



School Policy

Admissions Policy and Procedures for the MD Program

Topic:	Admissions Policy and Procedures for the MD Program
Approval Authority:	York University School of Medicine Council
Approval Date:	
Effective Date:	
Last Revised:	

1. Purpose

This policy sets out the principles, standards, and procedures for applying to, reviewing, interviewing, selecting, and admitting students to the Doctor of Medicine (MD) Program at the York University's School of Medicine (YUSOM). It guides the MD Admissions Committee and Admissions Office in selecting each incoming class through a standardized, rigorous, and inclusive process that reflects YUSOM's mission and values. It also defines the roles and responsibilities of key admissions bodies, outlines procedures such as deferral requests, and facilitate transparency, fairness, and integrity in all admissions decisions.

Admission to the Doctor of Medicine (MD) Program in the York University School of Medicine (YUSOM) is administered by an independent body and governed by unique committee(s). This Policy outlines the process for MD Admissions.

2. Scope and Application

This policy and procedure applies to all aspect of Admissions to the MD Program at the York University School of Medicine from application submission to post-offer processes.

3. Definitions

Admissions Office: The administrative unit that manages MD Program admissions.

MD Admissions Committee: The chief governance committee within the York University School of Medicine charged with oversight for all matters of admission to the MD Program.

Applicant: An individual who has applied to be considered for admission to the MD Program.

Candidate: An applicant who has been extended an offer of admission to the MD Program.

Matriculant: An admitted candidate who has accepted the offer of admission and fulfilled all requirements to enroll in the MD Program, including payment of any required fees.

MD Program: The Doctor of Medicine degree program at York University.

YUSOM: York University School of Medicine

4. CACMS Standards

This policy is established in accordance with the following CACMS Standards:

- Standard 10 (Medical Student Selection, Assignment, and Progression)
- Standards 3 (Academic and Learning Environments)

It facilitates that admissions decisions are fair, transparent, professional, and consistent with accreditation requirements.

5. Policy

The YUSOM entrusts all Admission to a model that involves governance and operation committees in addition to specific processes

5.1. Governance

- a. Admissions processes and practices for the MD Program at the YUSOM will be evidence-informed and aligned with the vision, and values of YUSOM and York University.
- b. The MD Admissions Committee holds full authority for oversight and decision making for all MD Program admissions.
- c. The MD Admissions Committee has two social accountability streams, Black and Indigenous, with corresponding stream subcommittees – the Indigenous Subcommittee and the Black Applicant Subcommittee. Each subcommittee

will report separately to the MD Admissions Committee with recommendations on admission for applicants and processes within their specific stream.

- d. The MD Admissions Committee reports to the York University School of Medicine Council for approval of any admissions-related policies, processes.
- e. The MD Admissions Committee advises the MD Program Curriculum Committee annually of each cohort outcome measures.
- f. MD Program Admissions align with the policies and procedures of the YUSOM; the York University Faculty of Health, and the York University, (YU).
- g. Admissions for the MD Program will be operationalized through the MD Program Admissions Office and facilitated in alignment with the standard practices of all Ontario schools of medicine through the Ontario Medical School Admissions Service (OMSAS).

5.2. Administration of Admissions

- a. The MD Program Admissions Office will oversee and administer all operational aspects of the admissions process.
- b. The MD Admissions office will staff and support all processes of MD Admissions for the YUSOM.

5.3. Admissions Processes

- a. All applicants to MD Admissions at the YUSOM must meet every requirement outlined in OMSAS and the YUSOM MD Admissions webpages.
- b. MD Admission processes and criteria will be reviewed annually, using outcome data from the YUSOM in accordance with accreditation standards and best practices for UGME admissions across AFMC schools.
- c. All applicant inquiries must be forwarded to the MD Admissions Office using the secure communication portal on the webpage and OMSAS sites. Phone calls and e mails directly to staff or decanal leadership will not be returned.
- d. All admissions processes will follow a standard reporting, decision-making and continuous improvement structure approved by the MD Admissions Committee.

- e. All applicant information, supporting documentation, committee deliberations, and related materials will be managed in compliance with York University policies and the privacy legislation of the Province of Ontario.
- f. Offers of Admission to the MD Program, along with all necessary documentation and actions required will be communicated electronically to candidates and those who are placed on the wait list. Each candidate will be given a firm deadline for response. Offers without response by this timeline will be withdrawn and allocated to an applicant on the waitlist.
- g. Following acceptance, candidates must meet all deadlines for submission of additional documentation (e.g., immunizations, background checks), registration requirements, and payment of fees. Failure to comply may result in the withdrawal of the admission offer.
- h. Neither the MD Admissions Committee nor the Admissions Office will disclose or discuss the rationale, deliberations, or metrics used in admissions decisions with individuals.
- i. The MD Admissions Committee will receive annual data on admissions quality and outcomes through YUSOM reporting processes and will direct quality improvement reviews as required.

5.4. MD Admission Decisions and Appeal

All decisions made by the MD Admissions Committee are final, with no opportunity for appeal.

5.5. Completion of Degree Studies

- a. All applicants must complete the program requirements specified for admission to the MD Program prior to matriculation.
- b. Applicants who will not meet requirements must notify the MD Admissions Office immediately. The MD Admissions Committee will determine whether the offer of admission is to be withdrawn or converted to a one-year deferral, depending on the circumstances.
- c. Applicants who experience significant, unforeseen hardship in completing requirements may request consideration for a one-year deferral.

5.6. Deferrals

- a. All matriculants are expected to begin full-time studies in the academic year for which admission is offered.
- b. Deferral of admission may be granted for a maximum of one (1) year under exceptional circumstances, including:
 - Significant family or personal hardship.
 - Parental leave due to pregnancy, adoption, or birth coinciding with the start of studies.
 - Serious personal health issues arising during the application or admissions process.
 - Unexpected hardship in completing the current degree program (e.g., loss of a supervisor for a graduate degree)
- c. Requests for deferral must be submitted in writing to the MD Admissions Office within seven (7) business days of the offer being accepted and no later than June 30 of the admissions year.
- d. The MD Admissions Committee is the sole authority for granting or denying deferral requests. All decisions are final with no opportunity for appeal.

5.7. Influence by Third Parties

- a. No external individuals or parties may attempt to influence admissions decisions or processes through verbal, financial, or other means.
- b. Applicant files identified as subject to undue influence will be removed from consideration for that admissions cycle.
- c. Applicants found to have benefited from third-party influence may be prohibited from submitting future applications.

5.8. Conflicts of Interest

- a. All members of the MD Admissions Committee and related admissions processes are drawn from YUSOM, York University, and community representatives.
- b. All participants must declare any potential or perceived conflicts of interest prior to involvement in applicant file review or decision-making.
- c. Applicants whose files are affected by declared conflicts will be reassigned to other reviewers to ensure impartiality.

- d. Committee members must recuse themselves from any discussion, decision-making or voting related to learners or applicants with whom conflicts exist.

5.9. Fraudulent Information

- a. Any applicant, candidate, or matriculant who provides false or misleading information at any stage of the admissions process will have their offer of admission rescinded.
- b. Such individuals will be permanently barred from future application to the YUSOM MD Program.

6. Roles and Responsibilities

a. MD Admissions Committee

Responsible for approving admissions policies and procedures, overseeing the admissions process, supporting recruitment strategies, recommending final candidate selections, addressing appeals or special circumstances, and ensuring alignment with accreditation standards and York University's strategic priorities.

b. Admissions Office

Manages the admissions process from application receipt and screening to interview coordination, applicant communication, and implementation of MD Admissions Committee decisions. It handles deferral requests, prepares admissions files, and compiles statistics and outcomes each cycle for reporting and improvement.

7. Review

This Policy shall be reviewed three (3) years after initial implementation to support continuous improvement during the start-up phase of the School. Subsequent reviews shall occur every five (5) years to ensure ongoing alignment with evolving legal standards, University policies, and best practices in medical education. Amendments to this Policy require formal approval by the appropriate University governance bodies, with substantive changes communicated to all parties in a timely manner.

8. Procedures

- a. All applicant information, supporting documentation, committee deliberations, and related materials will be managed in compliance with York University privacy policies and applicable legislation.

- b. Official communications with applicants will be conducted via email to the address provided in their application. It is the responsibility of the applicants to regularly monitor and respond to these communications.
- c. Offers of admission will be communicated electronically. Applicants will be given a set deadline to respond; offers not accepted by the deadline will be withdrawn.

Following acceptance, YUSOM will communicate with successful applicants to complete registration, fee payment, and other requirements (e.g., immunizations, background checks).

Legislative history:	
Date of next review:	
Policies superseded by this policy:	
Related policies, procedures and guidelines:	12.7-1 C Immunization and Screening Policy for Learners in the Doctor of Medicine (MD) Program (To be added when approved)



School Policy

Essential Skills and Abilities Required for Entry to a Medical Degree Program

Topic:	Essential Skills and Abilities Required for Entry to a Medical Degree Program
Approval Authority:	York University School of Medicine Council
Approval Date:	
Effective Date:	
Last Revised:	

1. Purpose

The York University School of Medicine (YUSOM) is responsible for offering a program of study that graduates learners from the Doctor of Medicine (MD) program that possess the knowledge, skills, professional behaviours, and attitudes necessary for undergraduate medical education in Canada. This policy sets out the essential skills and abilities required of students for admission to, continuation in and graduation from the MD Program, in alignment with the [Council of Ontario Faculties of Medicine \(COFM\) guidelines](#).

2. Scope and Application

This policy applies to:

- All applicants for, and learners enrolled in, the YUSOM MD Program.
- All incoming and current MD students must be able to demonstrate, with or without accommodation, the essential skills and abilities required to meet the standards of the MD curriculum.

3. CACMS Standards

This policy supports compliance with the Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation standards, particularly:

- **Standard 10: Medical Student Selection**
 - **Element 10.3:** Policies Regarding Student Selection/Progress and Their Dissemination: Ensures applicants are made aware of the essential skills and abilities required for entry and progression in the MD Program.
 - **Element 10.4:** Characteristics of Accepted Applicants: Clarifies the expected competencies of successful applicants, supporting consistency and fairness in admissions.
 - **Element 10.5:** Technical Standards/Essential Skills: Meets the requirement to publish and apply technical standards (essential skills and abilities) for admission, continuation, and graduation.
- **Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services**
 - **Element 12.4:** Student Accessibility Services: Affirms YUSOM's commitment to supporting learners with disabilities through appropriate accommodations, in accordance with the Ontario Human Rights Code.

This alignment ensures the policy reflects national expectations for transparency, fairness, and student support in medical education.

4. Definitions

Essential Skills and Abilities: Refers to the competencies (cognitive, communication, sensory, motor, and social) required for a medical learner to reach the outcome objectives of the MD program.

Disability: As defined in Section 10(1) of the Ontario Human Rights Code, a disability may include a physical, mental, or learning impairment, among other recognized conditions.

COFM: Council of Ontario Faculties of Medicine.

Learner: An individual actively enrolled in the York School of Medicine undergraduate or postgraduate programs or Council of Faculty of Medicines (COFM) partner postgraduate medical education Programs.

Student: Within the context of this policy and other policies at York University, the term *student* refers to the same group as *learner*. The terms are used interchangeably, with *learner* being the preferred term in the MD Program to reflect the professional and developmental continuum of medical education.

5. Policy

- a. In alignment with most of the Ontario medical schools, YUSOM and its MD Program endorse the principles laid out in the [Council of Ontario Faculties of Medicine \(COFM\) Policy on Essential Skills and Abilities Required for Entry to a Medical Degree Program](#).
- b. All applicants and learners enrolled in the MD program at YUSOM must possess the defined knowledge, skills, professional behaviours, and attitudes necessary for entry to, retention in and graduation from the program.
- c. All prospective applicants and learners are expected to review these guidelines, available on the [Council of Ontario Universities' website](#), to assess their ability to meet the standards.
- d. YUSOM recognizes that some learners may require accommodations to demonstrate and achieve graduation competency for the essential skills and abilities. For learners who request or require accommodation, the YUSOM MD Program will work collaboratively with the Learner Affairs Office and York University's Student Accessibility Services to understand and implement, where appropriate. Implementation will be in accordance with the [Academic Accommodation for Students with Disabilities Policy and procedures](#), provided these do not compromise the academic and professional standards outlined as applying in the MD Program.
- e. Please refer to the full [COFM Policy Document](#) on Essential Skills and Abilities Required for Entry to a Medical Degree Program for detailed descriptions of the Technical Standards. This document provides comprehensive guidance on the capabilities expected of MD program candidates and students.

6. Roles and Responsibilities

- a. The **YUSOM Admissions Office** is responsible for:
 - Ensuring that the Essential Skills and Abilities policy is clearly communicated to all applicants.
 - Incorporating policy requirements into the admissions process.
 - Providing guidance to applicants regarding the expectations and criteria outlined in this policy.
- b. The **YUSOM Learner Affairs Office** is responsible for:
 - Supporting learners who may require accommodations to meet the essential skills and abilities as per this policy.
 - Acting as an advocate for learners in collaboration with relevant university services.
 - Coordinating with Student Accessibility Services to facilitate appropriate supports while maintaining the integrity of the MD Program requirements.
- c. The **UGME Office** is responsible for:
 - Overseeing the implementation and enforcement of the policy within the MD Program including overseeing any accommodations.
 - Ensuring academic and clinical learning environments align with the expectations outlined in the policy.
 - Collaborating with relevant offices to address concerns related to a learner's ability to meet essential requirements.

