

Enhancing Specialist Competence The Areas of Focused Competence (Diploma) Category - FAQs

1. What is the Royal College's role with respect to discipline recognition?

The Royal College was established by a special act of Parliament in 1929, for the purpose of overseeing Canadian postgraduate training and pursuing the highest possible standard of specialist health care for Canadians. Since 1929, the number of disciplines recognized by the Royal College has evolved from two – Medicine and Surgery – to the 29 primary specialties, 33 subspecialties, and three special programs recognized today.

Currently, the Royal College regularly receives and evaluates applications to recognize new and emerging disciplines of specialty medicine. Formal recognition of a discipline by the College confirms that an area of specialty medicine meets a legitimate societal health need; it also confirms that the national standards are in place for delivering and accrediting training, credentialing and assessing trainees who are ready to practice, as well as ensuring practicing physicians maintain their competency through continuous professional development (CPD) and the College's Maintenance of Certification (MoC) system. The Royal College's criteria for discipline recognition also consider whether formalizing the area of medicine is in the best interests of Canadians, and does not adversely affect the system of medical care.

The Royal College currently recognizes **two** categories of disciplines: primary specialties and subspecialties. The current process for specialty or subspecialty recognition is outlined on the Royal College's website at http://rcpsc.medical.org/residency/recognition/spec_apply_e.php. In addition, a table of the current and proposed criteria for recognition of Royal College disciplines is provided in Appendix A of this document.

2. Why are additional categories of recognition required?

To remain relevant to its Fellows and to meet the dynamic care needs of Canadians, the Royal College must adapt to the changing nature of medical care. To do this, the Royal College must continually review and update its categories and criteria for discipline recognition.

Many of the applications recently received by the College are denied because, although they meet legitimate societal health needs, they do not fit the existing criteria for a primary specialty or a subspecialty. Furthermore, the system faces other challenges, such as:

- A growth in subspecialty applications annually;
- A desire for national standards in additional areas of training;
- Calls from Fellows to support the advancement of medical science and expertise.
- Government concerns about fragmenting medical care, knowledge and skills at the expense of meeting the comprehensive health care needs of the community; and
- The need to maintain flexibility in recognizing areas of expertise that do not exactly meet our existing criteria.

3. What are the potential implications, benefits and challenges to the Royal College in implementing Royal College area of focused competence (diploma) programs?

The AFC (diploma) category represents a significant innovation and change to the Royal College's system of discipline recognition. First and foremost, this new category will provide a mechanism for the Royal College to support areas of expertise that meet a legitimate societal need, but may have been previously denied formal recognition because they did not meet all of the criteria of a subspecialty discipline. Areas of focused competence (diplomas) will address a current gap in the Royal College's discipline recognition system and set educational standards for post-residency training, such as clinical fellowships, which are being pursued by approximately two thousand trainees across Canada each year.

A Royal College AFC (diploma) program would be fundamentally different than primary specialty or subspecialty residency programs. AFCs (diplomas) are defined as either areas of *enhanced* skills and practice that are added to, rather than replace, an existing scope of practice, or very narrow scopes of practice which address a societal need, but do not meet the criteria for a subspecialty in terms of breadth or scope. In this way, the AFCs (diplomas) proposal provides an opportunity for the Royal College to address a long-standing tension between the need to keep pace with the evolution of medical science by recognizing emerging fields of medicine, without causing unnecessary fragmentation of specialty training, care and practice. The creation of AFC (diploma) programs will allow the Royal College to support the establishment of national standards for training and specialist competence in more areas of medicine.

Some of the operational considerations that are currently being addressed by the Royal College include:

- **Accreditation:** The Royal College has heard from stakeholders that the current accreditation model for residency programs would be too onerous if applied to AFCs (diplomas); however, those same stakeholders have stressed the importance of an accreditation process to verify the quality of the educational experience in these programs. Although the accreditation model and standards are yet to be determined, the Accreditation Committee is exploring various options. One possible model for AFC (diploma) programs is a hybrid approach, based on the principle of accrediting a faculty or school of medicine's ability to deliver high quality AFC (diploma) programs, rather than visiting each AFC program every time. In addition, it's been suggested that individual programs could be reviewed using regular, paper-based reviews, any of which could trigger a detailed on-site review when required.
- **Credentialing:** Verifying credentials for specialty and subspecialty examinations is already a resource-intensive process. Similar processes would be required for AFC (diploma) programs, based on separate requirements and criteria for each program.
- **Assessment:** In spring 2010, the Evaluation Committee endorsed the concept of using a summative, *structured* portfolio, based on the Objectives of Training (OTR), to assess diploma candidates. Portfolio technology, templates, and faculty development are still to be created by the Royal College, with significant input from Specialty Committees. Important resource investments will be required.
- **Maintenance of Certification:** The details of the relationship between AFC (diploma) programs and Maintenance of Certification requirements are still being determined. The MOC requirements for maintaining the DRCPSPC designation also require additional discussion.

