What The Surveyor Sees:
The Ins & Outs Of Accreditation

Presenters: Karen Finlay MD & Joanne Todesco MD
Thursday October 19, 2017
We do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Joanne Todesco MD FRCPC

• University of Calgary Medical School 1980
• Fellow of the RCPSC (Anesthesiology & Internal Medicine)
• Past Program Director, Anesthesiology, University of Calgary
• Past Associate Dean Postgraduate Medicine, University of Calgary
• Retired Associate Professor, University of Calgary
• Certificate: Conflict Resolution - Pepperdine University
• Fellowship: Executive Leadership in Academic Medicine (ELAM)(Drexel University)
• RCPSC Residency Accreditation Committee (prev 6 yr member, educator, survey chair, surveyor)
• RCPSC International Program Committee (current member, educator, survey chair, surveyor)
Karen Finlay MD FRCPC

- McMaster University Medical School 1991
- Fellow of the RCPSC (Diagnostic Radiology)
- Past Program Director, Diagnostic Radiology, McMaster
- Professor, McMaster University
- Associate Chair Education, Department of Radiology, McMaster
- Director – AFC Diploma program Clinician Educator, McMaster
- Past Chair, Internal Review Committee, McMaster University
- Executive member & OSCE Director, Royal College Examination Committee, Radiology
- RCPSC Residency Accreditation Committee – current member and surveyor
How many of you are Program Directors?

Anyone else?
What is your primary specialty?

1) Family Medicine
2) Medical
3) Pediatric
4) Surgical
5) Laboratory
6) Anesth, Rad, Psych
7) Who did we miss?
How many of you will have an on-site survey within the next 2 years?
OBJECTIVES

1. Describe the process of program accreditation
2. Explain how & why a category of accreditation is determined
3. Develop strategies to address weaknesses identified during accreditation
4. Discuss methods to prepare yourself, your program, and your faculty for accreditation
Understanding Accreditation

• RCPSC accreditation standards
• RCPSC Specialty Committee documents
• Multiple checks & balances
Resource Documents

General Accreditation Standards

A Standards: (Postgrad Office + Institutions)

B Standards: (All Programs, the “Blue Book”)

Specific Standards of Accreditation \( (SSA) \)

Objectives Of Training Requirements \( (OTR) \)

Specialty Training Requirements \( (STR) \)
The New Document Suite

- Institutional & Program Standards of Accreditation (B1-6 → 5 Domains)
- Specialty Competency Training Requirements (CTR) (will replace STR & OTR to reflect CBD)
- Training Experiences (required, recommended, & optional)
- Portfolio = Entrustable Professional Activities & Milestones
- Specific Standards of Accreditation (SSA – 5 Domains)

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While the new general standards have been approved, with the exception of programs being reviewed as part of Dalhousie & McGill Universities’ regular onsite surveys, the new general standards will be applicable only to accreditation activities that occur after July 1, 2019.
General Accreditation B Standards

B1: Administrative Structure
B2: Goals & Objectives
B3: Structure & Organization
B4: Resources
B5: Clinical, Academic, & Scholarly Content (CanMEDS)
B6: Assessment of Resident Performance (CanMEDS)
New Program Level Standards

5 DOMAINS

• Program Organization
• Education Program
• Resources
• Learners, Teachers, & Administrative Personnel
• Continuous Improvement

• ++ Blueprinted from B1-6
• Updated, clarified, & reorganized
• Increased focus on outcomes, the learning environment, & QI
• CanMEDS framework remains

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Specific Standards of Accreditation

SSA

Your specialty-specific version of the “Blue Book”

May be generic in some areas ("see General Standards")

Some things to note:

Standard B4 (Resources) may be very specialty-specific e.g. types of patients & support services ...

Standard B5 (Academic & Scholarly Content) organized by CanMEDS Role, note e.g. research requirement may be greater than in the Blue Book

Standard B6 (Assessment) programs vary in what is required by a resident in order to sit the exams

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Objectives of Training Requirements

**OTR**

Objectives of training for your specialty

- Drives your program’s rotation-specific **G&O**
- Organized by **CanMEDS** Roles
- Drives the content & organization of the **FITER**

Determines your program curriculum – should be blueprinted

- Knowledge & skills to achieve by the end of training
- Specialty-specific CanMEDS competencies (also some generic)
- Clinical skills & procedures (under Medical Expert)

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Specialty Training Requirements (STR)

Drives the content & organization of your rotations (educational experiences)

- mandatory vs. elective (note the difference between rotations mandatory for the RCPSC & mandatory for your own program)
- block vs. longitudinal

Linked to resident credentialing – A resident’s successfully completed rotations are reviewed by the Credentials Committee for approval to sit the fellowship exams

Never change your rotations without consulting the STR!!

