



SIMON FRASER UNIVERSITY  
ENGAGING THE WORLD

**TO:** Senate

**DATE:** November 4, 2025

**SUBJECT:** SFU School of Medicine: Faculty Rules and Procedures (S.C.25-4)

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As per a motion approved at the Senate meeting on November 3, 2025, Senate authorized the release of select documents from the closed session to the open record, on the grounds that the material no longer contains information requiring confidentiality under Senate's closed session criteria.

8888 University Drive,      TEL: 778.782.6654      [avpacad@sfu.ca](mailto:avpacad@sfu.ca)  
 Burnaby, BC                    FAX: 778.782.5876      [www.sfu.ca/vpacademic](http://www.sfu.ca/vpacademic)  
 Canada V5A 1S6

## MEMORANDUM

ATTENTION	Senate	DATE	March 21, 2025
FROM	Paul Kingsbury, Vice-Chair	PAGES	1/2
	Senate Committee on Undergraduate		
	Studies		
RE:	SFU School of Medicine: Faculty Rules and Procedures		



Action undertaken by the Senate Committee on Undergraduate Studies at its meeting of March 20, 2025 gives rise to the following recommendation:

1. Admissions

**Motion 1 (SCUS 25-62)**

That Senate approve the revisions to the Admissions Requirements and Rules for the Medical Doctor (MD) program within the School of Medicine.

**Motion 2 (SCUS 25-63)**

That Senate approve the Admissions related rules and procedures for the Medical Doctor (MD) program within the School of Medicine.

2. Programmatic

**Motion 3 (SCUS 25-64)**

That Senate approve the Programmatic Rules and Procedures for the Medical Doctor (MD) program within the School of Medicine.

3. Assessment

**Motion 4 (SCUS 25-65)**

That Senate approve the Assessment Rules and Procedures for the Medical Doctor (MD) program within the School of Medicine.

## **Index of Documents by Motion:**

### **1. Admissions**

**Motion 1** Admissions Requirements and Rules for the Medical Doctor (MD) program

- (i) Admission Requirements (p.16-21)

**Motion 2** Admissions related rules and procedures for the Medical Doctor (MD) program

- (i) Faculty Rule on Admissions Appeals (p.22-25)
- (ii) Faculty Rule on Attempts by Applicants to Influence or Interfere with Admissions (p.26-32)
- (iii) Faculty Rule on Core Competencies and Functional Abilities Required for the Study of Medicine (p.33-40)
- (iv) Faculty Rule on Immunization and Testing Requirements (Senate) (p.41-46)

### **2. Programmatic**

**Motion 3** Programmatic Rules and Procedures for the Medical Doctor (MD) program

- (i) Faculty Rule on Expectations of Clinical Supervisors and Preceptors (p.47-53)
- (ii) Faculty Rule on MD Program Elective Learning Experiences (p.54-62)
- (iii) Faculty Rule on Access to Student Records in the MD Program (p.63-68)
- (iv) Faculty Rule on Attendance and Absence (p.69-79)
- (v) Procedure for Attendance and Absences (p.80-88)
- (vi) Faculty Rule on Provision of Health Services to Medical Students by Faculty (p.89-95)
- (vii) Procedures for the Faculty Rule on Provision of Health Services to Students by Faculty (p.96-97)
- (viii) Faculty Rule on Professionalism and Professional Attributes for MD students (p.98-117)

### **3. Assessment**

**Motion** Assessment Rules and Procedures for the Medical Doctor (MD) program

- (i) Faculty Rule on Expectations of Narrative Assessment (p.118-121)
- (ii) Faculty Rule on MD Program Grading, Progression, and Academic Standing (p.122-135)
- (iii) Faculty Rule on Timely Formative Feedback to Students (p.136-142)
- (iv) Procedure for Appeals of Grading, Progression, and Academic Standing (p.143-149)

# Senate Briefing Note

<b>Subject:</b>	MD Program – Faculty Rules
<b>Date:</b>	March 20, 2025
<b>Unit/Department:</b>	School of Medicine
<b>Resource People to Attend Meeting</b>	Dr. Maria Hubinette, Associate Dean Medical Education Programs Dr. Kris Magnusson, Senior Advisor to the Dean of Medicine Steve Birnie, Senior Director Medical Education Program Operations Melanie Brown, Director, Strategic Operations & Initiatives (Provost Office)

## TOPIC

The package of rules and standard operating procedures (guidelines) is provided to SCUS and Senate for review and approval.

## Context

To meet accreditation standards required by the Committee on Accreditation of Canadian Medical Schools (CACMS), the School of Medicine (SoM) must have internal faculty rules and standing operating procedures (guidelines) that apply to the MD Program. Some of these documents require Senate approval per relevant sections of the University Act. Others that only require approval at the level of the faculty are being provided to Senate for information to allow for a holistic view of the MD Program documents.

SoM recognizes that SFU has a robust policy framework. Many of the documents in this package rely on and refer to existing University policies, however these documents provide School of Medicine specific context required to satisfy the accreditors.

In January 2025, the Office of General Counsel and the University Secretary launched the SFU [Policy Development Guide](#) to standardize and define processes for policy document development at SFU, in line with how powers are vested by BC's *University Act*. The guide clarifies that the term "policy" is generally used for policies that apply to the entire university community. As these rules specifically pertain to MD Students and activities in the undergraduate medical education program, upon consultation with offices of General Counsel

and the University Secretary, the suggestion was that the School of Medicine policy framework should fall under Senate jurisdiction.

Therefore, the SoM is using the following nomenclature for its accreditation documents:

- The term “**Faculty Rule**” is used when the faculty develops a rule specific to the faculty where Senate is the approval body under applicable sections of the University Act.
- The term “**Standard Operating Procedure**” or “**Guideline**” is used to provide School of Medicine-specific context to existing University and Senate policies. The approval body for these documents is the dean and/or designated faculty approval committee.
- The term “**Calendar Entry**” is used when the SoM is providing updates to the academic calendar entry for the School’s programs and admissions. The language requires Senate approval.

A list of faculty rules and calendar language, along with a description of the document’s purpose and applicable section under the university act is attached to this document. Some of these documents will have already appeared at SCUS and Senate, and the School hopes that consultation from Senate has been accurately reflected in this package.

## Consultation

The SoM recognizes that the MD Program rules framework is complex, and that many of the documents will have contact with units both internal and external to SFU. To that end, significant consultation has occurred on these documents to ensure their fit for the program, the existing SFU policy gazette, and that they are consistent with other MD Program rules in the province and across the country.

All policies requiring Senate approval have been reviewed by the office of General Counsel and the Registrar. Additional internal SFU consultation occurred with leaders from the following units:

- Office of the University Secretary
  - Office of the Ombudsperson
  - Human Rights Office
  - Bullying and Harassment Central Hub
- Student Services
  - Sexual Violence Support and Prevention Office
  - Office of Student Support, Rights & Responsibilities

- Centre for Accessible Learning (CAL)
- Archives and Record Management
- Safety and Risk Services
  - Environmental Health and Safety
- Faculty Relations

School of Medicine committees include many internal and external consultants. The following committees were involved in the development and/or approval of these documents:

- SoM Curriculum Working Group
- SoM Admissions Working Group
- SoM Curriculum Committee
- SoM Executive Committee

A list of School of Medicine committees and their membership list is attached in appendix to this document.

Feedback from these consultations greatly informed the direction of the documents.

## Considerations

1. The School of Medicine understands that some of these rules will necessitate interaction with other SFU units responsible for executing university policy. Where applicable, the School has tried to indicate where the Faculty Rules will not supplant or supersede existing SFU policy but rather complement it by adding additional context-specific processes that are mandatory to receive CACMS accreditation.
2. Work has begun to develop the proper procedures between SFU and service units to ensure collaboration and lessen resource strain between units. Feedback from Senate about the future operationalization of these rules is welcomed.

## Next Steps

1. Following approval at SCUS, faculty rules requiring Senate approval will go to the next available Senate meeting.
2. Once approved at Senate, faculty rules, standard operating procedures and guidelines will be resubmitted to the accreditors (CACMS).
3. All School of Medicine faculty rules, standard operating procedures, and guidelines, will be added to the SoM website and a student/faculty orientation handbook.

4. Calendar language will be updated in the academic calendar when approved and directed by SFU's Calendar Committee.
5. School of Medicine will work with relevant units to determine appropriate operational procedures and processes.

## Attachments

- (1) List of documents provided to Senate for approval
- (2) School of Medicine Committees and committee membership lists
- (3) Link between proposed Faculty Rules and Guidelines and Accreditation Requirements
- (4) Faculty Rules for Approval

**DESCRIPTION OF SCHOOL OF MEDICINE FACULTY RULES REQUIRING SENATE APPROVAL**

Document	Category	Purpose	Document Type	University Act Required Approval	Section under the U.Act	Notes
Calendar Entry Updates re: Admissions (Pre-requisites, English Requirements, Core Competencies, Immunizations, Post acceptance)	1. Admissions	The calendar entry containing all required information regarding admissions.	Calendar Entry	Senate	<i>University Act s. 37(1)(n)</i>	
Faculty Rule on Admissions Appeals	1. Admissions	Describes appeals for admissions decisions made by the SFU SoM.	Faculty Rule	Senate	<i>University Act s. 40(c) and 40(g)</i>	
Faculty Rule on Attempts by Applicants to Influence of Interfere with Admission	1. Admissions	Directs the Admissions Committee in cases where attempts are made by applicants to interfere with or influence admissions processes for the MD Program.	Faculty Rule	Senate	<i>University Act s. 40(g)</i>	
Faculty Rule on Core Competencies and Functional Abilities Required for Medical Education	1. Admissions	Describes the Core Competencies which form the basis of the knowledge, skills, and behaviours required to achieve the MD Program Competencies. Students must possess these Core Competencies with or without accommodation to ensure their safety and well-being, as well as that of patients, clinicians, colleagues, and others who are present, in education and health care environments.	Faculty Rule	Senate	<i>University Act s. 37(1)(c)</i>	
Faculty Rule on Immunization and Testing Requirements	1. Admissions	Outlines testing and vaccination requirements for students and residents entering medical education programs at SFU SoM.	Faculty Rule	Senate	<i>University Act s. 40(c)</i>	
Faculty Rule on Expectations of Clinical Supervisors and Preceptors	2. Programmatic	Provides guidance for supervised teaching, learning, and assessment in clinical settings. This policy aligns with UBC Policy 031B - Expectations of Clinical Supervisors and Preceptors of Students in Clinical Settings to standardize expectations across the province.	Faculty Rule	Senate	<i>University Act s. 40(c)</i>	
Faculty Rule on MD Program Elective Learning Experiences	2. Programmatic	Directs decision-making and action for elective learning experiences.	Faculty Rule	Senate	<i>University Act s. 40(d) and 37(f)</i>	
Faculty Rule on Access to Student Records	2. Programmatic	Outlines how MD Program students may access their student record and to articulate the specific mechanisms through which they will have the opportunity to challenge contents of their record they deem inappropriate, misleading or inaccurate.	Faculty Rule	Senate	<i>University Act s. 40(c)</i>	
Faculty Rule on Attendance and Absence*	2. Programmatic	Establishes expectations for attendance and for requested, unanticipated, and mandatory leaves of absence for MD Program Students.	Faculty Rule	Senate	<i>University Act s. 40(d) and 37(f)</i>	*To be included at a later date
Faculty Rule on Provision of Health Services to Medical Students by Faculty	2. Programmatic	Ensures MD Program students are not academically assessed by members of faculty or residents who have been or are currently, involved in their medical care to a significant degree. Outlines procedures for identifying and reconciling such conflicts in both general and exceptional circumstances.	Faculty Rule	Senate	<i>University Act s. 40(c)</i>	
Procedure for Attendance and Absence*	2. Programmatic	Procedure for managing attendance for requested, unanticipated, and mandatory leaves of absence for MD Program Students.	SOP	Senate	<i>University Act s. 40(d) and 37(f)</i>	*To be included at a later date

Faculty Rule on Expectations of Narrative Assessment	3. Assessment	Outlines SoM's commitment to providing meaningful, constructive, and timely narrative descriptions of a student's achievement as a component of assessment to advise and support student progression toward program competencies.	Faculty Rule	Senate	<i>University Act s. 40(c)</i>
Faculty Rule on MD Program Grading, Progression and Academic Standing	3. Assessment	Ensures transparency of expectations and processes for students and faculty, concerning grading, promotion, and the determination of academic standing. This rule references T20.01 and GP 26.	Faculty Rule	Senate	<i>University Act s. 40(c)</i>
Faculty Rule on Professionalism and Professional Attributes for MD Students	2. Programmatic	Articulates expectations for standards of professional behaviour for MD Program students and to define processes for responding to lapses in professionalism that	Faculty Rule	Senate	<i>University Act s. 40(c)</i>
Faculty Rule on Timely Formative Feedback to Students	3. Assessment	Outlines the SoM's commitment to providing each medical student with formative performance assessments, across all competencies, early and regularly. Assessments occur across experiences within courses and will be collated longitudinally.	Faculty Rule	Senate	<i>University Act s. 40(c)</i>
Procedure for Appeals of Grading, Progression, and Academic Standing	3. Assessment	Procedure for appeals of assessment per Faculty Rule on MD Program Grading, Progression and Academic Standing	SOP	Senate	<i>University Act s. 40(c)</i>

# Admissions Working Group

## Membership List

### CHAIR

Associate Dean, Medical Education Programs – Maria Hubinette, MD, CCFP, MMed, FCFP

- Pedagogic and practical experience with curriculum and program development
- Practicing family physician serving marginalized and oppressed populations
- Researcher in ‘generalism’ in medicine and medical education

### MEMBERS

Associate Director, Admissions & Records – Tracy Yiu, BA, MBA

- Staff member and former educator with higher education experience in student affairs, admissions, and project management
- Former Special Projects Manager at the SFU School of Medicine and Associate Director, Undergraduate Admissions for SFU Student Recruitment and Admissions

Consulting Admissions Expert – Meredith Vanstone, PhD

- Associate Professor in the Department of Family Medicine and the Director of the MD/PhD program
- Pedagogical and practical experience with developing and reviewing application and multiple mini-interview (MMI) stations to deliver a comprehensive admissions process for Medical Education Programs

Consulting Admissions Expert – Lawrence Grierson, PhD

- Associate Professor with the Department of Family Medicine at McMaster University and an Education Scientist
- Conducts research that aims to emphasize, elucidate, and improve the relationship between health professional training and the healthcare delivered

Consulting General Pediatrician – Gary Tithecott, MD, FRCPC, MBA

- National and university decanal leadership in UGME Program development, implementation, operations and improvement
- Collaborates in clinical academic education for Family Medicine residents and providing care to under-resourced rural communities

Associate Dean, Indigenous Health – Rebekah Eatmon, MD, CCFP

- Practicing family physician and a well-respected leader by both Canadian Indigenous physicians and the wider non-Indigenous physician community
- Advocates for equity in the healthcare system for Indigenous patients

Associate Director, Indigenous Perspectives – Justin Boehringer, MEd in Indigenous Education

- Staff member with extensive experience in advancing Indigenous cultural safety and education, leading various initiatives at Vancouver Coastal Health and the Surrey School District
- Demonstrated expertise in incorporating Indigenous perspectives into both healthcare and educational settings

Director, Learner Affairs – Marissa Wilkinson (née Funaro), BA, MEd

- Staff member with over 20 years of experience in higher education, with a focus on holistic student services and learner success
- Former Executive Director, Undergraduate Program and Student Services at the SFU Beedie School of Business with expertise in strategic planning and commitment to fostering inclusive environments

Director, Indigenous Recruitment and Admissions – Angela Wolfe, BA, MEd in Educational Policy Studies

- Staff member and educator with over 20 years of higher education experience, with a specialization in teacher education
- Dedicated to creating pathways for Indigenous students to reach their goals in the post-secondary education sector

Senior Director, Medical Education Operations – Steve Birnie, BA, BEd

- Staff member and former educator with higher education experience in developing co-curricular programming to support retention of struggling learners
- Former Director of Curriculum at the SFU School of Medicine, and Associate Registrar

# Curriculum Working Group

## Membership List

### CHAIR

Associate Dean Education- Maria Hubinette, MD, CCFP, MMed, FCFP

- Pedagogic and practical experience with curriculum and program development
- Practicing family physician serving marginalized and oppressed populations
- Researcher in ‘generalism’ in medicine and medical education
- Former Family Medicine Undergraduate Program Director at UBC
- Past Chair of the Undergraduate Education Committee at the College of Family Physicians of Canada
- Former Assistant Dean, Equity Diversity Inclusion for the UBC Faculty of Medicine

### MEMBERS

Director of Curriculum- Steve Birnie, BA, BEd

- Staff member and former educator with higher education experience in developing co-curricular programming to support retention of struggling learners
- Former Associate Registrar

Associate Director Accreditation, Dana Andrews, BA, BEd, MBA

- Staff member and former educator with project management experience in education and healthcare contexts

Consulting Assessment Expert- Dawn Cooper PhD

- Pedagogical and practical experience with assessment in health professions education
- Experience designing and implementing coaching and remediation programs in medical education
- Pedagogical and practical experience in curriculum design, teaching and learning

Consulting General Pediatrician - Gary Tithecott MD, FRCPC, MBA

- National and university decanal leadership in UGME Program development, implementation, operations and improvement
- Consulting General Pediatrician, collaborating in clinical academic education for Family Medicine residents and providing care to under-resourced rural communities.

Consulting Family Physician - Meera Anand MD, CCFP, MMed, FCFP

- Practicing family physician providing comprehensive primary care in Surrey
- Experience with curriculum design and development in medical education

Consulting Family Physician - Rita McCracken MD, PhD, CCFP (COE), FCFP

- Researcher studying access to and quality of primary care
- Practicing family physician providing full-service primary care in a large urban setting

Consulting Family Physician - Keyna Bracken MD, CCFP, FCFP

- Researcher studying the uses of social power in clinical learning environments, and the use of technology to enhance learning
- Practicing family physician, providing comprehensive care and promoting women’s health

Consulting Education Expert- Sandra Jarvis-Selinger PhD

- Educational specialist and researcher in the area of human Learning, development and instruction
- Experience with curriculum design, development and evaluation in medical education

Special Advisor-Kris Magnusson PhD

- Former Dean of the Faculty of Education, SFU
- Researcher in areas of career development, adult learning, and organizational development
- 40+ years of experience in curriculum design across a broad range of contexts

## Curriculum Committee Membership List

### CHAIR

Associate Dean Medical Education Programs- Maria Hubinette, MD, CCFP, MMEd, FCFP

- Pedagogic and practical experience with curriculum and program development
- Practicing family physician serving marginalized and oppressed populations
- Researcher in ‘generalism’ in medicine and medical education
- Former Family Medicine Undergraduate Program Director at UBC
- Past Chair of the Undergraduate Education Committee at the College of Family Physicians of Canada

Former Assistant Dean, Equity Diversity Inclusion for the UBC Faculty of Medicine

### MEMBERS

Dean of Medicine- David Price, MD, CCFP, FCFP

- Appointed as SFU's founding dean of Medicine in July 2024 and had served as interim dean since September 2023s

Faculty Advisor- Kate Tairyan, MD, PhD

- Physician- scientist trained in preventative medicine and teaching in the Faculty of Health Sciences undergraduate and graduate programs at SFU since 2008
- Research interests are focused on online distribution of health sciences information and education for health professionals around the world; global dissemination of high-quality public health education using computer-assisted technologies and local mentorship; and knowledge translation

Faculty Advisor- Tim Takaro, MD/MPH, MSc

- Physician-scientist trained in occupational/environmental medicine, public health and toxicology
- Former Associate Dean Research at Faculty of Health Sciences, SFU
- Research areas focus on disease susceptibility factors in environmental and occupational health, particularly inflammatory lung conditions, including asthma, chronic beryllium disease and asbestosis

Faculty Advisor- Charles Krieger, MD, MSc, PhD

- Physician-scientist trained in Physiology, Pathology and Motor Control.
- Currently Professor at the Department of Biomedical Physiology and Kinesiology at SFU
- Research areas include characterization of a cation current in neurons in health and disease, evaluation of the roles of protein and lipid kinases in a cell culture model of excitotoxicity, and determination of the role of protein kinases in an animal model of motoneuron disease

Associate Dean, Assessment Evaluation & Accreditation- Dawn Cooper PhD

- Pedagogical and practical experience with assessment in health professions education
- Experience designing and implementing coaching and remediation programs in medical education

Special Advisor to the Dean of Medicine- Kris Magnusson PhD

- Former Dean of the Faculty of Education, SFU
- Researcher in areas of career development, adult learning, and organizational development
- 40+ years of experience in curriculum design across a broad range of contexts

## Link between proposed Faculty Rules and Guidelines and Accreditation Requirements

Element & Requirement	SoM Related Policy & Equivalent Documents to Meet Requirement
<b>3.6 Student Mistreatment</b> The medical school has policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment and retaliation. Mechanisms for reporting mistreatment are understood by medical students and visiting medical students and ensure that any mistreatment can be registered and responded to.	<ul style="list-style-type: none"> <li>• Faculty Rule on Professionalism and Professional Attributes</li> <li>• Guideline for Addressing Learner Mistreatment</li> </ul>
<b>6.5 Elective Opportunities</b> The faculty of a medical school ensures that the medical curriculum includes elective opportunities that supplement required learning experiences, permit medical students to gain exposure to and deepen their understanding of medical specialties and pursue their individual academic interests.	<ul style="list-style-type: none"> <li>• Faculty Rule on Student Elective Learning</li> </ul>
<b>8.8 Monitoring Time Spent in Educational and Clinical Activities</b> The curriculum committee and the program's administration and leadership implement effective policies and procedures regarding the amount of time medical students spend in required activities, including the total number of hours medical students are required to spend in clinical and educational activities during required clinical learning experiences.	<ul style="list-style-type: none"> <li>• Guideline for Time Spent in Required Learning</li> <li>• Faculty Rule on Attendance and Absences</li> </ul>
<b>9.3 Clinical Supervision of Medical Students</b> A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to the student's level of training, and that the delegated activities supervised by the health professional are within the health professional's scope of practice.	<ul style="list-style-type: none"> <li>• Faculty Rule on Supervision of Clinical Learning</li> <li>• Guideline for Expectations of Medical Students in Clinical Learning</li> </ul>
<b>9.5 Narrative Assessment</b> A medical school ensures that a narrative description of a medical student's performance, including the student's non-cognitive achievement, is included as a component of the assessment in each required learning experience in the medical education program whenever teacher-student interaction permits this form of assessment.	<ul style="list-style-type: none"> <li>• Faculty Rule on Expectations of Narrative Assessment</li> </ul>
<b>9.7 Timely Formative Assessment and Feedback</b> A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which medical students can measure their progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long required learning experiences) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which medical students can measure their progress in learning.	<ul style="list-style-type: none"> <li>• Faculty Rule on Expectations of Timely Formative Assessment and Feedback</li> </ul>
<b>9.9 Student Advancement and Appeal Process</b> A medical school ensures that the medical education program has a single set of core standards for the advancement and graduation of all	<ul style="list-style-type: none"> <li>• Faculty Rule on MD Program Grading, Progression and Academic Standing</li> </ul>

<p>medical students across all locations. A subset of medical students may have academic requirements in addition to the core standards if they are enrolled in a parallel curriculum. A medical school ensures that there is a fair and formal process for taking any action that may affect the status of a medical student, including: a) timely notice of the impending action, b) disclosure of the evidence on which the action would be based, c) an opportunity for the medical student to respond, d) an opportunity to appeal any adverse decision related to advancement, graduation, or dismissal.</p>	<ul style="list-style-type: none"> <li>• Procedure on Appeals of Assessment</li> <li>• Faculty Rule on Professionalism and Professional Attributes</li> </ul>
<p><b>9.10 Student Health and Patient Safety</b> The medical school has effective policies to address situations, once identified, in which a student's personal health reasonably poses a risk of harm to patients. These patient safety policies include: a) timely response by the medical school b) provision of accommodation to the extent possible c) leaves of absence d) withdrawal processes</p>	<ul style="list-style-type: none"> <li>• Guideline on Environmental Health and Safety</li> <li>• Faculty Rule on Attendance and Absences</li> </ul>
<p><b>10.3 Policies Regarding Student Selection/Advancement and their Dissemination</b> The faculty of a medical school establishes criteria for student selection and develops and implements effective policies and procedures regarding, and make decisions about, medical student application, selection, admission, assessment, advancement, graduation, and any disciplinary action. The medical school makes available to all interested parties its criteria, policies, and procedures regarding these matters</p>	<ul style="list-style-type: none"> <li>• Faculty Rule on Attempts by Applicants to Influence or Interfere with Admissions</li> <li>• Guideline on Admissions Deferral</li> <li>• Faculty Rule on Admissions Appeals</li> <li>• Faculty Rule on MD Program Grading, Progression and Academic Standing</li> <li>• Procedure on Appeals of Assessment</li> <li>• Faculty Rule on Professionalism and Professional Attributes</li> </ul>
<p><b>10.5 Core Competencies for Entering Medical Students</b> A medical school develops and publishes core competencies for the admission of applicants and the retention and graduation of medical students.</p>	<ul style="list-style-type: none"> <li>• Faculty Rule on Core Competencies and Functional Abilities Required for Medical Education</li> </ul>
<p><b>11.4 Provision of the Medical Student Performance Record</b> A medical school provides a Medical Student Performance Record required for the residency application of a medical student only on or after October 1 of the student's final year of the medical education program.</p>	<ul style="list-style-type: none"> <li>• Statement on the MSPR (Medical Student Performance Record)</li> </ul>
<p><b>11.6 Student Access to Academic Records</b> A medical school has policies and procedures in place that permit medical students to review and to challenge their academic records, including the Medical Student Performance Record, if the student considers the information contained therein to be inaccurate, misleading, or inappropriate.</p>	<ul style="list-style-type: none"> <li>• Guideline on Access to Student Records in the MD Program</li> <li>• Procedure on Appeals of Assessment</li> </ul>
<p><b>12.5 Providers of Student Health Services/Location of Student Health Records</b> The health professionals who provide health services, including psychiatric/psychological counselling, to a medical student have no involvement in the academic assessment or advancement of the medical student receiving those services, excluding exceptional circumstances. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.</p>	<ul style="list-style-type: none"> <li>• Faculty Rule on the Provision of Health Services</li> </ul>

<p><b>12.7 Immunization Requirements and Monitoring</b>  A medical school follows accepted guidelines that determine immunization requirements and ensures compliance of its students with these requirements.</p>	<ul style="list-style-type: none"> <li>• Immunization Record Requirements</li> <li>• Guideline on Access to Information and Protection of Student Health Records</li> </ul>
<p><b>12.8 Student Exposure Policies/Procedures</b>  A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including: a) the education of medical students about methods of prevention b) the procedures for care and treatment after exposure, including a definition of financial responsibility c) the effects of infectious and environmental disease or disability on medical student learning activities.</p>	<ul style="list-style-type: none"> <li>• Guideline on Environmental Health and Safety</li> <li>• Faculty Rule on Attendance and Absences</li> </ul>

## **Summary of Changes (Highlighted in Yellow)**

- General edits to improve readability
- Added Nunavut, Yukon and Northwest Territories for applications we will accept.
- Added that we will accept Indigenous Applicants from all over Canada
- Changed General stream to Open Stream
- Added English Language requirements
- Increased MCAT and GPA Thresholds
- Expanded the Social Science pre-requisite to the Humanities and Social Science pre-requisite.
- Updated the Post Acceptance Requirements to include, deposit paying and immunizations
- Added that individuals required to withdraw from another medical program are not eligible
- Course code changed from MEDI to MEDS, course code not available in SIS
- Removal of Electives, previously approved May 2024

# **Medical Doctor Program**

## DOCTOR OF MEDICINE

This program, located at the Surrey campus, leads to a Doctor of Medicine degree.