7. Review

This policy will be reviewed by the MD Program Curriculum Committee in collaboration with MD Program Admissions Committee every three years or earlier, to ensure ongoing alignment with COFM guidelines, legal obligations and the evolving standards of medical education.

Legislative history:	
Date of next review:	
Policies superseded by this policy:	

Related policies, procedures and guidelines:	<u>Academic Accommodation for Students with Disabilities (Policy) - Secretariat Policies</u> <u>Academic Accommodation for Students with Disabilities (Guidelines, Procedures) - Secretariat Policies</u> <u>Academic Accommodation for Students with Disabilities (Guidelines, Procedures) - Secretariat Policies</u> Academic Consideration Policy <u>Accessibility for Persons with Disabilities (Statement of Commitment)</u> <u>Academic Accommodation for Students' Religious Observances (Policy, Guidelines and Procedures)</u> <u>Physical Accessibility of University Facilities (Procedure)</u>
--	--



School Guidelines

Guidelines for Learner Exposure to Blood-Borne Viruses (BBV) and Infectious Diseases

Topic:	Exposure to Blood-Borne Viruses and Infectious Diseases
Approval Authority:	York University School of Medicine Council
Approval Date:	
Effective Date:	

1. Purpose

The purpose of this guideline is to protect the health and safety of all undergraduate medical education (UGME) learners involved in clinical learning at the York School of Medicine (YUSOM); minimize the transmission of infectious or harmful exposures; support learners in achieving academic goals through safe, reasonable accommodation and to define clear responsibilities, processes, and consequences related to exposure incidents.

YUSOM endorses and adopts the [Council of Ontario Faculties of Medicine \(COFM\) Blood Borne Viruses Policy](#) (2022), which establishes an evidence-informed framework for the support of learners who may be exposed to or previously diagnosed with carrying a blood-borne infections in clinical learning experiences that involves risk-exposure procedures.

This guideline is distinct from but complementary to immunization requirements. Learners must complete all required immunizations prior to person centered-facing clinical activities and comply with YUSOM protocols on exposure to infectious hazards.

2. Scope and Application

This guideline applies to all learners admitted to or enrolled in the York University School of Medicine, including visiting learners. Exceptions or clarifications to applicability will be noted in accompanying procedures.

Applicants will be notified of this guideline in application materials. Enrolled learners will be informed at program orientation and annually via online platforms, written documentation, and in-person briefings.

3. Definitions

Blood-borne viruses (BBV): a disease caused by a microbiologic agent capable of being transmitted via contact with the blood of an infected individual. Most notably, this includes the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). ¹

Exposure-prone procedures: “Invasive procedures where there is the potential for direct contact between the skin (usually a hand, finger, or thumb) of the physician and sharp instruments, needle tips, or sharp tissues (spicules of bone or teeth) in body cavities, wounds, or in poorly visualized, confined anatomical sites.”²

Responsible Authority: The individual designated to oversee this guideline’s implementation, typically the Associate Dean, UGME/PGME or their delegate.

Accommodation Plan: A temporary educational adjustment provided to a learner whose ability to engage safely in clinical training is affected by an infectious disease or exposure.

Clinical Affiliates: Any external hospital, clinic, or community health partner affiliated with YUSOM that hosts learners for educational activities.

Disclosure: The formal process of informing the YUSOM of a known or suspected infection, exposure, or incident.

Routine Practices: Infection prevention protocols that include hand hygiene, personal protective equipment (PPE) use, and environmental cleaning for all patient encounters

Learner: An individual actively enrolled in the York School of Medicine undergraduate or postgraduate programs or Council of Faculty of Medicines (COFM) partner postgraduate medical education Programs.

Student: Within the context of this policy and other policies at York University, the term student refers to the same group as learner. The terms are used interchangeably,

¹ <https://cou.ca/wp-content/uploads/2022/05/UE-COFM-Blood-Borne-Viruses-Policy.pdf>

² <https://cou.ca/wp-content/uploads/2022/05/UE-COFM-Blood-Borne-Viruses-Policy.pdf>

with learner being the preferred term in the MD Program to reflect the professional and developmental continuum of medical education.

UGME: Undergraduate Medical Education.

Undergraduate Medical Education (UGME) Office: The central administrative unit of the MD Program responsible for curriculum delivery, scheduling, record-keeping, and overall coordination of undergraduate medical education.

Learner Affairs Office (LAO): The YUSOM office that supports learner wellness, personal needs, and referrals for academic or non-academic concerns.

Person: An individual seeking care in a clinical and/or community setting. This includes patients, clients, or service users whose health and well-being are supported through person-centered care that respects their values, needs, and preferences.

4. Principles

- a. YUSOM affirms the right of all persons, peers, supervisors, and learners to a safe educational and healthcare environment. This requires a collaborative commitment to timely disclosure of risks or health conditions that may impact safety of others. The YUSOM respects confidentiality, professionalism, and procedural fairness while providing accommodation or adjustments in learning experiences for this with BBV or another pathogen where appropriate.
- b. The YUSOM expects all learners to undertake appropriate measures to avoid exposure to and/or protect themselves from an infectious or environmental pathogen or hazard.
- c. YUSOM commits to a proactive and transparent approach that includes:
 - Mandatory infection control and occupational health training for all learners;
 - Risk assessment and individualized accommodation where necessary;
 - Prompt investigation and response procedures for any reported BBV or infectious disease exposure or illness;
 - Safety of learners, persons, and clinical partners.

5. Guidelines

- All applicants and learners at YUSOM are expected to:
 - Comply with the [COFM BBV Policy](#)

- Complete all required immunization and screening procedures and protocols as outlined by the MD Program and clinical/ community affiliates;
- Complete all required modules on safe work and person-centred care for universal precautions;
- Understand their obligation to safely participate in person centered care by following all posted and mandated processes including persons with BBVs or other infectious conditions;
- Report any unprotected or unanticipated occupational exposure incidents or known infectious status as outlined in COFM guidelines;
- Participate in risk review and accommodation processes where required;
- Uphold the values of confidentiality and professionalism in clinical and other learning at all times.

6. Roles and Responsibilities

Learners: Must report exposures and disclose relevant conditions in a timely manner.

Clinical Supervisors: Ensure exposures are reported and that learners receive immediate support.

LAO/UGME: Coordinate case reviews, accommodation processes, and liaise with Occupational Health at clinical affiliate settings.

Responsible Authority (Associate Dean UGME): Ensure procedures are followed, reviews are conducted, and safe learning environments are maintained.

York Student Accessibility Services: Support where relevant, appropriate accommodations in line with university policies.

7. Review

This Policy shall be reviewed every three (3) years to ensure alignment with evolving legal standards, University policies, and best practices in medical education.

Amendments to this Policy require formal approval by the appropriate University governance bodies, with substantive changes communicated to all parties in a timely manner.

8. Procedures

8.1. Reporting Exposure

- a. Learners who have or suspect to have been exposed to a blood-borne infection, through a needlestick injury or other exposure-prone procedure, must immediately notify their clinical or community supervisor.
- b. The learner must report and be assessed the hospital's Occupational Health service for post-exposure assessment and care.
- c. The learner is encouraged to notify the LAO to for documentation and support/accommodations where required.

8.2. Medical Evaluation and Follow-up:

- a. Following exposure, the learner will be required to undergo baseline and follow-up testing as outlined in the [OHA/OMA Communicable Disease Surveillance Protocols](#).
- b. Clinical clearance must be granted by a qualified healthcare provider prior to return to clinical learning.
- c. Any prophylactic care or required monitoring will be coordinated with Occupational Health and/or the learner's personal physician.

8.3. Disclosure of Infectious Conditions

- a. Learners diagnosed with a BBV or any infectious disease that may affect curriculum learning experiences are required to notify the UGME Associate Dean or delegate).
- b. Learners will not be required to disclose health status. The focus will remain on joint risk management and educational planning.
- c. All disclosures will be handled confidentially and in line with York's [Guidelines on Access to Student Records and Protection of Privacy](#)

8.4. Risk Assessment and Planning

- a. Upon notification, the Responsible Authority will initiate a confidential review, possibly involving relevant units within the clinical affiliate settings, including but not limited to infection control, occupational health, or an expert advisory group.

- b. Recommendations may include modifications to curriculum activities/deadlines, reassignment of clinical activities, or temporary removal from person-centered care.
- c. Learners will be included in planning discussions to ensure clarity and fairness.

8.5. Accommodation and Return to Clinical learning

- a. Accommodations (academic) will be developed collaboratively by the relevant program (UGME), in collaboration with LAO, and York's Student Accessibility Services.
- b. Accommodations may include adjusted learning, temporary relief from procedures involving transmission risk, or use of simulation-based alternatives.
- c. Learners may return to curricular learning activities upon receiving medical clearance and participation does not pose a risk to persons, peers and community.
- d. If at any point a learner's personal health or behavior is determined to pose a significant and ongoing risk to the wellbeing of patients, peers, or the learning environment, the matter will be managed as a professionalism issue under the YUSOM Standards of Professional Behaviour Policy. The learner may be immediately withdrawn from clinical or person-centered learning pending case review. Such cases will be reviewed by the Associate Dean, UGME (or delegate), in consultation with the Learner Affairs Office and relevant clinical partners, to determine whether the learner can safely return to clinical settings or whether further actions such as a leave of absence or withdrawal from the program are warranted.
- e. In circumstances where withdrawal from the program is required, the procedures outlined in Section 9.4.11 (Withdrawal) of the MD Assessment and Progression policy shall apply. The learner will be notified in writing, supported through the LAO, and advised of re-entry requirements in alignment with YUSOM and University regulations.

8.6. Documentation and Record Keeping

- a. A confidential case file will be maintained by the LAO.
- b. Records will be shared only with individuals essential to the accommodation or curriculum planning process.

- c. Documentation will be securely stored in accordance with York University's [Record Management Policy](#).

Legislative history:	
Date of next review:	
Policies superseded by this policy:	
Related policies, procedures and guidelines:	UE: COFM Blood Borne Viruses Policy Record Management Policy. Guidelines on Access to Student Records and Protection of Privacy <u>Standards of Professional Behaviour School of Medicine Policy (add when approved)</u> <u>MD Program Assessment and Progression Policy (add when approved)</u>



School Policy

Immunization and Screening Policy for Learners in the Doctor of Medicine (MD) Program

Topic:	Immunization and Screening Policy for Learners in the Doctor of Medicine (MD) Program
Approval Authority:	York University School of Medicine Council
Approval Date:	
Effective Date:	
Last Revised:	

1. Purpose

The York University School of Medicine (YUSOM) Doctor of Medicine (MD) Program requires mandatory in-person class, simulation, community and clinical experiential learning opportunities throughout all three years of study.

To complete their requirements for degree studies, MD learners will engage in defined learning experiences with peers, faculty, other health professionals, community agencies, and diverse patient populations (that include medically vulnerable, patients, families and communities) in clinical and community-based settings.

To ensure patient, family, community, peer, and health provider safety, all learners **must** meet the immunization and screening requirements outlined by the [Council of Ontario Faculties of Medicine \(COFM\)](#).

Learners entering into clinical and community settings must adhere to [Ontario Public Health standards](#) as well as any additional requirements imposed by YUSOM clinical affiliates. This Policy clarifies the requirements and processes for MD learners.

Compliance with this policy is essential for learners to fully participate in clinical placements across hospitals, long-term care facilities, community clinics, and other

healthcare organizations. It is also necessary to achieve graduation competencies, maintain professional standing and prepares learners for responsible medical practice.

2. CACMS Standards

The Immunization and Screening Policy for Learners in the Doctor of Medicine (MD) Program at the York University School of Medicine (YUSOM) aligns with the following CACMS (Committee on Accreditation of Canadian Medical Schools) standards:

- **Standard 10: Medical Student Selection, Assignment, and Progress**
 - **10.7 Transfer and Visiting Students:** Visiting students must meet the same immunization and safety standards to participate in clinical experiences, ensuring consistency in learner safety and institutional policies.
- **Standard 11: Medical Student Academic Support, Career Advising, and Educational Records**
 - **11.6 Student Health and Disability Services:** Directly supports learners with medical exemptions or accommodation needs, ensuring privacy, access to health services, and support for continuation in the program.
- **Standard 12: Medical Student Health Services, Personal Counseling, and Financial Aid Services**
 - **12.4 Immunization Requirements and Monitoring:** Explicitly requires that policies are in place for immunization and screening, that learners are informed of these policies, and that compliance is monitored and enforced.

