

# Standards of Accreditation for Areas of Focused Competence Programs in Prehospital and Transport Medicine

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# INTRODUCTION

The *Standards of Accreditation for Areas of Focused Competence (AFC) Programs in Prehospital and Transport Medicine* are a national set of standards maintained by the Royal College of Physicians and Surgeons of Canada for the evaluation and accreditation of Prehospital and Transport Medicine 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 Prehospital and Transport Medicine, 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 Prehospital and Transport Medicine. 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*.

**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.**

| Requirement(s)   | Indicator(s)   |
|--|--|
| <b>1.2.1:</b> The AFC program committee is composed of appropriate key AFC program stakeholders. | <b>1.2.1.4 (Exemplary):</b> The AFC program committee includes representatives from entry disciplines at the candidate's institution, as well as each of the PTM systems involved in delivering the program. |

## DOMAIN: EDUCATION PROGRAM

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.

### **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.

**Element 2.2: There is an effective, organized system of trainee assessment.**

*STANDARDS OF ACCREDITATION FOR AREAS OF FOCUSED COMPETENCE  
PROGRAMS IN PREHOSPITAL AND TRANSPORT MEDICINE  
JULY 2020*

| <b>Requirement(s)</b>  | <b>Indicator(s)</b>   |
|--|---|
| <b>2.2.1:</b> The AFC program has a planned, defined and implemented system of assessment. | <b>2.2.1.4:</b> The assessment process includes an analysis of the trainee logbook as well as other tools to assess competencies.<br><b>2.2.1.5 (Exemplary):</b> <i>The assessment process includes simulation.</i> |

## **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>3.1.1:</b> The patient population is adequate to ensure that trainees attain required competencies.   | <b>3.1.1.1 (modified):</b> The AFC program provides access to the volume and diversity of patients appropriate to the AFC discipline consistently for all trainees, including the full range of: <ul style="list-style-type: none"> <li>○ Ages;</li> <li>○ Medical, surgical, obstetric, and psychiatric conditions, and traumatic injuries;</li> <li>○ Illness acuity;</li> <li>○ Prehospital settings and/or locations;</li> <li>○ Response type (i.e., emergency ‘911’ and interfacility transport); and</li> <li>○ Transport mode requirements (e.g., air, land, first response).</li> </ul> |
| <b>3.1.2:</b> Clinical and consultative services and facilities are effectively organized and adequate to ensure that trainees attain the required competencies. | <b>3.1.2.5:</b> The AFC program has access to one or more emergency department(s) in tertiary care hospital(s).<br><b>3.1.2.6:</b> The AFC program has access to land-based prehospital and transport system(s) in a region with a population greater than 500,000.<br><b>3.1.2.7:</b> The AFC program has access to provincial/territorial critical care and/or air medical transport service(s).<br><b>3.1.2.8:</b> The AFC program has access to medical oversight agency(ies) providing direct and indirect medical control for the PTM service(s).  |

*STANDARDS OF ACCREDITATION FOR AREAS OF FOCUSED COMPETENCE  
PROGRAMS IN PREHOSPITAL AND TRANSPORT MEDICINE  
JULY 2020*

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|---|---|
|   | <p><b>3.1.2.9:</b> The AFC program has access to communications or dispatch centre(s) receiving at least 50,000 calls per year.</p> <p><b>3.1.2.10:</b> The AFC program has access to program(s) providing didactic education and field placements for PTM providers.</p>   |
| <p><b>3.1.3:</b> The AFC program has the necessary financial, physical, and technical resources.</p>  | <p><b>3.1.3.5:</b> The AFC program has access to administrative space, support, and computer access in the head office, headquarters, or relevant administrative hub of the PTM service(s) affiliated with the program.</p> <p><b>3.1.3.6:</b> The AFC program has access to simulation facilities and resources.</p> <p><b>3.1.3.7:</b> The AFC program has access to occupational health and safety equipment necessary for field experiences in PTM settings.</p> <p><b>3.1.3.8:</b> The program provides access to the academic resources necessary to conduct relevant scholarly activities.</p> |
| <p><b>3.1.4:</b> There is appropriate liaison with other programs and teaching services to ensure that trainees experience the breadth of the discipline.</p> | <p><b>3.1.4.2:</b> The university sponsors an accredited program in Emergency Medicine.</p>   |

**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>   |
|--|---|
| <p><b>3.2.1:</b> Teachers appropriately implement the curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.</p> | <p><b>3.2.1.1: (modified):</b> The number, credentials, competencies, and scope of practice of the teachers are adequate to provide the breadth and depth of the discipline, including required clinical teaching, academic teaching, appropriate research, and assessment and feedback to trainees. The teaching faculty include physicians from at least one of the entry disciplines; PTM providers; and educators, instructors, or field training officers of dispatch, communication, and PTM providers.</p> <p><b>3.2.1.4:</b> The AFC director</p> <ul style="list-style-type: none"> <li>○ Has Royal College certification or equivalent in Emergency Medicine and/or Diplomate designation in Prehospital and Transport Medicine (PTM);</li> <li>○ Has demonstrated specialty expertise in PTM as a medical director, associate medical director, or comparable executive-level medical leadership role in a medium-to-large municipal, regional, or provincial PTM system; and</li> <li>○ Is actively engaged in the practice of PTM, with at least one third of current full-time practice focused in PTM and at least 5 years of PTM experience.</li> </ul> |

## **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 in Prehospital and Transport Medicine and Office of Specialty Education (October 2018)

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