## Admission Requirements

All prospective candidates must complete a 4-year undergraduate bachelor's degree, in any discipline, from a recognized post-secondary institution prior to admission. Applicants who have at least 90 graded units and will complete their degree by April 30 of the year that admission to the MD program is sought are eligible for consideration.

Applicants for the MD Program must be Canadian citizens or Permanent Residents. In the first cohorts, applicants must be residents of BC, Nunavut, Yukon or Northwest Territories. We anticipate opening a small number of spots for out-of-province applicants in future years.

Recognizing that individuals may take different paths to a career in medicine, applicants can choose to demonstrate their academic eligibility for the Doctor of Medicine Undergraduate program via the following options:

- Grade Point Average (GPA) Only
- Medical College Admission Test (MCAT) Only
- GPA and MCAT

Please note that individuals who have been required to withdraw from another medical school for academic reasons are not eligible to apply to the SFU MD program.

## GPA Only

Applicants seeking admission via the GPA only option must complete the following:

- A 4-year undergraduate degree in any discipline from a recognized post-secondary institution, with a minimum Adjusted GPA threshold of 3.83 (based on a 4.33 grading scale or equivalent). The adjusted GPA is calculated on the applicant's best 60 graded units of the last 90 units of their degree. This must include at least 30 units of upper division course work with the last 90 units completed in no more than 4 calendar years.
- The School's English language requirement
- Pre-requisite courses\*:
  - 2 Life Sciences Courses (minimum 3 units each, with at least 1 course that is 200 level or higher).
  - 2 Humanities or Social Science Courses (minimum 3 units each, any level)
  - 1 Indigenous Studies Course (minimum 3 units, any level). This will be a pre-requisite for the 2027 admission year, but for the 2026 admission year, students must complete this requirement prior to the start of classes.
- All pre-requisites must be included in the 60 unit Adjusted GPA calculation, regardless of when the courses were completed.
- A grade of B- or better must be achieved on all pre-requisite courses.
- In addition to the pre-requisites, courses in critical reasoning and general science are strongly recommended.

\* For guidance on qualifying pre-requisite courses, see admissions website.

## MCAT Only

Applicants seeking admission via the MCAT only option must complete the following:

- A 4-year undergraduate degree in any discipline from a recognized post-secondary institution.
- The School's English language requirement
- The MCAT (Medical College Admissions Test), with a minimum score of 510, with at least a minimum of 123 in each section of the test. Test scores must be achieved within 5 years of application.
- For applicants who have written the MCAT more than once, the second attempt will be used, regardless of how many attempts have been made. This is to ensure there is no benefit accrued from repeated MCAT attempts.
- Pre-requisite courses\*:
  - 2 Humanities or Social Science Courses (minimum 3 units each, any level)

- 1 Indigenous Studies Course (minimum 3 units, any level). This will be a pre-requisite for the 2027 admission year, but for the 2026 admission year, this will be a pre-enrolment requirement.
- A grade of B- or better must be achieved on all pre-requisite courses.

\* For guidance on qualifying pre-requisite courses, see admissions website.

## GPA & MCAT

Applicants seeking admission via the GPA & MCAT option must complete the following:

- A 4-year undergraduate degree in any discipline from a recognized post-secondary institution, with a minimum Adjusted GPA threshold of 3.67 (based on a 4.33 grading scale or equivalent). The adjusted GPA is calculated on the applicant's best 60 graded units of the last 90 units of their degree. This must include at least 30 units of upper division course work with the last 90 units completed in no more than 4 calendar years.
- The School's English language requirement
- The MCAT (Medical College Admissions Test), with a minimum score of 505, with at least a minimum of 123 in each section of the test. Test scores must be achieved within 5 years of application.
- For applicants who have written the MCAT more than once, the second attempt will be used, regardless of how many attempts have been made. This is to ensure there is no benefit accrued from repeated MCAT attempts.
- Pre-requisite courses\*:
  - 2 Humanities or Social Science Courses (minimum 3 units each, any level)
  - 1 Indigenous Studies Course (minimum 3 units, any level). This will be a pre-requisite for the 2027 admission year, but for the 2026 admission year, this will be a pre-enrolment requirement.
- All pre-requisites must be included in the 60 unit Adjusted GPA calculation, regardless of when the courses were completed.
- A grade of B- or better must be achieved on all pre-requisite courses.

\* For guidance on qualifying pre-requisite courses, see admissions website.

## Selection

Admission into the MD program is competitive. The minimum admission requirements establish the threshold for admission but do not guarantee acceptance. GPA and/or MCAT scores alone will not be used to rank applicants. In addition to the academic requirements above, applicants may be assessed on all or some of their work/volunteer/community experience, other achievements, letters of reference and other related documentation. At this time, applications for the Open Admissions Stream will only be accepted from

residents of British Columbia, **Nunavut, Yukon and Northwest Territories**. After the initial review, some applicants will be selected for further evaluation.

For detailed information on admission requirements and process, visit website.

## Indigenous **Stream** Applicants

Simon Fraser University welcomes applications from qualified Indigenous applicants (First Nations, Metis, and Inuit) **from across Canada**. Indigenous applicants may apply either to the **open** admissions **stream** or to the Indigenous admissions stream provided they meet the applicable residency requirements. Applicants applying for admission via the Indigenous admissions stream must meet minimum admission requirements and provide documentation of Indigenous heritage to be considered for admission. Documentation could include, but is not limited to, Indian, or Metis status cards, official Inuit identification, official letters from Indigenous organizations or a combination of proofs. For more information see admissions website.

## Core Competencies and Functional Abilities

Applicants who meet the academic and non-academic standards set by the University must also exhibit the potential to excel as future physicians. Applicants must demonstrate their intellectual, physical, and emotional capabilities without compromising essential aspects of the program. These capabilities include learning, communication, knowledge integration, patient safety and quality, and professionalism as outlined in the *Guideline on Core Competencies and Functional Abilities Required for the Study of Medicine*.

In accordance with SFU's commitment to accessibility in education, applicants with disabilities are encouraged to apply to the MD program if they have the skills and abilities to meet the core requirements of a medical degree. Applicants with disabilities will be considered in accordance with [\*SFU's Accessibility for Students with Disabilities Policy \(GP26\)\*](#). Applicants requiring accommodations are encouraged to contact SFU's Centre for Accessible Learning for guidance. This policy does not eliminate the need for evaluation or the need to meet essential learning outcomes.

## Minimum Grades

This program and its courses are competency based. Students are evaluated on SFU's [competency grading scale](#). Required competencies and milestones that mark progress toward achievement of competencies are clearly outlined. Assessment will be

programmatic; that is, all assessment modalities will indicate progress toward milestones and competencies.

Students will be able to monitor their progress with regular support from a program coach. The program will be able to closely monitor the progress of individual students as to identify areas of concern early and ensure individual learning enhancement plans are developed as necessary.

Students are deemed “Satisfactory” for progress unless identified as failing to meet expectations.

## Program Requirements

Students must complete all of:

Year 1:

**MEDS 410** – Foundations of Medical Practice (58)

Year 2:

**MEDS 420** – Extensions of Medical Practice (54)

Year 3:

**MEDS 430** – Consolidation of Medical Practice (36)

## Post Acceptance Requirements

Upon receiving an official letter of offer, each successful candidate must accept their offer by paying the non-refundable deposit payable to Simon Fraser University by the specified deadline, and in the amount, specific in the offer letter.

Once accepted, students are required to review the School of Medicine's *Immunization and Testing Requirements* and ensure compliance. All confirmed undergraduate medical students must submit their vaccination records to determine their risk for communicable diseases. In accordance with the College of Physicians and Surgeons of British Columbia (CPSBC) Professional Standard, all students must undergo testing for Hepatitis B, Hepatitis C and HIV upon entry into medical school and every three years thereafter. If a student tests positive, they are required to report their findings to the College of Physicians and Surgeons of British Columbia for licensure.

It is also the responsibility of all students (and parent or guardian for students under 19 years of age) who work with children and/or vulnerable adults, or have unsupervised access to children and/or vulnerable adults, during the course of a certificate, diploma or

degree program, to authorize a criminal record check (CRC) through Simon Fraser University, for the Ministry of Public Safety and Solicitor General as per a legislative requirement under the British Columbia Criminal Records Review Act which took effect January of 2012. This authorization is submitted to the Criminal Records Review Program for review.

For more information on post-acceptance requirements see admissions website.

## Transfer Requests

Transfer Requests from students at other medical schools will not be considered.

# Faculty Rule on Admissions Appeals

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## 1. Principles

- 1.1 Admissions decisions are guided by a holistic approach that considers each Applicant's academic eligibility and achievements, as well as their demonstrated skills, mission-aligned attributes, and personal experiences.
- 1.2 The SFU SoM uses a rigorous, standardized, and fair admissions process to determine whether an Applicant may be admitted to the MD Program.
- 1.3 Admission to the MD Program is competitive and meeting the minimum eligibility requirements does not guarantee admission.

## 2. Purpose

- 2.1 The purpose of this rule is to establish the appeals process through which Applicants may challenge admissions decisions made by the SFU SoM.

## 3. Scope and Application

- 3.1 This rule applies to all Applicants.

## 4. Accreditation

- 4.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

## 10.3—POLICIES REGARDING STUDENT SELECTION/ADVANCEMENT AND THEIR DISSEMINATION

### 5. Definitions

5.1 See [Appendix A](#) for definitions of the terms used throughout this document.

### 6. Rules

6.1 Students may appeal a decision made by the Admissions Committee. Admissions appeals are considered internally by the SFU SoM Appeals Committee.

6.2 Unsuccessful Applicants may only appeal admissions decisions where they have reason to believe that their application did not receive proper consideration due to one of the following grounds for appeal:

- (1) Incorrect application of SFU SoM admissions policies;
- (2) Denial of natural justice and due process which potentially altered the outcome of the decision, such as procedural errors, reasonable apprehension of bias or denial of procedural fairness; or
- (3) Factual errors that may have altered the outcome of the decision, such as relying on incorrect, incomplete, or irrelevant information.

6.3 Appeals will not be considered where the Applicant has not satisfied SFU SoM admission requirements, such as completion of course pre-requisites.

6.4 If Applicants have experienced extenuating circumstances during the course of their previous studies which impacted their ability to meet the SFU SoM eligibility requirements, those Applicants should address their concerns with the institution granting the grade, score, or credential they wish to appeal.

### 7. Procedure

7.1 Applicants wishing to appeal an admissions decision must contact the Admissions Office [[link email](#)], in writing, and submit:

- (1) A letter explaining the reason for the appeal request and the ground for appeal on which they are relying; and

(2) Supporting documentation verifying the details in the letter.

7.2 The Chair of the Appeals Committee may request additional information to support decision-making.

7.3 Admissions appeals must be submitted within ten (10) business days following the communication of an admission decision.

7.3.1 A response to the appeal will normally be communicated to the Applicant within ten (10) business days of receipt of all information needed to consider the appeal.

7.4 All supporting documents must be submitted in English.

7.4.1 Students are responsible for making arrangements to translate any documentation that is not written in English.

7.5 The Appeals Committee will consider whether the grounds for appeal have been substantiated by the information provided and then report their decision to the Admissions Officer. The Admissions Officer will convey the decision, in writing, to the Applicant in a timely manner.

7.6 The decision of the Appeals Committee is final.

## 8. Related Policies, Procedures, and Legal Authorities

8.1 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- *University Act*, RSBC 1996, c 468.
- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165.
- *Health Professions Act*, RSBC 1996, c 183.
- SFU [Student Services – Admissions Appeals](#) (web).

## 9. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Admissions Committee:** The committee of the SFU School of Medicine that is responsible for all decision-making for matters of admission to the MD Program.

**Admissions Office:** The operational unit that manages all MD Program Admissions.

**Admissions Officer:** The staff member within the MD Program Admissions Office responsible for communicating appeals decisions.

**Appeals Committee:** The committee of the SFU School of Medicine that is responsible for hearing, and making recommendations to the Dean on, matters of student appeals.

**Applicant:** A person who has submitted an application for admission to the SFU School of Medicine MD Program.

**Candidate:** A person who has received an offer of admission to the MD Program but is not currently enrolled.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**SFU SoM:** Simon Fraser University School of Medicine.

**University:** Simon Fraser University.

# Faculty Rule on Attempts by Applicants to Influence or Interfere with Admissions

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## 1. Principles

- 1.1 Admission to the MD Program is decided using standardized and rigorous processes that ensure fair and equitable consideration of qualified Applicants.
- 1.2 All Applicants are expected to exhibit honest, transparent, and professional behaviour throughout the application process and to ensure their application is free from manipulation, influence, deception, or any other attempts to interfere with admissions processes.

## 2. Purpose

- 2.1 The purpose of this rule is to guide actions taken by the Admissions Committee in the event that an Applicant, Candidate, Student, or any other person acting under the direction of the Student, attempts to interfere with the MD Program admissions process.

## 3. Scope and Application

- 3.1 This rule applies to:
  - (1) anyone applying to the MD Program;
  - (2) Candidates, or those who have received an offer of admission to the MD Program;
  - (3) students enrolled in the MD Program; and
  - (4) any other person acting under the direction of an Applicant, Candidate, or Student.

## 4. Accreditation

4.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

10.3—POLICIES REGARDING STUDENT SELECTION/ADVANCEMENT AND THEIR DISSEMINATION

## 5. Definitions

5.1 See Appendix A for definitions of the terms used throughout these rules.

## 6. Policy

6.1 Admission to the MD Program will be decided using a holistic approach that considers each Applicant's academic eligibility and achievements, as well as their demonstrated skills, mission-aligned attributes, and personal experiences.

6.2 Applicants are generally discouraged from engaging in unsolicited communications with members of the Admissions Committee or members of the SFU SoM whose position may bear influence on the decision-making process.

6.3 Any attempts by Applicants to Interfere with the admissions process is strictly prohibited and may result in penalties.

6.4 Penalties for attempting to Interfere or otherwise exercise undue Influence over members of the Admissions Committee or any other person who is involved in decision-making with respect to admissions, will be proportionate to the severity of the ethical or professional violation. The Admissions Committee may impose, without limitation, any or all of the following penalties:

- (a) Revocation of the Applicant's status in the current admissions cycle;
- (b) Barring the Applicant from applying in up to five (5) future admission cycles;
- (c) A notation on the Applicant's file that will be visible in future admission cycles; and
- (d) A Professionalism Lapse citation for a Student already enrolled in the MD Program, subject to the disciplinary measures and investigation procedures

outlined in: Faculty Rules on Professionalism and Professional Attributes for MD Students.

- 6.5 The SoM reserves the right to withhold or defer enrolment to the MD Program for Applicants and Candidates who are currently under investigation.

## 7. Procedure

### *Reporting*

- 7.1 Where a member of the University or SoM has reasonable grounds to believe that Interference has occurred and can provide supporting evidence of the alleged Interference, that person shall contact the Admissions Office and the Chair of the Admissions Committee.
- 7.2 Upon review of the report, the Admissions Office will contact the Chair of the Admissions Committee, who may decide to initiate a formal investigation.

### *Investigation*

- 7.3 The Chair of the Admissions Committee will decide whether the reported allegations appear to meet the definition of Interference and determine whether an investigation is warranted.
- 7.4 If the Chair of the Admissions Committee determines that an investigation is warranted, the Admissions Committee will convene to investigate the reported allegations and decide whether, on a balance of probabilities, the alleged Interference occurred. The Admissions Committee will then determine the appropriate penalty, as described in section 6.4, to remedy the incident.
- 7.5 The Admissions Committee's investigation will follow a standard process determined by these rules that is consistent, impartial, and in accordance with Procedural Fairness.
  - 7.5.1 If the Chair of the Admissions Committee has a real or perceived Conflict of Interest concerning the Applicant in question, they will recuse themselves from the investigation and the investigation will instead be conducted by the Associate Dean, UGME.

7.5.2 If a member of the Admissions Committee has a real or perceived Conflict of Interest concerning the Applicant in question, that member shall recuse themselves from the review or investigation of that Applicant.

7.6 An Applicant, Candidate, or Student who is being investigated for Interference can expect:

- (1) Timely written notice that an investigation has been initiated, including the case and evidence against them;
- (2) An opportunity to respond to the allegations in writing or at an oral hearing;
- (3) An opportunity to provide counterevidence in support of their defence;
- (4) An adjudication process that is impartial and fair; and
- (5) Timely written notice of the decision, normally within ten (10) business days after the conclusion of the investigation, that will include:
  - (i) Reasons for the decision;
  - (ii) Any penalties that may be applied; and
  - (iii) Any applicable next steps.

## 8. Related Policies, Procedures, and Legal Authorities

8.1 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- SoM: Faculty Rule on Admissions Appeals
- SoM: Faculty Rule on Professionalism and Professional Attributes for MD Students
- SoM: Guideline on Conflicts of Interest
- [Response to Violence and Threatening Behaviour Policy](#) (GP 25)
- [Protected Disclosure of Wrongdoing](#) (GP 41)
- [Bullying and Harassment Policy](#) (GP 47)
- [Student Academic Integrity Policy](#) (S 10.01)
- [University Board on Student Discipline](#) (S 10.02)
- [Senate Committee on Disciplinary Appeals](#) (S 10.03)
- [Student Conduct Policy](#) (S 10.05)
- *University Act*, RSBC 1996, c. 468.
- *Health Professions Act*, RSBC 1996, c. 183.

## 9. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Admissions Committee:** The committee of the SFU School of Medicine that is responsible for all decision-making for matters of admission to the MD Program.

**Admissions Office:** The operational unit that manages all MD Program Admissions.

**Applicant:** A person who has submitted an application for admission to the SFU School of Medicine MD Program.

**Candidate:** A person who has received an offer of admission to the MD Program but is not currently enrolled.

**Conflict of Interest:** A real, potential, or perceived conflict between the private interests and the official responsibilities of a person in a position of trust.

**Influence:** Communications by an Applicant that attempt to inappropriately persuade MD Program decision-makers leveraging personal or professional contacts, or otherwise creating or exploiting a Conflict of Interest that impacts, or can be perceived to impact, the impartiality of Admissions Committee members; bribery; coercion; threats of personal or professional retaliation; and any other implicit or explicit communication that the recipient may reasonably interpret as an attempt to unduly persuade their decision-making.

**Interference:** Actions taken by an Applicant, Candidate, Student, or other person acting on their behalf that undermine the integrity and impartiality of the MD Program admissions process by exercising undue Influence over SoM decision-makers for the purposes of receiving special consideration for their application.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**Procedural Fairness:** The legal right for a person to be treated fairly and equally under an investigation or other administrative process in the application of law or policy. This includes the right to receive adequate notice of the initiation of this process, to be heard and reviewed by impartial decision-makers and adjudicators, to be made aware of and respond to the evidence used against them, and to be given the reasons for a final decision.

**Professionalism Lapse:** Conduct or a pattern of behaviour that fails to uphold the standards of Professionalism as it is defined by the University policies and School of Medicine rules and guidelines or by professional medical colleges and regulatory bodies such as the CMA and RCPSC.

**SFU SoM:** Simon Fraser University School of Medicine.

**Student:** A person who is an applicant to, candidate for, eligible to enroll, or enrolled in the MD Program, including those on leave and eligible to enroll when the leave ends.

**University:** Simon Fraser University.

# **Faculty Rule on Core Competencies and Functional Abilities Required for the Study of Medicine**

## **1. Purpose**

- 1.1. The purpose of this rule is to describe the Core Competencies and Functional Abilities that form the basis of the knowledge, skills, and behaviours required to achieve the SoM MD Program Competencies. Students must possess these Core Competencies and Functional Abilities, with or without accommodation, upon entry and throughout the program to ensure the safety and well-being of themselves, patients, clinicians, colleagues, and others in education and health care environments.

## **2. Scope and Application**

- 2.1. This rule applies to all Applicants, Candidates, and Students in the SoM MD Program.

## **3. Accreditation**

- 3.1. This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

10.5—CORE COMPETENCIES FOR ENTERING MEDICAL STUDENTS

## **4. Definitions**

- 4.1. See Appendix A for definitions of the terms used throughout this document.

## 5. Guideline

- 5.1. Core Competencies and Functional Abilities are standards that focus on the abilities required of medical practitioners, with or without accommodation or assistive technologies. Organic technical standards, alternatively, emphasize how objectives are achieved, such as motor and sensory skills.
- 5.2. Core Competencies and Functional Abilities form the basis of the knowledge, skills, and behaviours and are required to achieve the MD Program competencies for graduation.
- 5.3. The SFU SoM endorses the table of the Core Competencies and Functional Abilities found in Appendix B, which is adapted (with permission) from the UBC Faculty of Medicine. This document reflects the work of the AFMC *Re-envisioning Technical Standards Working Group*.
- 5.4. All Students must possess these Core Competencies and Functional Abilities, with or without disability accommodations.
- 5.5. Candidates and current Students are expected to carefully review this document and attest to their ability to meet these standards prior to and periodically throughout the duration of the MD Program.

### Accommodations

- 5.6. Accommodations are governed by the University's Accessibility for Students with Disabilities Policy (GP26).
  - 5.6.1. "Accommodations may include the use of intermediaries or access assistants who perform specific clinical tasks that facilitate the Student's acquisition of clinical information. Intermediaries operate under the explicit direction of the learners and do not interpret clinical findings or act independently" (AFMC, 2024).
  - 5.6.2. Applicants invited to interview who seek accommodation during the interview process must submit their request to SFU's Centre for Accessible Learning (CAL) by the date listed on the MD Admissions website.
  - 5.6.3. Candidates entering the MD Program who anticipate needing disability-related accommodation should notify CAL at the earliest opportunity, preferably 3–4 months (or one semester) before the start of the SoM academic year to allow time to

gather the necessary medical documentation and conduct an assessment of their accommodation needs.

