Specific Standards of Accreditation for Residency Programs in Public Health and Preventive Medicine
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INTRODUCTION

[Modified] The Specific Standards of Accreditation for Residency Programs in Public Health and Preventive Medicine are a national set of standards maintained by the Royal College, for the evaluation and accreditation of Public Health and Preventive Medicine residency programs. The standards aim to provide an interpretation of the General Standards of Accreditation for Residency Programs as they relate to the accreditation of residency programs in Public Health and Preventive Medicine, and to ensure these programs adequately prepare residents to meet the health care needs of their patient population(s), upon completion of training.

The standards include requirements applicable to residency programs and learning sites\(^1\) and have been written in alignment with a standards organization framework, which aims to provide clarity of expectations, while maintaining flexibility for innovation.

[Modified] These standards are intended to be read in conjunction with the General Standards of Accreditation for Residency Programs, as well as the discipline-specific documents for Public Health and Preventive Medicine. In instances where the indicators reflected in the General Standards of Accreditation for Residency Programs have been modified within this document to reflect a discipline-specific expectation, the indicator as reflected in this document takes precedence.

\(^1\) Note: The General Standards of Accreditation for Institutions with Residency Programs also include standards applicable to learning sites.
STANDARDS

DOMAIN: PROGRAM ORGANIZATION

The Program Organization domain includes standards focused on the structural and functional aspects of the residency program, which support and provide structure to meet the General Standards of Accreditation for Residency Programs. The Program Organization domain standards aim to:

- Ensure the organizational structure and personnel are appropriate to support the residency program, teachers, and residents;
- Define the high-level expectations of the program director and residency program committee(s); and
- Ensure the residency program and its structure are organized to meet and integrate the requirements for the education program; resources; learners, teachers and administrative personnel; and continuous improvement domains.

STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the residency program, teachers and residents.

Refer to Standard 1 and its various components within the General Standards of Accreditation for Residency Programs.

STANDARD 2: All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.

Refer to Standard 2 and its various components within the General Standards of Accreditation for Residency Programs.
DOMAIN: EDUCATION PROGRAM

The Education Program domain includes standards focused on the planning, design, and delivery of the residency program, with the overarching outcome to ensure that the residency program prepares residents to be competent to begin independent practice.

NOTE: Time-based residency programs are planned and organized around educational objectives linked to required experiences, whereas Competency Based Medical Education (CBME) residency programs are planned and organized around competencies required for practice. The Education Program domain standards in the General Standards of Accreditation for Residency Programs have been written to accommodate both.

STANDARD 3: Residents are prepared for independent practice.

Refer to Standard 3 and its various components within the General Standards of Accreditation for Residency Programs, in addition to elements, requirements, and indicators detailed below.

Element 3.1: The residency program’s educational design is based on outcomes-based competencies and/or objectives that prepare residents to meet the needs of the population(s) they will serve in independent practice.

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<tr>
<th>Requirement(s)</th>
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<tr>
<td>3.1.1: Educational competencies and/or objectives are in place to ensure residents progressively meet all required standards for the discipline and address societal needs.</td>
<td>3.1.1.1 (modified): The educational objectives meet the specialty-specific requirements for Public Health and Preventive Medicine, as outlined in the Objectives of Training and the Specialty Training Requirements in Public Health and Preventive Medicine. [B2]</td>
</tr>
</tbody>
</table>

2 “(modified)” is used to identify where an indicator from the General Standards of Accreditation for Residency Programs has been included, with minor discipline-specific modification(s).

3 The brackets in red font at the end of each indicator provide a reference to language in the previous specific standards of accreditation for the discipline, based upon which the indicator was developed. This reference is provided to assist in the transition to the new template.
Element 3.2: The residency program provides educational experiences designed to facilitate residents’ attainment of the outcomes-based competencies and/or objectives.

