

## GENERAL STANDARDS OF ACCREDITATION

### B. GENERAL STANDARDS APPLICABLE TO ALL RESIDENCY PROGRAMS

#### STANDARD B1: ADMINISTRATIVE STRUCTURE

**There must be an appropriate administrative structure for each residency program.**

##### Interpretation

1. There **must** be a program director with qualifications that are acceptable to either The Royal College of Physicians and Surgeons of Canada (Royal College) or the College of Family Physicians of Canada (CFPC) or the Collège des médecins du Québec (CMQ) for the Québec programs. For the Royal College, the program director **should** be certified by the Royal College in the discipline concerned. For the CFPC, the program director **must** hold certification in family medicine with the College of Family Physicians of Canada. For the CMQ, the program director **must** hold an attestation in family medicine or specialist certification from the CMQ.

The program director is responsible for the overall conduct of the integrated residency program. The program director **must** be assured of sufficient time and support to supervise and administer the program. The program director is responsible to the head of the department concerned and to the postgraduate dean of the faculty. The respective Colleges **must** be informed by the postgraduate office when a new program director is appointed.

2. There **must** be a residency program committee to assist the program director in the planning, organization, and supervision of the program.
  - 2.1 This committee should include a representative from each participating site and each major component of the program.
  - 2.2 This committee **must** include representation from the residents in the program; if there is more than one resident in the program, at least one **must** be elected by his or her peers.
  - 2.3 The residency program committee **must** meet regularly, at least quarterly, and keep minutes that reflect the activity of the committee.

NEW

- 2.4 The residency program committee **must** communicate regularly with members of the committee, the department or division, and residents.

NEW – now defined by a must

3. The program director, assisted by the residency program committee and/or program subcommittees **must** plan, organize, and supervise the program.
  - 3.1 The program **must** be planned and operated such that it meets the general standards of accreditation as set forth in this document, and the specific standards of accreditation of programs in the specialty or subspecialty as set forth in the specialty or subspecialty document.
  - 3.2 The program **must** provide opportunities for residents to attain all competencies as outlined in the objectives of training.
  - 3.3 The residency program committee or a subcommittee thereof **must** select candidates for admission to the program.
  - 3.4 The residency program committee or a subcommittee thereof **must** be responsible for the assessment of residents and for the promotion of residents in the program in accordance with policies determined by the faculty postgraduate medical education committee.

NEW

- 3.4.1 The residency program committee or a subcommittee thereof **must** organize appropriate remediation or probation for any resident who is experiencing difficulties meeting the appropriate level of competence.

NEW – now defined by a must

- 3.5 The residency program committee **must** maintain an appeal mechanism consistent with University policies. The residency program committee and/or a subcommittee thereof should receive and review appeals from residents and, where appropriate, refer the matter to the faculty postgraduate medical education committee or faculty appeal committee.
      - 3.6 The residency program committee **must** establish and maintain mechanisms by which residents receive ongoing career counselling.
      - 3.7 The residency program committee **must** establish and maintain mechanisms for residents to access services to manage stress and similar issues.

NEW

- 3.7.1 The residency program committee **must** make sure that the residents are aware of these available services and how to access them.

NEW – now defined by a must

- 3.8 The residency program committee **must** undertake an ongoing review of the program to assess the quality of the educational experience and to review the resources available.

- 3.8.1 The opinions of the residents **must** be among the factors considered in this review.
- 3.8.2 This review **must** take place in an open and collegial atmosphere allowing for a free discussion of the strengths and weaknesses of the program without hindrance and respects confidentiality.
- 3.8.3 Each clinical and academic component of the program **must** be evaluated to ensure that the educational objectives are being met.
- 3.8.4 Resources and facilities **must** be evaluated to ensure that they are used with optimal effectiveness.
- 3.8.5 Teachers in the program **must** be evaluated.

NEW

- 3.8.5.1 There **must** be an effective mechanism to provide teaching staff in the program with honest and timely feedback on their performance.

NEW

- 3.8.6 The learning environment of each component of the program **must** be evaluated.

NEW – now defined by a must

- 3.9 The residency program committee **must** have a written policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac). The policy should allow resident discretion and judgment regarding their personal safety and ensure residents are appropriately supervised during all clinical encounters.
  - 3.9.1 The policy **must** specifically include educational activities (e.g. identifying risk factors).

NEW

- 3.9.2 The program **must** have effective mechanisms in place to manage issues of perceived lack of resident safety.

NEW

- 3.9.3 Residents and faculty **must** be aware of the mechanisms to manage issues of perceived lack of resident safety.

4. There **must** be a site coordinator or supervisor, responsible to the program director, at each site participating in the program, including electives. There **must** be active liaison between the program director and the site coordinators.
5. There **must** be an identified faculty member to oversee involvement of residents in research and other scholarly work, aided by a sufficient number of faculty members with the responsibility to facilitate and supervise this involvement.

