

# Standards of Accreditation for Areas of Focused Competence Programs in Patient Safety and Quality Improvement

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# INTRODUCTION

The *Standards of Accreditation for Areas of Focused Competence (AFC) Programs in Patient Safety and Quality Improvement* are a national set of standards maintained by the Royal College of Physicians and Surgeons of Canada for the evaluation and accreditation of Patient Safety and Quality Improvement AFC programs. The standards aim to provide an interpretation of the *General Standards of Accreditation for Areas of Focused Competence Programs* as they relate to the accreditation of AFC programs in Patient Safety and Quality Improvement, and to ensure these programs adequately prepare AFC trainees to meet the health care needs of their patient population(s) upon completion of training.

The standards include requirements applicable to AFC programs and learning sites and have been written in alignment with the standards organization framework used in the general standards that aims to provide clarity of expectations, while maintaining flexibility for innovation.

These standards are intended to be read in conjunction with the *General Standards of Accreditation for Areas of Focused Competence Programs*, as well as the discipline-specific documents for Patient Safety and Quality Improvement. In instances where the indicators reflected in the *General Standards of Accreditation for Areas of Focused Competence Programs* have been modified within this document to reflect a discipline-specific expectation, the indicator as reflected in this document takes precedence.

# STANDARDS

## DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the AFC program, which support and provide structure to meet the general and discipline-specific standards of accreditation for AFC programs.

### **STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the AFC program, teachers and trainees.**

Refer to Standard 1 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

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

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>1.2.1:</b> The AFC program committee is composed of appropriate key AFC program stakeholders.	<b>1.2.1.1 (modified):</b> Major academic and clinical components and relevant learning sites are represented on the AFC program committee, including a representative of the formal course work component of training. <b>1.2.1.4 [Exemplary]:</b> <i>The AFC program committee includes physicians and other health care professionals from a range of clinical practice settings, including acute and ambulatory care, and different medical, surgical, and diagnostic disciplines, and areas of expertise within patient safety and quality improvement.</i> <b>1.2.1.5 [Exemplary]:</b> <i>The AFC program committee includes a patient and/or family representative.</i>

## **DOMAIN: EDUCATION PROGRAM**

### **STANDARD 2: Trainees are prepared for independent practice in the AFC discipline.**

Refer to Standard 2 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs* in addition to the indicators detailed below.

The *Education Program* domain includes standards focused on the planning, design, and delivery of the AFC program, with the overarching outcome to ensure that the AFC program prepares trainees to be competent for practice in the discipline.

#### **Element 2.1: The AFC program is designed to facilitate trainees' attainment of the required competencies.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>2.1.1:</b> The AFC program's design and delivery is based on the standards of training for the AFC discipline.	<b>2.1.1.6:</b> The program has access to a foundational course (or courses) <sup>1</sup> in the core components of Patient Safety and Quality Improvement. <b>2.1.1.7:</b> The program has access to clinical, organizational, and/or community-based settings with well-established Patient Safety and Quality Improvement processes and structures. The settings have sufficient capacity, including human resource, infrastructure, data, and ethics review, to support Patient Safety and Quality Improvement initiatives. <b>2.1.1.8:</b> The program provides a regularly scheduled series of academic activities, which may include rounds (including morbidity and mortality rounds), journal clubs, or other regular formal review and discussion of current literature and practice.
<b>2.1.2:</b> The educational design allows trainees to identify and address individual learning objectives.	<b>2.1.2.5:</b> AFC trainees are integrated into practice settings relevant to their entry discipline.

<sup>1</sup> For examples of acceptable courses, see Required Training Experiences item 1 in the Competency Training Requirements in PS/QI document.

## **DOMAIN: RESOURCES**

The *Resources* domain includes standards focused on ensuring that the AFC program's clinical, physical, technical, financial, and human resources are sufficient for the delivery of the education program and, ultimately, to prepare trainees for practice in the discipline.

### **STANDARD 3: The delivery and administration of the AFC program is supported by appropriate resources.**

Refer to Standard 3 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs* in addition to the indicators detailed below.

#### **Element 3.1: The AFC program has the clinical, physical, technical, and financial resources to provide all trainees with the educational experiences needed to acquire all competencies.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>3.1.3:</b> The AFC program has the necessary financial, physical, and technical resources.	<b>3.1.3.5:</b> The program has access to resources for scholarly and teaching activities.

#### **Element 3.2: The AFC program has the appropriate human resources to provide all trainees with the required educational experiences.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>3.2.1:</b> Teachers appropriately implement the curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.	<b>3.2.1.4:</b> The AFC director is a physician with demonstrated expertise and a track record of leadership in Patient Safety and Quality Improvement.

## **DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL**

The *Learners, Teachers, and Administrative Personnel* domain includes standards focused on safety, wellness, and support for learners and teachers.

### **STANDARD 4: Safety and wellness are promoted throughout the learning environment.**

Refer to Standard 4 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

## **STANDARD 5: Trainees are treated fairly throughout their progression through the AFC program.**

Refer to Standard 5 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

## **STANDARD 6: Teachers effectively deliver and support all aspects of the AFC program.**

Refer to Standard 6 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

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## **DOMAIN: CONTINUOUS IMPROVEMENT**

The *Continuous Improvement* domain includes standards focused on ensuring a systematic approach to the evaluation and improvement of the AFC program.

## **STANDARD 7: There is continuous improvement of the educational experiences to improve the AFC program and ensure trainees are prepared for independent practice in the discipline.**

Refer to Standard 7 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

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**Drafted** – AFC Working Group (or Subcommittee or Committee) and Office of Specialty Education (January 2019)

**Approved** – Specialty Standards Review Committee (September 2019)