POSTGRADUATE MEDICAL EDUCATION HANDBOOK FOR PROGRAM DIRECTORS AND PROGRAM ADMINISTRATORS

Lois Champion and the
Postgraduate Medical Education Team
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Contents

WELCOME AND THANK YOU!

Thank you for your interest in postgraduate medical education and residency and AFC training.

This handbook was developed to assist our Program Directors, Program Administrators, and anyone involved in residency training (including resident selection, competency committees, curriculum development, etc.).

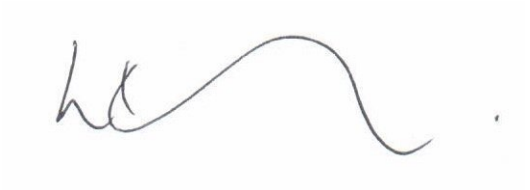
It is designed to provide a one-stop shop for important information, helpful hints, resources, and links. We hope the information is useful and welcome any feedback.

Please email PGME at postgraduate.medicine@schulich.uwo.ca with any questions and any suggestions or ideas for additional resources to include.

Thank you for your work, your advocacy and your support of our residents, Area of Focused Competence trainees, fellows and our programs.

PGME is here to help support you, your programs, and your learners. Please reach out anytime.

Sincerely,



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Please e-mail me at any time with any questions or concerns.

You can access the contact information and specializations for the rest of the PGME office here.

PROGRAM CONTACT LIST

You can find contact information for all our Programs, Program Directors and Program Administrators here.

PGME POLICIES AND COMMITTEES

It is important to know about and to be able to access these PGME Policies for any questions about process or procedures. Make sure your residents and AFC trainees are familiar with the Assessment and Appeal Policy (provide it during orientation and post it on your shared site).

Our PGME Committees include:

- PGME Committee
- PGME Policy Subcommittee
- PGME Internal Review Subcommittee
- PGME Resident Allocation Subcommittee
- PGME CBME and Assessment Subcommittee
- PGME Award Subcommittee
- PGME Advisory Board
- Schulich Postgraduate Appeals Committee

Terms of Reference (ToR), as well as Agendas and Minutes of our PGME Committee can be found here.

If you are interested in serving on a committee or helping with our internal reviews, please reach out. This includes our residents and AFC trainees who can serve on committees or as part of our review teams.

GETTING STARTED

CanAMS

The Canadian Accreditation Management System (CanAMS) is an online platform where program narratives and documents are uploaded and housed for internal and external reviews.

Logging into CanAMS:

If you are a Program Director or Program Administrator, you will have received an email with CanAMS log-in instructions from the Royal College or CFPC. For RCPSC Program Directors you will use your existing RCPSC ID and password. The CanAMS site can be found here.

CanAMS tips and tricks:

- Save often!
- Have only one person working on your CanAMS program site at a time. Otherwise you will see a "Conflict Checking" message when you try to save your work which will be very confusing AND somebody's work won't be saved properly.
- Google Chrome is recommended.
- Save the site as a bookmark.
- As a program director or program administrator your 'persona' will be 'Program Representative'.
- Other tips and tricks for CanAMS (split screen, zooming in or out, exporting information etc.) can be found on the CanAMS Tips and Tricks resource.
- The Royal College has a useful module entitled "CanERA for University Personnel"

Completing the Program Instrument Response:

Read each question carefully as many of the questions for the program instrument include subsections or multiple questions in a list. You can create your answer using these bulleted subsections so your answer is organized, complete, and it is easy for reviewers to understand.

More information about internal and external reviews and the accreditation process is found in the Standard 9: PGME Program Continuous Improvement section.

If you prefer, you can work off-line and then paste your narrative into the CanAMS site.

A Royal College module on navigating CanAMS and an introduction to the accreditation standards in the "CanERA for University Personnel" module is very helpful and is available here.

Elentra

Elentra is our web support for resident assessment. Beginning in July 2024, Elentra will be replacing one45 for scheduling and faculty evaluation.

Helpful Resources for Using Elentra:

- The PGME Assessment Data Security Policy describes who has access to which features of Elentra.
- The Elentra User Guide is an in-depth user guide for all faculty, academic advisors, Program Directors, residents etc. related to Elentra in PGME.
- Elentra Feature Flyers are a series of quick and easy guides for Elentra on specific topics including:
    - Entrustable Professional Activity (EPA) Basics
    - Adding An Elentra Shortcut To Android Devices Or iOS/Apple devices
    - Forwarding Your Western Elentra Email To Your Secondary Email Address

Assistance with logging in – including retrieving forgotten passwords – can be found here.