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Q: Where do the program specific rules come from? Why?

SSA, OTR, STR (CTR)

Role of Specialty Committees

(including Program Directors – YOU!)
Continuous program self-review (CQA)
- Faculty evaluations
- Rotation evaluations
- Curriculum evaluations
- Trouble-shooting
- Overall program review e.g. retreat
New Survey Cycle

- **8 years** between regular on-site accreditation visits
- **New electronic tools** for surveyors / less paper & repetition / more flexibility
- **2 year follow-ups** (some onsite, some not)
- **Introduction of common software/database** (AMS)
- **Data collected by institutions throughout the cycle**, including new sources of information
- **Selected data provided to RCPSC throughout the cycle**
The Survey Process
(Stays the same)
Preparing your people for a survey

Inform your:

Faculty
Residency Program Committee
Residents

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Preparing your people for a survey

Inform & inquire!

No Surprises

bad
Preparing Faculty

1. GENERAL PROGRAM INFO:
   
   • Previous program weaknesses & what you’ve done
   • Awareness of program challenges
   • Keep informed of program updates
Preparing Faculty

2. REVIEW QUESTIONS LIKELY TO BE ASKED

• Resident evaluation process
• Faculty evaluation process, do they receive evaluations? How often? Useful?
• G & O – received? Used?
• Program information – how are they informed as a group?
• Staff resources and support
• Facility and equipment resources
• Relationship with PD and Chair
Preparing Faculty - Strategies

SMALL BITES of information:

• Newsletters
• Email updates
• Share RPC minutes as appropriate
• Summary handout

** Ongoing updates
** Final information summary before review

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Preparing RPC

GENERAL PROGRAM INFO:

• Previous program weaknesses & what you’ve done
• Awareness of program challenges
• Awareness of their role as a committee
• Awareness of accreditation standards
Preparing RPC

REVIEW QUESTIONS LIKELY TO BE ASKED:

• Program organization
• How do they work through issues?
• Current issues & challenges
• Review process – G & O, program design, curriculum
• Resident evaluations, appeals, promotion process
• Relationship with PD and Chair
Preparing RPC - Strategies

• Strategically go through all standards
• Schedule review of standards throughout academic year
• Assists with informing faculty & program review
• Can delegate committee members to update on specific items
• Serves as an overall QA exercise that can be used ongoing
Preparing Residents

GENERAL PROGRAM & PROCESS INFO:

• Previous program weaknesses & what you’ve done
• Awareness of program challenges
• Inform of review process:
  ▶ What is it?
  ▶ What is the process?
Preparing Residents

REVIEW QUESTIONS LIKELY TO BE ASKED:

• Are their voices heard?
• Program strengths & weaknesses
• Current issues & challenges
• Evaluations, appeals, promotion
• Safety policy & issues
• Intimidation & harassment
• Relationship with PD and faculty
Preparing Residents - Strategies

• Strategically go through all standards – as per RPC
• Meet regularly leading up to review ** face to face!
• Share RPC minutes as appropriate
• What is the program up to? How are you incorporating their input?
• Policy review: Safety, appeals, promotion
• Survey/inquire on “hot topics”: service to education issues; intimidation & harassment

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Pre-Survey Questionnaire (PSQ)
(Program Profile)

IT’S A BIG DEAL!
PSQ: First impressions count!

- Describes how your program is meeting each standard – “evidence”
- Guides the surveyor’s questions
- Reviewed by many:
  - Your PG Dean
  - Your Specialty Committee – best assessor of resources & comparison of STR vs. your educational experiences
  - Your Surveyor(s), followed by Survey Team evening discussion & vote
  - Residency Accreditation Committee discussion & vote

J Todesco
8 simple rules for completing the PSQ
1. Be clear and thorough – your reviewer will not likely be from your specialty

2. If you are doing something a bit different or are dealing with a challenge, tell us all about it and defend your choices

3. Attend to spelling, grammar, and formatting

4. Get help from others. Give yourself lots of time. Hunt down all the numbers, institutional policies, and governance information. You need to be the most informed person about your program!

J Todesco
5. Use abbreviations where necessary, but always include a legend.