- 5.6.4. If Candidates do not notify CAL in a timely manner prior to the start of the MD Program academic year, or if they have complex accommodation needs, the SoM may defer their admission to allow time to consider and arrange necessary accommodations.
- 5.6.5. Students and Candidates who require accommodations are encouraged to contact CAL for further information.
- 5.6.6. If a Student cannot demonstrate Core Competency and Functional Abilities requirements, with or without accommodations, the MD Program may modify that Student's participation in course activities.
- 5.6.7. The manner in which the Student's participation will be modified is dependent on the extent to which the safety and well-being of patients, Students, Residents, or others are affected.
- 5.6.8. Modifications to Student participation may include:
  - 5.6.8.1. adjusting Student activities;
  - 5.6.8.2. requiring a leave of absence; or
  - 5.6.8.3. In serious cases, denying entry into the MD Program or requiring that they withdraw from the MD Program. Withdrawal decisions will be made following the SoM's *Faculty Rule on MD Program Grading, Progression and Academic Standing*.
- 5.6.9. Students are normally expected to complete the MD degree in three (3) years.
- 5.6.10. Achieving the required MD Program competencies and completing the required assessments within this timeframe ensures that Students acquire the skills needed for competence in postgraduate training and practice.
- 5.6.11. In rare and exceptional cases, this requirement may be extended beyond three (3) years.

## 6. Related Policies, Procedures, and Legal Authorities

- 6.1. The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- *University Act*, RSBC 1996, c 468.
- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165.
- *Health Professions Act*, RSBC 1996, c 183.
- SFU: *Accessibility for Students with Disabilities Policy* (GP26)
- SoM: *Faculty Rule on Professionalism and Professional Attributes for MD Students*
- SoM: *Faculty Rule on MD Program Grading, Progression, and Academic Standing*

## 7. Attachments

- [Appendix A](#): Definitions of Terms.
- [Appendix B](#): Core Competencies and Functional Abilities table.

## 8. References

- Association of Faculties of Medicine of Canada (AFMC). (2024, January 15). *Re-envisioning Technical Standards in Undergraduate Medical Education in Canada*.
- [Canadian Association of Physicians with Disabilities](#)
- [Docs with Disabilities Initiative](#).
- [Equity in Health Systems Lab](#)
- UBC MDUP. Core Competencies Policy.

## Appendix A: Definitions of Terms

**AFMC:** Association of Faculties of Medicine of Canada.

**Accommodation:** Academic accommodation is a modification or extension of University resources, or of teaching or evaluation procedures, which mitigates the effect of a student's disability on learning. Simon Fraser University has a duty to provide reasonable accommodations to the known limitations of an otherwise qualified student who has a documented disability. Accommodations may be made by providing alternative ways for the student to meet requirements or by adapting the instructional delivery system and/or assessment procedures (for example, through visual language interpreters, note takers, adaptive equipment). These accommodations should enable the student to demonstrate his or her knowledge and skill without diluting curriculum or credentials, or detracting from the responsibility of the student to achieve individual results consistent with course/program requirements and objectives.

**Applicant:** A person who has submitted an application for admission to the SFU School of Medicine MD Program.

**CAL:** The Centre for Accessible Learning at SFU.

**CPSBC:** The College of Physicians and Surgeons of British Columbia.

**Candidate:** A person who has received an offer of admission to the MD Program but is not currently enrolled.

**Core Competencies and Functional Abilities:** Essential Skills and Abilities required for the admission, retention, promotion, and graduation of medical learners in the MD Program.

**Disability:** As defined in the AFMC Re-envisioning Technical Standards in Undergraduate Medical Education in Canada: "According to the World Health Organization, disability is an umbrella term that links variability in body/mind function or structure with an activity limitation or a participation restriction in an individual's social and/or physical environment. The Accessible Canada Act defines disability as 'any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment or a functional limitation whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society'"(AFMC, 2024).

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**MD Program Competencies:** The medical skills, knowledge, and proficiencies that Students will achieve in the MD Program curriculum and will have demonstrable capacity in by graduation. These competencies are required for progression through, and graduation from, the MD Program.

**SFU SoM:** Simon Fraser University School of Medicine.

## Appendix B: Core Competencies & Functional Abilities Table

<b>Description (with or without reasonable accommodation)</b>	
(1) Learning: knowledge and assessment	<p>Learners acquire knowledge, skills, and abilities to meet the MD Program Competencies through a variety of modalities, including but not limited to: large group learning; laboratory instruction; physical simulations; small-group, team, and collaborative learning; participation in the provision of patient care in clinical settings; participation in structured community activities; individual study; preparation and presentation of reports; and use of technology.</p> <p>Learners demonstrate the acquisition of knowledge, skills, and behaviours for promotion and graduation through various assessment modalities, including but not limited to written or computer-based examinations; workplace-based assessments; reflective activities; and observed structured clinical examinations, as required by the Program.</p>
(2) Communication – verbal and/or non-verbal	<p>Learners actively communicate to achieve the MD Program Competencies and as future health providers through conveying and receiving information effectively with others in person and virtually:</p> <ul style="list-style-type: none"> <li>With peers, administrative staff, multidisciplinary team members, and Faculty Members to enable learning, participate in care, and demonstrate competency by stage in the program;</li> <li>With patients and their supporters, working to build relationships, understand and accept their perspectives on health and illness, and collaborating in the management of care; recording information shared and discovered clearly and accurately in verbal, written, and virtual language;</li> <li>With communities, working to understand and support with cultural humility, their history, traditions, challenges, strengths, and practices that impact health.</li> </ul>
(3) Integration and Application	Learners will, in the context of providing health care, interpret and apply information provided in simulation or in care obtained through interview, observation, examination, sharing from other team professionals and through evidence research to formulate a hypothesis, recommend, and pursue interventions/treatments and follow-up individually and with others.

<p>(4) Patient Safety and Quality Care</p>	<p>Learners will participate in healthcare practice within their level of competence to recruit or deliver simulated and authentic patient-centred care with other professionals and community members. This includes:</p> <ul style="list-style-type: none"> <li>Participating as a team member in responding to patient safety situations, recognizing that team roles are not limited to performing procedures or directing emergency responses;</li> <li>Complying with patient safety standards and best practices for quality improvement in learning and clinical environments.</li> </ul>
<p>(5) Professionalism</p>	<p>Learners, as members of the CPSBC and registrants at SFU, are expected to meet standards of medical professionalism by:</p> <ul style="list-style-type: none"> <li>Engaging in self-reflection to identify personal and professional learning needs to maintain competence;</li> <li>Respecting boundaries, confidentiality, and privacy for patients and colleagues, regardless of gender, gender identity or expression, age, race, colour, sexual orientation, religion, disability, political beliefs, or any other protected status;</li> <li>Engaging in professional behaviour as codified by the Canadian Medical Association Code of Ethics and Professionalism, the College of Physicians and Surgeons of British Columbia, the SFU <i>Student Conduct Policy</i> and the SFU SoM <i>Faculty Rule on Professionalism and Professional Attributes for MD Students</i>;</li> <li>Demonstrating commitment to the principles of equity, diversity, and inclusion to create and nurture a community that encompasses our shared legal, moral, and ethical responsibilities. This includes but is not limited to: <ul style="list-style-type: none"> <li>Recognizing and addressing personal biases, underlying beliefs and values, assumptions, and stereotypes that inhibit opportunity in work and learning environments;</li> <li>Contributing to learning environments that embrace equity, diversity, inclusion, and belonging;</li> <li>Contributing to learning environments that are free of discrimination and harassment;</li> <li>Supporting the inclusion of perspectives and voices of underrepresented groups in discussion and decision-making.</li> </ul> </li> </ul>

# Faculty Rule on Immunization and Testing Requirements

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## 1. Purpose

- 1.1 The purpose of this document is to outline testing and immunization requirements for Students and Residents entering medical education programs at the Simon Fraser University School of Medicine (SFU SoM).

## 2. Scope and Application

- 2.1 This rule applies to:

- (1) Students and Residents enrolled in the SFU SoM; and
- (2) Visiting Students enrolled and participating in SFU SoM electives.

## 3. Accreditation

- 3.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

12.7—IMMUNIZATION REQUIREMENTS AND MONITORING

## 4. Definitions

- 4.1 See Appendix A for definitions of the terms used throughout this document.

## 5. Requirements

- 5.1 Students and Residents must complete all required medical tests and provide proof of required immunizations before they can start the program.

- 5.1.1 Exceptions may be made for valid documented medical or religious reasons.
- 5.1.2 Students who seek exemptions must contact the Learner Affairs Office to determine their eligibility.
- 5.1.3 While the University may be able to grant exemptions for students, sites in which Clinical Learning Experiences occur have authority over immunization requirements for participating at that site.

5.2 Required immunizations will be posted on an annual basis to the SFU SoM's Post-Acceptance Requirements and Procedures website.

- 5.2.1 Required immunizations conform to the latest Health Care Worker guidelines provided by the BC Centre for Disease Control, the Fraser Health Authority, College of Physicians and Surgeons of BC (CPSBC), Association of Faculties of Medicine of Canada (AFMC), and the Provincial Health Officer.
- 5.2.2 Students and residents may require updated or additional immunizations if guidelines change.

5.3 The following required immunizations for Health Care Workers are listed by the BC Centre for Disease Control, and recommended by Fraser Health Authority and the AFMC:

- (1) **Diphtheria, Tetanus, Pertussis:** Completion of the primary series and one booster in adulthood within the past ten (10) years.
- (2) **Polio:** Complete the primary series (childhood immunizations), or adult series.
- (3) **Measles, Mumps, Rubella:** Two doses of the vaccine or evidence of immunity with serologic testing
- (4) **Varicella:** Two-dose vaccination series or serologic evidence of immunity.
- (5) **Hepatitis B:** Three-dose vaccination series or serologic evidence of immunity. Hepatitis B vaccination is a requirement of the CPSBC.
- (6) **Influenza:** Annual influenza vaccination is recommended.
  - (i) Students must either wear a surgical/procedural mask during patient care activities for the influenza season (November to June) or receive and report their influenza vaccination. These requirements are aligned with Fraser Health's Influenza Control Program.

5.4 Required medical tests will be posted annually on the SoM's Post-Acceptance Requirements and Procedures website.

5.4.1 Required medical tests will follow the latest Health Care Worker guidelines provided by the BC Centre for Disease Control, the Fraser Health Authority, the CPSBC, and the Provincial Health Officer.

5.4.2 Students and Residents may require updated or additional tests if guidelines change.

5.5 As per the CPSBC Practice Standard: Blood-borne Viruses in Registrants, Students or Residents who perform or assist in performing exposure-prone procedures (EPPs) must be tested for blood-borne viruses (BBVs):

- (1) Before beginning their clinical training;
- (2) Post-exposure (if applicable); and
- (3) Every three years.

5.6 As per the CPSBC Practice Standard: Blood-borne Viruses in Registrants, Students or Residents who perform or assist in performing EPPs who test positive for hepatitis B virus (HBV), hepatitis C virus (HCV), and/or human immunodeficiency virus (HIV) must comply with CPSBC reporting requirements.

5.6.1 Students are encouraged to meet with an advisor from the Centre for Accessible Learning (CAL) to determine accommodation needs related to their BBV status upon admission or when they become aware of such status. CAL may work with Associate Dean Learners to recommend possible modifications to clinical placements.

## 6. References

6.1 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- *Communicable Disease Prevention and Management of Occupational Exposure*, Fraser Health Authority, 2018 (version 3)
- British Columbia Student Practice Education (2023) [Student Practice Education Guideline: Prevention, Screening and Monitoring of Communicable Disease](#)
- [BC Centre for Disease Control Immunization Manual – Part 2: Immunization of Special Populations](#)
- [Immunization Schedule](#), ImmunizeBC
- [AFMC Student Immunization & Testing Requirements](#)

- [The College of Physicians and Surgeons of BC Practice Standard: Blood-borne Viruses in Registrants](#)
- Any current or future Public Health Orders issued by the Provincial Health Officers of British Columbia

6.2 Legal authorities include:

- *University Act*, RSBC 1996, c. 468.
- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165.
- [Health Professions Act](#), RSBC 1996, c. 183.

## Appendix A: Definitions of Terms

**AFMC:** Association of Faculties of Medicine of Canada.

**BBV:** Blood-borne virus, specifically Human Immunodeficiency Virus, Hepatitis B Virus, and/or Hepatitis C Virus.

**Clinical Learning Experience ("Clinical"):** Placements in clinical environments (e.g. hospitals, clinics) that provide students with direct, hands-on experience in the provision of health care services.

**CPSBC:** The College of Physicians and Surgeons of British Columbia.

**EPP:** Exposure Prone Procedure, examples of which are found under CPSBC's list of EPPs.

Invasive procedures where there is the potential for direct transmission of virus between the caregiver through an accidental needle stick injury (usually a hand, finger or thumb) of the physician via a sharp instrument, needle tips, or sharp tissues (spicules of bone or teeth) while delivering patient care in body cavities, wounds, or in poorly visualized, confined anatomical sites during surgical or assessment procedures.

**HBV:** Hepatitis B Virus.

**HCV:** Hepatitis C Virus.

**HIV:** Human Immunodeficiency Virus.

**Health Care Worker:** Health Care Workers are persons who provide health care to patients or work in institutions that provide patient care. Medical students and residents in British Columbia are considered Health Care Workers when engaged in a clinical learning experience.

**LAO:** Learner Affairs Office of the SFU School of Medicine.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**Medical School:** A University, Faculty, or School other than the SFU School of Medicine with an MD program that is recognized by the World Federation for Medical Education.

**Proof of immunity:** An official record of the day/month/year of a vaccination or a laboratory serological result, or in the case of Varicella, a statutory declaration of history of disease.

**Resident:** A postgraduate medical trainee registered in a Postgraduate Medical Education (residency) Program of the SFU School of Medicine or in a postgraduate medical education program at another recognized medical school.

**SFU SoM:** Simon Fraser University School of Medicine.

**Student:** A person who is eligible to enroll, or enrolled in the MD Program, including those on leave and eligible to enroll when the leave ends; a Visiting Student from another medical school who has been accepted to participate in visiting electives.

**University:** Simon Fraser University.

# Faculty Rule on Expectations of Clinical Supervisors and Preceptors

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## 1. Purpose

- 1.1 The purpose of this rule is to provide guidance for supervised teaching, learning, and assessment in clinical settings.
  - 1.1.1 This rule aligns with UBC Policy 031B - *Expectations of Clinical Supervisors and Preceptors of Students in Clinical Settings* to ensure that these expectations are consistent across the province.

## 2. Scope and Application

- 2.1 This rule applies to all Clinical Supervisors and Preceptors who supervise Students.

## 3. Accreditation

- 3.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

9.2—SUPERVISION OF REQUIRED CLINICAL LEARNING EXPERIENCES

## 4. Definitions

- 4.1 See [Appendix A](#) for definitions of the terms used throughout this document.

## 5. Rule

### *Supervision by Faculty Members*

- 5.1 Clinical Supervisors and Preceptors are responsible for the supervision of Students in clinical settings and must hold a faculty appointment with the SFU SoM.
- 5.2 The Clinical Supervisor or Preceptor must be familiar with the relevant learning objectives for that particular learning experience as well as the competencies required for progression in, and graduation from, the MD Program.
- 5.3 All Supervisors and Preceptors are expected to conduct themselves in a manner that is aligned with the mission and values of the SFU SoM. Behaviours that are discriminatory, disrespectful, or which otherwise have a significant negative impact on the well-being of Students will not be tolerated.
  - 5.3.1 Students who experience or witness learner Mistreatment are encouraged to report the conduct to the Learner Affairs Office. See the SoM Guideline for Addressing Learner Mistreatment for more information on the reporting process.

### *Appropriate Supervision*

- 5.4 Students in Clinical Learning Experiences involving patient care must be under Appropriate Supervision at all times in accordance with their level of training to ensure patient and Student safety.
- 5.5 The level of responsibility delegated to the Student must be appropriate to their level of training.
  - 5.5.1 The Clinical Supervisor or Preceptor is responsible for ensuring that the Student has been sufficiently trained to perform the elements of patient care or to carry out the required procedure.
  - 5.5.2 The Clinical Supervisor or Preceptor is responsible for delegating appropriate clinical duties that may be performed by a Student as outlined in Appendix B.
- 5.6 Clinical Supervisors may delegate, as appropriate, supervision of clinical activities and assessment to other health care professionals.

5.6.1 Delegated activities supervised by the health care professional must be within the scope of practice of that health care professional.

5.7 The Clinical Supervisor or Preceptor is responsible for providing or appropriately delegating:

- (1) direct instruction to the Student;
- (2) guidance to allow the Student to assume gradually increasing clinical responsibilities;
- (3) guidance on the development of competencies;
- (4) suggestions for self-guided learning; and
- (5) guidance related to ethical and professional matters.

5.8 Clinical Supervisors or Preceptors must frequently directly observe Students and provide them with timely formative feedback on the Student's knowledge, skills, attitudes and behaviours in the clinical learning environment.

5.8.1 Preceptors may be required to complete workplace-based assessments (WBAs) of Students based on their direct observations.

5.9 All Students in a clinical setting must be able to identify by name the person responsible for supervising their educational experience in that setting.

5.10 Students must be given an orientation to each new clinical environment in accordance with WorkSafeBC Occupational Health and Safety Regulations.

5.11 Clinical Supervisors, Preceptors, or other team members must always introduce their Student as a "medical student" and make it clear to patients and clinical staff that the Student is a student. Students must never be introduced as "doctors."

5.12 Documentation of the Student's patient care must be completed, reviewed, and countersigned by the Clinical Supervisor or Preceptor in the medical record.

### ***Support and Development for Clinical Supervisors and Preceptors***

5.13 Clinical Supervisors and Preceptors will be periodically assessed and provided with feedback on their supervision and teaching. The assessment data will be used to improve teaching support programs.

5.14 Clinical Supervisors and Preceptors are expected to take advantage of professional development opportunities to support their teaching and leadership roles.

## 6. Related Policies, Procedures, and Legal Authorities

6.1 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- SoM: Guideline on Time Spent in Required Learning
- SoM: Guideline on Expectations of Medical Students in Clinical Settings
- UBC Faculty of Medicine (July 2023) Policy 031B - *Expectations of Clinical Supervisors and Preceptors of Students in Clinical Settings*.
- *University Act*, RSBC 1996, c. 468.
- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165.
- *Health Professions Act*, RSBC 1996, c. 183

## 7. Attachments

1. [Appendix A](#): Definitions of Terms.
2. [Appendix B](#): What Year 1 Medical Students May Do

## 8. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Appropriate Supervision:** Supervision of a student by a preceptor, supervising physician, or clinical supervisor, tailored to that student's level of training, knowledge, and experience.

**Clinical Learning Experience ("Clinical"):** Placements in clinical environments (e.g. hospitals, clinics) that provide students with direct, hands-on experience in the provision of health care services.

**Clinical Supervisor:** The clinician responsible for the overall quality of education at their site or office. In office-based teaching, the clinical supervisor is often also the Preceptor. In the hospital environment, the clinical supervisor may be in another role. May also be referred to as a Site Leader.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**Mistreatment:** Conduct from an instructor, supervisor, or colleague that is disrespectful, demeaning, and hurtful. The AFMC defines Mistreatment as "disrespect for the dignity of others and unreasonably interferes with the learning process." Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation; humiliation; psychological or physical punishment; and grading and other forms of assessment in a punitive manner.

**Preceptor:** An experienced practitioner (a physician or clinician from another health care profession) who oversees and is responsible for one or more medical trainees.

**SFU SoM:** Simon Fraser University School of Medicine.

**Student:** A person who is eligible to enroll, or enrolled in the MD Program, including those on leave and eligible to enroll when the leave ends; a Visiting Student from another medical school who has been accepted to participate in visiting electives.

**UGME:** Undergraduate Medical Education.

**WorkSafeBC:** The provincial agency responsible for promoting workplace health and safety and administering no-fault workplace insurance in the province of British Columbia.

## Appendix B: What Year 1 Medical Students May Do

SFU acknowledges that this table was adapted from the UBC Faculty of Medicine Clinical Experiences in Family Practice Student Manual.

If you are asked to do something not permitted in the rules, please inform your Preceptor about these rules and contact the MD Program office IMMEDIATELY.

WHAT YEAR 1 STUDENTS MAY DO...	WHAT YEAR 1 STUDENTS MAY NOT DO...
<p><b>Interview Patients</b></p> <ul style="list-style-type: none"><li>• Learn and practice communication skills during the first term.</li><li>• Interview patients to understand and document their reasons for seeking care.</li><li>• Use patient encounters to improve clarity in clinical documentation.</li></ul> <p><b>Conduct Physical Examinations</b></p> <ul style="list-style-type: none"><li>• Learn and perform basic physical examinations</li><li>• Practice newly learned physical exams with the guidance of a Preceptor.</li></ul> <p><b>Documentation</b></p> <ul style="list-style-type: none"><li>• Participate in recording patient data in office records, where feasible.</li><li>• Learn how health professionals compile and use information from charts, labs, and other sources.</li></ul> <p><b>Observe a Variety of Procedures</b></p> <ul style="list-style-type: none"><li>• Observe a surgical procedure in an operating room.</li><li>• Observe the delivery of an infant.</li><li>• Under certain circumstances, students may assist with minor procedures (e.g. intramuscular injections) under the direct supervision of the preceptor</li></ul> <p><b>Participate in Interdisciplinary Teams</b></p> <ul style="list-style-type: none"><li>• Understand the role within a care team and how resources are deployed.</li></ul> <p><b>Demonstrate Professionalism</b></p> <ul style="list-style-type: none"><li>• Demonstrate professional behaviour and discuss ethical issues that arise.</li></ul>	<p><b>Engage in Patient Care Unsupervised</b></p> <ul style="list-style-type: none"><li>• Students in clinical learning situations involving patient care must be supervised at all times</li></ul> <p><b>Engage in Procedures Involving Sharps (needles, scalpels, etc.)</b></p> <ul style="list-style-type: none"><li>• No procedures involving needles, scalpels, or other sharps until hepatitis immunization is completed. Students who have contracted a blood-communicable disease will abide by the guidelines approved by the College of Physicians and Surgeons of British Columbia.</li></ul> <p><b>Sign Prescriptions</b></p> <ul style="list-style-type: none"><li>• Students cannot sign prescriptions.</li></ul> <p><b>Write Orders in Hospital Charts</b></p> <ul style="list-style-type: none"><li>• Students cannot write orders in inpatient hospital charts (year 2 and 3 students may write orders if those orders are discussed and countersigned by a Preceptor)</li></ul> <p><b>Sign Birth or Death Certificates</b></p> <ul style="list-style-type: none"><li>• Students cannot sign birth or death certificates or carry out tasks related to certifying death.</li></ul> <p><b>Discharge Patients</b></p> <ul style="list-style-type: none"><li>• Students cannot discharge patients independently</li><li>• Students cannot dictate discharge summaries or consultation letters (year 2 and 3 students may dictate consultation letters and hospital discharge summaries if the details are discussed and countersigned by a Preceptor)</li></ul>

<ul style="list-style-type: none"><li>• Understand the responsibility of being part of the medical profession.</li></ul>	
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# Faculty Rule on MD Program Elective Learning Experiences

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## 1. Purpose

- 1.1 This rule outlines requirements and recommendations for Elective Learning Experience in the Simon Fraser University School of Medicine (SFU SoM) MD Program. This rule also reaffirms the SoM's commitment to providing students with a safe learning environment as they develop their medical expertise with practical, hands-on experience.

## 2. Scope and Application

- 2.1 This rule applies to all Students enrolled in the MD Program at the SFU SoM.

## 3. Accreditation

- 3.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

6.5—ELECTIVE OPPORTUNITIES 11.3—OVERSIGHT OF EXTRAMURAL ELECTIVES

## 4. Definitions

- 4.1 See Appendix A for the definitions of capitalized terms used in this rule.

## 5. Principles

- 5.1 All Elective Learning Experiences (“Electives”) follow the same standards of education for all other SoM courses and must meet MD Program requirements.
- 5.2 Electives are planned with consideration for the following principles:
  - Decisions to approve or deny Elective proposals will consider whether the proposal satisfies the MD Program Competencies as well as its alignment with the values and mandate of the SoM.
  - Student safety is paramount, and proposals should consider the risk from exposure to workplace and environmental hazards and whether the Student can develop a safety plan to mitigate those risks.
  - The values and mandate of the SFU SoM and the MD Program’s compliance with AFMC national guidelines.

## 6. Rule

- 6.1 Students will have the opportunity to select from a diverse set of Clinical, Scholarly, or Community Elective Learning Experiences.
- 6.2 Participation in sixteen (16) weeks of Electives is a mandatory component of the MD Program curriculum.
  - i) A minimum of eight (8) weeks must be Clinical, while the remaining weeks may be Clinical, Scholarly, or Community Electives (or a combination of the three).
- 6.3 Any single Elective must be at least two (2) weeks long and cannot exceed more than eight (8) weeks in duration, excluding travel time.
- 6.4 All Electives provided by the SFU SoM and other Medical Schools or institutions must comply with national guidelines as provided by the AFMC.
- 6.5 Students must adhere to the standards and policies of both the SoM MD Program as well as those of any Host Institution during their placement.
- 6.6 Performance in Electives will be assessed in accordance with SoM MD Program grading policies and requirements.
- 6.7 Students have the option to participate in Electives that are provided at the SFU SoM (“Home Electives”) or at another Medical School or site (“Visiting Electives”).

