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Specific Standards of Accreditation for Residency Programs in Anatomical Pathology

Last updated: July 10, 2017

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INTRODUCTION

[Modified] The *Specific Standards of Accreditation for Residency Programs in Anatomical Pathology* are a national set of standards maintained by the Royal College, for the evaluation and accreditation of Anatomical Pathology residency programs. The standards aim to provide an interpretation of the *General Standards of Accreditation for Residency Programs* as they relate to the accreditation of residency programs in Anatomical Pathology, and to ensure these programs adequately prepare residents to meet the health care needs of their patient population(s), upon completion of training.

The standards include requirements applicable to residency programs and learning sites¹ and have been written in alignment with a standards organization framework, which aims to provide clarity of expectations, while maintaining flexibility for innovation.

[Modified] These standards are intended to be read in conjunction with the *General Standards of Accreditation for Residency Programs*, as well as the discipline-specific documents for Anatomical Pathology. In instances where the indicators reflected in the *General Standards of Accreditation for Residency Programs* have been modified within this document to reflect a discipline-specific expectation, the indicator as reflected in this document takes precedence.

¹ Note: The *General Standards of Accreditation for Institutions with Residency Programs* also include standards applicable to learning sites.

STANDARDS

DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the residency program, which support and provide structure to meet the *General Standards of Accreditation for Residency Programs*. The Program Organization domain standards aim to:

- Ensure the organizational structure and personnel are appropriate to support the residency program, teachers, and residents;
- Define the high-level expectations of the program director and residency program committee(s); and
- Ensure the residency program and its structure are organized to meet and integrate the requirements for the education program; resources; learners, teachers and administrative personnel; and continuous improvement domains.

STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the residency program, teachers and residents.

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

STANDARD 2: All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.

Refer to Standard 2 and its various components within the *General Standards of Accreditation for Residency Programs*.

DOMAIN: EDUCATION PROGRAM

The *Education Program* domain includes standards focused on the planning, design, and delivery of the residency program, with the overarching outcome to ensure that the residency program prepares residents to be competent to begin independent practice.

NOTE: Time-based residency programs are planned and organized around educational objectives linked to required experiences, whereas Competency Based Medical Education (CBME) residency programs are planned and organized around competencies required for practice. The Education Program domain standards in the General Standards of Accreditation for Residency Programs have been written to accommodate both.

STANDARD 3: Residents are prepared for independent practice.

Refer to Standard 3 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 3.1: The residency program’s educational design is based on outcomes-based competencies and/or objectives that prepare residents to meet the needs of the population(s) they will serve in independent practice.

Requirement(s)	Indicator(s)
3.1.1: Educational competencies and/or objectives are in place to ensure residents progressively meet all required standards for the discipline and address societal needs.	3.1.1.1 (modified)²: The educational objectives meet the specialty-specific requirements for Anatomical Pathology, as outlined in the Objectives of Training and the Specialty Training Requirements in Anatomical Pathology. [B2] ³

² “(modified)” is used to identify where an indicator from the *General Standards of Accreditation for Residency Programs* has been included, with minor discipline-specific modification(s).

³ The brackets in red font at the end of each indicator provide a reference to language in the previous specific standards of accreditation for the discipline, based upon which the indicator was developed. This reference is provided to assist in the transition to the new template.

Element 3.2: The residency program provides educational experiences designed to facilitate residents' attainment of the outcomes-based objectives and/or competencies.

Requirement(s)	Indicator(s)
<p>3.2.1: The residency program's competencies and/or objectives are used to guide the educational experiences while providing residents with opportunities for increasing professional responsibility at each stage or level of training.</p>	<p>3.2.1.2 (modified): The educational experiences meet the requirements as outlined in the Objectives of Training and the Specialty Training Requirements in Anatomical Pathology. [B3]</p> <p>3.2.1.3 (modified): The educational experiences are appropriate for residents' stage or level of training, and support residents' achievement of increasing professional responsibility specific to Anatomical Pathology. [B3]</p> <p>3.2.1.5: The educational experiences provide opportunities for residents to acquire competence in: autopsy pathology, surgical pathology, cytopathology, forensic pathology, pediatric pathology, neuropathology, and other specialized branches of Anatomical Pathology. [B4.3]</p> <p>3.2.1.6: The educational experiences include comprehensive experience in Anatomical Pathology and clinicopathological correlations, under the direct supervision of a laboratory physician/scientist with Royal College certification in Anatomical Pathology⁴. [B4.3]</p> <p>3.2.1.7: The educational experiences include instruction in post-mortem prosection⁵, provided under the direct supervision of staff pathologists and designated qualified personnel⁶, and in alignment with increasing professional responsibility. [B4.3a]</p> <p>3.2.1.8: Educational experiences include training in the anatomical pathology of fetuses, stillbirths, infants and children. [B4.3f]</p> <p>3.2.1.9: Educational experiences include instruction in the gross examination and sampling of surgically excised material, provided by staff pathologists and designated qualified personnel. [B4.3b]</p> <p>3.2.1.10: Educational experiences include training in the pathology of the central and peripheral nervous systems and skeletal muscle, utilizing an adequate volume and variety of neuropathological material, both autopsy and surgical, from all age groups. [B4.3d]</p> <p>3.2.1.11: The educational experiences include a well-structured forensic pathology program, which includes resident experience in the special procedures that may be associated with medicolegal autopsies. [B4.3e]</p>

⁴ Or equivalent qualifications.