CanERA (Canadian Excellence in Residency Accreditation)

CanERA is the conjoint system of accreditation for residency education in Canada, and includes invested parties from the College des Médecins Du Quebec (CMQ), the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC).

STANDARDS OF ACCREDITATION

The **Royal College of Physicians and Surgeons of Canada** (RCPSC or the Royal College/RC) and the **College of Family Physicians of Canada** (CFPC) have their own Standards of Accreditation:

- General Standards of Accreditation for Residency Programs (Royal College)
- General Standards of Accreditation for Area of Focused Competence Programs
- Standards of Accreditation for Residency Programs in Family Medicine (also known as "The Red Book")

For RC Programs, there are Program-specific Standards. These are essentially the General Standards with extra and/or modified requirements that reflect that specialty. Information for each RC Program **(Program Specific Standards of Accreditation)** – including specific Standards of Accreditation, required training experiences, competencies, and a link to the program-specific EPAs – can be found here. Use the drop-down menus to find your Specialty, Subspecialty, Special Program and/or AFC Diploma program.

Postgraduate Medical Education must meet the General Standards of Accreditation for Institutions with Residency Programs. PGME undergoes a mid-cycle internal review (scheduled for the fall of 2025) and a scheduled external review (the next review for our institution and programs is 2027).

Orientation to the Standards of Accreditation

The Standards are divided into **domains** as defined by the Future of Medical Education in Canada (FMEC-PG).

The Domains are:

- Program Organization (Standards 1 and 2)
- Educational Program (Standard 3)
- Resources (Standard 4)
- Learners, Teachers, and Administrative Personnel (Standards 5, 6, 7, and 8)
- Continuous Improvement (Standard 9)

NOTE: Links above will take you to the specific domains and standards within this document.

Standards are the outcomes to be achieved through the fulfillment of the associated **requirements**. **Requirements are a measurable component of a standard; and indicators are specific expectations used to evaluate the institution or program compliance with requirements.**

Indicators – Mandatory:

- If a program does not meet a mandatory indicator this means the requirement is not met – even if all the other indicators in the requirement are met.
- There are a LOT of indicators – but some are more important than others. For example, service/education balance in a program, resident and trainee supervision, learning environment are important for accreditation and for your program to ensure that your residents are supported, safe and well.

Indicators – Exemplary:

- These are bonus indicators – they are not required as part of the accreditation process but are something 'extra' that a program has done.
- Exemplary indicators often morph into mandatory requirements at the time of the next iteration or update of the standards – so it is a good idea to have a look at them and see if any can be met by your program.

Leading Practice Indicators (LPIs)

LPIs are a practice (method, procedure, etc.), identified during internal or external reviews, that demonstrates an effort to meet a requirement (or indicator) beyond what is expected (i.e. articulated as mandatory in the accreditation standards). Unique and innovative in nature, this practice should be recognized as a leading example (best practice) for a program or residency education writ large.

As a Program Director or Program Administrator, you need to know the standards. Review them carefully and plan to review any gaps as part of your program committee meetings.

The following sections provide the General Standards of Accreditation for Residency Programs – the AFC Standards are similar – with some helpful hints and tips, tools, policies and resources from PGME to make it easier for you and your program to meet the accreditation standards.

Standards 1 and 2 – Program Organization

DOMAIN: PROGRAM ORGANIZATION

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

Element 1.1: The Program Director leads the residency program effectively.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
1.1.1: The Program Director is available to oversee and advance the residency program.	1.1.1.1: The Program Director has adequate protected time to oversee and advance the residency program consistent with the postgraduate office guidelines and in consideration of the size and complexity of the program.	The Royal College has a Program Director Handbook and other useful resources about administering Residency Programs. Both the Program Director (PD) and Program Administrator (PA) require sufficient time to oversee the program. PGME has Guidelines for Support for Accredited Postgraduate Programs for PDs and PAs. In some departments this will be funding, in others this will be time available without clinical responsibilities. If the program does not have sufficient time or resources available – please let PGME know, and we will advocate for this with your departmental leadership. Please see also: Program Director Generic Role Description, PGME Program Director Appointment Policy, and Royal College Policy on Appointing a Program Director.