6. There **must** be an environment of inquiry and scholarship in the program. There **must** be a satisfactory level of research and scholarly activity **must** be maintained among the faculty identified with the program, as evidenced by:
- peer-reviewed research funding;
  - publication of original research in peer-reviewed journals and/or publication of review articles or textbook chapters;
  - involvement by faculty and residents in current research projects;
  - recognized innovation in medical education, clinical care or medical administration.

## **STANDARD B2: GOALS AND OBJECTIVES**

**There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.**

### **Interpretation**

1. There **must** be a statement of the overall goals of the program.
2. There **must** be clearly defined objectives for each of the CanMEDS/CanMEDS-FM competencies.
  - 2.1 The educational objectives **must** be functional and reflected in the planning and organization of the program.
  - 2.2 The educational objectives **must** be reflected in the assessment of residents.
3. There **must** be specific educational objectives with respect to knowledge, skills, and attitudes for each rotation or other educational experience using the CanMEDS/CanMEDS-FM framework.
  - 3.1 The educational objectives **must** be functional and reflected in the planning and organization of the educational experience.
  - 3.2 The educational objectives **must** be reflected in the assessment of the residents.
4. The current goals and objectives **must** be distributed to all residents and faculty.

NEW

- 4.1 The residents and faculty **must** use the objectives in teaching, learning, and assessment.

NEW

- 4.2 When beginning a particular rotation or educational experience, individual learning objectives and strategies to meet those objectives should be developed by the faculty responsible and the individual resident.

NEW – every two years

5. The statement of goals and objectives **must** be reviewed regularly (at least every 2 years) by the program director and the residency program committee to determine the appropriateness of the objectives and how well they are reflected in the organization of the program and the evaluation of the residents.

## STANDARD B3: STRUCTURE AND ORGANIZATION OF THE PROGRAM

There **must** be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfill the educational requirements and achieve competence in the specialty or subspecialty.

### Interpretation

1. The program **must** provide all the components of training outlined in the specialty-specific documents.
2. The program **must** be organized such that residents are appropriately supervised according to their level of training, ability/competence, and experience.
3. The program **must** be organized such that residents are given increasing professional responsibility, according to their level of training, ability/competence, and experience.
4. At some point in the program, under appropriate staff supervision, each resident **must** assume the role of a senior resident.
5. Service responsibilities, including rotation assignments and on-call duties, **must** be assigned in a manner which ensures that residents are able to attain their educational objectives, recognizing that many objectives can be met only by the direct provision of patient care.
  - 5.1 Service demands **must not** interfere with the ability of the residents to follow the academic program.
6. The program **must** provide equivalent opportunities for each resident to take advantage of those elements of the program best able to meet his or her educational needs.

NEW – should now a must

7. The program **must** provide an adequate opportunity for residents to pursue elective educational experiences.
8. The role of each site used by the program **must** be clearly defined. There **must** be an overall plan which specifies how each component of the program is delivered by the participating sites.
9. Teaching and learning **must** take place in environments which promote resident safety and freedom from intimidation, harassment and abuse.

NEW

10. The program **must** collaborate with other programs whose residents need to develop expertise in the specialty by offering appropriate educational experiences according to the resource capability of the program.

## STANDARD B4: RESOURCES

**There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the Royal College or CFPC specialty training requirements.**

In those cases where a university has sufficient resources to provide most of the training in the specialty or subspecialty but lacks one or more essential elements, the program may still be accredited provided that a formal interuniversity arrangement has been made to send residents to another accredited residency program for periods of appropriate prescribed training.

### Interpretation

1. There **must** be a sufficient number of qualified teaching staff from a variety of medical disciplines and other health professions to provide appropriate teaching and supervision of residents.
2. The number and variety of patients or laboratory specimens available to the program on a consistent basis **must** be sufficient to meet the educational needs of the residents. There **must** be both male and female patients or specimens to provide appropriate experience for the specialty or subspecialty.
3. Clinical services and other resources used for teaching **must** be organized to achieve their educational objectives. The organization of patient care may be different in a setting where teaching and education take place.
  - 3.1 Teaching staff **must** exercise the double responsibility of providing high quality, ethical patient care and excellent teaching.
  - 3.2 There **must** be an experience-based learning process, which provides training in collaboration with other disciplines for optimal patient care, and allows for feedback, and reflection. This includes collaboration with other physicians and with other health care professionals.

NEW – should now a must

- 3.3 There **must** be an integration of teaching resources to include exposure to emergency, in-patient, ambulatory, and community experiences, including acute and chronic care, as appropriate for the specialty or subspecialty.
- 3.4 Learning environments **must** include experiences that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture and ethnicity appropriate to the specialty or subspecialty.