3. Scope and Application

This policy applies to:

- a. All learners offered admission for and actively enrolled in the YUSOM MD Program.
- b. Visiting medical students from any Canadian or international program who are registered in the YUSOM MD Program and engaged in clinical or research activities in or with YUSOM clinical affiliates or faculties at York University.

- Failure to comply with this policy will result in suspension from clinical, community and potentially on-campus learning. Such action could lead to a status of academic probation, or program dismissal for YUSOM learners. Applicants requesting a visiting elective learning experience will be declined.
- Learners who require accommodation due to a valid medical contraindication to a vaccine product (e.g., actively immunocompromised and live-attenuated vaccines) must meet with the MD Program and the Learner Affairs Office to discuss a deferral for study or accommodation.

4. Definitions

Clinical Affiliates: Any external hospital, clinic, or community health partner affiliated with YUSOM that hosts learners for educational activities.

COFM: The Council of Ontario Faculties of Medicine

Immunization: “Active immunization is the inherent production of antibodies against a specific agent after exposure to the antigen through vaccination. Active immunizing agents are typically referred to as vaccines” ¹

Learner Affairs Office (LAO): The YUSOM office that supports learner wellness, personal needs, and referrals for academic or non-academic concerns.

YUSOM Admissions Office: The administrative office responsible for managing all aspects of the admissions process for the Doctor of Medicine (MD) Program at the York University School of Medicine. This includes overseeing application reviews, offers of admission, communication with applicants and coordination of pre-matriculation requirements, such as immunization and screening documentation.

Screening: The process of a medical test or tool for individuals to investigate risk for at risk of a specific disease or health problem, such as infectious diseases in advance of symptoms or illness.

¹ <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-14-basic-immunology-vaccinology.html>

Accommodation: “The term accommodations refers to the special teaching and assessment strategies, human supports, and/or individualized equipment required by learners with special education needs to enable them to learn and demonstrate learning. The provision of accommodations in no way alters the curriculum expectations for the grade level or course.” - *Ministry of Education for Ontario*

Experiential Learning: a curricular experience necessary for degree requirements where a learner is engaged in person with other people.

Learner: An individual actively enrolled in the York School of Medicine undergraduate or postgraduate programs or Council of Faculty of Medicines (COFM) partner postgraduate medical education Programs.

Student: Within the context of this policy and other policies at York University, the term student refers to the same group as learner. The terms are used interchangeably, with learner being the preferred term in the MD Program to reflect the professional and developmental continuum of medical education.

5. Policy

- a. All MD learners who are granted provisional acceptance into or are enrolled actively in studies at the YUSOM must comply with the defined immunization and screening requirements as outlined by the [Council of Ontario Faculties of Medicine \(COFM\)](#).
- b. Immunization requirements and/or protocols may be modified in response to emerging public health concerns or updated medical guidelines. Learners must adhere to any additional screening or vaccination measures introduced by public health agencies, regulatory bodies, or YUSOM-affiliated healthcare settings that are approved by the MD Program. Any changes to requirements will be communicated to learners in a visible and timely manner.
- c. Verification of Immunization Status:
 - Incoming MD learners must submit documented proof of meeting the required immunization and screening standards outlined in the [COFM document](#) prior to the start of their first academic term in Year 1. The process to this in Learner Affairs Office will be communicated to all matriculants through the Admissions Office.

- Some vaccines, such as the annual influenza immunization or seasonal doses like COVID-19, are only available during certain times of the year. These seasonal availability periods may not align with the medical school admissions timeline, and applicants are responsible for ensuring compliance with requirements. Failure to comply with immunization requirements could result in a delay or deferral of registration in the year of study, progression within the program, or graduation from the program. Some learners will require accommodated learning plans dependant on their immunization completion and compulsory screening. This will be developed by the MD Program with learner support and compliance monitoring by the Learner Affairs Office. Learner accommodation must have a finite completion date in Year 1 studies to allow entrance into MD Program learning.
 - Enrolled MD Program learners must ensure their immunization and screening records remain current throughout their years in MD learning at YUSOM.
 - Verification and monitoring of compliance is the responsibility of the Office of Learner Affairs who may use third party tools for processes.
 - Learners from the MD Program who elect to enrol in external visiting learner learning, will be required to comply with the standards of the AFMC Learner Portal (for Canadian electives) and the host school/facility (for non-Canadian Electives).
- d. Non-compliance with immunization and screening requirements will result in restrictions on clinical participation, potentially delaying academic progression. Learners who fail to meet screening deadlines or remain non-compliant after repeated warnings may be subject to academic review and further disciplinary action, up to and including dismissal from the MD Program.

5.1 Privacy and Confidentiality

- a. Learner immunization records, accessed are collected and stored under strict confidentiality policies/ processes by the Office of Learner Affairs in accordance with YUSOM's data protection and privacy guidelines and the privacy regulations of Ontario and Canada.
- b. Medical documentation related to immunization and screening will be securely stored and access is limited to Learner Affairs Office, to ensure compliance with clinical and academic requirements.

- c. Official notifications regarding immunization policies and deadlines and changes will be communicated directly to learners through YUSOM's secure email system to ensure accessibility and compliance.

5.2 Exemptions and Accommodations

Medical Exemptions: Learners with valid medical contraindications must provide appropriate documentation and may be accommodated in accordance with COFM guidelines.

6. Roles and Responsibilities

This process is overseen by the **Office of Learner Affairs** and reviewed by the MD Program Curriculum Committee.

7. Review

This policy will be reviewed every three years by the MD Program Curriculum Committee or earlier if needed, to ensure it aligns with institutional priorities, accreditation standards, and evolving Canadian standards.

8. Procedures

- YUSOM will use an approved third-party platform to securely collect and verify immunization and screening documentation.
- All incoming MD learners must submit completed documentation at least four weeks before the start of their first academic term.
- Instructions for submission will be provided by the YUSOM Admissions Office and Learner Affairs Office.
- Enrolled learners must ensure records remain current throughout the MD Program.
- The Learner Affairs Office will monitor ongoing compliance and conduct periodic audits using the third-party platform.
- Learners who do not meet submission deadlines will receive formal notifications; continued non-compliance may result in:
 - Suspension from clinical and community placements
 - Academic deferral or probation
 - Potential dismissal from the MD Program

- Learners with valid medical contraindications must:
 - Submit supporting documentation
 - Meet with the MD Program and Learner Affairs Office
 - Develop a temporary accommodation or deferral plan as appropriate
- The MD Program Curriculum Committee will review de-identified compliance data annually as part of its quality assurance process.

Legislative history:	
Date of next review:	
Policies superseded by this policy:	
Related policies, procedures and guidelines:	

School Policy

Policy on Clinical Supervision and Assessment of Learners

Topic:	Clinical Supervision and Assessment of Learners
Approval Authority:	York University School of Medicine Council
Approval Date:	
Effective Date:	
Last Revised:	

1. Purpose

The York School of Medicine (YUSOM) Doctor of Medicine (MD) Program is committed to fostering an educational environment where continuous, structured supervision and feedback by clinical and community supervisors and postgraduate learners for MD learners is expected, routinely collected and systematically utilized to deliver feedback, assess for progression and protect learner and patient safety while enhancing the quality of clinical education.

This policy complements the YUSOM MD Program Conflict of Interest (COI) Policy. In any situation involving conflicts of interest, such as potential biases in learner assessment, clinical supervision, or personal/professional relationships, this policy should apply in conjunction with the MD Program COI Policy.

Where discrepancies or questions of interpretation arise between the two policies, the MD Program COI Policy will prevail. All parties must ensure they understand and adhere to both policies to maintain integrity, fairness, and transparency in medical education.

2. CACMS Standards

This policy supports compliance with the Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation process by addressing the following standards and elements:

- **Standard 1.2:**

- Conflict of Interest including prevention and management of conflicts of interest within learner assessment.
- **Standard 3.5:**
 - Appropriate learning environment including transparency and accountability in clinical teaching and supervision practices.
- **Standard 9.2**
 - Appropriate clinical supervision of medical learners to ensure patient and learner safety.

3. Scope and Application

- a. This policy applies to:
 - All faculty members, medical learners (including undergraduate and postgraduate learners), clinical supervisors and community supervisors involved in clinical and/or community learning, supervision, or assessment within courses and independent learning in the YUSOM MD Program.
 - Any mandatory or elective (e.g., independent study) MD Program experiential learning in clinical care, community service/support and any elective learning in Years 1, 2 and 3.
 - Visiting medical students who participate in elective curricular learning experiences at YUSOM.
- b. The policy on medical learner supervision in clinical and community learning experiences ensures that learners meet or exceed defined program outcomes and related milestones in an environment that is safe for learners, patients, and any participating community or family groups. While it is anticipated that over the course of an experience a learner may achieve greater independence, it is always expected that learners are supported with direct supervision by faculty, postgraduate learners, or their delegate for any care or support rendered to persons, and community.
- c. This policy complements and should be read in conjunction relevant York policies, outlined below.

4. Definitions

Affiliate: Community and healthcare organizations who contribute to or support the curricular education of YUSOM learners and have signed an agreement of affiliation.

Assessment: A process of gathering and analyzing information on competencies from multiple and diverse sources to measure a learner's perceived competence or performance and compare it to defined criteria.

Clinical Learning: A curricular learning experience where the learner is learning under supervision of a clinician and actively participate in providing person centred care.

Clinical Supervisor: A faculty member appointed to York University School of Medicine, responsible for the oversight, teaching, and assessment of learners in clinical settings.

Community Learning: A required or elective curricular learning experience where a learner enrolled in the MD Program observes and/or participates in the operations of a community organization or affiliate that supports individuals or groups of individuals in the community outside of the school of medicine.

Conflict of Interest (COI): A situation in which personal, professional, familial, financial, or healthcare interests may compromise or appear to compromise objectivity in undertaking MD Program duties.

Evaluation: Collection of structured feedback by the MD Program and YUSOM from learners regarding clinical supervisors and/or learning experiences.

Faculty Member: Means an employee appointed to York University in either the Professorial or Teaching Stream and clinical faculty as outlined in the Clinical Faculty Appointments Policy.

Healthcare Relationship: Past or current patient-provider relationship between a learner and faculty/supervisor.

Learner: An individual actively enrolled in the York School of Medicine undergraduate or postgraduate programs or Council of Faculty of Medicines (COFM) partner postgraduate medical education Programs.

Student: Within the context of this policy and other policies at York University, the term student refers to the same group as learner. The terms are used interchangeably, with learner being the preferred term in the MD Program to reflect the professional and developmental continuum of medical education.

Supervisor (Community): A health care or community professional, whose role is to oversee the MD Program–approved community learning experiences of a learner to support achievement of course and program learning outcomes.

UGME: Undergraduate Medical Education.

Person: An individual seeking care in a clinical and/or community setting. This includes patients, clients, or service users whose health and well-being are supported through person-centered care that respects their values, needs, and preferences.

Undergraduate Medical Education (UGME) Office: The central administrative unit of the MD Program responsible for curriculum delivery, scheduling, record-keeping, and overall coordination of undergraduate medical education.

COFM: Council of Ontario Faculties of Medicine

5. Policy

5.1 Clinical Supervision

- Requirements for clinical supervision include, but are not limited to:
 - Medical learners will be required to complete any mandated or identified orientation to or knowledge and technical preparation/ education for care delivery in advance a new clinical learning experience.
 - Medical learners must be supervised at all times during clinical and community learning experiences to ensure patient, community, and Learner safety.
 - The level of supervision must align with the learner's level of knowledge, skills and abilities, as well as the complexity for the clinical or community activity.
 - Supervision must be direct for procedures, decisions and actions of delivering patient care.
 - The level of responsibility for participation in care by an MD Program learner must be clearly defined in advance to the learner and the patient by the supervisor. This level must be at the learner's level of education and abilities for the Program.

5.2 Qualifications of Supervisors

- a. As per the [Ontario Medical School Clinical Rotation Principles and Practices for Faculty Appointment and Dispute Resolution](#), clinical supervisors must be YUSOM faculty members or in some circumstances COFM School of Medicine faculty or designated healthcare professionals who possess the appropriate qualifications, experience, and approved scope of patient care practice to deliver person-centred care and oversee delegated clinical learning activities by an MD Learner.

- b. Community Supervisors must be adequately qualified professionals or practitioners in a YUSOM affiliate, with appropriate expertise and authority to oversee context specific community learning activities by MD learners.
- c. Postgraduate learners may serve as delegated clinical supervisors in MD Program learning, provided they have been authorized by the supervisor and are operating within their own scope of knowledge, skills training and competence.

5.3 Appropriateness of Delegated Responsibilities

- a. Supervisors must ensure that any activities delegated to MD Program learners are within the learners' level of knowledge and skill while complying with relevant professional standards and institutional policies.
- b. While learners may gain increasing independence, direct supervision by a clinical supervisor, Postgraduate learners, or their delegate is required whenever care or support is rendered to patients or community members.
- c. Learners who are asked to participate in or undertake a care related action that they feel is not supervised or not safe, must refuse involvement and notify the course lead and Associate Dean UGME after withdrawing from the encounter.