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| 3.2.1: The residency program’s competencies and/or objectives are used to guide the educational experiences while providing residents with opportunities for increasing professional responsibility at each stage or level of training. | 3.2.1.2 (modified): The educational experiences meet the specialty-specific requirements as outlined in the Objectives of Training and the Specialty Training Requirements in Public Health and Preventive Medicine. [B3]  
3.2.1.3 (modified): The educational experiences and supervision are appropriate for residents’ stage of training, support residents’ achievement of increasing professional responsibility, and align with the legal regulations governing the learning sites in which the training occurs. [B3]  
3.2.1.5: The educational experiences include exposure to diverse populations and cover the core functions of Public Health and Preventive Medicine. [B4.2]  
3.2.1.6 (exemplary): The academic component of the residency program includes the granting of a postgraduate academic degree, such as Master of Science (M.Sc.), Master of Health Science (M.H.Sc.), or Master of Public Health (M.P.H.). [B5.1] |
| 3.2.2: The residency program uses a comprehensive curriculum plan, which is specific to the discipline and addresses all of the CanMEDS/CanMEDS-FM Roles. | 3.2.2.7: The curriculum plan includes a combination of academic, clinical, and field experiences that facilitate residents’ development of a broad range of competence in Public Health and Preventive Medicine (Medical Expert). [B5.1]  
3.2.2.8: The curriculum plan facilitates residents’ acquisition of the necessary information gathering, diagnostic, and therapeutic skills for ethical and effective interventions at the individual, group, organization, and population levels (Medical Expert). [B5.1]  
3.2.2.9: The curriculum plan includes opportunities for the residents to develop effective consultative skills with respect to assessment and intervention at the individual, group, and population levels (Medical Expert). [B5.1]  
3.2.2.10: The curriculum plan includes opportunities for the residents to learn effective communication skills for interacting with agencies, communities, individuals and their families, media, colleagues, co-workers from other disciplines, and students (Communicator). [B5.2]  
3.2.2.11 (exemplary): The curriculum plan includes opportunities for residents to participate in conference presentations, clinical and scientific reports, and patient, public, or community education (Communicator). [B5.2] |

4 Normally this will require the participation of several learning sites, but in some cases a single broadly-based learning site may suffice.
5 The academic component may entail the granting of an academic degree, such as Master of Science (M.Sc.) Master of Health Science (M.H.Sc.), or Master of Public Health (M.P.H.).
3.2.2.12: The curriculum plan includes opportunities to learn the techniques and practise the skills required to work collaboratively in an interprofessional and interdisciplinary team and with other partners, including community partners and populations served (Collaborator). [B5.3]

3.2.2.13: The curriculum plan includes opportunities to gain an understanding of the principles and practical application of management and administration in the contexts of clinical practice, health service agencies, government agencies, and other organisations/institutions (Leader). [B5.4]

3.2.2.14: The curriculum plan includes opportunities to practice various styles and techniques of leadership (Leader). [B5.4]

3.2.2.15: The curriculum plan includes opportunities for residents to develop and practice teaching skills (Scholar). [B5.6]

3.2.2.16: The curriculum plan includes teaching of critical appraisal skills (Scholar). [B5.6]

3.2.2.17: The curriculum plan provides teaching in medical and public health ethics and nurtures the qualities of integrity, honesty, and compassion (Professional). [B5.7]

3.2.3: The educational design allows residents to identify and address individual learning objectives.

3.2.3.1 (modified): The educational experiences of each resident are tailored to accommodate each individual’s learning needs and future career aspirations, while meeting the national standards and societal needs for Public Health and Preventive Medicine. [B5.1]

3.2.3.2 (modified): The residency program fosters a culture of reflective practice and life-long learning among its residents, including development of the habit of continual assessment of their abilities, knowledge, and skills, supported by an atmosphere wherein residents feel safe to seek advice and assistance. [B5.7]

3.2.5: The educational environment supports and promotes resident learning in an atmosphere of scholarly enquiry.

3.2.5.4: The residency program and its learning environment encourage residents to engage in research. [B5.6]

Element 3.4: There is an effective, organized system of resident assessment.

Requirement(s) | Indicator(s)
--- | ---
3.4.1: The residency program has a planned, defined and implemented system of assessment. | 3.4.1.8: The system of assessment includes mechanisms for formal assessment of communicator skills, based on clearly defined educational objectives. [B5.2]

6 It is desirable that the program provide residents with the opportunity to develop special expertise in a specific area of Public Health and Preventive Medicine.

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DOMAIN: RESOURCES

The Resources domain includes standards focused on ensuring resources are sufficient for the delivery of the education program and to ultimately ensure that residents are prepared for independent practice. The Resources domain standards aim to ensure the adequacy of the residency program’s clinical, physical, technical, human and financial resources.