⁵ This includes reviewing the consent and chart, performing the autopsy, preparing the report, communicating the results to the clinicians, and presenting at appropriate rounds when applicable. [B4.3a]

⁶ Designated qualified personnel could include autopsy-trained pathologist assistants and senior residents.

3.2.1.12: The educational experiences include instruction in the principles of the administration and management of an anatomical pathology service, in which quality management and environmental safety in the pathology laboratory are an integral part. [B4.3j]

3.2.1.13: The educational experiences provide residents with opportunities to become familiar with techniques, interpretation, and application of cytogenetics, molecular pathology, flow cytometry, electron microscopy, immunohistochemistry, immunofluorescence, and in-situ hybridization. [B4.3g]

3.2.1.14 (exemplary): *The educational experiences include opportunities for community-based learning.* [B3]

3.2.1.15 (exemplary): *The educational experiences include resident participation in consultations, including frozen sections, on an ongoing basis during residency.* [B4.3i]

3.2.2: The residency program uses a comprehensive curriculum plan, which is specific to the discipline and addresses all of the CanMEDS/CanMEDS-FM Roles.

3.2.2.7: The curriculum plan includes teaching in the basic and clinical sciences, and advanced scientific knowledge related to pathology⁷ (Medical Expert). [B5.1]

3.2.2.8: The curriculum plan includes teaching in structured / synoptic reporting (Communicator). [B5.2]

3.2.2.9: The curriculum plan includes teaching in laboratory management, including quality assurance programs, laboratory safety, and workload management (Leader). [B5.4]

3.2.2.10: The curriculum plan ensures exposure to local, provincial, and national standards for tests and reporting and how they impact on patients and communities (e.g., targeted therapies, genetic diseases, and reportable diseases) (Health Advocate). [B5.5]

Element 3.4: There is an effective, organized system of resident assessment.

Requirement(s)

Indicator(s)

3.4.1: The residency program has a planned, defined and implemented system of assessment.

3.4.1.8: Residents maintain a training portfolio which is reviewed by the residency program on a regular basis. [B6]

⁷ Including, but not limited to: anatomy, histology, histochemistry, pathophysiology, immunology, molecular biology, genetics, photomicrography, and legal and ethical issues. [B5.1]

DOMAIN: RESOURCES

The *Resources* domain includes standards focused on ensuring resources are sufficient for the delivery of the education program and to ultimately ensure that residents are prepared for independent practice. The Resources domain standards aim to ensure the adequacy of the residency program's clinical, physical, technical, human and financial resources.

NOTE: In those cases where a university has sufficient resources to provide most of the training in Anatomical Pathology but lacks one or more essential elements, the program may still be accredited, provided that formal arrangements have been made to send residents to another accredited residency program for periods of appropriate prescribed training. [B4]

STANDARD 4: The delivery and administration of the residency program is supported by appropriate resources.

Refer to Standard 4 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with educational experiences needed to acquire all competencies.

Requirement(s)	Indicator(s)
4.1.1: The patient population is adequate to ensure that residents experience the breadth of the discipline.	4.1.1.3: The diversity, volume, and consistency of patients available to the residency program are sufficient to support residents' acquisition of knowledge, skills, and behaviours relating to population aspects of age, gender, culture, and ethnicity appropriate to Anatomical Pathology. [B4] 4.1.1.4: The volume and diversity of work (e.g. autopsies, surgical/cytology specimens, and forensic work) available for teaching are adequate for all residents to attain the educational objectives of the residency program. [B4.2] 4.1.1.5: The residency program has access to an adequate volume and range of surgically excised tissues and biopsies to provide training in gross examination, dissection, photography, sampling for histology and ancillary studies, and microscopic interpretation. [B4.3b] 4.1.1.6: The residency program has access to an adequate volume and mix of cytologic specimens to provide experience with and training in both gynecological and non-gynecological cytopathology. [B4.3c]

4.1.1.7: The residency program has access to an adequate number of autopsies, including adult, pediatric and forensic, to provide full training in autopsy techniques, photography, and post-mortem sampling for histology and ancillary studies. [B4.3a]

4.1.1.8: The residency program has access to an adequate number and variety of forensic autopsies to ensure that residents are provided with a comprehensive experience in forensic pathology. [B4.3e]

4.1.1.9: The residency program has access to an adequate volume and variety of pathological material to provide training in the anatomical pathology of fetuses, stillbirths, infants, and children. [B4.3f]

4.1.2: Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.