5.4 Identification of MD Learner

- a. A Supervisor must identify a MD learner as a medical learner before the encounter to ensure transparency and consent
- b. The MD learner, if entering a clinical encounter must always identify themselves as a medical learner to the person, family or community

5.5 Learner Assessment

a. Competency-Based Assessment

- Assessment of Learners must objectively measure defined clinical competencies and curricular outcomes. Learning outcomes and assessment expectations must be clearly communicated to the clinical supervisor and the MD leader by the MD Program at the beginning of each term and prior to each assessed educational activity, clinical learning experience, or community learning experience.
- Faculty and postgraduate learners must complete and submit electronically all required MD Program curriculum assessments, review outcomes with

the MD Learner in accordance with the assessment policy and procedures of the MD Program.

- Learners who are required to complete self-assessments or independent learning to support abilities for clinical care skills must do so in advance of the learning experience.

b. Conflict of Interest in Assessment

- Faculty members and/or clinical Supervisors must not assess MD learners with whom they have a familial, personal, financial, healthcare, or significant professional relationship that could be interpreted or is clearly in a conflict of interest.
- Faculty must promptly disclose any existing or past healthcare relationship or other potential conflicts of interest with a learner to the appropriate Associate Dean, UGME/PGME (or designate). Refer to the MD Program Conflict of Interest Policy for additional details.
- Learners who perceive or know of a potential conflict of interest with a clinical supervisor or faculty member must promptly report the concern to the lead of the learning experience (i.e. Course Chair) or if not available, the appropriate Associate Dean, UGME/PGME (or designate).

c. 5.5.3 Storage of Assessments

- Data gathered from this policy will be stored in accordance with relevant York University policies.

5.6 Learner Supervision Monitoring and Feedback

a. Evaluation of Supervisors and Learning Experiences

- Learners must complete structured evaluations of clinical supervisors, community supervisors and the overall clinical or community learning environment, as facilitated by the UGME Office.
- Evaluations must be completed confidentially and submitted according to approved and published policies and processes of the MD Program and those of York University.

b. Monitoring of Supervision Standards

- The UGME Office will regularly monitor clinical and community supervision practices postgraduate learners (or delegates) to ensure compliance with defined standards and identify areas for improvement.

- Reports of breaches will be compiled annually and reviewed at the MD Program Curriculum Committee with recommendations by the MD Program Course Committee

c. Use of Evaluation Data

- Learners are encouraged to provide constructive feedback on their clinical or community supervision experiences.
- Feedback will be collected, reviewed, and utilized by the Evaluation and Continuous Quality Improvement Committee to enhance the quality of teaching and supervision in both clinical and community contexts.

6. Roles and Responsibilities

- The **Dean, York University School of Medicine** is responsible for:
 - Providing overall oversight and ensures compliance with this policy.
- The **Associate Dean, UGME** is responsible for:
 - Overseeing policy implementation; disclosure review; conflict management; evaluation processes; and addresses supervision concerns.
- **Clinical Supervisors** are responsible for:
 - Adhering to supervision, assessment and evaluation requirements; promptly disclose conflicts; and actively engage with learner feedback.
- The **Evaluation and Continuous Quality Improvement Committee** is responsible for:
 - Review analysis of evaluation data, recommend educational enhancements and support faculty improvement initiatives.
- **Learners** are responsible for:
 - Completing evaluations promptly, disclose perceived conflicts immediately, cooperate fully with management plans or alternate arrangements.

7. Review

Implementation of this policy will be reviewed annually by the MDCC.

8. Procedures

8.1 Learner Assessment

- a. Faculty and supervisors (including postgraduate learners) must utilize standardized assessment tools and rubrics provided by the UGME Office to ensure consistent and objective learner assessment.
- b. Completed learner assessments must be submitted to the school's learning management and assessment system according to established deadlines.

8.2 Learner Evaluation

- a. Learner evaluations must be collected confidentially through a School-approved form and will be anonymized by the UGME Office and reviewed regularly by the MD Program Evaluation and Continuous Quality Improvement Committee.
- b. The UGME Office will annually provide summarized evaluation feedback to individual clinical and community supervisors and faculty members, outlining strengths and areas requiring development.

8.3 Monitoring Appropriateness of Delegated Responsibilities

The UGME Office will systematically monitor clinical supervision to ensure learners' responsibilities align with their training and competency levels through the following explicit mechanisms:

- a. Learners will complete standardized electronic evaluation forms after each term and/or clinical rotation, specifically assessing whether delegated tasks matched their training level. Data from these evaluations will be compiled electronically and reviewed quarterly by the Evaluation and Continuous Quality Improvement Committee.
- b. UGME-designated faculty or staff will perform routine visits at least annually to review appropriateness of the learning experience in the clinical affiliate settings.
- c. All evaluation and observation data will be maintained securely within the UGME electronic management system. Reports identifying trends or concerns will be generated quarterly by UGME administrative staff and presented to the Evaluation and Continuous Quality Improvement Committee for review and action as required.

8.4 Addressing Supervision and Assessment Concerns

The Associate Dean, UGME (or designate), upon receiving reports of supervision or assessment concerns or inappropriate delegation of responsibilities, will investigate and resolve these promptly, and in consultation with the Vice Dean, Integrated Community-based Learning Network & Health Systems given the role of clinical faculty working across a range of clinical locations, ensuring transparency and fairness, and in accordance with the MD Program Conflict of Interest Policy if relevant.

8.5 Reporting and Addressing Supervision Concerns

- a. Learners who have concerns regarding clinical supervision or perceived conflicts of interest must promptly notify the Associate Dean, UGME (or designate) via email or in writing.
- b. The Associate Dean, UGME (or designate), will respond promptly, conduct a confidential review, and initiate appropriate corrective measures, which may include:
 - Consultation with the supervisor involved.
 - Provision of additional supervisor training or resources.
 - Reassignment of the learner and future learners to alternative clinical supervision, if necessary.

Note: Conflict of Interest Disclosures

Conflict of interest procedures are fully detailed within the separate MD Program Conflict of Interest Policy. Faculty and learners should refer to that policy for disclosure and management guidance.

Legislative history:	
Date of next review:	
Policies superseded by this policy:	
Related policies, procedures and guidelines:	Graduate Supervision Students Faculty of Graduate Studies (FGS) York University Grading Scheme and Feedback (Policy) - Secretariat Policies - Conflict of Interest Policy for the MD Program - York's MD Program Assessment Policy - Guidelines on Access to Student Records and Protection of Privacy. - Graduate Supervision Students Faculty of Graduate Studies (FGS) York University - Grading Scheme and Feedback (Policy) - Secretariat Policies - Common Records Schedule



School Policy

Policy on Learning Hours in MD Program

Topic:	Required learning activities and clinical activities
Approval Authority:	York University School of Medicine Council
Approval Date:	
Effective Date:	

1. Purpose

The Doctor of Medicine (MD) Program in the York University School of Medicine (YUSOM) is a competency-based education program that supports learners advancing to achieve program outcomes by reaching milestones in active learning experiences within defined hours.

Learners are expected to attend assigned learning sessions and are supported with time allocated for independent study. This policy outlines the boundaries for required learning hours in class, clinical and community experiential learning across all years of study.

2. Scope and Application

- a. This policy will address Standard 8 Element 8.8 of the CACMS Standards and Elements for Undergraduate Medical Education.
- b. This policy applies to all learners who are registered in the YUSOM and those who undertake elective learning as registrants of another Canadian or international school or college of medicine. Learning applicable to this policy is any assessed learning, approved by the MD Program Curriculum Committee, scheduled within a defined learning experience of the MD Program curriculum (or for a visiting student – an elective learning experience necessary for graduation).

- c. This policy applies to all learning that is governed by the YUSOM MD Program Curriculum. Year 3 Electives completed in a YUSOM Affiliate are governed by this policy.
- d. This policy applies to all Year 3 Electives regardless of where completed. It is acknowledged that the YUSOM can manage the learning hours of a YUSOM affiliated clinic but cannot address Elective learning practices in a Canadian or international school or college of medicine.
- e. All teachers and learners are expected to comply with this policy in the design, delivery and assessment of curriculum learning.
- f. Exclusions:
 - This policy does not apply to:
 - Urgent changes in scheduling due to unpredicted occurrences that may include but not limited to extreme weather; natural disasters; emergency closure of the University learning by YU; unique events involving facility or IT stoppage.
 - Independent self-directed study for career development
 - Travel for learning experiences
 - Lunch breaks for class learning
 - Unique assessments that require faculty or site access outside learning hours (i.e. Objective Structured Clinical Examinations [OSCE's])

3. CACMS Standards

This policy supports compliance with the Committee on Accreditation of Canadian Medical Schools (CACMS) standards, particularly:

- **Standard 8.6** – Monitoring of Clinical Learning Experiences: Ensures that all clinical learning activities provide comparable educational experiences and opportunities for students to achieve program objectives.
- **Standard 8.7** – Comparability of Education/Assessment Across Instructional Sites: Ensures consistency in learning experiences, assessment, and supervision across different clinical sites.
- **Standard 8.8** – Monitoring Student Time: Ensures appropriate balance between learning and service, preventing excessive workload.

- **Standard 8.9** – Preparation of Resident and Non-Faculty Instructors: Ensures individuals supervising students in clinical settings are prepared for their educational roles.
- **Standard 5.5** – Resources for Clinical Instruction: Ensures adequate clinical resources and facilities to support learning activities.

4. Definitions

Accommodation: Tailored adjustments to learning experiences for learners with disabilities, medical conditions, or other barriers, designed to provide equitable opportunities to meet the MD Program requirements without compromising academic standards.

Affiliates: Community and healthcare organizations who contribute to or support the curricular education of YUSOM learners and have signed an agreement of affiliation.

Assessment: A process of gathering and analyzing information on competencies from multiple and diverse sources to measure a learner's perceived competence or performance and compare it to defined criteria.

Class Learning: Curricular learning facilitated under or led by a YUSOM faculty (or approved delegate) where learners engage in active learning in a shared physical or virtual space. (i.e. small group, Large Group and guest speaker sessions).

Clinical Learning: A curricular learning experience where the learner is learning under supervision of a clinician and actively participate in providing person centred care.

Community Learning: A required or elective curricular learning experience where a learner enrolled in the MD Program observes and/or participates in the operations of a community organization or affiliate that supports individuals or groups of individuals in the community outside of the school of medicine.

Faculty: Means an employee appointed to York University in either the Professorial or Teaching Stream and clinical faculty as outlined in the Clinical Faculty Appointments Policy.

Independent Study: Education that is self-directed where the learner reviews material provided by and/or other knowledge they source to prepare for, work through, present on and discuss in sessions or assessments in any required curriculum learning experience.

Learner: An individual actively enrolled in the York School of Medicine undergraduate or postgraduate programs or Council of Faculty of Medicines (COFM) partner postgraduate medical education Programs.

Learner Affairs Office (LAO): The YUSOM office that supports learner wellness, personal needs, and referrals for academic or non-academic concerns.

Laboratory Learning: Curricular Learning in a YUSOM designated facility for Anatomy and Histology in addition to other unique learning in a clinical laboratory that aligns with a MD Program course objective.

Longitudinal Integrated Clinical Learning Experience (LICLE): A curricular experience where the learner is the under supervision of a clinician while actively participating in providing person centred care.

MD Program Curriculum Committee (MDCC): The primary MD Program governing committee which oversees curriculum design, learning, assessment, ongoing evaluation, and quality improvement processes to meet standards for the MD Program.

Project Learning: An educational experience where learners gain knowledge and skills (in groups) to MD Program milestones and Objectives by working on a defined problem to understand critical thinking, teamwork, problem solving, collaboration, advocacy and systems-based health issues.

Self-Directed Unique Learning: The approved process of learners taking initiative to arrange on their own a learning experience that supports them exploring medical or parallel health issues and advance their knowledge, skills and career success.

Split shift: A term derived from the workplace where a person in one calendar day, divides the time commitment they have to a role into equal or unequal time allotments that are separated by more than the time for a standard meal or other break. (i.e. an 8-hour shift that is delivered as 4 hours followed by a three-hour break and then returning for another 4 hours of commitment).

Staff: Non-academic employees of YUSOM.

Student: Within the context of this policy and other policies at York University, the term student refers to the same group as learner. The terms are used interchangeably, with learner being the preferred term in the MD Program to reflect the professional and developmental continuum of medical education.

Resident: a person who is enrolled in a Post Graduate Medical Education (residency) Program.

Undergraduate Medical Education (UGME) Office: The central administrative unit of the MD Program responsible for curriculum delivery, scheduling, record-keeping, and overall coordination of undergraduate medical education.

Simulation Learning: Curricular Learning involving: Simulated Patients, Interprofessional Education (IPE) learning; Learning with technology; Simulated skills for person centered care delivered in a structured environment that are active, supervised by a faculty member and assessed to develop in learners the knowledge and skills to engage in person-centred care as visioned by the YUSOM.

Teacher: A teaching faculty member appointed by York University School of Medicine, responsible for the oversight, teaching, and assessment of learners in the curriculum. It may also include PGME residents and York University Graduate students.

