Preamble

The MD Undergraduate Program (MDUP) supports students to achieve academic and professionalism competencies during their medical education through a system of Academic Advising for all students at all sites.¹

Definitions

<table>
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<tr>
<th>Academic Advising</th>
<th>A system of supplementary academic assistance provided through a collaboration between a student and faculty members to support academic success in the MD Undergraduate program.</th>
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<tbody>
<tr>
<td>• Requested</td>
<td>Initiated by a student, despite successfully meeting academic or professionalism competencies.</td>
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<tr>
<td>• Recommended</td>
<td>For students not consistently achieving academic or professionalism competencies on par with peers at their level of training.</td>
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<tr>
<td>• Required</td>
<td>For students not achieving academic or professionalism competencies.</td>
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<td>Academic Plan</td>
<td>An individualized plan that is implemented as part of Required Academic Advising. It is developed by the Student Development and Support Subcommittee (SDSS) in collaboration with a student, to support the student to address performance deficits, missed program requirements or competencies.</td>
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<td>Regional Student Promotions Subcommittee (RSPS)</td>
<td>A Program site-specific subcommittee of the Student Promotion &amp; Review Board that oversees and reviews the academic performance of students at the Program site and recommends assignment of course grades to SPRB according to assessment policies.</td>
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¹ CACMS Standard 11.1 – Academic Advising: A medical school has an effective system of academic advising in place for medical students that integrates the efforts of faculty members, directors of required learning experiences, and student affairs staff with its counseling and tutorial services and ensures that medical students can obtain academic counseling from individuals who have no role in making assessment or advancement decisions about them.
Policy

1. All medical students enrolled in the MDUP will have access to an effective system of Academic Advising at their home site, comparable across sites, throughout the four years of the program.
2. A Student Development and Support Subcommittee (SDSS) will be convened by the RSPS chair for any student assigned to Required Academic Advising.
3. The SDSS will collaborate with the student to develop and implement an Academic Plan.
4. The RSPS will make recommendations to the SPRB regarding promotion of students assigned to Required Academic Advising, as described in Policy 14.
5. Faculty members who are members of RSPS or SPRB and who participate in providing academic counselling/tutoring for a student assigned to Required Academic Advising, must recuse themselves from discussing or voting on the SPRB decisions regarding assessment, advancement and promotion for that student.
6. Participation in any form of Academic Advising is not recorded on the student’s Official Transcript or MSPR.

Procedures

1. Requested Academic Advising
   Students with concerns about their academic performance may self-refer to their course, clerkship or electives director or directly to Student Affairs, clinical preceptors, instructors or tutors for Requested Academic Advising.

2. Recommended Academic Advising
   2.1. The program may recommend Academic Advising for students who do not consistently achieve academic or professionalism competencies on par with peers at their level of training. Indicators for Recommended Academic Advising include, but are not limited to:
       2.1.1. <65% on any MCQ exam (Years 1-4)
       2.1.2. “Not on Track” on mid rotation WBA or ICC progress assessment in MEDD431 (Year 3)
       2.1.3. 60-65% in MEDD448 (TIPP) (Year 4)
       2.1.4. Poor performance on any OSCE (Years 1-4)
       2.1.5. Minor Professionalism concern (Years 1-4)
   2.2. Students may decline Recommended Academic Advising.
   2.3. The site faculty will update the RSPS on the student’s status with respect to Recommended Academic Advising.

3. Required Academic Advising
   3.1. The decision that a student will be assigned Required Academic Advising is an exercise of academic discretion and imposes a mandatory obligation on a student.
3.2. Criteria for Required Academic Advising include, but are not limited to:

3.2.1. Failure to meet milestones for program exit competencies:
   3.2.1.1. Failure of a course
   3.2.1.2. Failure of a year
   3.2.1.3. Failure to meet the expectations of the Professional Standards for Learners and Faculty members in the Faculties of Medicine and Dentistry at UBC.

3.2.2. Return from a Leave of Absence, where Required Academic Advising is part of a Return to Studies requirement, pursuant to Policy 002.