6. Final draft should be reviewed by your RPC including resident reps and department head before you send it to your PG Dean and again just before the on-site survey.

7. If an activity covers more than one CanMEDS Role, list it under all that apply.

8. Don’t list assessment tools (B6) under teaching (B5) unless there is a formal feedback element that provides teaching (& defend it).
And finally ……

Things That Should **NEVER** be Found in a PSQ:

- We **will** be …
- We **hope** to …
- Only using “**observation**” & “**role modeling**”

The survey is a ‘point in time’ (snapshot) assessment of the program.

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Problems to be avoided

• Missing elements from the specialty specific documents
• Inconsistencies among documents and interviewees
• Disorganized documents
• Disorganized curriculum, entirely resident driven
• Program with an attitude
• Dysfunctional RPC, with no resident voice
Problems to be avoided

- Culture of abusiveness, harassment, or service over education
- Incomplete resident files
- RPC problems left dangling
- Program not listening to the residents
- Uncorrected weaknesses from a previous review
- Residents not prepared for independent practice in final year
- POORLY COMPLETED PSQ!

J Todesco
Tips for B Standards

**B2.3:** There must be G & O for each rotation

**B 6.1:** Resident assessment must be based on the G & O

= Resident assessments (ITERS) must be rotation specific!

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**Tips for B Standards**

**B5:** role modeling & doing things are fine
e.g. being on a multidisciplinary team for Collaborator, doing the call schedule for Manager ...

**BUT** there must be **SOME FORMAL** teaching tools for the 6 intrinsic Roles

**SOME** can be **GENERIC** (i.e. PG office) **BUT** some intrinsic Role teaching must be **specialty-specific** (e.g. ethics)

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Tips for B Standards

B6: Informal methods and ITER are fine .....  

BUT there must be **SOME FORMAL assessment** tools for the 6 intrinsic Roles  

- Attitudes & professionalism **must** be assessed - e.g. interviews with peers, supervisors, other healthcare professionals, patients & families (ditto for collaborating abilities ...)  

- Communication, written communication, & residents as teachers **must** also be formally assessed

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**Other Details**

Faculty evals, subcommittee activities and any other delegated RPC responsibilities **must loop back** to RPC and/or PD.

**Resident Safety Policy – 3 options**

Inter-Institutional Agreements (IIAs) – only needed for accreditation purposes **if** another university has to be used to fulfill STR or OTR training requirements (typically through a rotation). Contracts = specific & up-to-date.

Other types of arrangements are not relevant to accreditation IIAs.
Information Provided to Surveyors in Advance

• Program PSQ + Appendices
• Specialty-specific documents SSA, OTR, STR
• Survey Report & Transmittal Letter from the last RCPSC survey
• Specialty Committee comments & questions
• 6-year pass rate (& national)
• Future – electronic data, APORs
Information Provided to Surveyors on Site

- Resident assessments
- Sample resident binders/files
- Faculty/rotation evaluations
- Face-to-face interview
- University Internal Review process

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SURVEYORS SEEK TO TRIANGULATE INFORMATION

- PD
- RPC
- Residents
- Faculty

- PSQ
- handling of resident complaints
- minutes
- remediation plans
- awareness

Specialty Committee

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The Exit Interview

• Early the next morning after your review, at the hotel: Surveyor & Program Director (+/- PG Dean)

• You will get a verbal listing of strengths, weaknesses & the survey team’s recommendation **ONLY**

• Specialty Committee also makes a recommendation

• Not final, could change at the Res AC, but start working on weaknesses

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After the Survey (stays the same)
Categories of Accreditation

Accredited Program with follow-up at next regular survey (A-RS)

Accredited Program with College-Mandated Internal Review (A-IR)
  +/- Progress Note (Res AC Decision) (PR)

Accredited Program with External Review (A-ER)

Notice of Intent to Withdraw Accreditation (Notice)

Withdrawal of Accreditation
## The Future Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Follow-Up</th>
<th>Institution-level</th>
<th>Program-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accredited New Inst./Prog.</td>
<td>External Review</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Accredited Inst./Prog.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Next Regular Survey</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>APOR</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>External Review</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Notice of Intent to Withdraw</td>
<td>External Review</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Withdrawal of Accreditation</td>
<td>New application</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
APOR = Action Plan Outcomes Report

- Replaces A-IR and PR but enhanced
- Living register tracking how weaknesses are being addressed

INSTITUTIONS WILL RECEIVE A CATEGORY OF ACCREDITATION
Accredited Program: Next regular survey (A-RS)

Program demonstrates acceptable compliance with standards (note: may have weaknesses)

Follow-up:

- Next Regular On-Site Survey (8 years)
- University-conducted internal review mid-cycle
- + Ongoing data integration
Accredited Program: Mandated Internal Review (A-IR)

Major issues are identified in more than 1 standard

Follow-up:

- Internal review of the program is required – conducted by the university, sent to the College
- Due within 24 months
- **Will be replaced by APORs**
Accredited Program: Progress Report (A-PR)

** Currently decided by the Res AC for programs eligible for A-IR

Specific issue(s) identified & require follow-up only on identified issue(s). Complete review of the entire program is not required.