- i) Visiting Electives cannot exceed a total of eight (8) weeks, excluding travel time.

### *Required Clinical Electives (8 weeks total)*

6.8 Students must participate in four (4) weeks of Electives from both of the following two categories:

- (1) **Family Medicine**; as well as
- (2) Any of the following generalist CaRMS PGY1 Direct-Entry Disciplines:
  - a) **Internal Medicine**;
  - b) **Obstetrics and Gynecology**;
  - c) **Pediatrics**;
  - d) **Psychiatry**; and
  - e) **Emergency Medicine**.

6.9 Students may take any combination of Direct-Entry Disciplines to satisfy requirement 6.8(2), provided each Elective meets the durational conditions set out in 6.3 of these rules.

### *Approval Criteria for Electives*

6.10 The coordination of Electives is facilitated by the Electives Division of the MD Program Office. Students must apply and receive approval for all sixteen (16) weeks of their Electives through the Electives Division.

6.11 Students are prohibited from contacting Faculty Members or sites directly to arrange Electives, whether at the SFU SoM or another Medical School or site. Students interested in arranging alternative Electives must consult with the Electives Division.

6.12 Requests will be evaluated with consideration to:

- i) MD Program Learning Objectives and Program Competencies, such as providing Students with experience and exposure to non-tertiary community care;
- ii) Risk to Student safety due to workplace or other environmental hazards, and the extent to which these risks can be mitigated through the creation of a Student safety plan; and
- iii) Availability of appropriate supervision.

- 6.13 Participation in a non-approved Elective is a violation of the *Faculty Rule on Professionalism and Professional Attributes for MD Students* and may result in a grade/notation of 'Incomplete' for the registered Elective.
- 6.14 Students must only participate in duties and responsibilities associated with their registered Elective and cannot perform tasks outside the scope of the approved Elective or its discipline.
- 6.15 Students are responsible for all expenses and arrangements related to travel, accommodation, food, insurance, immunizations, visas, licenses or registrations, and tuition at Host Institutions during their Electives.

### ***Supervision of Electives***

- 6.16 Students participating in an Elective will normally be supervised by either:
  - (a) A Clinical Faculty Member of the SoM or another recognized Medical School;
  - (b) A Research Faculty Member of the SoM or another recognized Medical School; or
  - (c) An Elder of an Indigenous community.
- 6.17 Students cannot be supervised by anyone with whom the Student has a personal, non-professional relationship, including family members, close friends, or family friends.
- 6.18 Supervisors must complete a Student assessment and submit it to the Electives Division no later than one (1) week after the approved end date of the Elective.

### ***Assessment***

- 6.19 All Electives are for credit and Students are assessed using standard MD Program Assessment Tools.
- 6.20 Students who have not received credit for Elective requirements will not be permitted to graduate until these requirements are completed.
- 6.21 Electives that are not completed and assessed within the prescribed deadline will result in delays that may negatively impact the Student's opportunity to graduate with their class cohort.

## 7. Procedures

- 7.1 The Electives Division is responsible for managing Electives and is overseen by the Faculty Electives Lead.
- 7.2 Steps outlining the Home and Visiting Electives application process, and other supporting documents, are available to Students in the Learning Management System (LMS).
- 7.3 Scheduling dates for applications and decisions are posted annually in the LMS and communicated via email to the class.

### *Electives hosted in Canada*

- 7.4 A proposal for an Elective taking place within Canada must be submitted to the Electives Division at least six (6) weeks prior to the start of the Elective.
  - i) Home Electives requested by only one Student will be granted. Home Electives requested by more than one Student will be decided by a lottery.
  - ii) Visiting Electives hosted in Canada at sites affiliated with an AFMC school other than SoM must be scheduled through the AFMC Electives Portal.

### *Electives hosted outside of Canada*

- 7.5 A proposal for an Elective that takes place outside of Canada must be submitted to the Electives Division at least eight (8) weeks prior to the start of the rotation.
  - i) International Visiting Electives must be requested and registered in the Electives Division.
  - ii) International visiting Electives must be reviewed and approved by the Faculty Electives Lead and the Associate Dean Medical Education Programs.
- 7.6 The Electives Division may require a Student to attend a meeting to provide additional information before a decision is made.

### *Submission requirements and approval*

- 7.7 Before confirmation is considered or granted, Students must ensure:

- i) The proposed site has been evaluated by the Electives Division; and
- ii) The Student has received a note of support from both Faculty Electives Lead and the Associate Dean, Medical Education Programs.

7.8 Students are responsible for submitting their own Elective requests to the Electives Division.

7.9 If a Student must cancel or is otherwise no longer able to participate in their Elective, notice of the cancellation must be provided to the Electives Division no later than six (6) weeks before the approved start date.

7.10 Exceptions to this deadline may be granted for unexpected circumstances that could impair the Student's functional capacity to meaningfully participate in their Elective due to physical or emotional distress. These circumstances are discretionary and may include sudden illness, bereavement, or other personal and family emergencies.

7.11 The Electives Division has the right to deny an Elective request if:

- i) Requests do not adhere to these guidelines; or
- ii) There are concerns about the Student's professionalism, conduct, or other academic concerns that preclude travel or learning at specific sites.

7.12 Students may be required to complete additional preparatory learning before their placement as a condition of approval of an Electives request. This will be directed by the Electives Division.

## 8. References

- CACMS [\*CACMS Rules of Procedure\*](#) (2024).
- CACMS [\*Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree \(For Site Visits Scheduled in the 2024-2025 Academic Year\)\*](#).
- Practice Education Guidelines for BC: [\*Guiding Principles of the Placement Process, Revised July 2021.\*](#)
- SFU policy on [\*University Health and Safety, GP 17, Revised March 21, 2019.\*](#)
- SoM: Faculty Rule on Professionalism and Professional Attributes for MD Students
- SFU: [\*Guide on Safety Risk from Impairment\*](#)
- SFU: [\*Informing Students of Risk\*](#)
- Liaison Committee on Medical Education (LCME): <https://lcme.org>
- World Federation for Medical Education: <https://www.wfmed.org/>

## Appendix A: Definitions of Terms

**AFMC:** Association of Faculties of Medicine of Canada.

**AFMC Guidelines for Electives:** AFMC standards for electives offered by Canadian MD programs.

These include: Elective diversification, an eight-week cap on the duration of electives, immunization and testing requirements, as well security or police checks.

**AFMC Student Portal:** The online platform that manages student Elective Learning Experiences across AFMC schools.

**Accommodation:** Academic accommodation is a modification or extension of University resources, or of teaching or evaluation procedures, which mitigates the effect of a student's disability on learning. Simon Fraser University has a duty to provide reasonable accommodations to the known limitations of an otherwise qualified student who has a documented disability. Accommodations may be made by providing alternative ways for the student to meet requirements or by adapting the instructional delivery system and/or assessment procedures (for example, through visual language interpreters, note takers, adaptive equipment). These accommodations should enable the student to demonstrate his or her knowledge and skill without diluting curriculum or credentials, or detracting from the responsibility of the student to achieve individual results consistent with course/program requirements and objectives.

**Affiliates:** Community and health care organizations which contribute to or support the education delivered by the MD Program and SFU School of Medicine.

**Assessment:** Any review of a Student's performance or conduct in the MD Program that affects progression and/or achievement of stages of the MD Program Competencies or AFMC Entrustable Professional Activities (EPAs).

**BC:** The province of British Columbia.

**CaRMS:** Canadian Resident Matching Service.

**Clinical Faculty Member:** A faculty member at an approved Medical School that holds a clinical faculty appointment.

**Clinical Learning Experience ("Clinical"):** Placements in clinical environments (e.g. hospitals, clinics) that provide students with direct, hands-on experience in the provision of health care services.

**Community Learning Experience ("Community"):** Community placements integrate meaningful community engagement with instruction and reflection. These placements emphasize the development of social responsibility and professional identity among medical students.

**Dean:** The Dean of the SFU School of Medicine.

**Direct-Entry Discipline:** An entry route in the CaRMS PGY-1 (R1) matching program. Entry-level disciplines are accepted by the AFMC and lead to specialty certifications with either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

**Elective Learning Experience ("Elective"):** A supplemental, structured learning experience outside the prescribed curriculum that focus on integration and consolidation of competencies and where students can explore medical disciplines and career options. Electives may be in Clinical Care, Scholarship, or Community Learning and are a required (but not prescribed) component of the curriculum.

**Electives Division:** A division of the MD Program Office responsible for overseeing Elective Learning Experiences and is responsible for approving or denying Electives requests.

**Faculty Electives Lead:** A Faculty Member who is responsible for planning, review and approval of Electives.

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**Home Elective:** An Elective Learning Experience which is delivered by the SFU School of Medicine.

**Host Institution:** The Medical School or other institution at which a student is placed while participating in a Visiting Elective Experience.

**LAO:** Learner Affairs Office of the SFU School of Medicine.

**Learning Management System (LMS):** The software platform through which asynchronous online content, information, and tasks are curated for students.

**Learning Objectives:** Statements of what Students are expected to be able to do at the end of a required learning experience.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**MD Program Office:** The office responsible for the administration and operation of the MD Program at the SFU School of Medicine. The MD Program Office is led by the Associate Dean, UGME.

**Medical School:** A University, Faculty, or School other than the SFU School of Medicine with an MD program that is recognized by the World Federation for Medical Education.

**PGY-1:** Post Graduate Year 1.

**Program Competencies:** The set of Learning Objectives approved by the UGME Program Committee that prescribe the skills and abilities required for progression through, and graduation from, the MD Program.

**Research Faculty Member:** A faculty member at an approved Medical School that holds a research appointment.

**SFU SoM:** Simon Fraser University School of Medicine.

**Scholarly Learning Experience ("Scholarship"):** Academic placements that enable students to engage in scholarly work and/or scholarship.

**Student:** A person who is eligible to enroll, or enrolled in the MD Program, including those on leave and eligible to enroll when the leave ends; a Visiting Student from another medical school who has been accepted to participate in visiting electives.

**Visiting Elective:** An Elective Learning Experience at an approved institution other than the SFU School of Medicine.

# Faculty Rule on Access to Student Records in the MD Program

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## 1. Principles

- 1.1 This rule reflects the information protection standards established by BC's *Freedom of Information and Protection of Privacy Act* (RSBC 1996, c. 165).
- 1.2 This rule builds on institutional policies including, but not limited to the:
  - (a) Grading and the Reconsideration of Grades (T20.01)
  - (b) Protection of Privacy (I 10.11)
  - (c) Records Retention and Disposal Authority (RRSDA)
  - (d) SoM: Faculty Rules on Professionalism & Professional Attributes for MD Students
  - (e) SoM: Policy on MD Program Grading, Progression, and Academic Standing
  - (f) SoM: Procedure for Appeals of Grading, Progression and Academic Standing

## 2. Purpose

- 2.1 The purpose of this rule is to:
  - (1) outline how Students in the SFU SoM MD Program may access their Student Record; and
  - (2) articulate the specific mechanisms through which Students will have the opportunity to challenge contents of the record they deem incomplete, inaccurate, inappropriate, or misleading

### 3. Scope and Application

3.1 This rule applies to all Students in the SFU SoM MD Program.

### 4. Accreditation

4.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

11.6—STUDENT ACCESS TO ACADEMIC RECORDS

### 5. Definitions

5.1 See Appendix A for definitions of the terms used throughout this document.

### 6. Policy

6.1 All Students in the SFU SoM MD Program will have a secure electronic Academic Record which contains all key information pertaining to the student's academic programs including:

- (a) Basic personal biographical information;
- (b) Academic information including assessment results, grades, and academic standings;
- (c) Information and correspondence about absences and leaves;
- (d) Level 3 and Level 4 Lapses in Professionalism under the SoM's Policy on MD Student Conduct and Professionalism; and,
- (e) The Medical Student Performance Record (MSPR).

6.2 The Academic Record is confidential and subject to BC's *Freedom of Information and Protection of Privacy Act* and all associated information policies and procedures at SFU.

6.2.1 Access to an Academic Record is restricted to:

- (i) The Student whose information is contained in that Academic Record; and,

- (ii) Members of the SFU SoM leadership and administrative Staff who must access Student Records in the performance of their job duties.
- 6.2.2 No disclosure to third parties will be made without a Student's express written consent unless required by law.
- 6.3 Students may review their Academic Record in person at any time by contacting the UGME Program Office and presenting an SFU student card or government photo identification.
- 6.4 Students may challenge the contents of their Academic Record should they consider the information contained within to be incomplete, inaccurate, inappropriate, or misleading.
  - 6.4.1 Students are expected to appeal assessment results, grades, and academic standings in a timely manner, following the Policy on MD Program Grading, Progression and Academic Standing and the Procedure for Appeals of Grading, Progression and Academic Standing.
- 6.5 The Academic Record will be destroyed following the SFU Records Retention Schedule and Disposal Authority (RRSDA) for student health information (2004-001).

## 7. Access to Information and Protection of Privacy

- 7.1 The information and records made and received to administer this rule are subject to the access to information and protection of privacy provisions in British Columbia's *Freedom of Information and Protection of Privacy Act* and the University's Information Policy series. To the extent possible, the information and records will be treated in a confidential manner, in compliance with the Act and with applicable University policies.
- 7.2 A University employee who is involved in addressing or investigating a case of academic dishonesty or academic misconduct must:
  - (a) make every reasonable effort to protect personal information and maintain confidentiality;
  - (b) collect the minimum information about individuals that relates directly to and is necessary to respond to a case of academic dishonesty or academic misconduct, which is considered to be supplied in confidence;
  - (c) use the information about individuals only for the purposes of, or those consistent with, addressing the situation, investigating, or taking action;

- (d) limit disclosure of information about individuals to those within the University who need to know to perform their duties; and
- (e) disclose personal information in all other circumstances only as permitted under the *Freedom of Information and Protection of Privacy Act*.

7.3 The University may disclose personal information where appropriate, including where:

- (a) it is needed to prepare or obtain legal advice for the University;
- (b) it uses the information for the purpose for which it was obtained or compiled or for a use consistent with that purpose (for example, where it is necessary to fulfill its duty of procedural fairness); or
- (c) employee needs the information to perform their employment duties.

## 8. Retention and Disposal of Records

- 8.1 Information and records made and received to administer this rule are evidence of the University's actions to respond to academic dishonesty or academic misconduct. Information and records must be retained and disposed of in accordance with a records retention schedule approved by the University Archivist.
- 8.2 The Registrar must destroy any record of a student's alleged academic dishonesty or academic misconduct that may be held in the Office of the Registrar if the UBSD or SCODA determines that the discipline of the student was unwarranted.

## 9. Related Policies, Procedures, and Legal Authorities

9.1 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- [Grading and the Reconsideration of Grades](#) (T20.01)
- [Protection of Privacy](#) (I 10.11)
- [Records Retention and Disposal Authority \(RRSDA\)](#)
- SoM: Faculty Rules on Professionalism & Professional Attributes for MD Students
- SoM: Policy on MD Program Grading, Progression, and Academic Standing
- SoM: Procedure for Appeals of Grading, Progression and Academic Standing
- SoM: Statement on the Medical Student Performance Record (MSPR)

- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165.
- *Health Professions Act*, RSBC 1996, c. 183.
- *University Act*, RSBC 1996, c. 468.

## 10. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Academic Record or Student Record:** All students in the SFU School of Medicine MD

Program will have a secure electronic file with key performance information pertaining to the student's academic programs, including basic personal information, academic information such as grades and assessments, information on absences and leaves, higher-level lapses in professionalism, and their MSPR.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**MSPR:** The Medical Student Performance Record. The MSPR contains the medical student's standing in the MD Program, provides narrative commentary on the student's performance in core and elective courses, and notes the student's leadership, mentorship, and award history. The MSPR is sometimes referred to as a Dean's Letter.

**RRSDA:** Records Retention and Disposal Authority. An RRSDA is a timetable developed for a particular group of files or type of record ("record series"). It regulates the life-span of all records in that class by prescribing how long the records should be kept in the office of creation (active period), how long the records should be stored off-site in the University Records Centre (semi-active period), and what happens to the records after expiry of the total retention period (final disposition: destruction or transfer to Archives' custody).

**SFU:** Simon Fraser University.

**SFU SoM:** Simon Fraser University School of Medicine.

**Staff:** Employees of SFU who support the education, administrative and research mission, and who are not members of the faculty.

**Student:** A person who is eligible to enroll, or enrolled in the MD Program, including those on leave and eligible to enroll when the leave ends; a Visiting Student from another medical school who has been accepted to participate in visiting electives.

**UGME:** Undergraduate Medical Education.

# Faculty Rule on Attendance and Absence

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## 1. Principles

- 1.1 The MD Program has been designed to reflect core values like social accountability, reciprocity, transparency, equity, justice, and compassion.
- 1.2 Regular attendance in professional, cohort-based programs like the SoM MD Program is a key component of ensuring that students are accountable to their patients, colleagues, and the medical profession.
- 1.3 Competency-based medical education (CBME) prioritizes the development, progression, and achievement of competencies over the actual time spent in training. Time is nevertheless an important resource that facilitates the development and maturity of each student's skills and abilities, which are necessary for progression towards mastery.
- 1.4 Professionalism includes accountability to oneself, peers, future colleagues, the medical profession, and to society. Professionalism competencies require a commitment to regular attendance and participation, particularly in Required Learning Experiences that directly involve clinical care.
- 1.5 Attendance and active participation in Required Learning Experiences supports academic progress and professional development by providing:
  - (a) opportunities for participation in hands-on learning;
  - (b) opportunities for direct observation and assessment;
  - (c) the development of professional skills by interacting with their peers, healthcare teams, and the public; and
  - (d) learning from, and with, other cohort members.
- 1.6 The SFU SoM is committed to supporting learner well-being and recognizes the diversity of student learning and wellness needs.

1.7 The SFU SoM recognizes that students will, on occasion, have legitimate reasons for anticipated and unanticipated absences from Required Learning Experiences in the MD Program.

1.7.1 Students should make efforts to schedule appointments, including those that are part of an approved Academic Accommodation, at a time when they least impact learning, clinical duties, and assessments.

1.7.2 Students seeking Academic Accommodations should contact the SFU Centre for Accessible Learning and the MD Program Office as soon as possible to ensure the appropriate learning supports available.

## 2. Purpose

2.1 The purpose of this faculty rule is to:

- (1) establish the rules and expectations for student attendance in Required Learning Experiences and Elective Learning Experiences;
- (2) outline the rules for requesting Personal Days and anticipated or unanticipated short- and long-term leaves of absence, including sick days;
- (3) provide the rules for Mandatory Leaves; and
- (4) inform Faculty Members, staff, and members of communities who contribute to learning at the SFU SoM.

## 3. Scope and Application

3.1 This faculty rule applies to all students and visiting students enrolled in the MD Program.

## 4. Accreditation

4.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

9.10—STUDENT HEALTH AND PATIENT SAFETY

12.4—STUDENT ACCESS TO HEALTH CARE SERVICES

## 5. Definitions

5.1 See Appendix A for definitions of the terms used throughout this document.

## 6. Rules

### *Attendance and Lateness*

6.1 Students are expected to attend and be on-time for all Required Learning Experiences and assessments.

6.2 Attendance will be monitored, tracked, and reported on as part of the overall evaluation of the student's academic performance.

6.2.1 Students who arrive late may be marked as absent at the discretion of the instructor.

6.2.2 Repeated instances of unapproved lateness and/or absence will be reviewed under the terms of the Faculty Rules on Professionalism & Professional Attributes for MD students.

6.2.3 Attendance in optional or extra-curricular learning experiences will not usually be monitored. Learning experiences that are optional or extra-curricular will be identified as such.

6.3 Absences and lateness are considered unexcused until such time as they are excused by the program.

- 6.3.1 Students who cannot attend a Required Learning Experience due to anticipated or unanticipated circumstances should contact the MD Program Office to request the absence be excused as soon as reasonably possible.
- 6.3.2 The Associate Dean, UGME, or their delegate, is responsible for providing the final decision whether an absence will be considered excused. When required, the Associate Dean, UGME will work in collaboration with the LAO when making decisions about absences, though private Student information will not be shared by the LAO in those discussions.
- 6.4 An absence that has been excused by the Associate Dean, UGME, or their delegate, is formally referred to as a Leave of Absence (or “leave”).
- 6.5 Leaves are categorized as either Anticipated or Unanticipated Leaves and may be either short- or long-term.
- 6.6 Students absent from Required Learning Experiences or Elective Learning Experiences may require follow-up and support from the MD Program Office through additional sessions, assignments, assessments, and/or the completion of a formal learning plan.
- 6.7 Leaves may impact the timing of a student’s progression or graduation.
- 6.8 For any leave, additional opportunities for learning and assessment may have to be scheduled during the student’s non-curricular time at the discretion of course leadership and in consultation with the student. These will be reviewed on a case-by-case basis.
  - 6.8.1 Students may be required to work with an Academic Success Team (AST) to develop a formal learning plan.
- 6.9 For longer leaves, or where large gaps in learning have occurred, it may not be possible to schedule additional learning and assessment opportunities within the same academic year and students may need to repeat a course or its components.
- 6.10 The majority of students are expected to complete the MD Program within three (3) years. Only in exceptional circumstances, which will be determined on a case-by-case basis, will students be granted additional time to complete the requirements of the MD Program.

## ***Anticipated Leaves***

- 6.11 Anticipated Leaves should be requested in advance by students who know they will be unable to participate in one or more scheduled Required Learning Experience(s).
- 6.12 Students must submit a request for an Anticipated Leave in advance of the start date (as per Procedure for Attendance and Absence) of the Required Learning Experience to receive consideration through the MD Program Office.
- 6.13 Anticipated Leaves may be granted, at the discretion of the Associate Dean, UGME or delegate, and after seeking necessary advice from other offices, but subject to the Human Rights Code (RSBC 1996, c.210), in the following circumstances:
  - (a) Healthcare appointments;
  - (b) Maternity and parental leaves;
  - (c) Major life events or planned celebrations of the student or their close family relations;
  - (d) Professional development, such as attending or presenting at approved scholarship, leadership, research or professional development events;
  - (e) Religious or cultural ceremonies, observances, celebrations, or holidays; and
  - (f) Cultural rights, responsibilities, duties or service in the student's home nation or community.

## ***Unanticipated Leaves***

- 6.14 Students can request an Unanticipated Leave for absences resulting from emergent circumstances which could not have been reasonably foreseen prior to the scheduled start date of a Required Learning Experience.
  - 6.14.1 Requests for Unanticipated Leaves must be submitted by the student (or their representative) through the MD Program Office. The Associate Dean, UGME, or delegate will consider any extenuating circumstances to determine whether to approve the request.
  - 6.14.2 Approval for Unanticipated Leaves is often retroactive, but students should submit their request as soon as possible or as soon as they feel safe to do so.
- 6.15 Unanticipated Leaves are approved at the discretion of the Associate Dean, UGME, or delegate, and may be granted in the following circumstances:
  - (a) Personal illness or other medical reasons;

- (b) Family or personal emergencies;
- (c) Unforeseen child or family care needs;
- (d) Travel home to the community in the event of bereavement, cultural ceremonies, annual cultural rights, responsibilities, and/or duties,
- (e) Unavoidable travel delays or disruptions, such as dangerous weather conditions or involvement in a vehicular accident; and
- (f) Compassionate and other discretionary circumstances.

6.16 It is unlikely that requests for leaves will be granted in the following circumstances:

- (a) Personal or group study for assessments;
- (b) Residency program selection process interview preparation;
- (c) Attendance at a wedding or celebration for a friend or acquaintance;
- (d) Conference for networking or personal development (non-MD Program Competencies related);
- (e) The last week of a term or an Elective or Clinical Learning Experience;
- (f) Avoidable travel delays; and
- (g) Time away from study for personal interests in a program not relevant to medicine.

### ***Mandatory Leaves***

6.17 Mandatory Leaves may be required of a student under the direction of the MD program. Mandatory Leaves cannot be requested by the student.

6.18 Circumstances that typically require a Mandatory Leave may include, but are not limited to:

- (a) Health concerns that impact fitness to practise (this must also be reported by the registrant (student) and/or the program in accordance with requirements of CPSBC);
- (b) Disciplinary or other measures associated with the SFU SoM Faculty Rule on Professionalism & Professional Attributes for MD Students;
- (c) Procedures associated with any central University policy, such as the Student Conduct Policy, Student Academic Integrity Policy, or any other University policy.

## ***Personal Days***

6.19 Students are permitted up to three (3) Personal Days per academic year. Unused Personal Days do not carry forward into the next academic year.