NEW – should now a must

- 3.5 There **must** be opportunities for residents to acquire the relevant knowledge to understand, prevent and handle adverse patient events.
4. There **must** be easy access, including nights and weekends, to computers and facilities for information management, on-line references and computer searches. These should be available within close proximity to areas where patient care takes place.

5. The physical and technical resources available to the program **must** be adequate to meet the needs of the program as outlined in the specialty-specific standards of accreditation for a program in the specialty or subspecialty.

NEW

- 5.1 Residents **must** have adequate space to carry out their daily work.

NEW

- 5.2 Residents **must** have access to the technical resources necessary to carry out their patient care duties in the setting in which they are working.

NEW

- 5.3 There **must** also be facilities to allow such learning activities as direct observation of clinical skills and delivery of the academic program, as well as places that offer privacy for confidential discussions.

6. Supporting facilities and services **must** be available as outlined in the specialty-specific standards of accreditation for programs in the specialty or subspecialty.

- 6.1 Clinical services heavily committed to the care of seriously ill and injured patients **must** be supported by intensive care units organized for teaching.

- 6.2 All consultative, diagnostic, and laboratory services necessary for patient care **must** be available.

- 6.3 The facilities available to programs in clinical specialties or subspecialties **must** include an emergency department with an adequate number and variety of patients presenting urgent problems in the discipline.

- 6.3.1 Each resident **must** have opportunities, under appropriate supervision, to provide an initial assessment and consultative service to patients presenting with emergency conditions as appropriate to the specialty or subspecialty.

- 6.4 In all clinical specialties and subspecialties, appropriate ambulatory care and/or community facilities **must** be available and should be designed to provide residents with a learning environment in which they can gain experience in the care of the broad range of non-hospitalized patients seen in the specialty or subspecialty. This experience should include, but not be limited to, pre-admission work-up and post-discharge follow-up care.

- 6.5 A major portion of each resident's training should take place in sites in which there are other accredited programs in relevant health professions in order to facilitate professional collaboration.

#### **STANDARD B5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM**

The clinical, academic and scholarly content of the program **must** be appropriate for university postgraduate education and adequately prepare residents to fulfill all of the CanMEDS/CanMEDS-FM Roles. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and in seminars, rounds and conferences. Scholarship implies an

**in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.**

## **Interpretation**

The program **must** be prepared to fulfill all of the Roles in the CanMEDS/CanMEDS-FM competency framework. While all of these Roles are essential for all physicians, not all Roles will have equal importance for all disciplines. In residency education, most time will be devoted to the Medical Expert Role, as this is the Role which is unique to the specialist.

NEW

The design of the academic program **must** take into consideration best practices for teaching and learning to fulfill the CanMEDS/CanMEDS-FM competencies and achieve the objectives of training.

### **1. Medical Expert**

- 1.1 There **must** be effective teaching programs in place for residents to acquire the appropriate medical expertise and decision-making skills to function as a practicing physician.
- 1.2 There **must** be an effective teaching program in place to ensure that residents learn to consult and work collaboratively with other physicians and health care professionals to provide optimal care of patients.
- 1.3 There **must** be a structured academic curriculum which assures that all major topics in the basic and clinical sciences relevant to the specialty or subspecialty are covered over the course of each resident's time in the program. This should include teaching and learning with a patient-centered focus as well as skills training, seminars, reflective exercises, directed reading, journal clubs, and research conferences.
- 1.4 Teaching **must** include issues of age, gender, culture, ethnicity and end of life issues as appropriate to the discipline.

### **2. Communicator**

NEW – “ensure” now “able to demonstrate”

- 2.1 The program **must** be **able to demonstrate** that there is adequate teaching in communication skills to enable residents to effectively interact with patients and their families, colleagues, students, and co-workers from other disciplines and health professions to develop a shared plan of care.
- 2.2 The program **must** be **able to demonstrate** that there is adequate teaching in communication skills to enable residents to effectively provide proper disclosure and reporting of adverse events, write patient records and utilize an electronic medical record when available.
- 2.3 The program **must** be **able to demonstrate** that there is adequate teaching in communication skills to enable residents to effectively write letters of consultation or referral.

### **3. Collaborator**

- 3.1 The program **must** be **able to demonstrate** that there are opportunities to learn and develop collaborative skills to enable residents to work effectively with all members of the

interprofessional health care team including other physicians and other health professionals.

- 3.2 The program **must** be able to demonstrate that there are opportunities for residents to learn to manage conflict.

