing shall be held between 5 and 10 working days following the appointment of the Appeals Committee, to allow sufficient time for all persons involved to have access to the required information. All information to be used during the appeal must be circulated to the Appeals Committee, the appellant, and Chair of Progress Committee or designate.

Except as otherwise stated in these regulations, the Appeals Committee Chair shall determine the procedure for the hearing.

Hearings will be conducted *in camera*.

In addition to the Committee members, the following may be present at the hearing:

1. the Associate Dean of Undergraduate Medical Education;
2. the appellant to present his/her case, who may be accompanied by a peer for support;
3. any individuals identified by the appellant as having relevant supporting information;
4. the Chair of the Progress Committee or his /her designate, who will present the appeal;
5. Chairs/Directors of any units involved; and
6. Faculty members involved, e.g. in cases concerning the fitness to practice and study medicine.

Members of the Appeal Committee must attend for the entire meeting. If for some reason a member must leave the room during an appeal hearing, he or she may not vote on the outcome unless the proceedings have been discontinued during his/her absence.

Attendees who are not members of the Appeal Committee will withdraw for the discussion and the vote.

The Appeal Committee's decision may include the following:

1. the appeal is denied;

2. the appeal is allowed;
3. the appeal is allowed subject to recommendations to the Progress Committee, in accordance with the academic and professional standards of the Faculty, concerning additional terms such as permission to take remedial work before re-assessment, or additional assessment..

The student will be notified, in writing, of the Appeal Committee's decision within 5 working days. The student may appeal the decision of the Faculty Appeal Committee to the Senate of Dalhousie University.

All information/documents contained in the appeals package are strictly confidential and are only for those immediately involved in the appeals process.