6.20 Personal Days are a short-term Anticipated Leave for a single day that allows students to be absent from Required Learning Experiences to tend to personal needs without having to provide the MD Program Office with the reasons for the absence or the amount of notice normally required for short-term leaves.

6.21 Students may take a Personal Day for any reason, such as:

- (a) Housing or transportation needs;
- (b) Elective personal health appointments; and
- (c) Attendance at an event.

6.22 Personal Days normally cannot be taken on:

- (a) The day of a scheduled assessment;
- (b) Consecutive days; or
- (c) Days adjacent to a statutory holiday or term break.

## **7. Related Policies, Procedures, and Legal Authorities**

7.1 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- SoM: Statement on the Medical Student Performance Report (MSPR)
- SoM: Faculty Rule on Grading, Progression, and Academic Standing
- SoM: Faculty Rule on Professionalism & Professional Attributes for MD Students
- SoM: Guideline on Time Spent in Required Learning
- [Protected Disclosure of Wrongdoing](#) (GP 41)
- [Student Conduct Policy](#) (S 10.05)
- [Archives, Recorded Information Management, and Freedom of Information and Protection of Privacy](#) (I 10.01)
- *University Act*, RSBC 1996, c 468.
- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165.
- *Health Professions Act*, RSBC 1996, c 183.

- *Human Rights Code*, RSBC 1996, c.210.

## 8. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Academic Concession:** Modifications to the standard curriculum practice that are granted on a discretionary basis, either by a Course Lead or through School policy. An Academic Concession may be granted when unexpected circumstances prevent a student from participating in course-related activities. The form of Academic Concession (e.g. assignment extension, deferred exam, alternate assignment, etc.) must be reasonable, fair, and consistent with the course learning objectives.

**Academic Record or Student Record:** All students in the SFU School of Medicine MD Program will have a secure electronic file with key performance information pertaining to the student's academic programs, including basic personal information, academic information such as grades and assessments, information on absences and leaves, higher-level lapses in professionalism, and their MSPR.

**Academic Success Team (AST):** A team of Faculty Members and staff representing Learner Affairs, Curriculum, and Assessment, who intervene and provide support to learners in need.

**Accommodation:** Academic accommodation is a modification or extension of University resources, or of teaching or evaluation procedures, which mitigates the effect of a student's disability on learning. Simon Fraser University has a duty to provide reasonable accommodations to the known limitations of an otherwise qualified student who has a documented disability. Accommodations may be made by providing alternative ways for the student to meet requirements or by adapting the instructional delivery system and/or assessment procedures (for example, through visual language interpreters, note takers, adaptive equipment). These accommodations should enable the student to demonstrate his or her knowledge and skill without diluting curriculum or credentials, or detracting from the responsibility of the student to achieve individual results consistent with course/program requirements and objectives.

**Anticipated Leave:** An absence that can be predicted at the start of the academic year. An example is a cultural or faith-based celebration or holiday.

**Assessment:** Any review of a Student's performance or conduct in the MD Program that affects progression and/or achievement of stages of the MD Program Competencies or AFMC Entrustable Professional Activities (EPAs).

**CACMS:** Committee on the Accreditation of Canadian Medical Schools.

**Competency-Based Medical Education (CBME):** An educational approach that focuses on the development of competencies required for medical practice. It emphasizes the outcomes of education rather than the processes by which those outcomes are achieved. In CBME, students progress through their training by demonstrating the attainment of defined competencies across contexts rather than by completing a set amount of time in training or a specific number of courses.

**CPSBC:** The College of Physicians and Surgeons of British Columbia.

**Dean:** The Dean of the SFU School of Medicine.

**Elective Learning Experience ("Elective"):** A supplemental, structured learning experience outside the prescribed curriculum that focus on integration and consolidation of competencies and where students can explore medical disciplines and career options. Electives may be in Clinical Care, Scholarship, or Community Learning and are a required (but not prescribed) component of the curriculum.

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**LAO:** Learner Affairs Office of the SFU School of Medicine.

**Long-Term Leave:** Absence from study for more than seven (7) calendar days.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**MD Program Competencies:** The medical skills, knowledge, and proficiencies that students will achieve through the MD Program curriculum and will have demonstrable capacity in by graduation. These competencies are required for progression through, and graduation from, the MD Program.

**MD Program Office:** The office responsible for the administration and operation of the MD Program at the SFU School of Medicine. The MD Program Office is led by the Associate Dean, UGME.

**MSPR:** The Medical Student Performance Record. The MSPR contains the medical student's standing in the MD Program, provides narrative commentary on the student's performance in core and elective courses, and notes the student's leadership, mentorship, and award history. The MSPR is sometimes referred to as a Dean's Letter.

**Mandatory Leave:** A leave that is directed by the MD Program or SFU due to either a threat to others posed by the health or behaviours of the student, or based on a recommendation by an Assistant or Associate Dean related to a student's progression in the program.

**Parental Leave:** Absence from learning for a student for the care of a newborn or a newly adopted child.

**Professionalism:** The embodiment or enactment of responsibilities arising from the virtues, values, and principles that guide the medical profession. Professionalism is a commitment to not only exercise clinical competency but to uphold professional and ethical standards of conduct for the practice of medicine.

**Regulatory Bodies:** An organization responsible for overseeing and regulating medical practices and healthcare professionals to ensure safety, efficacy, and ethical standards. These bodies establish guidelines, enforce regulations, and monitor compliance within the healthcare sector to protect public health and maintain the integrity of the medical profession.

**Required Learning Experience:** (adapted from CACMS). An educational unit (e.g., session, longitudinal component, course) that is prescribed and required of a student in order to complete the medical education program. Required learning experiences are in contradistinction to electives, which may be mandatory to complete, but significant aspects of the experiences are of the student's choosing.

**SFU SoM:** Simon Fraser University School of Medicine.

**Short-Term Leave:** A leave from study of less than or equal to seven (7) calendar days.

**Staff:** Employees of SFU who support the education, administrative and research mission, and who are not members of the faculty.

**UGME:** Undergraduate Medical Education.

**Unanticipated Leave:** Absence that cannot be predicted at the start of the term or required learning experience.

**University:** Simon Fraser University.

# Procedure for Attendance and Absences

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## 1. Scope and Application

1.1 This procedure applies to all students enrolled in the MD Program and visiting students enrolled in other MD programs.

## 2. Accreditation

2.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

9.10—STUDENT HEALTH AND PATIENT SAFETY

12.4—STUDENT ACCESS TO HEALTH CARE SERVICES

## 3. Definitions

3.1 See [Appendix A](#) for definitions of the terms used throughout this document.

## 4. Procedure

### *General*

4.1 All Anticipated and Unanticipated Leaves are requested through the MD Program Office. Decisions made by the Associate Dean, UGME, or their delegate will be communicated from the MD Program Office as well.

4.1.1 The MD Program Office will work closely with, and be informed by, the Learner Affairs Office (LAO) where appropriate. These may include requests

requiring the involvement of an Academic Success Team (AST) or those arising from Academic Accommodations.

- 4.1.2 Leaves related to an Academic Accommodation will also follow the SFU Centre for Accessible Learning (CAL) processes and associated confidentiality guidelines.
- 4.2 Leaves of absence will be entered into the student's Academic Record and made available to the UGME Progression, Assessment and Competency Committee (UPACC) and the Competency Review Team.
- 4.3 Students may appeal a decision to deny a leave of absence. These appeals will be heard by the Academic Appeals Committee. If a student is dissatisfied with the decision of the Academic Appeals Committee, they may submit an appeal to the Dean on grounds of procedural fairness. The decision of the Dean will be final.

## 5. Requesting an Anticipated Leave

- 5.1 If a student is aware of their need to be absent in a future Required Learning Experience, the student must request an Anticipated Absence by completing the "Anticipated Absence Request Form" and submitting it to the MD Program Office as soon as possible.
- 5.2 The amount of notice required depends on the type of leave requested.
  - 5.2.1 **Personal Day:** Due to the nature of Personal Days, less notice is usually required. Students in Year 1 must provide at least one (1) week notice, while students in Years 2 and 3 must provide at least two (2) weeks' notice.
  - 5.2.2 **Short-term leave:** If the leave requested is for a period of seven (7) or fewer days, students should normally submit their request no later than four (4) weeks prior to the Anticipated Leave date.
  - 5.2.3 **Long-term leave:** If the leave requested is for a period of eight (8) or more days, students should normally submit their request no later than eight (8) weeks prior to the Anticipated Leave date.

### ***Short-term Anticipated Leaves***

- 5.3 Students are advised to meet with the LAO to support their short-term leave request and ensure they have supports in place, particularly for leaves longer than one (1) day.
- 5.4 Students must submit their request to the MD Program Office and include any relevant additional information or documentation as appropriate, including:
  - (1) Whether the leave request is a Personal Day;
  - (2) The reason for the leave request (unless it is a Personal Day); and
  - (3) An outline of what learning material is expected to be missed.
- 5.5 If the reason for the leave is confidential and the student is not taking a Personal Day, the student can arrange submission of the form through a confidential verification process when they meet with the LAO.
- 5.6 The student will be notified within seven (7) business days whether their request for a short-term Anticipated Leave has been approved.
- 5.7 Students should not assume a request has been approved until they have received confirmation from the MD Program Office.
- 5.8 The MD Program Office has a duty to accommodate students who anticipate regular or repeated leaves of absence for a variety of reasons including but not limited to: single or part-days due to ongoing health concerns, temporary concessions or modified learning schedules for non-permanent conditions. Students are encouraged to work with the LAO to create a formal application to the MD Program Office.
- 5.9 The Associate Dean, UGME or their delegate, is responsible for providing the final decision whether an absence will be considered excused. Occasionally, the Associate Dean, UGME will work in collaboration with the LAO when making decisions about short-term absences, though private Student information will not be shared by the LAO in these discussions.

### ***Long-term Anticipated Leaves***

- 5.10 Any student requesting a leave longer than seven (7) days must meet with the LAO prior to submission of the request so the LAO can provide assistance with the student's application and ensure the necessary supports will be in place upon their return.

5.11 The student must include in the request a formal explanatory letter addressed to the Associate Dean, UGME that details the following:

- (1) General reason for the requested leave;
- (2) An outline of required learning that will be missed; and
- (3) Steps taken to ensure academic success upon return.

5.12 The Associate Dean, UGME, or their delegate, is responsible for providing the final decision whether an absence will be considered excused. The Associate Dean, UGME will work in collaboration with the LAO when making decisions about long-term absences, though private Student information will not be shared by the LAO in these discussions.

5.12.1 Students may appeal the decision of the Associate Dean, UGME to the Appeals Committee within ten (10) days of the decision.

5.13 If approved, the leave will be recorded in the student's Medical Student Performance Record (MSPR).

5.14 Students may be required to submit a letter of support for a return to learning by their health care professional if they plan to return from a health-related leave.

### *Considerations for approving anticipated leaves*

5.15 Anticipated leaves are considered on a case-by-case basis and are at the discretion of the Associate Dean, UGME, or their delegate, except for requests arising from an existing accommodation. The following are taken into consideration when determining if the absence will be approved:

- (1) Reason for the request (unless request is for a Personal Day);
- (2) Duration and type of learning experiences and assessments that will be missed;
- (3) The MD Program Office's ability to reschedule missed learning experiences;
- (4) The student's overall attendance record; and
- (5) The student's academic record.

5.16 Some types of short-term Anticipated Leave requests have additional considerations or restrictions that will be taken into account during the approval process.

- (a) For leaves due to planned major life events or celebrations (personal, family or close relations), students are allowed a maximum of three (3) days each academic year. Such events may include weddings, milestone celebrations, or life remembrance ceremonies.

(b) For leaves due to professional development events, students are allowed a maximum of three (3) days, including travel, each academic year. Such leaves may include attending or presenting at approved scholarship, leadership, research, or professional development events.

- (i) Proof of acceptance to the event must be provided to the MD Program Office when the student submits their leave request.
- (ii) Within seven (7) days of the student's return, the student must provide proof of their attendance and participation in the event to the MD Program Office.

5.17 Long-term anticipated leaves are considered on a case-by-case basis. The following may be considered when determining if the absence will be approved:

- (a) Reason for the request, including any supporting documentation;
- (b) Duration and type of learning experiences and assessments that will be missed;
- (c) The ability of the MD Program to reschedule missed learning experiences and assessments;
- (d) The student's overall attendance record;
- (e) The student's academic record, including professionalism; and
- (f) Past approval for similar requests.

## 6. Requesting Unanticipated Leaves

6.1 Students (or their representative, if they are unable to self-report) who require an Unanticipated Leave that is equal to or less than seven (7) days in duration may request it by taking the following steps:

- (1) Notify the relevant lead by email at the first possible opportunity. The lead is the Faculty Member leading the Required Learning Experience or the preceptor(s)/clinical supervisor(s) who are expecting the student to be present at a site;
- (2) If the unanticipated absence is due to a confidential issue, the student must contact the LAO to discuss confidential reporting options.
- (3) If there is a risk of harm, students should ensure their personal safety and the safety of others before notifying the MD Program Office.

6.2 If it appears a leave will surpass seven (7) calendar days and become a longer-term absence, the student (or their representative) must contact the LAO.

- 6.2.1 Students in this category are required to meet with course leadership and/or an AST to co-develop an individualized learning plan when the student is able to return.
- 6.2.2 The MD Program Competency Review Team will monitor the progress and completion of the learning plan.

6.3 Supporting documentation may be required for prolonged absences.

## 7. Related Policies, Procedures, and Legal Authorities

7.1 The legal and other University policy authorities and agreements that may bear on the administration of this procedure include but are not limited to:

- SoM: Statement on the Medical Student Performance Report (MSPR)
- SoM: Faculty Rule on MD Grading, Progression, and Academic Standing
- SoM: Faculty Rule on Professionalism & Professional Attributes for MD Students
- SoM: Guideline on Time Spent in Required Learning
- [Protected Disclosure of Wrongdoing](#) (GP 41)
- [Student Conduct Policy](#) (S 10.05)
- [Archives, Recorded Information Management, and Freedom of Information and Protection of Privacy](#) (I 10.01)
- *University Act*, RSBC 1996, c 468.
- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165.
- *Health Professions Act*, RSBC 1996, c 183.

## 8. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Academic Concession:** Modifications to the standard curriculum practice that are granted on a discretionary basis, either by a Course Lead or through School policy. An Academic Concession may be granted when unexpected circumstances prevent a student from participating in course-related activities. The form of Academic Concession (e.g. assignment extension, deferred exam, alternate assignment, etc.) must be reasonable, fair, and consistent with the course learning objectives.

**Academic Record or Student Record:** All students in the SFU School of Medicine MD Program will have a secure electronic file with key performance information pertaining to the student's academic programs, including basic personal information, academic information such as grades and assessments, information on absences and leaves, higher-level lapses in professionalism, and their MSPR.

**Academic Success Team (AST):** A team of Faculty Members and staff representing Learner Affairs, Curriculum, and Assessment, who intervene and provide support to learners in need.

**Accommodation:** Academic accommodation is a modification or extension of University resources, or of teaching or evaluation procedures, which mitigates the effect of a student's disability on learning. Simon Fraser University has a duty to provide reasonable accommodations to the known limitations of an otherwise qualified student who has a documented disability. Accommodations may be made by providing alternative ways for the student to meet requirements or by adapting the instructional delivery system and/or assessment procedures (for example, through visual language interpreters, note takers, adaptive equipment). These accommodations should enable the student to demonstrate his or her knowledge and skill without diluting curriculum or credentials, or detracting from the responsibility of the student to achieve individual results consistent with course/program requirements and objectives.

**Anticipated Leave:** An absence that can be predicted at the start of the academic year. An example is a cultural or faith-based celebration or holiday.

**Assessment:** Any review of a Student's performance or conduct in the MD Program that affects progression and/or achievement of stages of the MD Program Competencies or AFMC Entrustable Professional Activities (EPAs).

**CACMS:** Committee on the Accreditation of Canadian Medical Schools.

**Competency-Based Medical Education (CBME):** An educational approach that focuses on the development of competencies required for medical practice. It emphasizes the outcomes of education rather than the processes by which those outcomes are achieved. In CBME, students progress through their training by demonstrating the attainment of defined competencies across contexts rather than by completing a set amount of time in training or a specific number of courses.

**Dean:** The Dean of the SFU School of Medicine.

**Elective Learning Experience ("Elective"):** A supplemental, structured learning experience outside the prescribed curriculum that focus on integration and consolidation of competencies and where students can explore medical disciplines and career options. Electives may be in Clinical Care, Scholarship, or Community Learning and are a required (but not prescribed) component of the curriculum.

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**LAO:** Learner Affairs Office of the SFU School of Medicine.

**Long-Term Leave:** Absence from study for more than seven (7) calendar days.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**MD Program Competencies:** The medical skills, knowledge, and proficiencies that students will achieve through the MD Program curriculum and will have demonstrable capacity in by graduation. These competencies are required for progression through, and graduation from, the MD Program.

**MD Program Office:** The office responsible for the administration and operation of the MD Program at the SFU School of Medicine. The MD Program Office is led by the Associate Dean, UGME.

**MSPR:** The Medical Student Performance Record. The MSPR contains the medical student's standing in the MD Program, provides narrative commentary on the student's performance in core and elective courses, and notes the student's leadership, mentorship, and award history. The MSPR is sometimes referred to as a Dean's Letter.

**Mandatory Leave:** A leave that is directed by the MD Program or SFU due to either a threat to others posed by the health or behaviours of the student, or based on a recommendation by an Assistant or Associate Dean related to a student's progression in the program.?

**Parental Leave:** Absence from learning for a student for the care of a newborn or a newly adopted child.

**Professionalism:** The embodiment or enactment of responsibilities arising from the virtues, values, and principles that guide the medical profession. Professionalism is a commitment to not only exercise clinical competency but to uphold professional and ethical standards of conduct for the practice of medicine.

**Regulatory Bodies:** An organization responsible for overseeing and regulating medical practices and healthcare professionals to ensure safety, efficacy, and ethical standards. These bodies establish guidelines, enforce regulations, and monitor compliance within the healthcare sector to protect public health and maintain the integrity of the medical profession.

**Required Learning Experience:** (adapted from CACMS). An educational unit (e.g., session, longitudinal component, course) that is prescribed and required of a student in order to complete the medical education program. Required learning experiences are in contradistinction to electives, which may be mandatory to complete, but significant aspects of the experiences are of the student's choosing.

**SFU SoM:** Simon Fraser University School of Medicine.

**Short-Term Leave:** A leave from study of less than or equal to seven (7) calendar days.

**Staff:** Employees of SFU who support the education, administrative and research mission, and who are not members of the faculty.

**UGME:** Undergraduate Medical Education.

**Unanticipated Leave:** Absence that cannot be predicted at the start of the term or required learning experience.

**University:** Simon Fraser University.

# Faculty Rule on Provision of Health Services to Medical Students by Faculty

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## 1. Principles

- 1.1 The Simon Fraser University School of Medicine (SFU SoM) is aware of the possibility that students admitted to the program, or those participating in a visiting elective from another medical school, may have a current or previous patient-provider relationship with a Faculty Member at the SFU SoM or other AFMC school. Since Faculty Members are often practicing clinicians, there exists a potential for conflicts between their dual professional roles as both an educator and clinician.
- 1.2 To ensure fairness for all Students in the MD Program, Students will not be assessed, reviewed, have decisions on their educational progress, or receive learning supports made by Faculty Members who have provided or are currently providing them with Significant Health Care. Professional relationships of this sort create conflicts of interest that may preclude unbiased assessment.

## 2. Purpose

- 2.1 The purpose of this rule is to:
  - (1) prohibit Faculty Members from providing or being involved in academic assessments, decision-making regarding admission or progression in the MD Program, or providing learning or remedial support services for a Student to whom they are currently providing personal health care services; and
  - (2) outline the procedure for identifying and reconciling conflicts of interest that arise when a Faculty Member has provided or is currently providing Significant Health Care services to a Student.

## 3. Scope and Application

- 3.1 This faculty rule applies to:

- (1) students enrolled in the SFU SoM MD Program, including prospective students and Visiting Students participating in electives or other academic activities within the MD Program;
- (2) all SFU SoM Faculty Members who are involved in:
  - (i) teaching or assessing Students directly;
  - (ii) activities or processes related to Student assessment, progression, or appeals of such;
  - (iii) admissions to the MD Program; or
  - (iv) Student support and remediation services.
- (3) candidates for a leadership position at the SFU SoM.

3.2 This rule is applied in circumstances where a conflict exists or could exist between a Faculty Member and a Student to whom the Faculty Member has provided Significant Health Care services.

3.3 Notwithstanding the above, this faculty rule is not intended to prevent Students from accessing needed healthcare. Circumstances may arise where the medical condition is minor or urgent and/or no other physician is readily available.

## 4. Accreditation

4.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

12.5—PROVIDERS OF STUDENT HEALTH SERVICES

## 5. Definitions

5.1 See Appendix A for definitions of the terms used throughout this document.

## 6. Rule

- 6.1 Any Faculty Member, Provider, or Supervisor who is currently involved in or has been involved in the provision of Significant Health Care services to a Student has a conflict of interest that precludes them taking on duties where they oversee or have influence in MD Program decisions about that Student, which may include:
  - (a) admission;
  - (b) promotion, progression, and graduation;
  - (c) academic assessment;
  - (d) disciplinary reviews, panels, or investigations;
  - (e) adjudication of appeals;
  - (f) providing learning supports or remediation activities; or
  - (g) any other decisions that bear significance to MD Program requirements, its processes, or the fair treatment of Students.
- 6.2 Faculty Members must declare any conflicts of interest if their role involves any of the duties listed in 6.1 or other duty which requires unbiased evaluation of the Student. A conflict also arises in situations where a Faculty Member responsible for a Student's assessment is providing health care or personal supportive services to that Student in response to an ongoing or major acute health event.
- 6.3 Faculty Members who are assigned assessment roles will be provided opportunities to declare a conflict of interest and are expected to do so as soon as possible to allow time to make alternative arrangements.
- 6.4 To preserve the privacy of both parties, a declaration of a conflict does not require disclosure of what type of care was provided, nor any details of the treatment provided.
- 6.5 Course Leads who become aware of any real or perceived conflicts between assessment and health care responsibilities within the faculty are required to immediately report such conflicts to the Associate Dean, UGME or the Associate Dean, Medical Education Programs.
  - 6.5.1 Faculty Members who are aware of a unique risk (for example, an OSCE assessment) or of a more substantial risk (such as membership in the Competency Review Team) must declare any conflicts upon application to the

committee or body in question, as well as at the annual initial meeting where conflicts are declared.

6.6 In cases where a Faculty Member has leadership responsibilities for the MD Program (e.g., Course Lead, committee chair, or decanal leader) and is a current or former care provider for one or more Student, it may not be possible to entirely remove the leader or Faculty Member from the oversight of and involvement with the Student(s). In such circumstances, the Associate Dean, UGME or the Associate Dean, Medical Education Programs will ensure that necessary interactions between the Student(s) and the academic leader are handled by a suitable alternate and will inform the Student(s) of this arrangement.

## 7. Related Policies, Procedures, and Legal Authorities

7.1 The procedures associated with this Faculty Rule are Procedures for the Faculty Rule on Provision of Health Services to Students by Faculty and can be found in Appendix B.

7.2 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- SoM: Procedure for Appeals of Grading, Progression, and Academic Standing
- SoM: Conflicts of Interest Guideline
- SoM: Faculty Rule on MD Program Grading, Progression, and Academic Standing
- SoM: Faculty Rule on Professionalism and Professional Attributes for MD Students
- Confidentiality Policy (I 10.10)
- Protection of Privacy (I 10.11)
- Student Academic Integrity Policy (S 10.01)
- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165
- *Health Professions Act*, RSBC 1996, c. 183
- *Limitation Act*, RSBC 2012, c. 13
- *University Act*, RSBC 1996, c 468

## 8. Attachments

- **Appendix A:** Definitions of Terms.

- **Appendix B: Procedures for the Faculty Rule on Provision of Health Services to Students by Faculty.**

## 9. References

- Canadian Standards Association: *Canadian Standards Organization Model Code for the Protection of Personal Information* (CAN/CSA-Q830-96 200).

## 10. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**AFMC:** Association of Faculties of Medicine of Canada.

**Accommodation:** Academic accommodation is a modification or extension of University resources, or of teaching or evaluation procedures, which mitigates the effect of a student's disability on learning. Simon Fraser University has a duty to provide reasonable accommodations to the known limitations of an otherwise qualified student who has a documented disability. Accommodations may be made by providing alternative ways for the student to meet requirements or by adapting the instructional delivery system and/or assessment procedures (for example, through visual language interpreters, note takers, adaptive equipment). These accommodations should enable the student to demonstrate his or her knowledge and skill without diluting curriculum or credentials, or detracting from the responsibility of the student to achieve individual results consistent with course/program requirements and objectives.

**Affiliates:** Community and health care organizations which contribute to or support the education delivered by the MD Program and SFU School of Medicine.

