Specific Standards of Accreditation for Residency Programs in Adult Palliative Medicine

Last updated: March 15, 2018
Table of Contents
INTRODUCTION...................................................................................................... 2
STANDARDS ........................................................................................................... 3

DOMAIN: PROGRAM ORGANIZATION .................................................................... 3

STANDARD 1: There is an appropriate organizational structure, leadership and
administrative personnel to effectively support the residency program, teachers and
residents..................................................................................................................3
STANDARD 2: All aspects of the residency program are collaboratively overseen by the
program director and the residency program committee. ....................................4

DOMAIN: EDUCATION PROGRAM......................................................................... 4

STANDARD 3: Residents are prepared for independent practice. ............................4

DOMAIN: RESOURCES .......................................................................................... 7

STANDARD 4: The delivery and administration of the residency program is supported by
appropriate resources............................................................................................7

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL............ 10

STANDARD 5: Safety and wellness is promoted throughout the learning environment.11
STANDARD 6: Residents are treated fairly and adequately supported throughout their
progression through the residency program..........................................................11
STANDARD 7: Teachers effectively deliver and support all aspects of the residency
program..............................................................................................................11
STANDARD 8: Administrative personnel are valued and supported in the delivery of the
residency program. ...............................................................................................11

DOMAIN: CONTINUOUS IMPROVEMENT ............................................................ 11

STANDARD 9: There is continuous improvement of the educational experiences to
improve the residency program and ensure residents are prepared for independent
practice. ..............................................................................................................12
INTRODUCTION

[Modified] The Specific Standards of Accreditation for Residency Programs in adult Palliative Medicine are a national set of standards maintained by the Royal College, for the evaluation and accreditation of adult Palliative 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 adult Palliative 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 adult Palliative 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, in addition to elements, requirements, and indicators detailed below.

Element 1.2: There is an effective and functional residency program committee structure to support the program director in planning, organizing, evaluating, and advancing the residency program.

<table>
<thead>
<tr>
<th>Requirement(s)</th>
<th>Indicator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.1: The residency program committee structure is composed of appropriate key residency program stakeholders.</td>
<td>1.2.1.5: The residency program committee includes representation from non-physician members of the interprofessional palliative care team(s). [B1]</td>
</tr>
</tbody>
</table>

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.
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.

<table>
<thead>
<tr>
<th>Requirement(s)</th>
<th>Indicator(s)</th>
</tr>
</thead>
<tbody>
<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 subspecialty-specific requirements for adult Palliative Medicine, as outlined in the Objectives of Training and the Subspecialty Training Requirements in adult Palliative Medicine. [B2]</td>
</tr>
</tbody>
</table>

3 “(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).
Element 3.2: The residency program provides educational experiences designed to facilitate residents’ attainment of the outcomes-based objectives and/or competencies.