#### 4. Manager

- 4.1 The program **must** be able to demonstrate that it provides opportunities for all residents to learn how to contribute to the effective management and administration of their health care organizations and systems.
- 4.2 The program **must** be able to demonstrate that it provides opportunities for all residents to learn effective allocation of finite health care resources.
- 4.3 The program **must** be able to demonstrate that it provides effective teaching to assist residents with the successful management of their practice and career.
- 4.4 The program **must** provide opportunities for residents to serve in administration and leadership roles, as appropriate to the discipline.

NEW

- 4.5 The program **must** be able to demonstrate that it provides opportunities for all residents to learn the principles and practice of quality assurance.

#### 5. Health Advocate

- 5.1 The program **must** be able to demonstrate that residents are able to understand, respond to and promote the health needs of their patients, their communities and the populations they serve.

#### 6. Scholar

NEW "ensure" now "provide"

- 6.1 The program **must** provide opportunities for residents to acquire knowledge and skills for effective teaching.

NEW

- 6.1.1 Residents **must** be observed and provided with feedback on their teaching to colleagues and students, as well as through seminar or conference presentations, clinical and scientific reports, and patient education sessions.

NEW - "ensure" now "able to demonstrate"

- 6.2 The program **must** be able to demonstrate that there are effective teaching programs in the critical appraisal of medical literature using knowledge of research methodology and biostatistics.
- 6.3 The program **must** be able to demonstrate that it promotes development of skills in self-assessment and self-directed learning.

- 6.4 The program **must** be able to demonstrate that residents are able to conduct a scholarly project.
- 6.5 Residents should be encouraged to participate in research during the course of the residency program. This could include research in basic science, experimental medicine, clinical medicine, epidemiology, quality assurance, medical education, ethics, or some other research aligned with health care.
- 6.6 The program **must** provide opportunities for residents to attend conferences outside their own university.

## 7. Professional

- 7.1 The program **must** be able to demonstrate that there is effective learning of appropriate professional conduct and ethical behaviours.
  - 7.1.1 The program **must** be able to demonstrate that residents exhibit integrity, honesty and compassion in the delivery of the highest quality care.
  - 7.1.2 The program **must** be able to demonstrate that residents exhibit appropriate professional, intra-professional, interprofessional and interpersonal behaviours.
  - 7.1.3 The program **must** be able to demonstrate that residents practise medicine in an ethically responsible manner.

NEW

- 7.1.4 The program **must** be able to demonstrate that residents can analyse and reflect upon adverse events and plan strategies to prevent recurrence.

NEW – “ensure” now “able to demonstrate”

- 7.2 The program **must** be able to demonstrate that residents know and can apply the basic principles and practice of bioethics as it relates to the specific clinical discipline.
- 7.3 The program **must** be able to demonstrate that there is effective teaching of the legal and regulatory framework pertinent to practice in the discipline.
- 7.4 The program **must** provide opportunities for all residents to develop and practice appropriate strategies to promote physician health and well-being.

## STANDARD B6: EVALUATION OF RESIDENT PERFORMANCE

**There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.**

### Interpretation

1. The in-training evaluation system **must** be based on the goals and objectives of the program and **must** clearly identify the methods by which residents are to be evaluated and the level of performance expected of residents in the achievement of these objectives.
2. Evaluation **must** meet the specific requirements of the specialty or subspecialty as set out in the specialty-specific standards of accreditation and be compatible with the characteristic being assessed.

- 2.1 The program **must** formally assess knowledge using appropriate written and performance-based assessment as well as direct observation.
  - 2.2 Clinical skills **must** be assessed by direct observation and **must** be documented.
  - 2.3 Attitudes and professionalism **must** be assessed by such means as interviews with peers, supervisors, other health care professionals, and patients and their families.
  - 2.4 Communication abilities **must** be assessed by direct observation of resident interactions with patients and their families, and with colleagues, and by scrutiny of written communications to patients and colleagues, particularly referral or consultation letters where appropriate.
  - 2.5 Collaborating abilities, including interpersonal skills in working with all members of the interprofessional team, including other physicians and health care professionals, **must** be assessed.
  - 2.6 Teaching abilities **must** be assessed in multiple settings, including written student evaluations and by direct observation of the resident in seminars, lectures or case presentations.
  - 2.7 In-training evaluations **must** include an understanding of issues related to age, gender, culture and ethnicity.
3. There **must** be honest, helpful and timely feedback provided to each resident. Documented feedback sessions **must** occur regularly, at least at the end of every rotation. A mid-rotation evaluation is recommended. There should also be regular feedback to residents on an informal basis.
    - 3.1 Feedback sessions to residents **must** include face-to-face meetings as an essential part of resident evaluation.
4. Residents **must** be informed when serious concerns exist and given opportunity to correct their performance.
  5. The program **must** provide the respective College with a document for each resident who has successfully completed the residency program. This report **must** represent the views of faculty members directly involved in the residents' education and not be the opinion of a single evaluator. It **must** reflect the final status of the resident and not be an average of the entire residency.