As the AFC (diploma) category will mean significant investments by the Royal College, a separate fee will be required for credentialing and the portfolio assessment, as well as an annual fee to maintain one's diploma designation (DRCPSC). The Office of Education has conducted a detailed business analysis to look at the resource investments required for infrastructure, staffing, and other requirements, including faculty development, to develop a business model that will ensure AFC (diploma) programs are a self-sustainable endeavour that will not rely on FRCPC/FRCSC fees in the long-term.

4. How will the new areas of focused competence (diplomas) improve health care?

The AFC (diploma) category would allow the Royal College to recognize areas of expertise that meet a legitimate societal need, but do not meet the criteria of a subspecialty. AFCs will provide national standards for training programs in these areas, many of which already exist in the form of clinical fellowships, thus ensuring that all physicians who successfully attain the DRCPSC credential have equivalent training and competence in their area of expertise. Standardization of this supplemental training ultimately benefits patient care by helping to ensure that high educational standards in this area are achieved and sustained throughout the practitioners' career, translating into benefits for quality assurance and patient safety.

5. What impact will the new areas of focused competence (diplomas) have on fragmentation of care?

The Royal College has a mandate to ensure excellence in specialty medical care and the highest standards in medical education. With a large number of physicians pursuing post-residency training in increasingly specialized areas through clinical fellowship training, the need to set national standards for these training programs rests with the Royal College. By recognizing these supplemental skills and competencies, the Royal College will be able to create pan-Canadian standards for post-residency training and also keep pace with the evolution of medical expertise. The proposed AFC (diploma) category is not intended to promote fragmentation, but rather to create standards for educational training that is already taking place across the country, thus ensuring that patients across the country will receive high quality and safe care.

Additionally, AFCs are also not intended to singlehandedly solve the issue of fragmentation. Rather, they are a way for the Royal College to lend its expertise to post-residency medical education and improve these standards of training and care. While it is hoped that recognition for these focused areas of expertise will reduce the pressure to recognize increasing numbers of subspecialties, the issue of fragmentation will need to be addressed through a multifaceted approach. In order to better understand the issue, the Royal College is considering a project that will look at the generalist –specialist balance in Canada.

6. As a Fellow of the Royal College, how are my needs met by the new AFC (diploma) programs? How is it a “value-added” to my membership?

For Fellows, Royal College AFC (diploma) programs offer several opportunities, including:

- To receive a nationally (and internationally) recognized credential (DRCPSC) for areas of added or focused competence that is portable across the country and around the world
- To be recognized for work/training that has already taken place towards an AFC (diploma), with the evaluation of a comprehensive, summative portfolio
- To have one's discipline(s) be supported with infrastructure from the Royal College, including existing and new Specialty Committee structures, structured assessment tools, accreditation processes

- To belong to a national community of practice (CoP) focused on developing an area of specialty medicine.

7. How will the current Royal College credential (FRCPC/FRCSC) be impacted by the introduction of the new AFCs (diplomas) credential (DRCPSC)?

Fellows of the Royal College must meet the highest standards in their training and continue to maintain their competence through lifelong learning. The DRCPSC will not replace the FRCPC/FRCSC credential and is not intended to hold the same value; rather it is intended to signify a different, unique scope of training in a focused area of medicine. It is intended that the DRCPSC will ultimately become recognized in its own right, both nationally and internationally, as a standard of excellence for enhanced specialty medical training, with a much smaller scope than an FRCPC/FRCSC.

8. Will areas of focused competence (diplomas) create a two-tiered system of residency education? (i.e. a ‘backdoor’ entry route to primary or subspecialty certification, or as a residency “light”?)

Areas of focused competence (diplomas) will not create an alternative mechanism to primary or subspecialty certification. The AFCs (diplomas) will build on a practitioner’s existing scope of practice and will require specific entry criteria, which will be based on the scope of the AFC (diploma). There are four categories of eligibility:

- Primary specialty prerequisite (e.g. pediatric pathology)
- Subspecialty prerequisite (e.g. cardiac electrophysiology)
- Conjoint programs with the College of Family Physicians of Canada (CFPC) (entry limited to those with Royal College or CFPC certification)
- Non-clinical programs such as clinician educator, medical administration, or patient safety (entry limited to those with the ‘MD’ designation).