<table>
<thead>
<tr>
<th>Requirement(s)</th>
<th>Indicator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>3.2.1.2 (modified): The educational experiences meet the requirements as outlined in the Objectives of Training and the Subspecialty Training Requirements in adult Palliative Medicine. [B3] 3.2.1.3 (modified): The educational experiences and supervision are appropriate for residents’ stage or level of training, and support residents’ achievement of increasing professional responsibility specific to adult Palliative Medicine. [B3] 3.2.1.5: The educational experiences provide opportunities for residents to be responsible for patients as a consultant and as a member of the interprofessional team most responsible for a group of patients. [B3 &amp; B4.3a] 3.2.1.6: The educational experiences include adequate exposure to the breadth of patients with chronic and life threatening illness to ensure competence in all aspects of Palliative medicine. [B4.3a &amp; B4.3d] 3.2.1.7: The educational experiences provide opportunities for residents to provide longitudinal care to a group of patients. [B3] 3.2.1.8: The educational experiences provide opportunities for residents to acquire continuity of care experience across settings of care including, but not limited to, institutional, palliative care unit, hospice, ambulatory care, and community settings. [B3] 3.2.1.9: The educational experiences provide opportunities for residents to participate in interprofessional collaborative care. [B3] 3.2.1.10: The educational experiences include community-based learning that:  - Support the development of knowledge and skills for the delivery of consultation, shared care, and primary care, to patients within the community setting; and  - Involve working with other health care professionals in the provision of adequate resources for ongoing care in the community. [B3 &amp; B4.3e] 3.2.1.11 (exemplary): The educational experiences include rural palliative medicine experience. [B3] 3.2.1.12: The educational experiences include adequate exposure to non-hospitalized patients in ambulatory care settings for assessment, treatment, and follow-up. [B4.3b]</td>
</tr>
</tbody>
</table>
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 formal teaching in and opportunities for reflective practice (Medical Expert). [B5.1a]  
3.2.2.8: The curriculum plan includes formal teaching in and opportunities to develop skills in the management of suffering and existential distress (Medical Expert). [B5.1b]  
3.2.2.9: The curriculum plan includes opportunities to develop skills in communication with patients and their families as it relates to goals of care, end of life decision-making, and psychosocial, spiritual and existential concerns (Communicator). [B5.2a]  
3.2.2.10: The curriculum plan includes opportunities to develop skills in communication with patients and their families to address requests for physician assisted suicide and euthanasia (Communicator). [B5.2b]  
3.2.2.11: The curriculum plan includes opportunities to develop skills in leading family conferences (Communicator). [B5.2c]  
3.2.2.12: The curriculum plan includes teaching by members of the interprofessional team including, but not limited to, nurses, social workers, and spiritual care providers (Collaborator). [B5.3a]  
3.2.2.13: The curriculum plan includes opportunities to lead and participate in case conferences (Collaborator). [B5.3b]  
3.2.2.14: The curriculum plan includes opportunities to manage and coordinate care of patients with palliative needs in various models of care and across settings of care (Leader). [B5.4a]  
3.2.2.15: The curriculum plan includes opportunities to develop skills in quality assessment and improvement to ensure delivery of optimal palliative and end of life care, based on accepted standards (Leader). [B5.4b]  
3.2.2.16: The curriculum plan includes teaching regarding different models of palliative care and program development (Leader). [B5.4c]  
3.2.2.17: The curriculum plan includes teaching regarding the development of leadership skills (Leader). [B5.4d]  
3.2.2.18: The curriculum plan includes opportunities for residents to address ethical issues of specific significance when providing care to patients with advanced disease, life threatening illness, and/or at end of life, and to patients’ families including, but not limited to, decision-making, and withholding and withdrawal of life-sustaining treatment (Health Advocate). [B5.5a]  
3.2.2.19: The curriculum plan provides opportunities for residents to participate in advocacy activities (Health Advocate). [B5.5b]  
3.2.2.20: The curriculum plan provides opportunities for residents to develop skills in educating undergraduate and postgraduate trainees, colleagues, other health care professionals, and the public, about palliative and end-of-life care (Scholar). [B5.6b]
3.2.2.21: The curriculum plan provides opportunities for residents to reflect on the personal effect of providing care for patients who are suffering, and develop self-care strategies to mitigate the risk of compassion fatigue (Professional). [B5.7a]

| 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 feedback from care providers representing different professions participating as members of the interprofessional team. [B6] |

**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:** In those cases where a university has sufficient resources to provide most of the training in adult Palliative 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.
Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with educational experiences needed to acquire all competencies.