**Assessment:** Any review of a Student's performance or conduct in the MD Program that affects progression and/or achievement of stages of the MD Program Competencies or AFMC Entrustable Professional Activities (EPAs).

**Assessor:** Individuals involved in assessments of classroom and clinical learning, tutorial performance, clinical skills, elective experiences, progress tests, observed structured clinical examinations (OSCEs), and any other evaluation of learning contemplated under the auspices of the MD Program curriculum. This includes individuals involved in deliberations or decisions carried out in support of student progress or remediation.

**Clinical Faculty Member:** A faculty member at an approved Medical School that holds a clinical faculty appointment.

**Clinical Supervisor:** The clinician responsible for the overall quality of education at their site or office. In office-based teaching, the clinical supervisor is often also the Preceptor. In the hospital environment, the clinical supervisor may be in another role. May also be referred to as a Site Leader.

**Competency Review Team:** The team appointed under the UGME Progression, Assessment, and Competency Committee (UPACC) responsible for making decisions about MD Program competency requirements, EPA achievements, and whether students are ready to progress through the MD Program.

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**LAO:** Learner Affairs Office of the SFU School of Medicine.

**Observed Structured Clinical Examination (OSCE):** A comprehensive and structured assessment method that evaluates students' clinical skills, including their ability to conduct patient assessments, perform clinical procedures, and communicate effectively with patients and healthcare teams.

**Provider:** Health professionals who provide medical or health services, including psychiatric and psychological counselling.

**Resident:** A postgraduate medical trainee registered in a Postgraduate Medical Education (residency) Program of the SFU School of Medicine or in a postgraduate medical education program at another recognized medical school.

**Significant Health Care:** The provision of a clinical service delivered on an acute (for an unexpected major health care event) or longitudinal basis in primary or specialty patient care. This includes any health care encounter where either party has reason to believe they had a professional relationship for the purposes of health assessment, prevention or treatment of physical illness or injury, or for the delivery of psychiatric, psychological, or any other form of therapeutic counselling.

**Student:** A person who is an applicant to, candidate for, eligible to enroll, or enrolled in the MD Program, including those on leave and eligible to enroll when the leave ends; a Visiting Student from another medical school who has been accepted to participate in visiting electives.

**Supervisor:** Any person who oversees, or has overseen, the delivery of Significant Health Care to a Student.

**Visiting Student:** A student from a different medical school who attends SFU School of Medicine while participating in a visiting elective.

# Procedures for the Faculty Rule on Provision of Health Services to Students by Faculty

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## 11. Identifying conflicts

- 11.1 All Faculty Members will be asked annually to declare known conflicts of interest.
- 11.2 Students are expected to declare known conflicts of interest to the LAO before the start of each academic year. The LAO will inform the MD Program Office of the risks and, if applicable, request an alternate plan for the Student.
- 11.3 Faculty Members who face an unexpected conflict during an assessment (such as a workplace-based assessment (WBAs) or OSCE examination) will immediately remove themselves and request a reassignment.
  - 11.3.1 Alternate supervision and assessment for the Student will be arranged to mitigate the conflict.
  - 11.3.2 In the event that a Faculty Member must provide a Student with emergency care due to an acute health crisis that occurs while in the act of delivering patient care, the Faculty Member must provide the Student with emergency care until their condition is stable. After the emergency has been stabilized, the Faculty Member will contact the MD Program Office as soon as possible to report a conflict of interest and recuse themselves from participation in the assessment of that Student.

## 12. Reporting conflicts

- 12.1 Students and Faculty Members are both responsible for declaring any conflict of interest to the Course Lead and are expected to do so as soon as safety and privacy concerns permit.
  - 12.1.1 If the conflict involves the Course Lead, the conflict will be reported to the Associate Dean, UGME.

- 12.2 Students are not required to disclose the nature of the health care they received when making their report. When a Student reports a conflict, the Faculty Member will not be informed of the reason for any resulting change in supervisory duties unless necessary, and no disclosure shall occur before obtaining the Student's consent.
- 12.3 Faculty Members who report a conflict need only disclose that a conflict of interest has arisen and are not required to make explicit that it pertains to their clinical role as a Provider.
  - 12.3.1 This practice recognizes the responsibility of Providers and Supervisors to uphold patient confidentiality.
  - 12.3.2 When a Provider or Supervisor reports a conflict, the Student will be informed of institutional policies governing conflicts of interest and the requirement that their supervision be transferred to a different person.
- 12.4 Should Faculty Members of Significant Health Care discover that they are currently assessing or are about to assess a Student to whom they have provided such care, they should notify the appropriate leadership for that context (e.g., the Course Lead).
  - 12.4.1 If the conflict cannot be immediately resolved, the case should be escalated in the following order: first to the Associate Dean, UGME, then the Associate Dean, Medical Education Programs; and finally, to the Dean.

## 13. Managing conflicts

- 13.1 A Faculty Member must not participate in either direct or indirect assessment of a Student to whom they have provided Significant Health Care. For example, a Faculty Member must not provide feedback to the lead of a clinical experience.
- 13.2 Upon receipt of a report of conflict from either a Student or Faculty Member, the MD Program Office will remove the Student from the Faculty Member's supervision and ensure that the assessment is conducted exclusively by other Faculty Members.
- 13.3 Anyone in a leadership role, such as a Course Lead, within the SFU SoM must not be involved in the acute care or planned ongoing health care for Students, unless doing so is required in exceptional emergency situations. Acceptance of a leadership position creates an obligation to identify conflicts of interest and mitigate any potential risks by removing themselves from any further care of the Student.

# Faculty Rule on Professionalism & Professional Attributes for MD Students

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## 1. Principles

- 1.1 The Simon Fraser University School of Medicine (SFU SoM) is committed to creating a diverse, equitable, and inclusive learning environment. The SFU SoM strives to ensure that all Students feel welcome, safe, respected, and valued.
- 1.2 Professionalism is a commitment to uphold the professional standards and ethical values expected of medical practitioners. Students will be made aware of, and supported in, developing these attributes; including but not limited to, virtues like compassion, beneficence, non-maleficence, respect for persons, justice, and accountability.
- 1.3 The medical profession is guided by specific standards, competencies, and behaviours arising from the foundational values of the CMA *Code of Ethics and Professionalism*. This code is also referenced by the CPSBC, the regulatory body that is responsible for issuing educational licenses to medical students as well as licensing physicians. As professionals, physicians are designated to promote the health and well-being of their patients as well as society through competent medical practice, maintenance of personal well-being, and accountability to their patients and peers through profession-led regulation.
- 1.4 Medical students are subject to the same professional standards that apply to practicing physicians; however, it is also recognized and understood that medical students are in the early stages of their professional development and therefore, Students will be made aware of, and supported in, developing these aforementioned attributes (1.2).
- 1.5 The SFU SoM expects every Student to uphold the dignity of the medical profession and help foster safe and inclusive learning and patient care environments.

- 1.6 Mistreatment of others violates Professionalism standards and will not be tolerated. “Mistreatment” is defined by the Association of Faculties of Medicine of Canada (AFMC) as any “behaviour [that] shows disrespect for the dignity of others and unreasonably interferes with the learning process.” There are many different forms of mistreatment, including verbal, emotional, and physical. Examples of mistreatment include but are not limited to: sexual harassment, discrimination on the basis of race, religion, ethnicity, gender, or sexual orientation, psychological or physical punishment. (AFMC 2011).
- 1.7 The following principles reflect core SFU SoM values:
  - (a) The SFU SoM expects that all members of the School of Medicine Community will embody professional and ethical standards.
  - (b) Addressing lapses in Professionalism is important for the maintenance of an inclusive and respectful learning environment as well as in the provision of safe, ethical, and equitable patient care.
  - (c) The MD Program facilitates the growth and development of Professionalism in Students through its curriculum, regular feedback and coaching on Professional competencies, Targeted Skills Development and community engagement.
  - (d) Professionalism in medical practice is rooted in the principles and values of social accountability, cultural safety, and anti-racism.
  - (e) The SoM endorses the CMA’s guide on *Equity and Diversity in Medicine* and incorporates Anti-Racism, Cultural Safety, Cultural Competence, Cultural Awareness, and Intersectional Approaches. Advancing equity, inclusion, and self-determination may require challenging harmful ideologies or behaviours and while contributing to dynamic tension that may be uncomfortable, such engagement should not be dismissed as unprofessional or unwarranted.
- 1.8 The SFU SoM is committed to addressing Professional Lapses with procedures that are accessible, fair to all parties, timely, restorative and supportive.

## 2. Purpose

- 2.1 The purpose of this faculty rule is to:
  - (1) outline the professional attributes and ethical standards expected of Students in the MD Program; and
  - (2) establish the procedures for reporting and responding to Professionalism Lapses.

### 3. Scope and Application

- 3.1 This faculty rule applies to all Students in the MD Program, including Visiting Students participating in a visiting elective.
- 3.2 This faculty rule is applied in the following contexts:
  - (a) Scheduled or informal sessions of MD Program components including classroom and laboratory learning, simulation learning, community-based learning, research, and scholarship.
  - (b) Clinical Learning Experiences with Affiliates, as well as Elective Learning Experiences at other Medical Schools.
  - (c) Instances where a Student's actions or a pattern of behaviours presents a significant safety risk to patients or the community.
  - (d) Any other instance, including those taking place outside of University learning environments and properties, where a Student's conduct clearly contradicts this Faculty Rule or the values of the SFU SoM and, as a result, poses a real and substantial link to or material negative effect on the:
    - (i) integrity and safety of the SFU SoM learning and working environments;
    - (ii) reputation of the SFU SoM, its Affiliates, or the medical profession.

### 4. Accreditation

- 4.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

3.5—LEARNING ENVIRONMENT

### 5. Definitions

- 5.1 See Appendix A for definitions of the terms used throughout this document.

## 6. Standards of Behaviour

6.1 The SFU SoM MD Program has clear expectations of Student conduct and Professionalism. These expectations are described in:

- (1) Standards of Professional Conduct for the SFU SoM
- (2) MD Program Competencies

6.2 In addition to the standards described in these rules, Students are expected to adhere to any existing or future University policies and SoM rules and guidelines. Some key policies, rules, and guidelines Students should be familiar with include:

- 6.2.1 SoM: Guideline for Addressing Learner Mistreatment
- 6.2.2 SoM: Faculty Rule on Grading, Progression, and Academic Standing
- 6.2.3 SoM: Procedure for Appeals of Grading, Progression, and Academic Standing
- 6.2.4
  - Student Academic Integrity Policy (S 10.01)
  - University Board on Student Discipline (S 10.02)
  - Senate Committee on Disciplinary Appeals (S 10.03)
  - Student Conduct Policy (S 10.05)
  - Protected Disclosure of Wrongdoing (GP 41)
  - Bullying and Harassment Policy (GP 47)
  - Sexualized Violence Policy (GP 44)
  - Response to Violence and Threatening Behaviour Policy (GP 25)
  - Human Rights Policy (GP 18)
  - Fair Use of Information and Communications Technology Policy (GP 24)

6.3 The MD Program Competencies includes competencies in the Professional domain. Achievement of MD Program Competencies (and appropriate milestones) is required to progress in each course and be recommended for graduation. Failure to adhere to the expectations, policies, rules, and guidelines described in sections 6.1 and 6.2 may be considered a Professionalism Lapse.

6.3.1. Clear criteria for progression in each MD Program course will be posted in the Learning Management System at the beginning of each academic year.

6.4 As registrants of CPSBC, all Students have a duty to report if they have reasonable grounds to believe their own or another registrant's continued practice might constitute a danger to the public due to incompetence, physical or mental ailment, emotional disturbance, or addiction. Failure to report behaviours that might constitute a danger to the public may be considered a Professionalism Lapse under these rules. Students are encouraged to talk to their Clinical Faculty Supervisor or the Learner Affairs Office (LAO) for support in these potential instances.

## 7. Monitoring Professional Development

7.1 The development of the Professional Competencies will be monitored in learning environments and documented for all Students in their assessment portfolios.

7.2 The Competency Review Team will conduct regular holistic formative portfolio reviews to ensure Students are progressing as expected and to allow for early identification of those who may be at risk of not meeting one or more of the MD Program Competencies. See Faculty Rule on MD Program Grading, Progression, and Academic Standing.

7.3 If a Student is at risk of not meeting the Professional Competencies, the Associate Dean, UGME will be notified. The Student will be referred to the Academic Success Team (AST) for additional learning supports and monitoring, such as coaching, tutoring, and Targeted Skills Development including a learning plan, as appropriate.

7.3.1 If Targeted Skills Development and/or Remediation is successful, as determined by the Competency Review Team, no further action will be taken and there will not be a notation on the Student Record.

7.3.2 If Remediation is unsuccessful, the Student's behaviour will be investigated by a Professionalism Review Panel to determine whether the conduct constitutes a Professionalism Lapse as outlined in the procedure.

## 8. Responding to Professionalism Lapses

8.1 Responses to a Professional Lapse are undertaken through two distinct pathways which are initiated by either:

- (1) internal monitoring; or
- (2) external reporting.

8.2 The response and investigation processes are detailed in the Procedures for Reporting and Responding to Professionalism Lapses

8.3 Patterns in behaviour or events which are considered a Professionalism Lapse will be classified into levels which align with the AFMC Undergraduate Dean's Statement on Professionalism Levels and Actions of Professionalism Lapses. See Appendix B for examples of behaviours that meet the criteria for each level.

8.4 Patterns in behaviour or events that are found to constitute a Professionalism Lapse will be documented in the Student's Professionalism File.

### *Classification of Professionalism Lapses*

8.5 Decisions regarding the level classification of the Professionalism Lapse will consider the following factors:

- (a) Nature and gravity of the behaviour;
- (b) Impact or risk of the behaviour or misconduct;
- (c) History of previous behaviours and Professionalism Lapses by the Student;
- (d) Degree of insight and accountability of the Student;
- (e) Level classification of the Professionalism Lapse;
- (f) Extenuating and mitigating circumstances; and
- (g) Contextual and other relevant factors.

8.6 **Level 1 & Level 2:** Reports and documentation related to the incidents or investigations of Professionalism will be stored in a Professionalism File. If the incident is successfully redressed, is non-recurrent, and the Student is not in the final year of their studies, the Professionalism Lapse will not be recorded on the Student's MSPR.

8.7 **Level 3:** Reports and documentation related to the incident or investigations of Professionalism will be stored in a Professionalism File. At the discretion of the Associate Dean, UGME, Level 3 lapses may be recorded on a Student's MSPR. At the discretion of the Associate Dean, UGME, findings from Level 3 lapses may be reported to medical regulatory bodies such as the CPSBC.

8.8 **Level 4:** Reports and documentation related to the incident or investigations will be recorded in the Student's Professionalism File and MSPR. Findings from Level 4 lapses will be reported to medical regulatory bodies, such as the CPSBC, by the Associate Dean, UGME. This may result in the Student's discontinuation or required withdrawal from the MD Program.

## 9. Related Procedures, Policies, and Legal Authorities

9.1 The accompanying procedure for this policy can be found in [Appendix C: Procedures for Reporting and Responding to Professionalism Lapses](#).

9.2 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- [Student Academic Integrity Policy](#) (S 10.01)
- [University Board on Student Discipline](#) (S 10.02)
- [Senate Committee on Disciplinary Appeals](#) (S 10.03)
- [Student Conduct Policy](#) (S 10.05)
- [Human Rights Policy](#) (GP 18)
- [Acceptable Use and Security of Digital Information and Electronic Systems](#) (GP 24)
- [Response to Violence and Threatening Behaviour Policy](#) (GP 25)
- [Protected Disclosure of Wrongdoing](#) (GP 41)
- [Sexualized Violence Policy](#) (GP 44)
- [Bullying and Harassment Policy](#) (GP 47)
- SoM: Procedure for Appeals of Grading, Progression and Academic Standing
- SoM: Guideline for Addressing Learner Mistreatment
- SoM: Faculty Rule on MD Program Grading, Progression and Academic Standing

9.3 Relevant legal authorities include:

- BC: [Health Professions Act](#), RSBC 1996, c 183.
- BC: [Human Rights Code](#), RSBC 1996, c 210.

9.4 Additional materials referenced in this document:

- AFMC: [Canadian Undergraduate Deans Statement on Professionalism](#) (2021)
- CFPC: [A competency framework for family physicians across the continuum](#) (2017).

- CMA: [Code of Ethics and Professionalism](#).
- CMA: [CMA Policy Equity and Diversity in Medicine](#) (2020).
- CPSBC: [Legislative Guidance: Duty to Report](#).
- CPSBC: [Practice Standards and Professional Guidelines](#).

## 10. Attachments

- 10.1 **Appendix A:** Definitions of Terms.
- 10.2 **Appendix B:** AFMC Undergraduate Dean's Statement on Professionalism.
- 10.3 **Appendix C:** [Procedures for Reporting and Responding to Professionalism Lapses](#).

## Appendix A: Definitions of Terms

**Academic Record or Student Record:** All students in the SFU School of Medicine MD Program will have a secure electronic file with key performance information pertaining to the student's academic programs, including basic personal information, academic information such as grades and assessments, information on absences and leaves, higher-level lapses in professionalism, and their MSPR.

**Appeal:** An official petition for reconsideration of a decision which may affect evaluation of a student's performance, progress, or standing in the MD Program.

**Appeals Committee:** The committee of the SFU School of Medicine that is responsible for hearing, and making recommendations to the Dean on, matters of student appeals.

**BC:** The province of British Columbia.

**CPSBC:** The College of Physicians and Surgeons of British Columbia.

**Clinical Learning Experience ("Clinical"):** Placements in clinical environments (e.g. hospitals, clinics) that provide students with direct, hands-on experience in the provision of health care services.

**Competency Review Team:** The team appointed under the UGME Progression, Assessment, and Competency Committee (UPACC) responsible for making decisions about MD Program competency requirements, EPA achievements, and whether students are ready to progress through the MD Program.

**Cultural Awareness:** The CMA defines Cultural Awareness in the context of the medical profession as “being sensitive to the ways in which community members’ values and perceptions about health care differ from their own. Implicit bias is a related concept, wherein people act on the basis of internalised schemas of which they are unaware and thus can, and often do, engage in discriminatory behaviours without conscious intent. This tendency is often linked to cultural differences.”

**Cultural Competence:** The CMA defines Cultural Competence as “a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations.” ‘Culture’ refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. ‘Competence’ implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and communities.”

**Cultural Safety:** The CMA defines Cultural Safety in healthcare as the “the adoption of cultural humility or cultural competence to understand and address the limitations of the skills, knowledge, and attitudes of health providers in regard to their patients. In Canada, this includes a postcolonial understanding of the health disparities and inequities among First Nations, Inuit, and Métis [peoples] through the examination of the effects of colonialism on the lives of [Indigenous] peoples.”

**Egregious Harm:** Serious damage to the health, wellbeing, and safety of a patient, community, colleague, Student, or any other person. An Egregious Harm may result from a student's gross misconduct, negligence, or any other Professional Lapse that violates professional standards of medical practice. These harms may be in the form of discrimination, harassment, physical or sexual violence, and any event or pattern of behaviour that could result in criminal or civil legal action, or poses a risk of serious reputational harm to the SFU School of Medicine and the medical profession.

**Elective Learning Experience ("Elective"):** A supplemental, structured learning experience outside the prescribed curriculum that focus on integration and consolidation of competencies and where students can explore medical disciplines and career options. Electives may be in Clinical Care, Scholarship, or Community Learning and are a required (but not prescribed) component of the curriculum.

**Equity:** The principle that everyone should have equal opportunity to receive quality healthcare without barriers and participate in the medical profession. The CMA defines equity in medicine as, "achieved when every person has the opportunity, with their own identity, culture, and characteristics, to create and sustain a career as, or receive care from, a medical professional without discrimination or any other cultural or characteristic-related negative bias or barrier."

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**Intersectional Approach:** An intersectional approach takes into account the historical, social and political context. The approach recognizes the unique experience of a person based on the intersection of all relevant grounds.

**LAO:** Learner Affairs Office of the SFU School of Medicine.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**MD Program Competencies:** The medical skills, knowledge, and proficiencies that Students will achieve in the MD Program curriculum and will have demonstrable capacity in by

graduation. These competencies are required for progression through, and graduation from, the MD Program.

**MSPR:** The Medical Student Performance Record. The MSPR contains the medical student's standing in the MD Program, provides narrative commentary on the student's performance in core and elective courses, and notes the student's leadership, mentorship, and award history. The MSPR is sometimes referred to as a Dean's Letter.

**Medical School:** A University, Faculty, or School other than the SFU School of Medicine with an MD program that is recognized by the World Federation for Medical Education.

**Procedural Fairness:** The legal right for a person to be treated fairly and equally under an investigation or other administrative process in the application of law or policy. This includes the right to receive adequate notice of the initiation of this process, to be heard and reviewed by impartial decision-makers and adjudicators, to be made aware of and respond to the evidence used against them, and to be given the reasons for a final decision.

**Professional Competencies:** The subset of the MD Program Competencies in the professional domain that students must achieve in order to graduate.

**Professionalism:** The embodiment or enactment of responsibilities arising from the virtues, values, and principles that guide the medical profession. Professionalism is a commitment to not only exercise clinical competency but to uphold professional and ethical standards of conduct for the practice of medicine.

**Professionalism File:** A confidential student file that documents the outcomes of investigations or findings pertaining to Student Professionalism Lapses where, in accordance with University policies and standards of Procedural Fairness, the Student was found to have been in violation of University and School of Medicine policies on conduct and professionalism. These files are kept by the Associate Dean UGME until graduation and then destroyed in accordance with University policies on privacy and retention of information.

**Professionalism Lapse:** Conduct or a pattern of behaviour that fails to uphold the standards of Professionalism as it is defined by the University policies and School of Medicine rules and guidelines or by professional medical colleges and regulatory bodies such as the CMA and RCPSC.

**Professionalism Review Panel:** The group of assessors designated to investigate cases where a student is at risk of failing to meet their Professional Competencies requirement.

**RCPSC:** Royal College of Physicians and Surgeons of Canada.

**Remediation:** An academic activity designed to help students meet one or more competency requirements. The term remediation is used only when the academic activities required to meet competency requirements occur after a student was unsuccessful in Targeted Skills Development.

**Reporter:** An individual who has contacted the SFU School of Medicine to report an alleged Professionalism Lapse. Examples of a Reporter include, but are not limited to, Faculty Members, staff, students, residents, health professionals, patients, or members of the public.

**Respondent:** The student against whom an allegation of a lapse in professionalism was reported and whose conduct is currently under review or investigation.

**SFU SoM:** Simon Fraser University School of Medicine.

**School of Medicine Community:** The School of Medicine Community means all students and employees of the School of Medicine, and all people who have a status at the School of Medicine mandated by legislation or other University policies, including clinical faculty members, research Associates, post-doctoral fellows, members of Senate and the Board of Governors, volunteers, visiting and emeritus faculty, and visiting researchers.

**Student:** A person who is an applicant to, candidate for, eligible to enroll, or enrolled in the MD Program, including those on leave and eligible to enroll when the leave ends; a Visiting Student from another medical school who has been accepted to participate in visiting electives.

**Targeted Skills Development:** An academic activity designed to help students meet competency requirements. Targeted Skills Development is used to focus learning and assessment activities on specific knowledge and skills gaps and may occur before, during, or after a course. Targeted Skills Development represents opportunities for course correction.