In addition, when applying to the Royal College’s Committee on Specialties for recognition, an applicant will have to specify whether they are applying for an AFC (diploma) program, or any other category of Royal College recognition. The COS process for recognition requires that a discipline can only be recognized in one category at a time; for example, it would not be possible to have a five year residency in Emergency Medicine, leading to the FRCPC, *and* a one or two year AFC (diploma) program in Emergency Medicine that is a subset of those competencies, or “Emergency Medicine light”. During the consultation process, the Royal College heard emphatically from its Fellows and stakeholders that this type of two-tier, dual standard for disciplines would not be appropriate for the profession or patients.

9. Will there be ‘grandfathering’ of specialist who are already in practice?

‘Grandfathering’ is no longer the policy of the Royal College; however, it is foreseeable that physicians already in practice in a newly recognized AFC (diploma) area of expertise could qualify for the DRCPSC credential, via a practice eligibility route (PER) or equivalent. The portfolio requirement is competency-based, and therefore highly applicable to physicians already practising in the discipline and demonstrating the required abilities. If they are able to meet the requirements set out by the specialty committee (SC) and demonstrate the competencies required in the summative portfolio, the physician would become eligible to receive the DRCPSC qualification.

10. Are Royal College AFC (diploma) programs similar to the “Enhanced Skills Programs” at the College of Family Physicians of Canada (CFPC)? Does the Royal College anticipate collaborating with the CFPC?

Royal College AFC (diploma) programs are, to a certain extent, similar to the new “Enhanced Skills Programs” proposed by the CFPC. Both colleges have seen requests from their members to formally recognize increasingly specialized disciplines of medicine; however, while the Royal College recognizes specialties and subspecialties, the CFPC currently recognizes a small number Enhanced Skills Programs, i.e. Emergency Medicine, Palliative Medicine (conjoint with the Royal College).

As discussed in question 8, the Royal College AFC (diploma) programs will offer flexibility in terms of entry requirements, depending on the program. The Royal College foresees four possible entry routes for these programs, one of which will include conjoint programs with the College of Family Physicians of Canada (CFPC), where entry will be for those with Royal College or CFPC certification. This entry route provides an opportunity for the Royal College to collaborate with the CFPC to create AFC (diploma) programs of a common interest to both Family Physicians and other Specialists, for example, an AFC (diploma) program in Aboriginal Health. In addition, this will help avoid dual standards for the two colleges for same area of expertise in Canada. The Royal College is engaged in ongoing discussions with the CFPC to see how conjoint programs could be operationalized.

11. What are the medico-legal implications of a new AFCs (diplomas) category?

The Royal College has consulted with the Canadian Medical Protective Association (CMPA) about the potential medico-legal implications of the proposed AFCs (diplomas) category. During the consultation, the CMPA indicated that the AFC (diploma) category is unlikely to disadvantage those who do not seek this credential from a medico-legal perspective, as these physicians will “...be judged according to the standards ordinarily met by physicians of similar training and experience.” Therefore a physician with equivalent training and experience as someone carrying a DRCPC should be judged against the same standards and would not be disadvantaged for not having a formal credential. The Royal College will continue to actively discuss the medico-legal implications of the AFC (diploma) category with the CMPA should this proposal move forward.

12. How will the Royal College distinguish its AFC (diploma) category from other diploma programs, such as those offered at Quebec medical schools?

In its environmental scan, the Royal College identified a number of other diploma programs offered in Canada and internationally, including many in medicine. The Royal College AFC (diploma) programs will be distinguished from all other programs by the use of the Royal College’s name. As well, the qualification given to successful candidates of a Royal College AFC (diploma) program, the DRCPC will be unique in the world.

13. How will this impact the length of training? Will AFC (diploma) programs result in mandatory longer/additional training for new hires?

The AFC (diploma) programs are not intended to lengthen training. Their purpose is to enhance skills and scope of practice, and they are not considered core residency training; AFCs (diplomas) are therefore optional and not a requirement of certification or licensure. Furthermore, the AFCs (diplomas) concept is

intended to create national standards for the many informal clinical fellowships already in place which, while not mandatory, are pursued by many following completion of a specialty or subspecialty.