MD Program Evaluation and Quality Committee: Committee charged with overseeing the evaluation of UGME program metrics and continuous quality improvement.

5. Policy

The MD Program Curriculum Committee has approved the learning hours by Year of learning across all three years of curriculum. These are outlined below and serve as firm boundaries for course learning:

5.1 Year 1:

- a. Year 1 curriculum is composed of three courses and a mixture of learning experiences that involve class, community, and clinical environments.
- b. Each learning week in Year 1 should not have learning hours that exceed 40 hours per week. Each learning day should not have planned curricular learning that exceeds eight (8) hours per day.
 - For Year 1, across all courses, the learning hours will be as follows:
 - Small Group Learning: 6 hours per week
 - Large Group Learning: 10 hours per week
 - Simulation Learning: 2 hours per week
 - Laboratory Learning: 2 hours per weeks
 - Clinical Learning: 4 hours every other week
 - Community and Project Learning: 4 hours every other week

- Independent Study: 10 hours per week
- Self-Directed Unique Learning: 8 hours per week

NOTE:

- On weeks with a holiday occurring on a weekday, the Self-Directed Unique Learning will be cancelled
- Lunch time in the calendar and travel time does not count for learning hours

5.2 Year 2:

- a. Year 2 is the LICLE Year that is composed of primarily clinical learning with class learning, project learning and Learning Retreat Weeks.
- b. **LICLE Clinical:** During the LICLE Year, learners will not participate more than 50 hrs per week in all learning experiences.
- c. Each week, learners will be involved in:
 - i. **Clinical Learning:** 50 hours per week
 - Clinic Learning with direct person-centered care
 - ii. **On Call Learning:** On call learning will not exceed one night in four (to a maximum of 7 days per calendar month) for any learning experience. Learners who have been on call will be excused from clinical learning the next morning by 9 am after they have completed handover and clinical documentation. Weekend on call must not work an entire weekend of on call and in a single month of learning-weekend on call must have one weekend in four free from on-call learning. Learners who are at the end of a learning experience will not take on call after the last Friday night of the experience.
 - iii. **Shift Learning:** Learners will participate in shift learning for their Obstetrics and for their Emergency Medicine LICLE Learning Experience. Learners will not be able to complete any shift learning that exceeds 12 hours. A learner must have 18 hours off after a shift before the next shift is scheduled. There can be no more than 5 shifts per week, and time off between shifts must be a minimum of 18 hours between shifts. Learners cannot “split shifts. Learners who complete a shift in Emergency Medicine while on a Family Medicine learning experience, will be exempt from learning the next day.
 - There will be no “split Shifts”
 - A week may only have a maximum of five (5) “Shifts”
 - There must be a minimum of 18 hours off between “Shifts”

- iv. **Home Call:** Learners may be scheduled for home call when in Family Medicine and some other experiences (i.e. Neurology/Physical Medicine and Rehabilitation (PMR)/Long term care). Learners who are home by 23 hours and not called back will count that differently and be expected to participate in clinical learning the next day. Learners who are called in between 2400 and 0800 hrs will be excused from clinical learning the next morning.
- v. **Class Learning:** 4 hours every week
- vi. **Self-Directed Unique Learning (during Family Medicine LICLE Learning only):** 4 hours per week

d. **LICLE Learning Retreat Weeks: (LRW)**

- These serve the ability to offer deeper learning in strategic areas in addition to wellness learning, standardized assessments, IPE learning and simulation to name some of the processes. Learning hours will be:
 - Total learning not to exceed 10 hrs per day (Class learning: 8 hours per day; Self-directed Learning: 2 hours per day)
 - Lunch is exempt from learning hours
 - Total hours per week not to exceed 50 hrs

5.3 Year 3:

- a. Year 3 learning will follow processes for Year 2 with:
 - Elective Learning following the policy and procedures of the LICLE year
 - Capstone Unit is composed of 2 days clinical/community learning along with three days of class/simulation/independent learning
- b. The process for learning hours will mirror that of the LICLE for clinical and LRW and Year 1 for class Learning

5.4 Accommodated Learning Plans

Learners who have curriculum learning accommodation may follow a unique learning hours plan. This will be created by the Learner Affairs Office (LAO) in collaboration with the York University Student Accessibility Services and the MD Learning Support Committee (MDLSC). Once the weekly learning hours are established, the UGME Office and AD UGME will work in collaboration with relevant course chairs to develop the appropriate curriculum. This will be communicated directly to the teachers responsible for each required learning experience in the relevant Year of MD Program.

5.5 Pregnancy

Learners in Year 2 and 3 of clinical learning will be allowed to participate in clinical learning if their health provider approves. Accommodation for standing and other issues will be granted. Learners who are pregnant will NOT take call after and in the 27th week gestation of pregnancy. Learners may be exempt from on call learning earlier with an accommodation request from their practitioner due to their pregnancy (i.e. medical reasons; twin pregnancy etc.).

6. Roles and Responsibilities

UGME Office: Oversees the scheduling, delivery, evaluation and ongoing improvement of the curriculum. They ensure sessions and days will comply with standards and initiate action

Faculty Members and Residents: Are responsible for annually reviewing, always understanding and complying with this policy for any MD Program teaching experience

Course Chairs: Are responsible for ensuring course learning events/experiences follow this policy as described in the course syllabus. They will take action to address any breaches of this policy within a course and ensuring there is no repetition.

LICLE Leads and Faculty Members: Are responsible for communicating this to each LICLE learning experience and ensuring compliance. Will act on requests from the MD CC on breaches in learning hours'

MD Program Curriculum Committee: Is responsible for oversight of this policy and process including updates to the policy; review of annual data on compliance for this policy and approves action necessary arising from the oversight process

MD Program Evaluation and Quality Committee: Is responsible for gathering data on oversight for this policy, validating data, ensuring compliance with standards and reporting to the MD Program CC

Learners: Are responsible for reviewing this policy annually, completing evaluations on data for compliance and adhering to the guidelines within this policy

7. Review

The data from this policy will be reviewed annually at the MDCC. This policy will be reviewed every three (3) years by the MDCC.

8. Procedures

8.1 Communication

- a. Learners will be asked to review this policy annually at the orientation to each academic year and digitally sign they have reviewed and understand. Each year, this will be included in communication – verbal in a large group session and in written format by e mails to learners. Each MD Program course syllabus will communicate this policy and the process.
- b. Faculty members will receive this policy to review at orientation and asked to electronically notate they have read and agree to comply. Each year, teaching faculty will receive this policy by e mail to review.

8.2 Monitoring

- a. Learners will be asked to document at the end of a learning experience (that lasts under three months) and for longitudinal learning experiences to document in evaluations every 4 months, compliance by faculty members and course with this policy.
- b. Oversight will be in an Evaluations tool that is reviewed by and reported for action from the Evaluations Office.
- c. The Evaluations Office will take data to the MD Program Quality committee:
 - Course data and blueprint for learning hours
 - Learner evaluation data
 - Faculty data
- d. A report will be forwarded to the MDPQEC by the Evaluations Office for review and recommendations to the MD CC and subsequently to course and learning experience leads for action.

8.3 Breaches

- a. Breaches will be taken very seriously by the MD Program. Learners will be encouraged to report breaches in adherence to this policy. This is true mostly for Year 2 and for some of Year 3 learning. Learners can notify on breaches by:
 - Notifying the Course Chair
 - Notifying the LAO
 - Notifying the UGME office
 - Meeting with the AD UGME

- Documenting in a learning experience Evaluation
- b. Faculty are also encouraged to ensure learners adhere to this policy. Learners who breach this policy will be required to meet with the Associate Dean UGME to discuss the reason and action. This meeting will occur with a leader from the LAO present and communication from this sent to the learner file, learner file and the MD Program Learner Progress Committee

Legislative history:	
Date of next review:	
Policies superseded by this policy:	
Related policies, procedures and guidelines:	



School Policy

Standards of Professional Behaviour

Topic:	Standards of Professional Behaviour
Approval Authority:	York University School of Medicine Council
Approval Date:	
Effective Date:	

1. Purpose

Professionalism by learners in the York University School of Medicine (YUSOM) embodies the highest standards of ethical conduct, integrity, and respect. It is the expectation that every learner will always engage in behaviour(s) that reflect the defined ethics and values of the medical profession and contribute positively to the academic and clinical environment.

The [CPSO](#) defines Professionalism for physicians as “the words and actions of physicians that foster trust and respect with patients¹, colleagues, and the public”. Learners and educators will be expected to always conduct themselves in a manner that upholds the values of academic integrity, mutual respect, and ethical behavior in all interactions, whether in academic, clinical, or extracurricular settings. This ensures that every action from person centred care to peer interactions, reinforces the trust placed in them by persons, colleagues, and the community.

The School and Doctor of Medicine (MD) Program aligns with learners and faculty meeting the principles and statements on Professionalism outlined in the AFMC

¹ <https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Physician-Behaviour-in-the-Professional-Environment#endnote01>

Canadian Undergraduate Deans Statement on Professionalism², and the Canadian Medical Association Code of Ethics and Professionalism³.

This policy serves to define and communicate a comprehensive framework of professional conduct for all learners enrolled in York University's School of Medicine undergraduate (MD) and postgraduate medical education programs. This framework sets forth clear and enforceable expectations for professional behaviour, thereby promoting a culture that underpins safe, effective, and ethical patient care and education.

2. Scope and Application

- a. This Policy applies to:
 - Every learner in the School of Medicine undergraduate or postgraduate Program at York University enrolled actively on or on a leave of absence from a medical education program or where they are considered or identified as representatives of the University and profession.
 - All education, research, leadership and team activities by a learner regardless of whether their activities (mandated or self-directed elective) occur on-campus, in clinical settings, during research, or within any other academic or community-related learning context.
 - The conduct of learners in all forms of communication and interaction, (including digital, verbal, non-verbal and social media), and is intended to work in tandem with all relevant York University policies, including those addressing academic integrity, non-academic conduct, and anti-discrimination measures.
- b. This policy and procedure provides a clear, fair, and timely framework to report, document, address and remediate lapses in professionalism across all learner activities, including clinical care, research, education, leadership,

² https://www.afmc.ca/wp-content/uploads/2022/10/ProfessionalismPolicyUG_Final_EN.pdf

³ https://policybase.cma.ca/link/policy13937?_gl=1*_gvgde*_gcl_au*MTM2NjkzMjMxMS4xNzQ2NjM4ODc1*_ga*MTE4MjIzNzA2NS4xNjg0ODQ5NjQ4*_ga_91NZ7HZZ51*_czE3NDY2Mzg4NzUkbzEwJGcwJHQxNzQ2NjM4ODc1JGo2MCRsMCRoMA

and community engagement, while ensuring person safety, and preserving a safe, equitable, and inclusive environment that supports each learner's professional identity development.

- c. As many actions related to this policy and process will be formative, unless egregious, intervention and action will be supportive with the distinct purpose of improving the learner's present and future professional identity. There may arise through this process events reported that, where necessary, will require the School to restrict or remove learners from any curriculum or non-curricular activity to protect the health and wellbeing of persons, health and/or community professionals, or peers.

3. CACMS Standards

This policy supports compliance with the Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation standards, particularly:

- **Standard 3: Academic and Learning Environments**
Ensures that the MD Program takes place in respectful, inclusive, and professionally governed academic and clinical settings, with clear processes to promote desired behaviours and address any lapses swiftly.
- **Standard 9: Teaching, Supervision, Assessment & Student/Patient Safety**
Requires faculty and preceptors to model professional conduct, deliver safe clinical oversight, and incorporate evaluation of professionalism into both formative and summative learner assessments.
- **Standard 11: Academic Support, Career Advising & Academic Records**
Mandates confidential access to academic advising, remediation pathways, and accurate record-keeping of any professionalism concerns while protecting student privacy and ensuring transparency in progression decisions.
- **Standard 12: Health and Counselling Services**
Guarantees timely, accessible health and mental-wellness services that support students' personal and professional development, including interventions tailored to address factors underlying professional lapses.

4. Definitions

Professional Behaviour: Refers to the conduct, attitudes, and actions that exemplify the highest standards of ethical, clinical, and academic practice as expected of a physician. This includes, but is not limited to, demonstrating integrity, accountability, respect, and adherence to all applicable laws, York University policies, and recognized ethical norms of the medical profession.

Complainant: Any individual including, without limitation, faculty, staff, other learners, patients, or members of the public, who formally alleges that a breach of the professional standards has occurred.

Respondent: The learner against whom a complaint of unprofessional behaviour has been lodged and who is subject to investigation and potential disciplinary action under this Policy.

Learner: An individual actively enrolled in the York School of Medicine undergraduate or postgraduate programs or Council of Faculty of Medicines (COFM) partner postgraduate medical education Programs.

Student: Within the context of this policy and other policies at York University, the term student refers to the same group as learner. The terms are used interchangeably, with learner being the preferred term in the MD Program to reflect the professional and developmental continuum of medical education.