<table>
<thead>
<tr>
<th>Requirement(s)</th>
<th>Indicator(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1: The patient population is adequate to ensure that residents experience the breadth of the discipline.</td>
<td>4.1.1.3: The diversity, volume, and consistency of patients available to the residency program are sufficient to support residents’ acquisition of knowledge, skills, and behaviours relating to population aspects of age, gender, culture, and ethnicity appropriate to adult Palliative Medicine. [B4]</td>
</tr>
<tr>
<td></td>
<td>4.1.1.4: The residency program has access to adequate numbers of patients with chronic and life threatening illness to provide residents with experience caring for such patients throughout the patients disease trajectory, and across settings of care. [B4.2]</td>
</tr>
<tr>
<td></td>
<td>4.1.1.5: Clinical rotations in medical subspecialties provide an adequate number and variety of patients with complex chronic and end stage conditions to meet the Objectives of Training in adult Palliative Medicine. [B4.2]</td>
</tr>
<tr>
<td>4.1.2: Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.</td>
<td>4.1.2.4: The residency program has access to a full scope of palliative care settings of care. [B4.3]</td>
</tr>
<tr>
<td></td>
<td>4.1.2.5: The residency program’s learning sites include acute care hospitals providing tertiary or quaternary palliative care services and sub-acute and chronic palliative care facilities including, but not limited to, palliative care units and hospices. [B4.3a]</td>
</tr>
<tr>
<td></td>
<td>4.1.2.6: The residency program has access to an emergency department where residents see patients on referral from other physicians, and make decisions on their management and follow-up. [B4.3c]</td>
</tr>
<tr>
<td></td>
<td>4.1.2.7: The residency program has access to dedicated palliative medicine clinics, as well as clinics or other ambulatory experiences focused on specific patient populations including, but not limited to, oncology and other chronic and life threatening illness. [B4.3b]</td>
</tr>
<tr>
<td></td>
<td>4.1.2.8: The residency program has access to adequate resources to enable development of skills necessary to deliver consultative services to the breadth of patients with chronic and life threatening illness; the educational experiences are expected to include inpatient, ambulatory, community, and emergency room settings, and consultation by telephone or electronic communication. [B4.3d]</td>
</tr>
<tr>
<td></td>
<td>4.1.2.9: The residency program has access to settings of care to provide community-based learning including, but not limited to, patients’ homes and long term care facilities. [B4.3e]</td>
</tr>
<tr>
<td></td>
<td>4.1.2.10: The residency program has access to facilities and services for the provision of interventional procedures for pain including, but not limited to, nerve blocks and epidural procedures, that are closely coordinated with the overall program. [B4.4b]</td>
</tr>
</tbody>
</table>
4.1.2.11: The residency program has access to facilities and services for rehabilitation to enhance quality of life that are closely coordinated with the overall program, including, but not limited to, physiotherapy, occupational therapy, physical medicine, and rehabilitation. [B4.4b]

4.1.2.12: The residency program has access to support and counselling services that are closely coordinated with the overall program, for patients and patients’ families across settings of care, including close liaison with health care professionals including, but not limited to, social workers, psychiatrists or psychologists, and spiritual care providers with special expertise directed towards the psychological, social and spiritual needs of patients with chronic and life threatening illness, and patients’ families. [B4.4b]

4.1.2.13: The residency program has access to nutritional services that are closely coordinated with the overall program, with expertise in caring for patients with palliative needs. [B4.4b]

4.1.3: Diagnostic and laboratory services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.

4.1.3.2: The residency program has access to comprehensive clinical laboratory and medical imaging services that are closely coordinated with the overall program, including, but not limited to:
- radiography,
- ultrasound,
- magnetic resonance imaging (MRI),
- computerized tomography (CT), and
- interventional radiology. [B4.4b]

4.1.5: There is appropriate liaison with other programs and teaching services to ensure that residents experience the breadth of the discipline.

4.1.5.2: The university sponsors accredited programs in Internal Medicine, Anesthesiology, and Neurology. [Introduction]

4.1.5.3: The residency program liaises, as appropriate, with clinical services in specialized areas relevant to the practice of Palliative Medicine including, but not limited to, anesthesiology, cardiology, critical care medicine, family medicine, gastroenterology, geriatric medicine, hematology, medical oncology, nephrology, neurology, pediatrics, radiation oncology, medical imaging, respirology, and surgical specialties and subspecialties.[B4.4a]
Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.

<table>
<thead>
<tr>
<th>Requirement(s)</th>
<th>Indicator(s)</th>
</tr>
</thead>
</table>
| 4.2.1: The number, credentials, competencies, and duties of the teachers are appropriate to teach the residency curriculum, supervise and assess trainees, contribute to the program, and role model effective practice. | 4.2.1.5: There are a sufficient number of experienced university-appointed Palliative Medicine physicians to supervise residents and provide teaching in the basic and clinical sciences related to Palliative Medicine. [B4.1]  
4.2.1.6: The residency program’s teaching staff includes teachers from other medical disciplines including, but not limited to, Anesthesiology, Cardiology, Critical Care Medicine, Geriatric Medicine, Medical Oncology, Nephrology, Neurology, Pediatrics, Radiation Oncology, and Respirology. [B4.1]  
4.2.1.7: The residency program’s teaching staff includes teachers from other professions including, but not limited to, nursing, social work, and spiritual care. [B4.1]  
4.2.1.8: The program director has certification in their primary specialty and five years of clinical practice experience in Palliative Medicine. [B1] |

**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.

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.