What are beyond the mandate of the Royal College are the requirements and expectations of employer organizations with respect to the qualifications of new hires. It is foreseeable that in the future, AFCs (diplomas) may become the norm or even the expectation for certain positions. This notion of “credentials creep” was raised by some respondents during the national consultation. However, it is important to emphasize that the majority of discipline areas that would eventually become AFC (diploma) programs are already being pursued in the form of clinical fellowships. Already there is a drive toward additional (post-residency) training; the Royal College proposal merely aims to address this trend with the creation of pan-Canadian educational standards.

In addition, the AFCs (diplomas) concept is flexible in order to accommodate new trainees and practicing physicians alike. Awarded following the assessment of a summative portfolio based on objective criteria and demonstrable competencies, it is not anticipated that the AFC (diploma) programs will create significant barriers for new hires or more established physicians.

Appendix A: Current & Proposed Criteria for Royal College Categories of Discipline Recognition

	FUNDAMENTALS PROGRAM	SPECIALTY	SUBSPECIALTY	AREA OF FOCUSED COMPETENCE (DIPLOMA) PROGRAM	SPECIALIST INTEREST GROUP FOR MEDICAL ACTIVITY
DEFINITION	A fundamentals program is a primary core curriculum of fundamental competencies in a domain of medicine, and is the common training for several related disciplines to build upon. It is a post-MD discipline intended to prepare a physician for further advanced training and, in contrast to a primary specialty, does not normally prepare for practice or lead to certification in itself.	A specialty is an area of medicine with a broad-based body of knowledge that is relevant in both community and tertiary settings and is a foundation for additional competencies (such as subspecialties)	A subspecialty is an area of medicine with a more focused or advanced scope that builds upon the broad-based body of knowledge defined in a parent specialty.	An area of focused competence is a highly focused discipline of specialty medicine that addresses a legitimate societal need, but does not meet the criteria for a specialty, fundamentals program, or subspecialty. Typically, AFC (diploma) programs represent either a) <i>supplemental</i> competencies that enhance the practice of physicians in an existing discipline, or b) a <i>highly specific and narrow</i> scope of practice that does not meet the criteria of a subspecialty.	A special interest group for medical activity (SIGMA) is an emerging area of interest in specialty medicine or community of practice that addresses a legitimate societal need without a widespread role in healthcare. SIGMAs serve to provide a forum individuals with a common area of interest to come together to discuss the evolution of their discipline. This category is not considered a formally recognized discipline of the Royal College.

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CRITERION 1 – EVIDENCE OF NEED	EVIDENCE OF NEED FOR CORE COMPETENCIES ACROSS A FAMILY OF DISCIPLINES	EVIDENCE OF NEED FOR SPECIALISTS/SUBSPECIALISTS		EVIDENCE OF NEED FOR PHYSICIANS WITH ADVANCED SKILLS OR A NARROW SCOPE OF PRACTICE	EVIDENCE OF NEED FOR A COMMUNITY OF PRACTICE THAT WOULD BENEFIT PATIENT CARE AND THE PROFESSION
Criterion 1 DESCRIPTOR	<ul style="list-style-type: none"> ▪ core competencies are applicable across multiple practice settings (tertiary, community, etc) as a base for further training ▪ well-defined and recognized educational need 	<ul style="list-style-type: none"> ▪ multiple applicable practice settings (tertiary, community, etc) to serve large populations 	<ul style="list-style-type: none"> ▪ focused practice profile to serve specific populations 	<ul style="list-style-type: none"> ▪ defined scope of practice and serving specific populations or narrow range of conditions 	<ul style="list-style-type: none"> ▪ emerging or proposed societal health need ▪ Royal College is positioned to facilitate addressing this need (would not be better served by a national specialty society (NSS) or non-governmental organization)
<ul style="list-style-type: none"> ▪ positive contribution towards improving medical care and health outcomes 					