**University:** Simon Fraser University.

## Appendix B: AFMC Undergraduate Dean's Statement on Professionalism

	<b>Professionalism Concern</b>	<b>Examples include but are not limited to:</b>	<b>Potential Interventions include but are not limited to:</b>	<b>*Documentation principles:</b>
<b>Level 1</b> <i>Concerning Behaviour Requiring Intervention</i>	<p>A first-time concern <u>and</u></p> <p>No or very minor harm to others (patients, other Students, faculty, the public or institutions), <u>and</u></p> <p>Acknowledgment and acceptance of responsibility <u>and</u></p> <p>Potential for remediation with, but not limited to, education, apology and/or reflection</p>	<p><b>Examples below may be Level 1 or Level 2 depending on if this a recurrent Professionalism Lapse:</b></p> <ul style="list-style-type: none"> <li>• <i>Submitting an assignment late</i></li> <li>• <i>Arriving late for a mandatory lecture or clinical learning experience without valid reason</i></li> <li>• <i>Missing a mandatory session without a valid reason</i></li> </ul>	<p>Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance</p>	<p>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</p>

<b>Level 2</b> <i>Concerning Pattern of Behaviour Requiring Intervention</i>	<p>Previous Level 1 concerns <u>or</u></p> <p>Minor direct or indirect harm to others (as above) <u>or</u></p> <p>Lack of insight into the concerns raised by the incident, <u>and</u></p> <p>Potential for remediation</p>	<ul style="list-style-type: none"> <li>• <i>Communication that may be perceived as Inappropriate or disrespectful (verbal or written, including social media, etc.)</i></li> <li>• <i>Receiving or responding to feedback inappropriately</i></li> <li>• <i>Repeated failure to meet deadlines or respond</i></li> </ul>	<p>Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance</p> <p>A program of remediation to include elements such as:</p> <ul style="list-style-type: none"> <li>• completion of assigned learning tasks</li> <li>• mentorship</li> </ul>	<p>Documentation in UGME Office academic file but no record on transcript and/or MSPR if remediation successfully completed and no further transgressions.</p>
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	through, but not limited to, education, apology, reflection, and/or formal course of study	<p><i>promptly to calls, particularly when patient care may be impacted</i></p> <ul style="list-style-type: none"> <li>• <i>Minor, unintentional incidents of academic misconduct</i></li> </ul>	<ul style="list-style-type: none"> <li>• sufficient time to demonstrate improvement</li> <li>• monitoring</li> </ul>	
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<b>Level 3</b>  <i>Concerning Pattern of Behaviour Persisting Following Remediation</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>	<ul style="list-style-type: none"> <li>• <i>Demonstrating a pattern of not responding to call for assistance</i></li> <li>• <i>Failing to communicate absences in a timely fashion</i></li> <li>• <i>Incidents of academic misconduct as defined by each university's policy on academic misconduct</i></li> <li>• <i>Breaching of patient confidentiality</i></li> <li>• <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></li> </ul>	<p>Conversation to review the incident and identify underlying causes, opportunity for reflection, provide support and improve future performance</p> <p>A program of remediation to include elements such as:</p> <ul style="list-style-type: none"> <li>• completion of assigned learning tasks,</li> <li>• mentorship</li> <li>• sufficient time to demonstrate improvement</li> <li>• monitoring</li> </ul>	Documentation in UGME academic file <u>and</u>  Inclusion in the MSPR recommended
<i>Threatening or dangerous behaviour requiring major intervention</i>	Student shows limited insight into the concerns raised by the incident, <u>and</u>  Potential for remediation through formal program(s) and reassessment.			

<b>Level 4</b> <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 egregious harm to others (as above), or  Behaviour inconsistent with a future career in medicine	<ul style="list-style-type: none"> <li><i>Physically or sexually assaulting a patient, colleague, Faculty Member, or staff</i></li> <li><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></li> <li><i>Unwelcomed and inappropriate communication or contact, where the behavior is known or reasonably ought to be known to be unwelcomed</i></li> <li><i>Unauthorized and intentional release of or accessing confidential information</i></li> <li><i>Engaging in discriminatory communication or behavior (depending on context / egregiousness)</i></li> </ul>	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  A program of remediation to include elements such as: <ul style="list-style-type: none"> <li>completion of assigned learning tasks</li> <li>mentorship</li> <li>sufficient time to demonstrate improvement monitoring</li> </ul>	Documentation in UGME academic file <u>and</u>  Inclusion in MSPR
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\* Documentation may vary in accordance with specific university or provincial regulations

## Appendix C: Procedures for Reporting and Responding to Professionalism Lapses

### Reporting

- 1.0 Individuals are encouraged to report non-emergency Professionalism Lapse concerns to [professionalism@sfu.ca](mailto:professionalism@sfu.ca) as soon as possible after the alleged incident.
- 2.0 Acknowledgement of receipt of the reported Professionalism Lapse is normally sent to the Reporter(s) as soon as possible but no later than three (3) business days.
- 3.0 The Reporter may be contacted by the Associate Dean, UGME for additional information or documentation at different stages of the investigation.
- 4.0 When appropriate, the Associate Dean, UGME may contact the Learner Affairs Office (LAO) to identify the appropriate support services that are available to the Reporter at the SoM. These supports may include access to counselling and community services.

### Investigation

- 5.0 The Associate Dean, UGME will consider the report and, based on the information provided make a preliminary review to determine next steps, including determination of whether the report is within scope of these rules.
- 6.0 If the Associate Dean, UGME determines that a report falls within the rules, the Associate Dean, UGME will strike a Professionalism Review Panel (the “Panel”) to conduct further review.
  - 6.1 The Panel will contain three (3) Faculty Members with relevant expertise and experience to review the matter.
  - 6.2 The Respondent to the alleged Professionalism Lapse will receive notice that a report has been made against them and is currently under review.
- 7.0 The Dean or Associate Dean, UGME may decide to impose immediate interim measures, such as requiring the Respondent(s) to meet regularly with designated SFU SoM staff members or a suspension from the MD Program, pending the outcome of the investigation, to ensure the safety of patients, Students, and staff and Faculty Members. For the avoidance of doubt, interim measures will be precautionary and are expressly non-disciplinary.

- 7.1 Notice of any imposed interim measures, such as limited contact or suspension from classes, will be delivered in writing to the Respondent.
- 8.0 The Panel will review the case and consider in its investigation all available evidence regarding the circumstances of the allegation as well as the nature and quality of that evidence.
  - 8.1 Evidence is evaluated in light of the standards of professionalism.
  - 8.2 Evidence may be in the form of Reporter and witness statements or other corroborating information.
  - 8.3 The Respondent will have the opportunity to review and respond to the allegations and evidence against them, including an opportunity to request an oral hearing.
  - 8.4 Decisions from the Panel concerning a Professionalism Lapse will be made on a balance of probabilities.
- 9.0 If the Panel determines a Professionalism Lapse has occurred, the Panel will proceed to assign the appropriate level classification for the Professional Lapse.
- 10.0 There are four (4) levels of Professional Lapses that increase in severity, with level 4 being the most severe.
- 11.0 The level of Professional Lapse decided by the Panel will determine the next steps in this procedure.
  - 11.1 **Level 1:** A meeting will be scheduled with the Respondent, the Associate Dean, UGME, and a representative from the LAO. The Course Lead or Clinical Supervisor may be included as appropriate.
    - (1) A plan will be created with the Respondent that includes Targeted Skills Development and mentorship aimed at encouraging the development of the Professional Competencies and a plan to repair any harm caused by the Student's Professional Lapse(s), if required and appropriate.
    - (2) Notice will be sent to the Student's Portfolio Coach to support reflection with the goal of learning and preventing recurrence.

- (3) The Associate Dean, UGME, will add documentation on the investigation regarding the Professional Lapse(s) into the Student's Professionalism File where it will remain until graduation, or the Student leaves the MD Program.

11.2 **Level 2:** A meeting will be scheduled with the Student, the Associate Dean, UGME, and a representative from the LAO. The Course Lead or Clinical Supervisor may be included as appropriate.

- (1) Required Remediation outlined by the Professionalism Review Panel will be developed with the Student along with a plan to repair the harm caused by the Student's Professional Lapse(s), if required and appropriate.
- (2) Notice will be sent to the Student's Portfolio Coach, who will guide and support the Student to reflect on how their Professional Lapse impacted others. The goal of this activity is to provide the Student with an opportunity to learn from the Professional Lapse and take steps to prevent recurrence.
- (3) The Associate Dean, UGME, will add documentation on the investigation regarding the Professional Lapse(s) into the Student's Professionalism File, where it will remain until graduation or the Student leaves the MD Program.

11.3 **Level 3:** A meeting will be scheduled with the Student, the UGME Associate Dean, and a representative from the LAO. The Dean may also choose to attend at their discretion. The Course Lead or Clinical Supervisor may be included as appropriate.

- (1) Evidence of the Professional Lapse(s) will be presented to the Student for reflection.
- (2) Required Remediation outlined by the Professionalism Review Panel will be developed with the Student along with a plan to repair harm caused by the Student's Professional Lapse(s), if required and appropriate.

- (3) Notice will be sent to the Student's Portfolio Coach, who will guide and support the Student to reflect on how their Professional Lapse impacted others. The goal of this activity is to provide the Student with an opportunity to learn from the Professional Lapse and prevent recurrence.
- (4) Students will be required to submit a reflection to the Panel no later than three (3) months following the meeting.
- (5) The Associate Dean, UGME, will add documentation on the investigation regarding the Professional Lapse(s) into the Student's Professionalism File, where it will remain until graduation or the Student leaves the program.
- (6) The incident may be included in the Student's MSPR.

11.4 **Level 4:** Any Professional Lapse that meets Level 4 classification will require immediate action and will be reported to the Dean.

- (1) A meeting will be scheduled with the Student, the Associate Dean, UGME, a representative from the LAO, and the Dean. The Course Lead or Clinical Supervisor may be included as appropriate.
- (2) Evidence of the Professional Lapse(s) will be presented to the Student for reflection.
- (3) Required Remediation prescribed by the Professionalism Review Panel will be developed with the Student along with a plan to repair harm caused by the Student's Professional Lapse(s), if required and appropriate.
- (4) Documentation regarding the Professional Lapse(s) will be filed in the Student's Professionalism File by the Associate Dean, UGME.
- (5) The Professional Lapse will be included in the Student's MSPR.
- (6) Depending on the nature of the Professional Lapse, this action could involve a referral for review by other administrative bodies at SFU, such as the Human Rights Office or Sexualized Violence Office.

(7) A Level 4 classification may also result in the Student's required withdrawal from the MD Program.

12.0 The Associate Dean, UGME will indicate which Level 3 and 4 lapses will require formal reporting to medical regulatory bodies, such as the CPSBC.

## Breaches of SFU Policies

13.0 Professional Lapse(s) may include behaviour that is addressed by University policies. The relevant University policy will take precedence if the Professionalism Lapse concerns other major University policies such as student misconduct, violent or threatening behaviour, human rights, sexualized violence, and other conduct prohibited by University policies. Where a University policy addresses a similar issue, the SoM may enact remedial, disciplinary or other measures beyond those of the University policy to the extent that the relevant University policy does not address an element, competency or setting that is unique to MD Program.

## Appeals

14.0 Appeals of a decision reached by the Panel must be submitted to the Appeals Committee no later than ten (10) business days upon notice of decision. The appeal will be reviewed Appeals Committee, who may affirm the decision of the Panel, order a new investigation, or modify the measures taken.

15.0 Any further appeal concerning procedural fairness, factual or evidentiary errors, or the imposed measures must be referred to the Senate Committee on Disciplinary Appeals, whose decision is final. See policy [Senate Committee on Disciplinary Appeals \(S10.03\)](#) for additional information.

# Faculty Rule on Expectations of Narrative Assessment

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## 1. Purpose

- 1.1 The purpose of this rule is to outline the expectations for how Narrative Assessment will be used to provide narrative feedback to inform student progression in the MD Program.

## 2. Scope and Application

- 2.1 This rule applies to all students and Faculty Members in the SFU School of Medicine (SoM) MD Program who are participating in or administering Narrative Assessments.

## 3. Accreditation

- 3.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

9.5—NARRATIVE ASSESSMENT

## 4. Definitions

- 4.1 See [Appendix A](#) for definitions of the terms used throughout this document.

## 5. Rule

- 5.1 Students in the MD Program will receive narrative feedback from Faculty Members and other instructors within each Required Learning Experience.

- 5.2 Narrative Assessment is used to describe a student's progress toward achieving MD Program Competencies and is used to inform decisions about student progression and eligibility for graduation, as defined by the UGME Progression, Assessment and Competency Committee (UPACC).
- 5.3 Narrative Assessments will provide information that supports student learning and offers descriptions that inform students as well as the program, about student strengths, areas for improvement, and progress toward achieving the MD Program Competencies. Students will have access to this information to understand their progress in the MD Program.
- 5.4 Narrative Assessments may include information about some, or all, of a student's knowledge, skills, abilities, and behaviours. Collectively, these assessments form a comprehensive overview of student progress for the student's portfolio.
- 5.5 Across the MD Program, students will receive a Narrative Assessment of their:
  - 5.5.1 Interpretation, integration, and application of foundational knowledge across all Required Learning Experiences.
  - 5.5.2 Collection and use of evidence, fluency of written and oral communication, and critical thinking/critical appraisal of information.
  - 5.5.3 Use of all clinical care skills across Required Learning Experiences. Expected observations may include but are not limited to, simulation settings, observed structured clinical examinations (OSCEs), and clinical care experiences.
  - 5.5.4 Communication skills (with peers, staff, Faculty Members, interprofessional team members, and patients), teamwork, and other professional attributes, such as timely completion of required tasks and preparation for Required Learning Experiences in the classroom, community, and clinical care settings.
  - 5.5.5 Skills in self-reflection, Informed Self-Assessment, and self-regulated learning.
- 5.6 The UPACC will work with the UGME Program Committee (UPC) and curriculum teams to ensure balanced and strategic timing for Narrative Assessments.
  - 5.6.1 The timing of Narrative Assessments should not overlap and should not overburden students or Faculty Members.
- 5.7 The UPACC will monitor narrative feedback sufficiency through the standardized MD Program evaluation process, external data from national questionnaires, and annual quality screening exercises

## 6. Related Policies, Procedures, and Legal Authorities

6.1 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:

- SoM: Faculty Rule on Professionalism and Professional Attributes for MD Students
- SFU: Retention and Disposal of Student Exams or Assignments (I 10.09)
- SFU: Grading and the Reconsideration of Grades (T 20.01)
- *University Act*, RSBC 1996, c 468.
- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165.

## 7. References

- CMA: [Code of Ethics and Professionalism](#).
- Association of American Medical Colleges (MedBiquitous Curriculum Inventory Working Group Standardized Vocabulary Subcommittee): [Curriculum Inventory standardized instructional and assessment methods and resource types](#) (March 2016).

## 8. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Informed Self-Assessment:** Informed self-assessment describes the set of processes through which a student uses external and internal data to generate an appraisal of their own abilities.

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**MD Program Competencies:** The medical skills, knowledge, and proficiencies that students will achieve through the MD Program curriculum and will have demonstrable capacity in by graduation. These competencies are required for progression through, and graduation from, the MD Program.

**Narrative Assessment:** Detailed written feedback that describes a student's progression towards or achievement of specific objectives and/or milestones. Narrative assessments describe a student's current strengths and areas for improvement.

**Observed Structured Clinical Examination (OSCE):** A comprehensive and structured assessment method that evaluates students' clinical skills, including their ability to conduct patient assessments, perform clinical procedures, and communicate effectively with patients and healthcare teams.

**Portfolio:** A systematic collection of a student's work samples, records of observation, test results, etc., over a period of time

**Required Learning Experience:** (adapted from CACMS). An educational unit (e.g., session, longitudinal component, course) that is prescribed and required of a student in order to complete the medical education program. Required learning experiences are in contradistinction to electives, which may be mandatory to complete, but significant aspects of the experiences are of the student's choosing.

**SFU SoM:** Simon Fraser University School of Medicine.

**UGME:** Undergraduate Medical Education.

**UPACC:** UGME Progression, Assessment and Competency Committee.

**UPC (or UGME Program Committee):** The UPC supports and governs all aspects of the UGME program. The UPC oversees the UGME Curriculum Committee and the UGME Progression, Assessment, and Competency Committee

**University:** Simon Fraser University.

# **Faculty Rule on MD Program Grading, Progression, and Academic Standing**

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## **1. Principles**

- 1.1 The Simon Fraser University School of Medicine (SFU SoM) supports each student's unique learning trajectory throughout the MD Program and helps them master the medical knowledge, skills, and professional standards that are expected of physicians.
- 1.2 Assessments of student learning provides valuable indicators that monitor and guide their progress through the MD Program. Assessments also provide opportunities for students and Faculty Members to identify knowledge and skills gaps and, if necessary, develop a learning support plan.
- 1.3 The SFU SoM program of assessment is competency-based and utilizes a toolkit of robust assessments to provide a holistic understanding of student progression towards and achievement of program competencies.
- 1.4 The assessment program is integrative, developmental, and longitudinal, providing regularly scheduled feedback to students and Faculty Members.

## **2. Purpose**

- 2.1 The purpose of this rule is to provide a transparent overview of how students are assessed in the MD Program; particularly, with respect to decisions pertaining to grades/grading, academic standing, progression, and graduation.

## **3. Scope and Application**

- 3.1 This rule applies to:
  - (1) Students; and
  - (2) Faculty Members and any other party providing an assessment of a student enrolled in the MD Program.

## 4. Accreditation

4.1 This rule satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

### 9.9—STUDENT ADVANCEMENT AND APPEAL PROCESS

## 5. Definitions

5.1 See [Appendix A](#) for definitions of the terms used throughout this document.

## 6. Program of Assessment

6.1 The MD Program uses a variety of Assessment Modalities to monitor student performance in the MD Program. Assessment Modalities may include written exams, workplace-based assessments (WBAs), observed structured clinical exams (OSCEs), assignments, and portfolios throughout the MD Program.

6.2 All assessments will be developed to provide specific indicators of a student's knowledge and demonstrable skills in all MD Program Competency domains.

6.2.1 Assessment Modalities are standardized across course components and overseen by the UGME Progression, Assessment, and Competency Committee (UPACC).

6.3 A student who is not progressing as expected will be offered supports, such as access to a content or learning specialist, the Academic Success Team (AST), or a member of the Learner Affairs Office (LAO).

6.3.1 Targeted Skills Development or Remediation may be offered to support student achievement of stage-specific milestones, MD Program Competencies and other MD Program requirements.

6.3.2 If there are concerns about a student's Professionalism or conduct, they will be referred to a Professionalism Review Panel, as outlined in [SoM Faculty Rule on Professionalism and Professional Attributes for MD Students](#).

6.4 Grading will be fair and consistent with established University policies and procedures.

## ***Accommodations in Assessments***

- 6.5 Students who require Accommodations are expected to work with the SFU Centre for Accessible Learning (CAL) and the LAO.
  - 6.5.1 The LAO will meet with the student to discuss the student's needs and identify reasonable Accommodation, as applicable.
  - 6.5.2 Students will be expected to meet or exceed the Core Competencies and Functional Abilities with or without accommodation at admission and throughout the program.
- 6.6 Accommodation status may be renewed and updated at any time. Accommodations may be situational, temporal or on-going; the frequency of review is tied to the nature of the accommodation. When an accommodation is granted, it should include reference to the duration and review if needed. Accommodations require documentation and will align with the University's Accessibility for Students with Disabilities Policy (GP 26) and the *Human Rights Code (RSBC 1996, c.210)*.

## **7. Expectations of Students**

- 7.1 Progress expectations and the structure of the program of assessment are shared with students at the start of the MD Program and are available in the Learning Management System (LMS).
- 7.2 Students will be provided with progression criteria that lists all Required Learning Activities, session-level learning objectives, learning objectives, requirements for each Assessment Modality, and developmental expectations, and the MD Program Competencies.
  - 7.2.1 These criteria will be posted in the LMS at the beginning of each academic year and will be available in course syllabi and stage-specific assessment packages.

## 8. Formative Review and Track Status Reports

- 8.1 The Competency Review Team will review students' portfolios three (3) times per year to ensure students are progressing towards meeting the MD Program Competencies and to allow for early identification of students who are at risk of not meeting course requirements.
  - 8.1.1 Two of these Competency Review Team reviews will be formative, and the final review will be summative, resulting in a recommendation to the UPACC for the student's final grade.
  - 8.1.2 The outcome of each review is communicated to students in formal reports that are normally made available within two (2) weeks of the scheduled review.
- 8.2 The Competency Review Team provides students with a formative "Track Status Report" of their learning, current skills, and trajectories and assigns one (1) of three (3) possible categories:
  - (1) **On-course:** The student is meeting the stage-specific requirements for all relevant course milestones;
  - (2) **On-course with monitoring:** The student is meeting the stage-specific requirements but has patterns in learning and performance that require monitoring, such as two or more late assignments in a term, challenges noted on assessments, or other skills gaps, etc.; or
  - (3) **Off-course:** The student is not meeting the stage-specific requirements for one or more MD Program Competencies. If a student is considered at risk of not meeting expectations in a course, the student will receive a written communication from the Competency Review Team that notifies the student of the issue and provides clear expectations of student performance.
- 8.3 Track Status will be noted in the student's Academic Record but will not appear on the Medical Student Performance Record (MSPR) or the official University transcript.
- 8.4 The track status report may refer students to the AST for additional learning supports, such as coaching, tutoring, or developing a formal learning plan.
- 8.5 The report will also be provided to Portfolio Coaches with information about how to support and develop the student's learning.

## 9. Summative Review and Course Grades

- 9.1 The Competency Review Team consults with the Course Lead and recommends to the UPACC a course grade at the end of each course after reviewing all relevant assessment and performance indicators.
- 9.2 Students must meet all the following criteria to pass any course in the MD Program:
  - (1) Achieve all stage-specific milestones;
  - (2) Meet developmental expectations/requirements for each Assessment Modality and its components. Failure to meet the requirements in any one or more Assessment Modality may result in failure of the course;
  - (3) Complete all scheduled course assignments and requirements on time, unless the student has received Accommodations or academic concessions for those requirements; and
  - (4) Demonstrate regular attendance and participation in all Required Learning Activities.
    - (i) Absences must be approved in accordance with the SFU SoM Faculty Rule on Attendance and Absences.
    - (ii) Repeated instances of unapproved lateness, absences, or submission of inaccurate documentation will be reviewed under the Faculty Rule on Professionalism and Professional Attributes for MD Students and may result in delay of progression or graduation.
- 9.3 Grades are assigned by the UPACC on the recommendation of the Competency Review Team, and are as follows:
  - (1) **P (Pass)**: Student has met requirements for the course;
  - (2) **DE (Deferred)**: Student has not met requirements but has been granted an opportunity to complete a required or supplemental activity or assessment. If the student successfully meets the requirements within the time specified, the grade will be converted to a P; otherwise, the student will receive an F;
  - (3) **F (Fail)** - Student has not met the requirements for the course; and
  - (4) **W (Withdrawn)** - Student has withdrawn from the course.
- 9.4 A student cannot be promoted to the next course in the curriculum with an F or W.
- 9.5 Any student who receives an F must, at a minimum, successfully remediate the course to continue.

9.6 Remediation may be offered to address skills or knowledge gaps.

9.6.1 Remediation may include repeating learning experiences or courses.

## 10. Academic Standing

10.1 Students are considered to be in “Good Academic Standing” unless they are on “Academic Probation” or “Required to Withdraw”.

10.2 During any of its reviews, the Competency Review Team may recommend to the UPACC to place a student on “Academic Warning” (“Warning”), or recommend a student be placed on “Academic Probation” (“Probation”) or “Required to Withdraw”.

10.2.1 Students on “Warning” or “Probation” will be reviewed at each meeting of the UPACC.

10.2.2 A student who has demonstrated that they have met the requirements established by the UPACC may be returned to Good Academic Standing by a vote of the UPACC.

10.3 Students may challenge their assigned grade, progression decisions, and disciplinary or other measures taken by UPACC. This process will be guided by the SFU SoM Procedure on Appeals of Assessment as well as the University policy on Grading and the Reconsideration of Grades (T 20.01).

### Academic Warning

10.4 The Competency Review Team may recommend a student be placed on Warning if the student:

- Experiences academic challenges across multiple components of a single course or throughout the MD Program;
- Failed two (2) or more written exams in a single course;
- Is not meeting developmental expectations in more than one (1) MD Program Competency; or
- Consistently fails to submit assignments;

10.5 The UPACC makes the final determination of whether a student will be placed on Warning.

- 10.6 Students on Warning will remain in Good Academic Standing.
- 10.7 A student on Warning will receive learning supports from an AST, the MD Program Office, and/or the LAO. The student may also be recommended to seek additional supports. Supports may include health care, though not necessarily provided by SFU Student Services.
- 10.8 Students who receive a second Warning at any point in the MD Program will be placed on Probation.
- 10.9 The student's Academic Record will indicate that the student had received a Warning at some point in the MD Program, but this will not appear on their MSPR or official University transcript.

### ***Academic Probation***

- 10.10 The Competency Review Team may recommend that a student be placed on Academic Probation if the student has:
  - (a) Failed to meet the requirements of a course;
  - (b) Exhibited a pattern of unprofessional behaviour;
  - (c) Received a second Warning; or
  - (d) Engaged in egregious or criminal conduct as defined in the SoM Faculty Rule on Professionalism and Professional Attributes for MD Students
- 10.11 The UPACC makes the final determination of whether a student will be placed on Probation.
- 10.12 Academic Probation will be noted on the student's Academic Transcript as well as the MSPR. In some circumstances it may be reported to provincial licensing boards and hospitals.
- 10.13 The initial duration of Probation is determined on a case-by-case basis.
- 10.14 Students who are placed on Probation are considered not to be in Good Academic Standing and are unable to enroll in Visiting Elective Learning Experiences or hold leadership positions.
- 10.15 Students on Probation in Years 2 and 3 must complete all Clinical Elective Learning Experiences at SFU-designated training sites. These sites will be determined by the Course Lead and the Associate Dean, UGME.

- 10.16 Students on Probation may be referred to the BC Physician Health Program, mental health counselling, academic help, or other resources as a precondition to returning to Good Academic Standing.
- 10.17 Students on Probation are subject to immediate discontinuation in the MD Program, subject to review, if they exhibit additional academic or Professionalism concerns while on Probation.