4.1.2.4: The residency program has access to an active diagnostic consultation service to provide residents with experience to act as a consultant to clinical colleagues and to other pathologists. [B4.3i]

4.1.2.5: The residency program has adequate arrangements for experience in clinical services throughout the residency program.⁸ [B4.4a]

4.1.2.6: The residency program is closely associated with oncology services, to ensure that a full range of neoplastic pathology is available for teaching. [B4.4b]

4.1.2.7: Departments of pathology participating in the residency program ensure prompt resident interpretation and reporting of autopsy findings, including clinicopathological correlation. [B4.3a]

4.1.2.8: The residency program has access to appropriate facilities for the preparation and interpretation of frozen sections. [B4.3b]

4.1.2.9: The residency program has access to facilities to provide experience with and training in both gynecological and non-gynecological cytopathology. [B4.3c]

4.1.2.10: The residency program has access all necessary staff and facilities to provide training in the anatomical pathology of fetuses, stillbirths, infants and children. [B4.3f]

4.1.2.11: The residency program has access to facilities that provide exposure to concepts and methods of ancillary techniques⁹. [B4.3g]

⁸ This may include clinicopathological conferences, rounds of clinical services, morbidity and mortality rounds, tumour board, and other interdisciplinary rounds/clinics.

⁹ Cytogenetics, molecular pathology, flow cytometry, electron microscopy, immunohistochemistry, immunofluorescence, and in-situ hybridization. [B4.3g]

4.1.4: The residency program has the necessary financial, physical and technical resources.

4.1.4.4: (modified): Residents have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, patient records, hospital information system, laboratory information system, electronic health records, and online search and retrieval capacity. [B4.5]

4.1.4.6: Each teaching site provides residents with a safe working environment, adequate office space, and individual light microscope of good quality, and access to dictation, reporting, and transcription services. [B4.5]

4.1.4.7: The residency program has access to digital microphotography and conference rooms with adequate facilities for image projection. [B4.5]

4.1.4.8: The residency program has access to facilities for exposure to concepts and methods of routine fixation and staining of tissues, and special procedures including special stains, immunohistochemistry, electron microscopy, and molecular techniques. [B4.3h]

4.1.5: There is appropriate liaison with other programs and teaching services to ensure that residents experience the breadth of the discipline.

4.1.5.2: There is liaison within the faculty ensuring that training taken on teaching services in internal medicine, general surgery, obstetrics and gynecology, pediatrics, oncology, and diagnostic radiology meets the needs of residents in Anatomical Pathology. [B4.4a]

Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.

Requirement(s)

Indicator(s)

4.2.1: The number, credentials, competencies, and duties of the teachers are appropriate to teach the residency curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.

4.2.1.1 (modified): The number, credentials, and competencies of the teachers are adequate to provide the required clinical teaching, academic teaching, assessment, and feedback to residents, including teaching in the basic and clinical sciences related to laboratory medicine. [B4.1]

4.2.1.5: The Department of Laboratory Medicine/Pathology is administered by a laboratory physician/scientist with Royal College certification in Anatomical Pathology¹⁰. [B4.1]

4.2.1.6: There are sufficient numbers of professional staff (i.e. pathologists, pathology assistants, technologists, and other personnel) to meet all responsibilities of service, work, academic endeavours, and roles, whether or not residents are present in the department. [B4.1]

4.2.1.7: The program director has Royal College certification in Anatomical Pathology or has equivalent qualifications acceptable to the Specialty Committee in Anatomical Pathology. [B1]

¹⁰ Or has equivalent qualifications.

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

The *Learners, Teachers, and Administrative Personnel* domain includes standards focused on supporting teachers, learners, and administrative personnel – “people services and supports”. The Learners, Teachers, and Administrative Personnel domain program standards aim to ensure:

- A safe and positive learning environment for all (i.e. residents, teachers, patients, and administrative personnel); and
- Value of and support for administrative personnel.

STANDARD 5: Safety and wellness is promoted throughout the learning environment.

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

STANDARD 6: Residents are treated fairly and adequately supported throughout their progression through the residency program.

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

STANDARD 7: Teachers effectively deliver and support all aspects of the residency program.

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

STANDARD 8: Administrative personnel are valued and supported in the delivery of the residency program.

Refer to Standard 8 and its various components within the *General Standards of Accreditation for Residency Programs*.

DOMAIN: CONTINUOUS IMPROVEMENT

The *Continuous Improvement* domain includes standards focused on ensuring a culture of continuous improvement is present throughout the residency program, with the aim of ensuring continuous improvement of residency programs.

NOTE: To reinforce and create clarity with respect to the expectations related to continuous improvement, the Requirements under the Element mimic the continuous improvement cycle (Plan, Do, Study, Act).

STANDARD 9: There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.

Refer to Standard 9 and its various components within the *General Standards of Accreditation for Residency Programs*.