Standard of Proof: Ensures that all determinations under this Policy shall be made on the balance of probabilities. That is, the evidence must show it is more likely than not that the alleged conduct occurred in the manner described.

MSPR: Medical Student Performance Record.

UGME: Undergraduate Medical Education.

Undergraduate Medical Education (UGME) Office: The central administrative unit of the MD Program responsible for curriculum delivery, scheduling, record-keeping, and overall coordination of undergraduate medical education.

PGME: Postgraduate Medical Education.

Learner Affairs Office (LAO): The YUSOM office that supports learner wellness, personal needs, and referrals for academic or non-academic concerns.

MD Program Professionalism Advisory Committee: A standing committee of the School of Medicine charged with reviewing reported lapses in professional behaviour (particularly Levels 3 and 4), assigning each incident to an appropriate classification level and recommending remedial actions or sanctions. The Committee operates under the oversight of the Professionalism Lead, who informs the MD Program Success and Progression Committee (if necessary) and works in collaboration with the relevant Associate Dean(s) and ensures consistency, fairness, and alignment with York University policies.

Person: An individual seeking care in a clinical and/or community setting. This includes patients, clients, or service users whose health and well-being are supported through person-centered care that respects their values, needs, and preferences.

Professionalism Lead: The faculty member reports to the Vice Dean, Education to serve as the primary point of contact for all matters related to this Policy. The Professionalism Lead oversees all concerns, preliminary fact-gathering, manages communications, and liaises with the Professionalism Committee to ensure each case follows the established procedures. The Professionalism Lead recommends actions to relevant decanal leaders at the end of the adjudication and then withdraws from ongoing involvement.

5. Policy

This policy upholds the highest standards of medical professionalism, ensuring that learners:

- a. Embody the core values of the profession as stated in the CMA Code of Ethics and grounded in the MD Program's competency framework, which recognizes professionalism as a critical learning outcome in medical education.
- b. Commit to ethical, equitable, and anti-discriminatory practices across clinical, academic and extracurricular settings as defined by the YU and provincial/national bodies.
- c. Engage actively in academic, clinical, and community learning environments as responsible future physicians.

- d. Remain fully accountable for their actions, with their performance continuously assessed against the standards of the medical profession, the University, and societal expectations.

5.1 Principles

a. National, Provincial and University Foundations

- This Policy is firmly rooted in the values enshrined in [York University's mission and vision](#) statement.
- The policy also reflects both institutional commitments and the legal, ethical, and professional standards that govern the practice of medicine, as evidenced by national guidelines such as the [Association of Faculties of Medicine of Canada's Canadian Undergraduate Deans Statement on Professionalism](#), the [Canadian Medical Association Code of Ethics and Professionalism](#), and the guidelines of the [College of Physicians and Surgeons of Ontario](#).

b. Alignment with University Policies

- In addition to the standards articulated herein, learners are required to adhere to all pertinent York University policies, including those governing [academic integrity](#), [non-academic conduct](#), [anti-discrimination](#), and [sexual violence](#). Failure to comply with these policies shall be considered a breach of the professional standards expected within the UGME and PGME Programs.

c. Professional Role and Competency

- Professionalism is recognized as a core competency and a critical learning outcome necessary for progression and graduation. Learners must deliver safe, effective, and ethical patient care, while upholding equity, inclusion, and social responsibility in all academic, clinical, research, leadership, and community activities. As future physicians, learners must demonstrate accountability for their actions and continually develop their professional identity.

d. Stages of Lapses in Professionalism

- Lapses in Professionalism are tiered according to the AFMC's Statement on Professionalism (Appendix A). These levels reflect the severity and guide appropriate responses:
 - **Level 1:** First lapse with minor or no risk of harm to others that can be addressed by acknowledgment of responsibility with educational

remediation and reflection. No recording in the student MSPR will occur for unique Level 1 lapses.

- **Level 2:** Lapse(s) that are repeated Level 1 or causing moderate harm to others. This requires acknowledgment of responsibility, documentation and a structured remediation plan and formal monitoring. Recording in the student MSPR rarely occurs.
 - **Level 3:** Lapse(s) that are repeated Level 1 and/or 2 events or one that causes significant or risk for significant harm to others, or lack of insight into event. This requires acknowledgment of responsibility, documentation and an intensive remediation, likely academic probation, and recording in the official record in the student's MSPR.
 - **Level 4:** Lapse (s) that is/are deemed egregious in action (substantial and certain risk of harm to others) or previous multiple lapses from Levels 1,2 and/or 3 that have failed remediation. This level is felt to be incompatible with engaging in safe medical practice. Actions may include one or more of documentation, additional remediation; suspension; or prolonged leave of absence or dismissal from program study, reporting to regulatory bodies and an official record in the student's MSPR.
- Each level carries its own set of actions, supports, and after-care measures (see Section 5).

e. Risk and Safety

- Any behaviour that compromises the safety of learners, faculty, staff, patients and/or families, community members must be escalated immediately. In clinical or simulated settings, person welfare is paramount. Interim measures (e.g., removal from clinical or community learning) may be enacted pending review.

f. Privacy

- All records of professionalism concerns, investigations, and outcomes will be stored securely electronically and managed in compliance with:
 - [York University's Guidelines on Access to Student Records and Protection of Privacy](#).
 - Ontario's Personal Health Information Protection Act ([PHIPA](#)) and Freedom of Information and Protection of Privacy Act ([FIPPA](#)).

g. Transparency

- The YUSOM commits to a process of formal annual anonymized reporting to promote community awareness and continuous improvement.

h. Fairness and Procedural Justice

- The principles of fairness, procedural justice and due process are integral to this Policy. All learners, as well as individuals affected by lapses in professionalism shall be afforded timely, unbiased, and transparent responses.

i. Support

- The University is committed to providing necessary support and resources to learners enrolled in a safe, equitable, and inclusive environment. The LAO will provide confidential advising, mentorship, and access to wellness resources to help learners reflect on lapses and strengthen their professional competencies.

5.2 Standards of Professional Conduct

- Professionalism is a mandatory requirement, aligned with established standards, necessary for progression in all required and elective learning experiences within the MD Program and in postgraduate education.
- All learners shall always conduct themselves in a manner that embodies the highest standards of professional, ethical, and academic integrity.
- Specifically, learners are required at all times to:
 - **Act with Honesty and Integrity:** Ensure that all academic work, clinical documentation, and communications are accurate and reflective of their professional activities.
 - **Exhibit Respect and Civility:** Interact respectfully with colleagues, faculty, staff, persons, and members of the community always.
 - **Maintain Confidentiality:** Uphold the confidentiality of persons and other individuals' health records, sensitive information, and proprietary data in strict accordance with York University policies and relevant legal obligations.
 - **Uphold Equity and Inclusion:** Actively contribute to a learning and clinical environment that is free from harassment, discrimination, or any form of bias, and treat every individual equitably.

- **Demonstrate Cultural Competence:** Respect and acknowledge diversity in all patient interactions and professional relationships and commit to ongoing learning about culturally sensitive care practices.
 - **Engage in Self-Reflection:** Regularly assess and reflect on their own professional behaviours, seek constructive feedback, and take necessary steps to correct deficiencies.
 - **Accept Accountability:** Take responsibility for their actions, and promptly address any instances in which their conduct does not meet the established professional standards,
 - **Align Extracurricular Conduct:** Ensure that all activities outside formal academic or clinical settings, including participation on social media and in community events, reflect the high standards of professionalism expected of members of the medical profession.
- d. Reports of concerns regarding a learner's professional conduct must be submitted immediately, as timely reporting enables assessment of any potential impact on person-centred care and allows for appropriate action to be taken where immediate measures are assessed to be necessary, in accordance with the procedures outlined in this Policy.
- e. Conduct identified as a potential breach of other York University policies or processes outlined above (e.g., Academic Integrity, Non-Academic Conduct, Anti-Discrimination, Sexual Violence) will be investigated by the relevant office(s). If the breach is subsequently confirmed by the relevant York University decision makers, it will be identified as a lapse of professionalism by the MD Program and actioned under the respective York University policies and processes.
- f. Lapses of professionalism confirmed as Level 3 or 4 will be documented in the Medical Student Performance Record and will inform all subsequent decisions on learner progression and graduation.
- g. Alleged lapses of professionalism will be reviewed and adjudicated by the School of Medicine Professionalism Lead in consultation with the SOM Professionalism Committee. Learners retain the right to appeal as per processes outlined in the MD Program Appeals Policy.

5.3. Classification of Professional Behaviour Concerns

- a. Incidents that raise concern about professional behaviour will be reviewed and classified by the Professionalism Lead (or their designate) into one of four levels of increasing severity as identified by the AFMC's Canadian Undergraduate Deans Statement on Professionalism.
- b. Non-exhaustive examples for each of the four levels are found in the [AFMC's Canadian Undergraduate Deans Statement on Professionalism](#) and captured in Appendix A.

6. Roles and Responsibilities

a. Professionalism Lead

Oversees responsibility for this policy, acknowledges and triages all reports and ensures timely investigation and communication of decisions.

b. School of Medicine Professionalism Committee

As outlined in Section 4.0 - Definition, this committee is actioned by and led by the Professionalism Lead to review learner breaches; assigns classification levels, and recommends appropriate supportive and remedial actions, assignment to other university or professional bodies/processes and inform the MD Program Success and Progression Committee (if necessary).

c. Learner Affair Office (LAO)

Provides confidential support, develops and coordinates in collaboration with UGME office, individualized remediation plans and monitors learner engagement.

d. Associate Dean

Oversee and/or action decisions from the School of Medicine Professionalism Committee, including dismissal of learners if required.

e. Faculty

Models professional conduct, delivers constructive feedback and reports any observed lapses to the Professionalism Lead and/or the relevant Associate Dean.

f. Learners

Comply with this policy, engage in self-reflection, report concerns, and participate fully in any required remediation.

g. Reporter

Any individual – i.e. learner, faculty, staff member, clinical partner, or member of the public, who identifies and submits a concern or observation of unprofessional behaviour to the School of Medicine.

h. Complainant

The specific individual who formally brings forward an allegation of a professionalism lapse under this Policy, providing a written account of the incident and any supporting evidence.

7. Review

This Policy shall be reviewed three (3) years after initial implementation to support continuous improvement during the start-up phase of the School. Subsequent reviews shall occur every five (5) years to ensure ongoing alignment with evolving legal standards, University policies, and best practices in medical education. Amendments to this Policy require formal approval by the appropriate University governance bodies, with substantive changes communicated to all parties in a timely manner.

8. Procedures**8.1 Reporting***8.1.1 Initiation of a Complaint*

- a. Any individual (within the University community, clinical and community partners, regulatory authorities, or other third parties) may file a verbal or written complaint regarding a lapse in professionalism by a learner with the relevant office. Any verbal complaint received must be filed in written form for documentation and action.
- b. Concerns must be submitted in writing via the School of Medicine's Professionalism Report Form (available on the UGME/PGME intranet) or via email to the designated School of Medicine inbox. Complaints must include:
 - A detailed description of the incident(s) (including date, time, location, and nature of the conduct);
 - The names and contact information of any witnesses; and
 - Any supporting evidence (e.g., documents, recordings, or communications).

8.1.2 Anonymous Reports

- Anonymous submissions are accepted via an online School submission form; however, they will limit the ability of the YUSOM to conduct a full investigation.

8.1.3 Retaliation

- Retaliation against any reporter or participant is strictly prohibited and will itself be treated as a Level 3 lapse in professionalism.

8.2 Triage and Interim Measures

8.2.1. Acknowledgement

- The Professionalism Lead (or designate) will acknowledge receipt of every report as soon as possible and up to and including within three business days of the university.

8.2.2. Immediate risks

- If a report raises concerns about safe person-centered care or campus /public safety or qualifies as a Level 3 or 4 lapse in professionalism, the Professionalism Lead and relevant Associate Dean, with involvement from relevant decanal lead in Learner Affairs Office or the Office of Student Community Relations (OSCR), may impose immediate sanctions (e.g., suspension from MD Program learning) until a full investigation or interim decision has occurred.

8.3 Investigation, Decisions and Notification

8.3.1. Appointment of Investigator(s)

- An impartial investigator or panel may be appointed by the Professionalism Lead, in accordance with York University processes, to gather facts.

8.3.2. Notice

a. The learner (“Respondent”) will receive an electronic written notice (using York University email addresses) to meet with the AD Learner Affairs and AD UGME. At the meeting, the learner will be informed of the alleged professionalism breach allegations, a summary of the process, and an invitation to respond in writing (within five business days).

b. The informant may be kept anonymous at the start to protect their

safety.

c. The learner will be asked to acknowledge receipt of the breach.

d. Notice will be served (if necessary, by Level) to relevant YUSOM leaders and staff if learner is placed on an LOA.

8.3.3. Evidence Gathering

- As part of the fact gathering process the following will occur:
 - Interviews with complainant, respondent, and witnesses.
 - Review of documents, communications, and relevant policies
 - Consultation with subject-matter experts, if needed
 - Retain third party if deemed necessary

8.3.4. Learner Response.

- The learner is expected to respond in writing within five (5) business days of service of notice for action.