### ***Required to Withdraw***

- 10.18 The Competency Review Team may recommend a student be Required to Withdraw if the student has:
  - (a) continued academic concerns while on Probation;
  - (b) failed a second attempt of a previously failed course or failed to meet requirements in two different courses; or
  - (c) demonstrated egregious or ongoing professionalism concerns as outlined in the Faculty Rule on Professionalism and Professional Attributes in MD Students.
- 10.19 The UPACC makes the final determination of assignment of a Required to Withdraw status for a student.
- 10.20 Students who are Required to Withdraw are discontinued from the MD Program.
- 10.21 The Required to Withdraw standing will be recorded in the student's Academic Record, appear in the MSPR, and be noted on their official University transcript. This may also need to be reported to provincial licensing boards and hospitals.

## **11. Graduation**

- 11.1 A Student must be in Good Academic Standing to be recommended for graduation.
- 11.2 Students should normally complete their degree in three (3) years; however, in some cases, this may be extended to up to five (5) total calendar years if there are extenuating circumstances that preclude completion within the normal duration. This requirement is in place to ensure cohesion of learning and continuity of professional development.
  - 11.2.1 Extension of this deadline may only be considered where Accommodation is required or in extraordinary circumstances. See Accessibility for Students with

Disabilities Policy (GP 26) for information about faculty requirements and appeals.

- 11.3 In the Spring term of Year 3, or the final semester for students who have received an extension, the Competency Review Team will evaluate whether each student has satisfied all MD Program Competencies and completed all Required Learning Activities.
- 11.4 Students who have been deemed to have met all MD Program requirements will be recommended for graduation by the UPACC to the Dean. The Dean will validate that these requirements have been satisfied and then recommend these students to Senate for conferral of the degree of Doctor of Medicine.

## 12. Appeals

- 12.1 Students may challenge an assessment result, an assigned grade, progression decisions, academic standing decisions, or other decisions made by UPACC. This process will be guided by the SFU SoM Procedure for Appeals of Grading, Progression, and Academic Standing and based on the University policy on Grading and the Reconsideration of Grades (T 20.01).

## 13. Related Policies, Procedures, and Legal Authorities

- 13.1 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:
  - SoM: Faculty Rule on Attendance and Absences
  - SoM: Faculty Rule on Professionalism and Professional Attributes for MD Students
  - SoM: Procedure for Appeals of Grading, Progression, and Academic Standing
  - SoM: Procedures for Reporting and Responding to Professionalism Lapses
  - Accessibility for Students with Disabilities (GP 26)
  - Student Academic Integrity Policy (S 10.01)
  - Retention and Disposal of Student Exams or Assignments (I 10.09)

- University Board on Student Discipline (S 10.02)
- Senate Committee on Disciplinary Appeals (S 10.03)
- Student Conduct Policy (S 10.05)
- Grading and the Reconsideration of Grades (T 20.01)
- *University Act*, RSBC 1996, c 468.
- Freedom of Information and Protection of Privacy Act, RSBC 1996, c 165.

## Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Academic Probation ("Probation"):** Students who have failed multiple assessments, received more than one Academic Warning, or who display a pattern of problematic behaviours may be placed on Academic Probation.

**Academic Record or Student Record:** All students in the SFU School of Medicine MD Program will have a secure electronic file with key performance information pertaining to the student's academic programs, including basic personal information, academic information such as grades and assessments, information on absences and leaves, higher-level lapses in professionalism, and their MSPR.

**Academic Standing:** A status assigned to students by the Competency Review Team that indicates their academic performance in the MD Program. Students who are meeting MD Program requirements are in Good Academic Standing.

**Academic Success Team (AST):** A team of Faculty Members and staff representing Learner Affairs, Curriculum, and Assessment, who intervene and provide support to learners in need.

**Academic Warning ("Warning"):** A status given to students who have failed assessments, have unexcused absences, or who are at risk of not meeting competency requirements. An Academic Warning does not appear on the student's University transcript nor MSPR, but it is kept on the student's Academic Record until graduation.

**Accommodation:** Academic accommodation is a modification or extension of University resources, or of teaching or evaluation procedures, which mitigates the effect of a student's disability on learning. Simon Fraser University has a duty to provide reasonable accommodations to the known limitations of an otherwise qualified student who has a documented disability. Accommodations may be made by providing alternative ways for the student to meet requirements or by adapting the instructional delivery system and/or assessment procedures (for example, through visual language interpreters, note takers, adaptive equipment). These accommodations should enable the student to demonstrate his or her knowledge and skill without diluting curriculum or credentials, or detracting from the responsibility of the student to achieve individual results consistent with course/program requirements and objectives.

**Assessment:** Any review of a Student's performance or conduct in the MD Program that affects progression and/or achievement of stages of the MD Program Competencies or AFMC Entrustable Professional Activities (EPAs).

**Assessment Modality:** The various methods used to evaluate a student's performance and progression towards meeting MD Program Competencies. Assessment Modalities may include, but not limited to, written exams, workplace-based assessments, course-based assignments, and portfolio-based assessments.

**Assessments for Learning:** A range of formal and informal activities or assessments intended to inform learning and improve Student learning, skills development, and progression towards attaining competency. Assessments for learning may be formal (developed and delivered/directed by faculty) or informal and driven by the student. Examples of assessments for learning include, but are not limited to, multiple-choice or short answer exams, concept maps, case activities, clinical reasoning exercises, self-assessments, reflections, portfolio-based projects and portfolio reviews.

**Assessments of Learning:** The holistic review of assessments completed at strategic time points in the program to ascertain progression towards or attainment of course requirements and yearly milestones.

**CACMS:** Committee on the Accreditation of Canadian Medical Schools.

**Clinical Learning Experience ("Clinical"):** Placements in clinical environments (e.g. hospitals, clinics) that provide students with direct, hands-on experience in the provision of health care services.

**Competency Review Team:** The team appointed under the UGME Progression, Assessment, and Competency Committee (UPACC) responsible for making decisions about MD Program competency requirements, EPA achievements, and whether students are ready to progress through the MD Program.

**Course Lead:** Faculty, supervisors, or other qualified individuals who oversee students and are responsible for the administration of course materials in the MD Program.

**Elective Learning Experience ("Elective"):** A supplemental, structured learning experience outside the prescribed curriculum that focus on integration and consolidation of competencies and where students can explore medical disciplines and career options. Electives may be in Clinical Care, Scholarship, or Community Learning and are a required (but not prescribed) component of the curriculum.

**Entrustable Professional Activities (EPAs):** The tasks, activities, and responsibilities that graduates of the MD Program can be entrusted to perform with an indirect level of supervision on day one of a residency program.

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**LAO:** Learner Affairs Office of the SFU School of Medicine.

**Learning Management System (LMS):** The software platform through which asynchronous online content, information, and tasks are curated for students.

**MD Program:** The undergraduate medical education program at the Simon Fraser University School of Medicine.

**MD Program Competencies:** The medical skills, knowledge, and proficiencies that students will achieve through the MD Program curriculum and will have demonstrable capacity in by graduation. These competencies are required for progression through, and graduation from, the MD Program.

**MSPR:** The Medical Student Performance Record. The MSPR contains the medical student's standing in the MD Program, provides narrative commentary on the student's performance in core and elective courses, and notes the student's leadership, mentorship, and award history. The MSPR is sometimes referred to as a Dean's Letter.

**Portfolio Coach:** A faculty member with a health profession or medical education background who supports student growth and development by guiding students as they develop skills in self-regulated learning (learn to integrate feedback, develop skills in informed self-assessment and self-reflection, and plan for future learning opportunities). Portfolio coaches play no formal role in assessment or progression decisions of MD Program students.

**Professionalism:** The embodiment or enactment of responsibilities arising from the virtues, values, and principles that guide the medical profession. Professionalism is a commitment to not only exercise clinical competency but to uphold professional and ethical standards of conduct for the practice of medicine.

**Professionalism Review Panel:** The group of assessors designated to investigate cases where a student is at risk of failing to meet their Professional Competencies requirement.

**Remediation:** An academic activity designed to help students meet one or more competency requirements. The term remediation is used only when the academic activities required to meet competency requirements occur after a student was unsuccessful in Targeted Skills Development.

**Required to Withdraw:** Students who have failed multiple courses and display a pattern of severe misconduct, or who have received another Warning while on Probation may be required to withdraw from the MD Program.

**SFU SoM:** Simon Fraser University School of Medicine.

**Targeted Skills Development:** An academic activity designed to help students meet competency requirements. Targeted Skills Development is used to focus learning and assessment activities on specific knowledge and skills gaps and may occur before, during, or after a course. Targeted Skills Development represents opportunities for course correction.

**UGME:** Undergraduate Medical Education.

**University:** Simon Fraser University.

**UPACC:** UGME Progression, Assessment and Competency Committee.

**Visiting Elective Learning Experience:** An Elective Learning Experience at an approved institution other than the SFU School of Medicine.

# Faculty Rule on Timely Formative Feedback to Students

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## 1. Purpose

- 1.0 The purpose of this rule is to outline the principles and processes for providing and documenting timely formative feedback to students in the MD Program.

## 2. Scope and Application

- 2.0 This rule applies to all students in the MD Program and Faculty Members at the SFU School of Medicine (SoM).

## 3. Accreditation

- 3.0 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

9.7—TIMELY FORMATIVE ASSESSMENT AND FEEDBACK

## 4. Definitions

- 4.0 See [Appendix A](#) for definitions of the terms used throughout this document.

## 5. Rule

- 5.0 All MD Program students must receive regular and constructive formative feedback, both verbal and written, to monitor their learning progress.
- 5.1 Formative feedback must be communicated in a timely manner, allowing students the opportunity to learn from it and improve their performance before the end of the course.

- 5.2 All courses will incorporate informal (faculty-designed but student-driven) assessments (such as practice question banks, modules, etc.) that provide feedback for Informed Self-Assessments.
- 5.3 All courses will incorporate multiple formal (faculty-delivered and -driven) assessments for learning (such as workplace-based assessments (WBAs), monthly knowledge assessments, observed structured clinical examinations (OSCEs), written assignments, etc.) at a frequency that allows students the opportunity to assess their progress and improve performance if necessary.

### *Classroom and Simulation-Based Required Learning Experiences*

- 5.4 Students should typically receive feedback through formal formative assessments at least every two (2) weeks.
  - 5.4.1 This will include feedback on developing the knowledge base through weekly knowledge assessments, feedback on communication (verbal and written), teamwork, professional attributes (such as through small group WBAs), and feedback on clinical skills (such as through Entrustable Professional Activity (EPA)-based WBAs).

### *Clinical Learning Experiences*

- 5.5 For all longitudinal (four (4) or more weeks in duration) required Clinical Learning Experiences, students will receive feedback every two (2) weeks through workplace-based assessments.
- 5.6 For Clinical Learning Experiences that are less than four (4) weeks, students will receive feedback through workplace-based assessments at the midpoint and end of the learning experience.
- 5.7 Formal feedback before or at the midpoint of the experience is mandatory for all longitudinal Clinical Learning Experiences that are four (4) or more weeks in duration.
  - 5.7.1 This must include a review of progress expectations and a documented discussion of the student's growth and performance in the current clinical setting.

## ***Monitoring Learning***

- 5.8 Course Leads and Portfolio Coaches will monitor student progression monthly.
- 5.9 The Competency Review Team will review students' portfolios three (3) times per year to ensure students are progressing towards meeting the MD Program Competencies and to allow for early identification of students who are at risk of not meeting course requirements.
  - 5.9.1 Two of these Competency Review Team reviews will be formative, and the final review will be summative, resulting in a recommendation to the UGME Progression, Assessment and Competency Committee (UPACC) for the student's final grade.
  - 5.9.2 The outcome of each review is communicated to students in formal reports that are normally made available within two (2) weeks of the scheduled review.
- 5.10 All students will be assigned a Portfolio Coach at matriculation and, in most cases, will remain with the same Portfolio Coach throughout the MD Program.
  - 5.10.1 Students must have formal one-on-one portfolio reviews with their Portfolio Coaches normally every four (4) to six (6) weeks during each year of the MD Program.
  - 5.10.2 Students are encouraged to discuss concerns with their Portfolio Coaches at any time, including outside of scheduled formal one-on-one reviews.

## **6. Related Policies, Procedures, and Legal Authorities**

- 6.0 The legal and other University policy authorities and agreements that may bear on the administration of this rule include but are not limited to:
  - SoM: Faculty Rule on Expectations of Narrative Assessment
  - SoM: Guideline on Time Spent in Required Learning Activities
  - SoM: Faculty Rule on MD Program Grading, Progression, and Academic Standing.
  - SoM: Faculty Rule on Professionalism and Professional Attributes for MD Students
  - *University Act*, RSBC 1996, c 468.
  - *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165.

## 7. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Academic Success Team (AST):** A team of faculty and staff representing Learner Affairs, Curriculum, and Assessment, who intervene and provide support to learners in need.

**Assessments for Learning:** A range of formal and informal activities or assessments intended to inform learning and improve Student learning, skills development, and progression towards attaining competency. Assessments for learning may be formal (developed and delivered/directed by faculty) or informal and driven by the student. Examples of assessments for learning include, but are not limited to, multiple-choice or short answer exams, concept maps, case activities, clinical reasoning exercises, self-assessments, reflections, portfolio-based projects and portfolio reviews.

**Assessments of Learning:** The holistic review of assessments completed at strategic time points in the program to ascertain progression towards or attainment of course requirements and yearly milestones.

**Clinical Learning Experience ("Clinical"):** Placements in clinical environments (e.g. hospitals, clinics) that provide students with direct, hands-on experience in the provision of health care services.

**Clinical Performance Assessment (CPA):** A comprehensive assessment used to capture information about student growth and development across two (2) or more weeks of clinical learning.

**Competency Review Team:** The team appointed under the UGME Progression, Assessment, and Competency Committee (UPACC) responsible for making decisions about MD Program competency requirements, EPA achievements, and whether students are ready to progress through the MD Program.

**Competency-Based Medical Education (CBME):** An educational approach that focuses on the development of competencies required for medical practice. It emphasizes the outcomes of education rather than the processes by which those outcomes are achieved. In CBME, students progress through their training by demonstrating the attainment of defined competencies across contexts rather than by completing a set amount of time in training or a specific number of courses.

**Course Lead:** Faculty Members, supervisors, or other qualified individuals who oversee students and are responsible for the administration of course materials in the MD Program.

**Entrustable Professional Activities (EPAs):** The tasks, activities, and responsibilities that graduates of the MD Program can be entrusted to perform with an indirect level of supervision on day one of a residency program.

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**Formal Assessments:** Assessments that are designed, delivered and driven by the faculty or program.

**Formative Assessment:** Any assessment that generates information for students about how well they are developing knowledge and skills and that supports the student's ability to progress towards or achieve competence.

**Formative Feedback:** Constructive feedback provided to students during the learning process, aimed at enhancing their knowledge, skills, and overall performance and focused on helping students identify areas for improvement and reinforcing their strengths. The primary goal of formative feedback is to facilitate learning and development rather than to evaluate progression in a high-stakes manner.

**Informal Assessments:** Assessments that are designed by faculty but driven by students.

**Informed Self-Assessment:** Informed self-assessment describes the set of processes through which a student uses external and internal data to generate an appraisal of their own abilities.

**MD Program Competencies:** The medical skills, knowledge, and proficiencies that students will achieve through the MD Program curriculum and will have demonstrable capacity in by graduation. These competencies are required for progression through, and graduation from, the MD Program.

**Observed Structured Clinical Examination (OSCE):** A comprehensive and structured assessment method that evaluates students' clinical skills, including their ability to conduct patient assessments, perform clinical procedures, and communicate effectively with patients and healthcare teams.

**Portfolio:** A systematic collection of a student's work samples, records of observation, test results, etc., over a period of time.

**Portfolio Coach:** A faculty member with a health profession or medical education background who supports student growth and development by guiding students as they develop skills in self-regulated learning (learn to integrate feedback, develop skills in informed self-assessment and self-reflection, and plan for future learning opportunities). Portfolio

coaches play no formal role in assessment or progression decisions of MD Program students.

**Required Learning Experience:** (adapted from CACMS). An educational unit (e.g., session, longitudinal component, course) that is prescribed and required of a student in order to complete the medical education program. Required learning experiences are in contradistinction to electives, which may be mandatory to complete, but significant aspects of the experiences are of the student's choosing.

**Workplace-Based Assessments (WBAs):** Assessment instruments that capture direct observations and provide students with moment in time feedback about developing knowledge base, communication, professional attributes, or patient care activities.

# **Procedure for Appeals of Grading, Progression, and Academic Standing**

Parent Rule: [Faculty Rule on MD Program Grading, Progression, and Academic Standing](#)

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## **1. Principles**

- 1.1 Students enrolled in the MD Program at the Simon Fraser University School of Medicine (SFU SoM) have the right to appeal assessment results and decisions that impact academic standing or progress.
- 1.2 The MD Program must have a fair and formal appeal process that includes:
  - (1) timely notice of the impending action;
  - (2) disclosure of the evidence on which the action would be based; and
  - (3) an opportunity for the student to respond.

## **2. Purpose**

- 2.1 SFU's Grading and the Reconsideration of Grades policy (T20.01) broadly outlines SFU's policy on grading and appeals but does not address the unique structures, or assessment, grading, and progression procedures within the SFU SoM. The purpose of this procedure is to account for those unique assessment areas and to make transparent the procedures that will be followed to ensure compliance with policy T20.01.

## **3. Scope and Application**

- 3.1 This procedure applies to all students and Faculty Members within the SFU SoM, and is to be read as an accompaniment and subject to SFU Policy T20.01.

## 4. Accreditation

4.1 This document satisfies the following Committee on Accreditation of Canadian Medical Schools element(s):

### 9.9—STUDENT ADVANCEMENT AND APPEAL PROCESS

## 5. Definitions

5.1 See [Appendix A](#) for definitions of the terms used throughout this document.

## 6. Appealing an Assessment Result

6.1 The process to appeal an assessment result is a tiered and sequential process (i.e., students seeking reconsideration cannot launch an Assessment Appeal without first having done an Assessment Review and an Assessment Challenge).

### ***Assessment Review***

6.2 A student who is unsatisfied with the result of an Assessment (e.g., summative comments, examination scores, etc.) may ask to review and seek reconsideration for the assessment within ten (10) days of the results having been made available.

6.3 The student must contact the Course Lead to initiate an Assessment Review.

6.4 The Course Lead is expected to respond within ten business (10) days of receiving the request.

### ***Assessment Challenge***

6.5 If, after the Assessment Review, the student wishes to pursue the request further, they may initiate an Assessment Challenge. The Assessment Challenge must be initiated within ten business (10) days of the completion of the Assessment Review by submitting the electronic Request for an Assessment Challenge form.

6.6 The Associate Dean, Assessment, Evaluation and Accreditation will review the Challenge and will consider:

- (a) The adequacy of the grading process to determine if the assessment result aligns with the assessment and advancement policies of SFU and the SFU SoM, and;
- (b) The Assessment Review process to ensure judicious and proper procedures were followed.

6.7 The Associate Dean, Assessment, Evaluation and Accreditation will obtain all documentation related to the Assessment in question, which may include:

- 6.7.1 solicitation of names/level of contact of/with assessors (if applicable); gathering additional data (if appropriate) based on the student's appeal documentation; and fact-finding to ensure all the student's questions and concerns are addressed.

6.8 The Associate Dean, Assessment, Evaluation and Accreditation may also elect to meet with the student in person to review the student's concerns and areas of uncertainty and to better gather additional relevant data. The Course Lead may also be invited to attend the in-person meeting.

6.9 After all applicable documentation has been obtained, the Associate Dean, Assessment, Evaluation and Accreditation will make a decision and communicate it in writing to the student and the Course Lead.

6.10 The process, from initiation to communication of the result, should normally be completed within thirty (30) days.

### ***Assessment Appeal***

6.11 If a student believes their concern has been inappropriately addressed, they may initiate an Assessment Appeal. To do so, the student must submit an Assessment Appeal form to the Dean within ten (10) business days of receiving the results of the Assessment Challenge. Upon receiving the form, the Dean will convene the Appeals Committee in a timely manner.

6.12 The Appeals Committee administrator will confirm that all forms and procedural steps have been completed and will forward the materials to the Appeals Committee Chair.

6.13 The Appeals Committee will review the case and make a recommendation to the Dean, who will decide from the following in accordance with T20.01 Section 2.5.3:

- (a) where they are satisfied that no new evidence has been presented and that judicious and proper procedures have been followed throughout, will confirm the grade awarded at the Assessment Challenge stage;
- (b) where significant evidence appears not to have been appropriately considered at the departmental level, the Dean may refer the reconsideration back to the Associate Dean, Assessment, Evaluation and Accreditation with instructions;
- (c) where, in the Dean's judgment, the matter cannot be resolved at the level of the Course Lead or Associate Dean, Assessment, Evaluation and Accreditation, the Dean may initiate reconsideration by alternative means.

6.14 The Dean will communicate their decision in writing to the student, the Course Lead, and the Associate Dean, Assessment, Evaluation and Accreditation.

6.15 The process, from initiation to communication of the result, should normally be completed within thirty calendar (30) days.

6.16 The decision of the Dean shall be final, subject only to an appeal to the Senate.

## **7. Appealing a Progress Decision or Assignment of an Academic Standing**

7.1 A student has the right to appeal course grades, progress decisions and/or the assignment of an academic standing (e.g., academic probation) imposed by the UGME Progress, Assessment and Competency Committee (UPACC).

7.2 A student who wishes to appeal a UPACC decision must notify the Associate Dean, Learners in writing within ten business (10) days of being informed of the decision.

- 7.2.1 The Associate Dean, Learners may extend this time limit at their discretion in cases of extenuating circumstances.
- 7.2.2 The appeal must include a full explanation of the grounds for appeal and any supporting documentation.

7.3 A student who believes that improper or unfair procedures were used may appeal a UPACC decision.

- (1) Improper or unfair procedures may include, but are not limited to, the consideration of information that should not have been considered or failure to consider information that should have been considered.
- (2) Appeals that solely question the exercise of academic judgement will not be considered.

7.4 The Associate Dean, Learners shall determine whether the stated grounds for appeal appear consistent with 7.3. If so, the appeal will be heard by the Appeals Committee.

7.5 After hearing the appeal, the Appeals Committee will make a recommendation to the Dean. Recommendations may include:

- (a) Upholding the original decision, or;
- (b) Reversing the original decision, or;
- (c) Substituting an alternate decision devised by the Appeals Committee.

7.6 The Dean will communicate their decision in writing to the student and the Chair of the UPACC.

7.7 The process, from initiation to communication of the result, should normally be completed within thirty (30) days.

7.8 The decision of the Dean shall be final, subject only to an appeal to the Senate.

## 8. Related Policies, Procedures, and Legal Authorities

8.1 The legal and other University policy authorities and agreements that may bear on the administration of this procedure include but are not limited to:

- SoM: Faculty Rule on MD Program Grading, Progression, and Academic Standing
- [Archives, Recorded Information Management, and Freedom of Information and Protection of Privacy \(I 10.01\)](#)
- [Confidentiality Policy \(I 10.10\)](#)
- [Grading and the Reconsideration of Grades Policy \(T20.01\)](#)
- [Protection of Privacy \(I 10.11\)](#)
- [Senate Committee on Disciplinary Appeals \(S 10.03\)](#)
- [University Board on Student Discipline \(S 10.02\)](#)
- [University Act, RSBC 1996, c. 468.](#)

- *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165.
- *Health Professions Act*, RSBC 1996, c. 183.

## 9. Review Date

Approved on: 2025-X-X

To be reviewed on:

## Appendix A: Definitions of Terms

**Appeal:** An official petition for reconsideration of a decision which may affect evaluation of a student's performance, progress, or standing in the MD Program.

**Appeals Committee:** The committee of the SFU School of Medicine that is responsible for hearing, and making recommendations to the Dean on, matters of student appeals.

**Assessment:** Any review of a Student's performance or conduct in the MD Program that affects progression and/or achievement of stages of the MD Program Competencies or AFMC Entrustable Professional Activities (EPAs).

**Assessment Appeal:** The third stage of an assessment appeal where a student appeals the decision of the Competency Review Team to the Dean, whose decision is final.

**Assessment Challenge:** The second stage of an assessment appeal where a student challenges their Assessment Review to the Chair of the Competency Review Team.

**Assessment Review:** The first stage of an assessment appeal where the student meets with the Course Lead to attempt to resolve the dispute.

**Course Lead:** Faculty Members, supervisors, or other qualified individuals who oversee students and are responsible for the administration of course materials in the MD Program.

**Dean:** The Dean of the SFU School of Medicine.

**Entrustable Professional Activities (EPAs):** The tasks, activities, and responsibilities that graduates of the MD Program can be entrusted to perform with an indirect level of supervision on day one of a residency program.

**Faculty Member:** Any person holding a faculty appointment at the SFU School of Medicine.

**SFU SoM:** Simon Fraser University School of Medicine.