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CRITERION 2 – DEFINED SCOPE	BROAD BASED, APPLICABLE BODY OF KNOWLEDGE		IN-DEPTH, APPLICABLE BODY OF KNOWLEDGE BEYOND SCOPE OF PRIMARY SPECIALTY OR SPECIALTIES		EMERGING BODY OF KNOWLEDGE BEYOND SCOPE OF EXISTING DISCIPLINES
Criterion 2 DESCRIPTOR	<ul style="list-style-type: none"> ▪ medical knowledge and skills characterized by breadth, and relating to a family of disciplines ▪ unique broad constellation of core competencies ▪ knowledge base is dynamically founded on evidence and ongoing research ▪ typically requires 1 to 3 years to be acquired 	<ul style="list-style-type: none"> ▪ distinct medical knowledge and skills characterized by breadth ▪ unique broad constellation of competencies ▪ knowledge base is dynamically founded on evidence and ongoing research ▪ typically requires 4 to 5 years to be acquired ▪ recognition nationally and in other jurisdictions 	<ul style="list-style-type: none"> ▪ distinct medical knowledge and skills characterized by depth and specificity ▪ unique advanced constellation of competencies ▪ knowledge base is dynamically founded on evidence and ongoing research ▪ typically requires 12 to 24 months to be acquired ▪ recognition nationally and in other jurisdictions 	<ul style="list-style-type: none"> ▪ distinct supplementary medical knowledge and skills characterized by depth and high specificity ▪ unique advanced constellation of competencies beyond those typically needed to practice ▪ knowledge base is dynamically founded on evidence and ongoing research ▪ typically requires 12 to 24 months to be acquired 	<ul style="list-style-type: none"> ▪ very focused scope and context ▪ an emerging aspect of healthcare

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CRITERION 3 – RELATIONSHIP TO OTHER TYPES OF DISCIPLINES	FOUNDATION FOR ADDITIONAL COMPETENCIES	BASIS FOR ADDITIONAL COMPETENCIES	IDENTIFIABLE CONTENT/COMPETENCIES BUILDING ON FOUNDATIONAL AND PRIMARY SPECIALTY TRAINING	NOT A FOUNDATION FOR ADDITIONAL COMPETENCIES	NOT A FOUNDATION FOR ADDITIONAL COMPETENCIES
Criterion 3 DESCRIPTOR	<ul style="list-style-type: none"> ▪ provides the core fundamentals of a field of medicine (knowledge, skills, attitudes) ▪ preparation for further specialty training, not for practice ▪ is always designed to be foundational to learning of additional competencies 	<ul style="list-style-type: none"> ▪ provides the fundamentals of a field of medicine (knowledge, skills, attitudes) 	<ul style="list-style-type: none"> ▪ unique and specialized body of knowledge and competencies that build upon training and experience acquired in primary or foundational specialty 	<ul style="list-style-type: none"> ▪ supplementary competencies ▪ builds upon primary specialties, foundation programs, or subspecialties ▪ typically does not replace practice in an existing discipline, but provides an opportunity to acquire competencies to enhance an existing practice 	<ul style="list-style-type: none"> ▪ n/a

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CRITERION 4 – IMPACT ON EXISTING SPECIALTY SYSTEM	RECOGNITION OF DISCIPLINE MUST NOT ADVERSELY AFFECT HEALTH CARE OR ANY OTHER FIELD OF MEDICINE AND RELATED DISCIPLINES			ADDITION OF AFC (DIPLOMA) PROGRAM MUST NOT ADVERSELY AFFECT EXISTING AND RELATED DISCIPLINES	ADDITION OF SIGMA MUST NOT ADVERSELY AFFECT ESTABLISHED NSS OR OTHER GROUPS
Criterion 4 DESCRIPTOR	<ul style="list-style-type: none"> ▪ recognition of field of medicine will enhance and strengthen the ability to provide effective care and not lead to significant fragmentation of patient care ▪ creation of new field of medicine must not threaten the long-term viability of specialty practices ▪ field of medicine must not reduce the quality of core resident training and should provide an appropriate breadth of exposure 			<ul style="list-style-type: none"> ▪ a proposed AFC (diploma) discipline that includes competencies which overlap with those in the Objectives of Training of an existing discipline or disciplines MUST obtain the explicit written support of the Specialty Committee(s) in that discipline or disciplines ▪ recognition of field of medicine will enhance and strengthen the ability to provide effective care and not lead to significant fragmentation of patient care 	<ul style="list-style-type: none"> ▪ not served by an existing organization, such as a national specialty society (NSS)

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CRITERION 5 – INFRASTRUCTURE & SUSTAINABILITY	ADEQUATE INFRASTRUCTURE TO SUSTAIN THE DISCIPLINE				N/A
Criterion 5 DESCRIPTOR	<ul style="list-style-type: none"> ▪ sufficient number and geographic spread of physicians to devote significant proportion of time to provide sustainable base for practice and education in the proposed discipline 			<ul style="list-style-type: none"> ▪ At least one site capable of mounting a training program in Canada ▪ identifiable group of experts with capacity to provide a high quality educational experience ▪ sufficient ingredients exist for appropriate program infrastructure ▪ existence of professional organization(s) capable of advancing the field 	<ul style="list-style-type: none"> ▪ n/a