8.3.5 Investigative meeting

The Respondent will meet with the Professionalism Lead (or designate) and will be allowed to bring one support person from Learner Affairs Office to the interview process. This meeting will be documented by a third party and kept in a separate file of the student record. This recording is for documentation over the student term of enrollment.

8.3.6. Outcome of Investigation

- **Immediate Resolution:** Following the meeting, the Professionalism Lead (or delegate) will determine if there is sufficient evidence for an immediate decision. The decision shall be communicated in writing to the Respondent, to the relevant School academic office, the Learner Affairs office, as well as notification provided to the Complainant as appropriate, subject to confidentiality requirements.
- **Committee referral:** If the Professionalism Lead (or delegate) determines that the case is complex, lacks clear evidence, or involves a Level 3 or 4 concern that exceeds delegated authority, the report and all documentation will be forwarded to the School of Medicine Professionalism Committee for adjudication.

8.3.7. Professionalism Committee Review

The Committee will:

- i. Review the investigator's report, any relevant requested additional material and the respondent's submission.
- ii. Conduct (if warranted) additional interviews or request action for fact-gathering and reporting back as needed to inform a decision
- iii. Communicate their recommendation and report to the Professionalism Lead, relevant Associate Dean, Learner Affairs Office and University leaders/bodies for action and follow-up/support. Any recommendation made by the Professionalism Committee will also be reported by the relevant academic Associate Dean to Dean of the School of Medicine.

If a reported concern also falls under one or more York University policies—including but not limited to: [academic integrity](#), [non-academic conduct](#), [anti-discrimination](#), and [sexual violence](#), the matter shall proceed directly under the procedures prescribed by those York University policies. Any formal finding of misconduct under another York University policy will automatically be treated as a Level 3 or 4 Lapse of Professionalism under this MD Program Policy, and the outcome will be determined in accordance with Section 5.3.

In the rare situation that an MSPR has already been submitted and a lapse of professionalism is identified and confirmed after, the AD UGME will contact the relevant PGME Dean of the postgraduate residency program to which they have matched, to inform them of the lapse.

8.3.8. Investigation report

- i. For Level 1 or Level 2 breaches, the relevant academic office shall prepare a comprehensive written report summarizing the evidence, presenting factual findings, and recommending a classification level as per AFMC guidelines, along with proposed remedial or disciplinary actions. This may include:
 - a. A summary of factual findings and the classification level
 - b. A detailed rationale for the decision;
 - c. Specific remedial actions or sanctions imposed (which may include educational remediation, probation, suspension, or dismissal);
 - d. A statement regarding the Respondent's right to appeal the decision.
- ii. For Committee reviews, the Committee will issue its decision within 20 business days, using the same format as an immediate resolution and

communicate it in writing to the Respondent (and to the Complainant as appropriate), including appeal rights.

8.3.9. External reporting

For some Level 3 and all Level 4 Lapses of Professionalism, the relevant Associate Dean may in a written correspondence:

- a. Notify regulatory bodies (e.g. College of Physicians and Surgeons of Ontario) as required by law and professional standards
- b. Disclose the finding in the Medical Student Performance Record (MSPR) for future postgraduate admissions.

8.4 Remediation and Record Keeping

8.4.1. Remediation for Levels 1-3

For Level 1 through Level 3 lapses, the primary objective is to educate and guide the learner toward consistent professional conduct. Sanctions should, where feasible, include:

- a. A tailored learning plan developed in concert with LAO;
- b. Reflective exercises, coaching, or skill-building workshops; and
- c. ongoing monitoring by the MD Program Success and Progression Committee and Professionalism Committee.

8.4.2. Documentation

In alignment with AFMC guidelines on Professionalism:

- Levels 1-2 will be noted in the School's internal tracking system and removed if fully remediated.
- Levels 3–4: Recorded in the School internal tracking system and the student's Medical Student Performance Record (MSPR).
- All findings, remedial actions, and disciplinary measures shall be documented and maintained as a separate password protected electronic folder in the student academic file in accordance with York University's record retention policies.

8.5 Appeals

- i. The Respondent may appeal a Level 2-4 decision on the following grounds:
 - a. A material procedural error or breach of due process;
 - b. The emergence of new evidence that could materially affect the outcome; or
 - c. The imposition of a sanction that is disproportionate to the severity of the conduct.
- ii. An appeal must be submitted in writing as per processes outlined in the MD Program Appeals Committee.

9. Communication

9.1. Affiliated Partners

The relevant Associate Dean will inform any affected clinical or community partners of restrictions or remediation requirements that impact a learner's placement.

9.2. University Leadership

Summaries of policy changes and aggregated professionalism trends will be shared with the Faculty of Health Dean's Office and other relevant University bodies on a need-to-know or requested basis.

9.3. Learner's Home School (PGME)

For any visiting learner or postgraduate learners from COFM affiliated schools, the decision and any required follow-up will also be communicated to their sponsoring program or department.

9.4. Visting UGME Learner's Home School

For any visiting learner from another school or medicine, the decision and any required follow-up will also be communicated to their academic officer (Undergraduate decanal leader); sponsoring program or department.

10. Evaluation and Annual Reporting

- The School of Medicine will produce and communicate formally, an annual, anonymized report of all professionalism cases (by level), outcomes, and key

lessons learned.

- This report will be submitted to the MD Program Curriculum Committee to inform continuous quality improvement.

11. Confidentiality and Record Management

- All parties involved in the complaint, investigation, and adjudication processes must maintain strict confidentiality. Disclosure of any information is permitted only as necessary to comply with due process or as mandated by law.
- Records of all complaints, investigations, and outcomes shall be maintained in accordance with York University's [privacy policies](#) and applicable legal requirements. Access to these records is restricted to authorized personnel.
 - **Levels 1–2:** Notations will be made in the School's internal tracking system. If fully remediated and non-recurrent, the incident will not appear in the Medical Student Performance Record (MSPR).
 - **Level 3:** Formal permanent entry in the MSPR, with details of the incident and remediation plan, to inform future progression and evaluation.
 - **Level 4:** Permanent record in both the School's tracking system and the MSPR. Such breaches may lead to suspension or dismissal from the Program and render the learner ineligible for the MD degree and formal notification to regulatory bodies as outlined in 8.3.8.
- Requests for disclosure of any records shall be processed in accordance with the University's Guidelines on Access to Student Records and Protection of Privacy and any relevant privacy legislation.

Legislative history:	
Date of next review:	
Policies superseded by this policy:	

Related policies, procedures and guidelines:	College of Physicians and Surgeons of Ontario - Professionalism CMPA Professionalism Academic Conduct Policy and Procedures Code of Student Rights & Responsibilities Human Rights Policy and Procedures Sexual Violence
---	---

Appendix A

(From Canadian Undergraduate Deans Statement on Professionalism. September 2021; Association of Faculties of Medicine of Canada. https://www.afmc.ca/wp-content/uploads/2022/10/ProfessionalismPolicyUG_Final_EN.pdf)

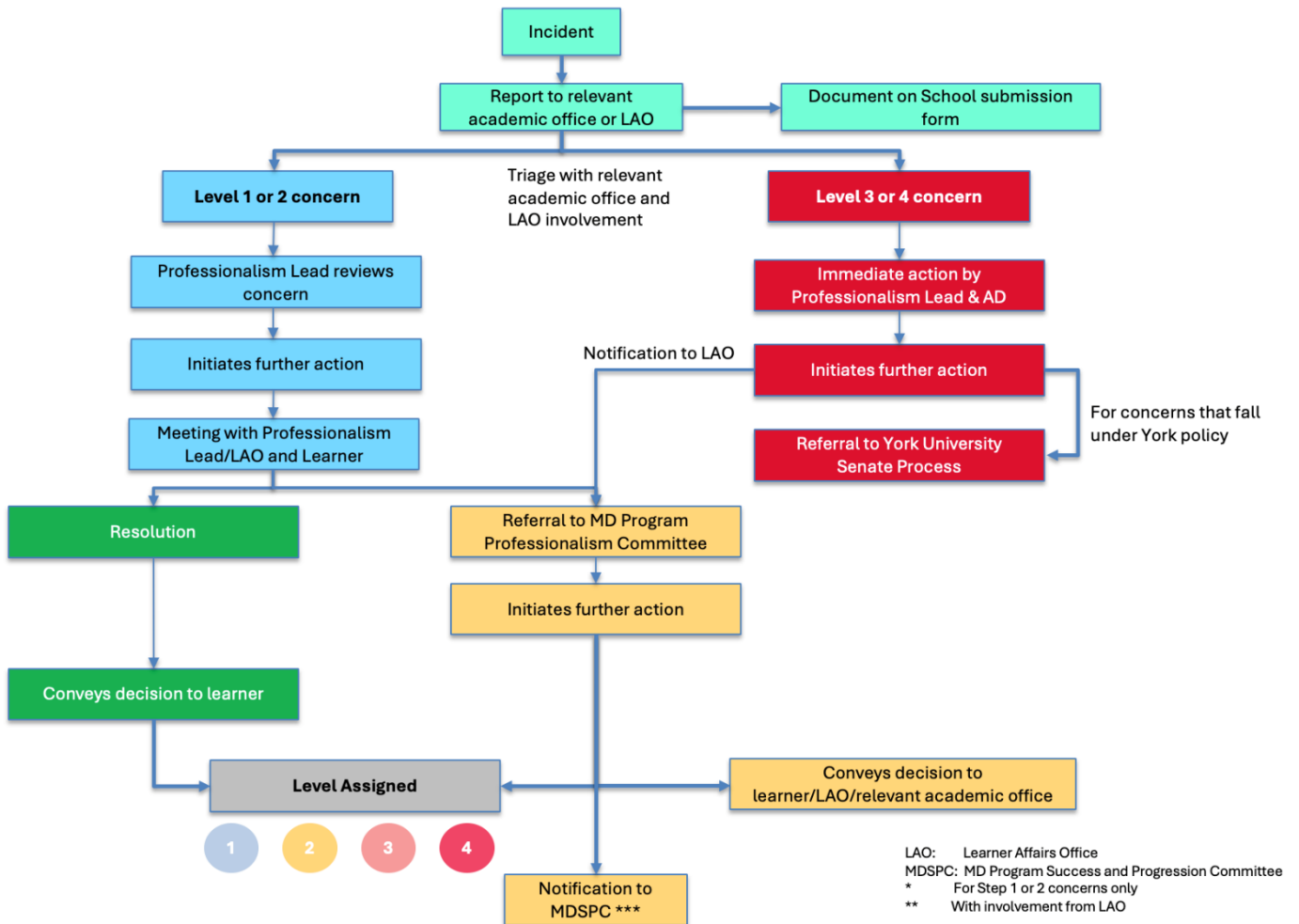
	Professionalism Concern	Examples include but are not limited to:	Potential Interventions include but are not limited to:	*Documentation principles:
Level 1 <i>Concerning Behaviour Requiring Intervention</i>	A first-time concern <u>and</u> No or very minor harm to others (patients, other students, faculty, the public or institutions), <u>and</u> Acknowledgement and acceptance of responsibility <u>and</u> Potential for remediation with, but not limited to,	Examples below may be Level 1 or Level 2 depending on if this a recurrent professionalism lapse: • <i>Submitting an assignment late</i> • <i>Arriving late for a mandatory lecture or clinical learning experience without valid reason</i> • <i>Missing a mandatory session without a valid reason</i>	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance	No further review or permanent documentation required although record of the encounter should be retained by the reviewing party in the event of future issues

	education, apology and/or reflection			
Level 2 <i>Concerning Pattern of Behaviour Requiring Intervention</i>	Previous Level 1 concerns <u>or</u> Minor direct or indirect harm to others (as above) <u>or</u> Lack of insight into the concerns raised by the incident, <u>and</u> Potential for remediation through, but not limited to, education, apology, reflection, and/or formal course of study	• <i>Communication that may be perceived as Inappropriate or disrespectful (verbal or written, including social media, etc.)</i> • <i>Receiving or responding to feedback inappropriately</i> • <i>Repeated failure to meet deadlines or respond promptly to calls, particularly when patient care may be impacted</i> • <i>Minor, unintentional incidents of academic misconduct</i>	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance A program of remediation to include elements such as: • completion of assigned learning tasks • mentorship • sufficient time to demonstrate improvement • monitoring	Documentation in UGME Office academic file but no record on transcript and/or MSPR if remediation successfully completed and no further transgressions.