NOTE:
1. The unit of practice for a Public Health and Preventive Medicine specialist is population-based. [B4]
2. In those cases where a university has sufficient resources to provide most of the training in Public Health and Preventive Medicine but lacks one or more essential elements, the program may still be accredited, provided that formal arrangements have been made to send residents to another accredited residency program for periods of appropriate prescribed training. [B4]

STANDARD 4: The delivery and administration of the residency program is supported by appropriate resources.

Refer to Standard 4 and its various components within the General Standards of Accreditation for Residency Programs, in addition to elements, requirements, and indicators detailed below.

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<tbody>
<tr>
<td><strong>4.1.1:</strong> The patient population is adequate to ensure that residents experience the breadth of the discipline.</td>
<td><strong>4.1.3:</strong> The size and diversity of communities and patient populations available to the residency program are sufficient to enable residents to interact with and develop competencies relating to a variety of populations, reflecting urban, rural, gender, multicultural, and other diversity. [B4]</td>
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<tr>
<td><strong>4.1.5:</strong> There is appropriate liaison with other programs and teaching services to ensure that residents experience the breadth of the discipline.</td>
<td><strong>4.1.5.2:</strong> The basic clinical phase of the residency training is based in a sponsoring faculty of medicine and its affiliated hospitals or other learning sites. [B4.1]</td>
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Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.

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<tr>
<td>4.2.1: The number, credentials, competencies, and duties of the teachers</td>
<td>4.2.1.5: Each learning site participating in the residency program demonstrates the ability to provide a sufficient number of qualified teaching staff to supervise residents at a level acceptable to both the program director and the Royal College. [B4.1]</td>
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<tr>
<td>are appropriate to teach the residency curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.</td>
<td>4.2.1.6: The program director has Royal College certification in Public Health and Preventive Medicine or equivalent CMQ certification. [B1]</td>
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<tr>
<td></td>
<td>4.2.1.7: Teachers associated with the residency program are capable of supervising candidates in research at a level appropriate for a graduate degree. [B4.1]</td>
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<td></td>
<td>4.2.1.8 (exemplary): The learning site coordinator/supervisor at each participating learning site is qualified in Public Health and Preventive Medicine (preferably with the Royal College certification in Public Health and Preventive Medicine). [B4.1]</td>
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**DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL**

The Learners, Teachers, and Administrative Personnel domain includes standards focused on supporting teachers, learners, and administrative personnel – “people services and supports”. The Learners, Teachers, and Administrative Personnel domain program standards aim to ensure:

- A safe and positive learning environment for all (i.e. residents, teachers, patients, and administrative personnel); and
- Value of and support for administrative personnel.

**STANDARD 5: Safety and wellness is promoted throughout the learning environment.**

Refer to Standard 5 and its various components within the General Standards of Accreditation for Residency Programs.
STANDARD 6: Residents are treated fairly and adequately supported throughout their progression through the residency program.

Refer to Standard 6 and its various components within the General Standards of Accreditation for Residency Programs.

STANDARD 7: Teachers effectively deliver and support all aspects of the residency program.

Refer to Standard 7 and its various components within the General Standards of Accreditation for Residency Programs, in addition to elements, requirements, and indicators detailed below.

Element 7.1: Teachers are assessed, recognized and supported in their development as positive role models for residents in the residency program.

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<td>7.1.2: Teachers in the residency program are effective role models for residents.</td>
<td>7.1.2.5: Teachers associated with the residency program are engaged in a program of research in Public Health and Preventive Medicine or its basic sciences. [B4.1]</td>
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STANDARD 8: Administrative personnel are valued and supported in the delivery of the residency program.

Refer to Standard 8 and its various components within the General Standards of Accreditation for Residency Programs.

DOMAIN: CONTINUOUS IMPROVEMENT

The Continuous Improvement domain includes standards focused on ensuring a culture of continuous improvement is present throughout the residency program, with the aim of ensuring continuous improvement of residency programs.

NOTE: To reinforce and create clarity with respect to the expectations related to continuous improvement, the Requirements under the Element mimic the continuous improvement cycle (Plan, Do, Study, Act).
STANDARD 9: There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.

Refer to Standard 9 and its various components within the General Standards of Accreditation for Residency Programs.