3.2.3. Persistent academic weakness (consistently low, albeit passing marks) as determined by the RSPS.

3.2.4. Poor performance in or failure to complete assessments, including:
   3.2.4.1. A cumulative score of <60% on course written exams (Years 1-3)
   3.2.4.2. <50% on any written exam (Years 1-4)
   3.2.4.3. Failure to participate in Portfolio (Years 1-4)
   3.2.4.4. Failure of a summative OSCE (Years 1-4)
   3.2.4.5. “Not on Track” on an End of Rotation WBA or ICC progress assessment form in MEDD431 (Year 3)
   3.2.4.6. Two or more WBA flags in the same course (Years 1&2)
   3.2.4.7. Incomplete FLEX requirements.

3.3. The student will be informed, in writing, of the mandatory decision to establish a SDSS by the RSPS or SPRB.

3.4. Before meeting with the student, the SDSS may review the following documents:
   3.4.1. All formative and summative assessments (if required);
   3.4.2. The student’s Official Transcript; and,
   3.4.3. Any other documentation pertinent to the referral of the student to the SDSS, e.g. WBA assessments, a student’s narrative reflection if requested by the SDSS in preparation for the meeting.

3.5. The SDSS meeting will be convened within four weeks of the referral. An exception can be considered if, for example, the referral is made during examinations, in which case the SDSS meeting will be scheduled as soon as possible after the completion of the examination(s). Similarly, for a student returning from a Leave of Absence, the SDSS will be convened at a mutually agreed-upon time – see Policy 002 – Leave of Absence.

3.6. The SDSS will meet with the student to address the issues of concerns and to develop the Academic Plan. The Committee will exercise final approval of the Academic Plan and the Chair will provide the student with a copy of the Academic Plan, within two weeks of the meeting. A copy of the Academic Plan will be stored in a restricted access folder.

3.7. In creating the Academic Plan, the SDSS considerations may include, but are not limited to, the following:
   3.7.1. the student’s year of study;
   3.7.2. the specific area(s) of weakness;
   3.7.3. the degree to which student performance deviates from expected performance;
   3.7.4. the student’s overall academic record and performance in the program;
   3.7.5. recommendations from the UBC Centre for Accessibility; and
3.7.6. the presence of mitigating personal circumstances.

3.8. The Academic Plan must include:
3.8.1. a statement identifying the deficits and/or areas of concern;
3.8.2. specific goals for the student to achieve;
3.8.3. appropriate and relevant supports provided by the program to meet the goals;
3.8.4. measures that will be used to determine if the goals are met;
3.8.5. a time frame in which goals are expected to be met;
3.8.6. the consequences of meeting, or failing to meet the goals.

3.9. During the time the student is working on the Academic Plan, copies of all formative and summative assessments will be provided to the SDSS for follow-up meetings and discussions with the student to allow the SDSS to assess the student’s performance and to determine whether the student is meeting the goals of the Academic Plan.

3.10. The SDSS will meet with the student as required to discuss progress.

3.11. The SDSS will report to the RSPS and SPRB on the progress of each student assigned to Required Academic Advising.

**Review History**

<table>
<thead>
<tr>
<th>Action</th>
<th>Committee</th>
<th>Date</th>
<th>Status</th>
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<tbody>
<tr>
<td>Review</td>
<td>MD Undergraduate Education Committee</td>
<td>18 January 2016</td>
<td>Approved</td>
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<tr>
<td>Review</td>
<td>Policy Advisory Subcommittee - -- combine 015 and 035</td>
<td>2 April 2020</td>
<td>Endorsed</td>
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<tr>
<td>Review</td>
<td>Legal Counsel</td>
<td>29 May 2020</td>
<td>Endorsed</td>
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<tr>
<td>Review</td>
<td>Policy Advisory Subcommittee</td>
<td>4 June 2020</td>
<td>Endorsed</td>
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<tr>
<td>Review</td>
<td>Undergraduate Medical Education Committee</td>
<td>15 June 2020</td>
<td>Approved</td>
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**Please note that Policy 036 was merged into 015**