Level 3 <i>Concerning Pattern of Behaviour Persisting Following Remediation</i> OR <i>Threatening or dangerous behaviour requiring major intervention</i>	Previous Level 1 or 2 concerns that persist despite remediation, <u>or</u> Significant, or potential for significant harm to others (as above), <u>and</u> Student shows limited insight into the concerns raised by the incident, <u>and</u> Potential for remediation through formal program(s) and reassessment.	• <i>Demonstrating a pattern of not responding to call for assistance</i> • <i>Failing to communicate absences in a timely fashion</i> • <i>Incidents of academic misconduct as defined by each university's policy on academic misconduct</i> • <i>Breaching of patient confidentiality</i> • <i>Inappropriate or offensive communication (verbal or written, including social media, etc.)</i> • <i>Engaging in discriminatory communication or behaviour (depending on context / egregiousness)</i>	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance A program of remediation to include elements such as: • completion of assigned learning tasks, • mentorship • sufficient time to demonstrate improvement • monitoring	Documentation in UGME academic file <u>and</u> Inclusion in the MSPR recommended
Level 4 <i>Behaviour Potentially Incompatible with Practice of Medicine</i>	Multiple previous professionalism concerns documented, or Failure to remediate previous concerns, or Egregious or potential for	• <i>Physically or sexually assaulting a patient, colleague, faculty, or staff</i> • <i>Breaching the Criminal Code of Canada with a conviction relevant to the practice of medicine and/or the learner's role as a university student</i> • <i>Unwelcomed and inappropriate</i>	Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance if appropriate in the context of the behaviour	Documentation in UGME academic file <u>and</u> Inclusion in MSPR
	egregious harm to others (as above), or Behaviour inconsistent with a future career in medicine	<i>communication or contact, where the behavior is known or reasonably ought to be known to be unwelcomed</i> • <i>Unauthorized and intentional release of or accessing confidential information</i> • <i>Engaging in discriminatory communication or behavior (depending on context / egregiousness)</i>	A program of remediation to include elements such as: • completion of assigned learning tasks • mentorship • sufficient time to demonstrate improvement • monitoring Dismissal from medical school	

Appendix B

Professionalism Flowchart





School Policy

Timely Formative Feedback

Topic:	Timely Formative Feedback
Approval Authority:	York University School of Medicine Council
MD Approval Date:	
Effective Date:	
Last Revised:	

1. Purpose

The York University School of Medicine (YUSOM) Doctor of Medicine (MD) Program is committed to ensuring all learners in the MD Program receive timely, meaningful, and constructive formative feedback throughout their learning experiences. The purpose of this policy is to outline the requirements for MD Program learners, teachers, and staff around timely and fair formative feedback. This policy ensures alignment with the principles of programmatic assessment and competency-based medical education (CBME), promoting continuous learner improvement and progression.

2. CACMS Standards

This policy supports compliance with the Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation process by addressing the following standard and elements:

- **Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety**
 - **Element 9.5:** Narrative Assessment
 - **Element 9.7:** Timely Formative Assessment and Feedback

3. Scope and Application

This policy applies to:

- All MD Program learners, teachers, residents, and Faculty academic coaches (FAC) involved in learning, supervision, and/or assessment within courses and learning experiences in the MD Program at York School of Medicine.
- All mandatory MD Program experiential learning in clinical care, community service and any elective learning in Years 1, 2 and 3.
- MD Program governance and curriculum leadership.
- Visiting medical learners shall be governed by their home school policy and procedures.

4. Definitions

Assessment: A process of gathering and analyzing information on competencies from multiple and diverse sources to measure a learner's perceived competence or performance and compare it to defined criteria.

Clinical Learning: A curricular learning experience where the learner is learning under supervision of a clinician and actively participate in providing person-centred care.

Clinical Setting: A healthcare environment where learners engage in person-centred care learning activities under supervision, including hospitals, clinics, community health centres, and other MD Program approved and affiliated locations.

Community Learning: A required or elective curricular learning experience where a learner enrolled in the MD Program observes and/or participates in the operations of a community organization or affiliate that supports individuals or groups of individuals in the community outside of the school of medicine.

Competency-Based Medical Education: An outcomes-based approach to the design, implementation, assessment, and evaluation of medical education programs, using an organizing framework of competencies.¹

Faculty Member: Means an employee appointed to York University in either the Professorial or Teaching Stream and clinical faculty as outlined in the Clinical Faculty Appointments Policy.

Faculty Academic Coach (FAC): A designated and trained faculty member supporting learners in reflecting on their learning journey and professional development using reflections and curriculum assessment data collected in their personalized learning portfolios, while identifying next-step learning goals. FACs do not determine if the learner is progressing or failing at the course or year level.

¹ <https://www.royalcollege.ca/en/standards-and-accreditation/competence-by-design.html>

Feedback: Information shared with a learner about their performance of a task, assignment, etc. which is used to help the learner understand how they compare to MD Program approved standards. It also provides guidance on what can be done to improve in the future.

Formative Assessment: Also defined as Assessment for Learning. **See “Formative Feedback”.**

Formative Feedback: Information provided to learners by a teacher and other health care professionals to guide recognition of gaps in knowledge or skills, areas to improve, what support resources may be needed, and learning strategies that might be changed or adapted to meet the expected learning outcomes. Formative feedback is meant to be constructive in nature.

Learner: An individual actively enrolled in the York School of Medicine undergraduate or postgraduate programs or Council of Faculty of Medicines (COFM) partner postgraduate medical education Programs.

Learner Portfolio: A curated collection of assessments, reflections, and feedback documenting a learner’s development over time. It is a core tool for guided self-assessment and formalized progression decisions in the MD Program.

Learning Management System (LMS): A digital platform used to manage and communicate on curriculum and learning to learners, staff and teachers. LMS includes the capacity to track learning and assessment data (individual and compiled), manage learner portfolios, deliver feedback to learners and teachers, operationalize evaluations, and generate reports on learner, teacher and program performance metrics.

MD Program Assessment Committee (MDAC): The MD Program operational committee that reports to the MDSPC and provides oversight of assessment strategy, design, implementation, and data monitoring to ensure assessments are valid, reliable, and aligned with program learning outcomes.

MD Program Curriculum Committee (MDCC): The primary MD Program governing committee which oversees curriculum design, learning, assessment, ongoing evaluation, and quality improvement processes to meet standards for the MD Program.

MD Program Success and Progression Committee (MDSPC): The MD Program operational committee reporting to the MDCC that is responsible for the oversight of learner performance data and determining progression, remediation, probation, and graduation decisions.

Person: An individual seeking care in a clinical and/or community setting. This includes patients, clients, or service users whose health and well-being are supported through person-centered care that respects their values, needs, and preferences.

Programmatic Assessment: A structured, longitudinal approach to assessment that involves the purposeful collection and use of multiple low-stakes assessment data points over time to inform learner development and summative decisions about progression and graduation. The approach emphasizes continuous formative feedback, professional judgment, and the integration of diverse assessment methods to ensure validity, fairness, and educational impact.

Resident: A person who is enrolled in a Post Graduate Medical Education (residency) Program.

Student: Within the context of this policy and other policies at York University, the term student refers to the same group as learner. The terms are used interchangeably, with learner being the preferred term in the MD Program to reflect the professional and developmental continuum of medical education.

Supervisor (Community): A health care or community professional, whose role is to oversee the MD Program–approved community learning experiences of a learner to support achievement of course and program learning outcomes.

Teacher: A faculty member appointed by York University School of Medicine, responsible for the oversight, teaching, and assessment of learners in the curriculum. It may also include PGME residents and York University Graduate students.

UGME: Undergraduate Medical Education.

Undergraduate Medical Education (UGME) Office: The central administrative unit of the MD Program responsible for curriculum delivery, scheduling, record-keeping, and overall coordination of undergraduate medical education.

5. Policy

- a. Learners shall receive formative feedback through a variety of methods, which may include, but are not limited to:
 - Quizzes
 - Assignments
 - Informal verbal feedback
 - Simulation-based assessments
 - Written narrative feedback
 - Workplace-based assessments

- b. Learners shall receive formative feedback in a timely manner to support ongoing learning:
- For progress tests, learners shall receive the outcome decision along with a feedback report (e.g., areas of strengths and opportunities, comparison to expected learning trajectory, anonymized comparison with peers) within four weeks of the test date.
 - For other assessment methods listed in the course syllabus, formative feedback shall be provided within four weeks or as determined by the MD Program.
 - Formative Feedback shall be provided earlier than four weeks if there are significant learner performance concerns.
- c. Learners shall receive formative feedback at the midpoint for all required curriculum learning experiences that are four weeks or longer, to support ongoing performance improvement and professional development.
- d. Learners shall receive formative feedback at least every six weeks for all required Longitudinal Integrated Clinical Learning Experiences (LICLE) and similar learning experiences that span the academic year, to support ongoing performance improvement and development.
- e. Formative feedback shall be specific, actionable, and support learners' reflection and improvement over the academic year.
- f. Faculty Academic Coaches (FAC) are required to meet with learners four times a year, at designated checkpoints determined by the MD Program to review and discuss formative feedback and other assessment data within the learner's portfolio and to collaboratively construct and follow up a document outlining the learner's progress and needs.
- g. Teachers shall use MD Program approved assessment tools, for formal formative feedback, which shall be completed (inclusive of formative feedback) and documented in the learner's portfolio within the Learning Management System (LMS), after reviewing outcomes with the learner.
- h. Failure to release outcome decisions or assigned formative feedback within the designated timeframe shall be brought to the attention of course leadership and the Associate Dean, UGME, for appropriate action.
- i. Under exceptional circumstances at the discretion of the Associate Dean, UGME, the release of assessment feedback to a learner may be delayed. The reason for the delay shall be communicated promptly to the learner with a resolution timeline.

- j. Feedback will be shared with the learner once the concern has been addressed.

6. Roles and Responsibilities

- a. **Associate Dean, UGME:** provides overall leadership and ensures compliance with this policy, and takes necessary actions to address non-compliance or improvement suggestions from the MDCC.
- b. **Course Leads:** shall communicate with all teachers within their respective courses to provide timely formative feedback, as outlined in this policy, which shall be shared with the teachers through the UGME Office. Course leads shall support teachers in using standardized and approved assessment tools and rubrics to ensure that formative feedback is constructive, actionable, and supports learning. Chairs report to the UGME Office for issues related to feedback delivery to learners.
- c. **Faculty Academic Coaches (FAC):** shall meet with learners one on one at regular intervals determined by the MD Program to review portfolio data and provide formative feedback. FACs shall guide the learners on assessment outcomes and setting learning goals that incorporate feedback and guided reflections.
- d. **D. Learners:** shall take an active role in seeking and applying formative feedback and engage in reflective practices. Learners shall attend meetings with FACs and incorporate feedback into ongoing academic learning. Learners who are non-compliant shall be reviewed by the MD Program Success and Progression Committee (MDSPC) and possibly professionalism process.
- e. **MD Program Assessment Committee (MDAC):** shall monitor overall adherence to formative feedback timelines. MDAC, in collaboration with the Faculty Development Office, shall be responsible for providing support to teachers in the delivery and ongoing improvement of constructive learner feedback.
- f. **MD Program Curriculum Committee (MDCC):** shall provide strategic oversight, including integration and processes for formative feedback in all learning experiences. MDCC shall review reports related to learner formative feedback delivery as part of continuous quality improvement (CQI) efforts.
- g. **MD Program Success and Progression Committee (MDSPC):** shall review learner portfolios, including the quality of feedback received, to assess learner progression. MDSPC shall identify any feedback pattern that may impact learner

performance or progression and recommend remediation or additional support as needed.

7. Review

Implementation of this policy shall be reviewed annually by MDAC, MDSPC, with any proposed changes in the policy itself reviewed and approved by the MDCC.

8. Procedures

8.1 Learner Assessment

- a. Formative feedback shall be completed using standardized assessment tools and rubrics developed and approved by the MD Program to ensure fairness, consistency, and alignment with learning objectives
- b. Teachers and residents shall review assessment outcomes with learners and provide formative feedback, before submission to the Learning Management System (LMS).
- c. Formative feedback provided shall be aligned with the curriculum milestones appropriate to the learner's stage of progression in the MD program.
- d. Late or incomplete assessment and formative feedback submissions shall be flagged for review and follow up by Course Chairs and Associate Dean, UGME.
- e. All formative feedback shall include specific comments on learner strengths, areas for improvement, and recommended next steps.

8.2 Monitoring of delegated responsibilities

- a. The UGME Office shall systematically monitor formative feedback timelines using the LMS and generate reports on a regular basis that are reviewed by the course leads at pre-determined checkpoints to track compliance.
- b. The UGME Office and course leadership shall support program quality by guiding teachers to faculty development resources that support timely and constructive feedback practices.
- c. The UGME Office shall monitor policy compliance, collaborate with course and school leadership on teachers and learning experiences where timelines and processes are not adhered to, and follow up to resolve non-compliance. This will be reported three times yearly to the MDCC and other operational committees.

- d. Formative feedback shall adhere to the professional responsibilities of teachers as outlined in the York University Senate Policies on the “Responsibilities of Faculty Members”. Events that are identified as not aligned with this policy shall be investigated, and appropriate action shall be taken.

9. Other

This policy complements and should be read in conjunction with York’s:

- [Grading Scheme and Feedback \(Policy\) - Secretariat Policies](#)

Legislative history:	
Date of next review:	
Policies superseded by this policy:	
Related policies, procedures and guidelines:	Graduate Supervision Students Faculty of Graduate Studies (FGS) York University Responsibilities of Faculty Members (Statement and Procedures)