Follow-up:

- Progress Report provided to the Res AC by PD within 12-18 months

- **Will be replaced by APORs**
Accredited Program: External Review (A-ER)

Major issues are identified in more than one standard AND

• Concerns are specialty-specific & best evaluated by a reviewer from the discipline OR

• Concerns have been persistent OR

• Concerns are strongly influenced by non-educational issues and can best be evaluated by a reviewer from outside the university

Organized by the RCPSC - conducted within 24 months at university’s 2-year touch point for all programs that require a review
Accredited Program: Notice of Intent to Withdraw Accreditation

Major and/or continuing non-compliance with one or more standards which calls into question the educational environment and/or integrity of the program.

- External review is conducted within 24 months by 3 reviewers (2 specialists + 1 resident)

Onus is on the program to show why accreditation should not be withdrawn.
How do survey teams function?

Chair, with members of institutional review team:
• Spends daytime with leadership of the university & healthcare sites
• Chairs evening discussion & vote. Main role is to keep the focus on standards & maintain consistency *within the university*
• Writes final institutional report
• Represents on-site survey team at the Res AC for their discussion & vote

(Important role of Res AC is to maintain consistency *across the country*)

Reviewers:
• Spend daytime conducting program surveys
• Present programs and hear other programs presented at evening discussion & then vote
• Write assigned program reports

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## What is the surveyor looking for during meeting with the PD?

<table>
<thead>
<tr>
<th>Resident advocate</th>
<th>Has sufficient time &amp; support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of the standards</td>
<td>Feels supported</td>
</tr>
<tr>
<td>Insight into program challenges</td>
<td>Accessibility</td>
</tr>
<tr>
<td>Awareness of what’s going on</td>
<td>Problem solving</td>
</tr>
<tr>
<td>Judgment in prioritizing workload</td>
<td>Delegation</td>
</tr>
<tr>
<td>Organization</td>
<td>Trusted</td>
</tr>
<tr>
<td>Respects the process</td>
<td>Good at accessing resources</td>
</tr>
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Group Exercise

We are an on-site survey team. Review the strengths & weaknesses from 4 RCPSC programs, discuss the appropriate category of accreditation, & vote.

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Strengths & Weaknesses Program A

Strengths:

1. Dedicated and innovative program director. (B1.1)
2. Organized, responsive residency program committee. (B1.2)
3. High volume and broad spectrum of patients and pathologies. (B4.2)
4. Collegial faculty recognized as outstanding teachers and clinicians. (B4.3.1)
5. Well organized and original curriculum for delivery of specialty-specific educational content for Health Advocate and Manager Roles (B5.4, B5.5)

Weaknesses:

1. Lack of rotation specific goals and objectives for community elective experience (B2.3).
2. Technical resources for delivering some distance-learning are unreliable. (B4.4)
3. No curriculum for teaching residents how to teach (B5.6.1)
1. A-RS
2. A-IR
3. A-ER
4. Intent to Withdraw
1. A-RS
2. A-IR
3. A-ER
4. Intent to Withdraw
Strengths & Weaknesses Program B

Strengths:

1. Dedicated, approachable and highly respected program director. (B1.1)
2. Strong research environment and infrastructure for supporting resident research. (B1.6, B5.6.4)
3. Well-organized and comprehensive formal educational curriculum (half-days, rounds). (B5)
4. Well-designed multidisciplinary model for delivery of specialty-specific education on Collaborator, Health Advocate and Professional Roles (B5.3, B5.5, B5.7)

Weaknesses:

1. Lack of sufficient administrative time and support for program director (B1.1) ** Persistent weakness
2. No organized or clear process for resident promotion. (B1.3.4)
3. No rotation/specialty specific goals and objectives for the PGY 1 year (B2.3)
4. Learning environment compromised by persistent intimidation and harassment at site “X”. (B3.9)
5. Low volume case exposure to pediatric patients and pediatric emergency/urgent procedures. (B4.2)
6. Limited clinic and office space for residents at site “Y”, compromising confidentiality of patient information and resident feedback. (B4.5, B4.5.3)
7. Resident end-of-rotation evaluations frequently delayed and not face to face. (B6.3)
1. A-RS
2. A-IR
3. A-ER
4. Intent to Withdraw
1. A-RS
2. A-IR
3. A-ER
4. Intent to Withdraw
Strengths & Weaknesses Program C

Strengths:

1. Highly engaged program director, department chair and program assistant. (B1.1)
2. Innovative mentorship and career counselling process. (B1.3.6)
3. Exceptionally collegial and safe work environment. (B3.9)
4. Wealth of clinical and physical resources to support the program. (B4.2, B4.3)

Weaknesses:

1. No designated representative for site “X” on RPC (B1.2.1)
2. Faculty evaluation process is infrequent and inconsistent. (B1.3.8.5)
3. Lack of program-specific safety policy. (B1.3.9)
4. Lack of specialty-specific teaching in Communicator, Collaborator, QA/QI and Heath Advocate Roles. (B5.2, B5.3, B5.4.5, B5.1)
5. Resident assessment particularly on off-service rotations not timely and frequently not face-to-face. (B6.3)
1. A-RS
2. A-IR
3. A-ER
4. Intent to Withdraw
1. A-RS
2. A-IR
3. A-ER
4. Intent to Withdraw
Strengths & Weaknesses Program D

**Strengths:**

1. Broad spectrum of patients and case complexity. (B4.2)
2. Strong research and scholarly environment. (B1.6)
3. State of the art technical resources and clinical environment. (B4.5)

**Weaknesses:**

1. Lack of sufficient administrative time and support for program director. (B1.1) ** Persistent weakness
2. No formalized method for reviewing the program. (B1.3.8) ** Persistent weakness
3. No involvement of RPC in resident assessment, promotion and recruitment. (B1.3.3, B1.3.4)
4. Residents do not feel safe to express their opinions on the RPC or effect any changes in the program. (B1.3.8)
5. There is no effective method for assessment of teachers in the program. (B1.3.8.5)
6. Goals and objectives not used for program planning and organization, or for resident assessment. (B2.3.1, B2.3.2, B6.1)
7. There is no rotation “X” as outlined in the STR for this specialty. (B3.1)
8. Residents on PGY 1 rotation “Y” describe difficulties with availability of on-call staff physician back-up and lack of in-house senior resident support. (B3.2)
Weaknesses:

9. Senior residents are not given graded professional responsibility for procedures. (B3.3)
10. Service responsibilities on 6-month Chief Resident block prohibits attendance at weekly teaching sessions. (B3.5)
11. Formal program educational curriculum lacks specialty specific contents for Communicator, Collaborator, Manager and Health Advocate Roles. (B5.2, B5.3, B5.4, B5.5)
12. Lack of formalized method for assessment of resident Professionalism, Communication, and Collaboration. (B6.2.3, B6.2.4, B6.2.5)
13. Resident evaluations are frequently incomplete or significantly delayed and are often not face-to-face. (B6.3)
14. There is lack of effective mid-unit or in-progress feedback to inform residents of significant concerns to permit performance correction. (B6.4)
1. A-RS
2. A-IR
3. A-ER
4. Intent to Withdraw
1. A-RS
2. A-IR
3. A-ER
4. Intent to Withdraw
“Discuss how to address various types of program weaknesses and categories, especially Intent to Withdraw and problems outside the PD’s control.”
Take away points

• Be informed about your program
• Know the standards
• Take care with PSQ preparation!
• Follow through on issues & keep working on solutions if problems persist – we all have them!
Help us improve. Your input matters.

• Download the ICRE App,

• Visit the evaluation area in Videotron Hall, near Registration, or

• Go to: http://www.royalcollege.ca/icre-evaluations to complete the session evaluation.

You could be entered to win 1 of 3 $100 gift cards.

Aidez-nous à nous améliorer. Votre opinion compte!

• Téléchargez l’application de la CIFR

• Visitez la zone d’évaluation qui se trouve dans l’aire Vidéotron, près du comptoir d’inscription, ou

• Visitez le http://www.collegeroyal.ca/evaluationscifr afin de remplir une évaluation de la séance.

Vous courrez la chance de gagner l’un des trois chèques-cadeaux d’une valeur de 100.