Element 1.1: The Program Director leads the residency program effectively.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	1.1.1.2: The Program Director is accessible and responsive to the input, needs, and concerns of residents.	This is one of the most rewarding – and certainly one of the most important – things about being a PD. Many PDs have an 'open door' policy. If this is not workable then providing available 'office hours' may be helpful. Consider how you would like to communicate with the residents – e-mail, 'WhatsApp' etc. and ensure that they are aware of how to reach you and the PA. As a Program Director you (or a delegate) should meet with individual residents at minimum twice per year. To ensure that these meetings are documented and include important issues such as wellness, career planning etc., a PD-Resident Meeting Agenda template is available here.
	1.1.1.3: The Program Director is accessible and responsive to the input, needs, and concerns of teachers and members of the residency program committee.	There will be faculty and site leads on the program committee – however the program must be accessible and responsive to ***all*** faculty. Surveyors will have time with faculty as well as the program committee without the Program Director present – and will ask about responsiveness to input, needs and concerns.
1.1.2: The Program Director has appropriate support to oversee and advance the residency program.	1.1.2.1: The faculty of medicine, postgraduate office, and academic lead of the discipline provide the Program Director with sufficient support, autonomy, and resources for the effective operation of the residency program.	PGME sincerely hopes that we provide the program and PD with support, autonomy and resources – know that we are always available for ***any*** questions, and we welcome your feedback and suggestions for ways to do better. Please reach out anytime at postgraduate.medicine@schulich.uwo.ca.

Element 1.1: The Program Director leads the residency program effectively.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	1.1.2.2: Administrative support is organized and adequate to support the Program Director, the residency program, and residents.	The Program Administrator PGME support guidelines can be found here. Information about the role of the Program Administrator – from the PD Handbook from the Royal College – can be found here. PARO also has a Program Administrator Guide which is especially helpful for call and vacation scheduling etc.
1.1.3: The Program Director provides effective leadership for the residency program.	1.1.3.1: The PD fosters an environment that empowers members of the RPC, residents, teachers, and others as required to identify needs and implement changes.	Ensure that the RPC agenda includes a resident report as a standing agenda item. Wellness and safety should also be a standing agenda item. (Use the PGME RPC agenda template to ensure that all RPC requirements are addressed during your RPC meetings).
	1.1.3.2: The PD advocates for equitable, appropriate and effective educational experiences.	The expectation is to be fair. Ensure that educational experiences are tailored to the specialty specific training requirements and can be adapted to individual resident/trainee requirements and their future career goals.
	1.1.3.3: The PD communicates with residency program invested parties effectively.	Communication with your department/division including faculty and residents/trainees can be via a password protected shared drive where resident handbooks, program objectives and competencies, information about required EPAs and assessments, rotation schedules, program minutes, and policies, and other documents can be posted and available to faculty and residents – PGME recommends this. In addition, program updates can be presented at departmental or divisional meetings, and/or provided in newsletters, for example. Examples of content that can be incorporated into the password protected shared drive are included in the PGME Program Communication Document.

Element 1.1: The Program Director leads the residency program effectively.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	1.1.3.4: The PD anticipates and manages conflict effectively.	
	1.1.3.5: The PD respects the diversity and protects the rights and confidentiality of residents and teachers.	Ensure that Competence Committee (CC) reports to the RPC are with residents ***not*** in attendance to ensure confidentiality. The CC report can be left to the end of each RPC meeting for this reason. Program Committee minutes may be posted with the CC report redacted. Competence Committee members must be aware of the confidential nature of the CC meetings. Please refer to the Competence Committee Confidentiality Agreement template. Note that residents may be members of the CC – however, they need to be aware of the confidential nature of the CC and discussions.
	1.1.3.6: The PD demonstrates active participation in professional development in medical education.	Schulich Faculty Development and PGME provide a number of in-person, virtual and asynchronous professional development opportunities. To see the latest programming, please check out the CPD webpage here.
	1.1.3.7(Exemplary): *The PD demonstrates commitment to and facilitates educational scholarship and innovation to advance the residency program.*	
	1.1.3.8: The PD or delegate attends at least one specialty committee meeting per year in person or remotely. (*Royal College requirement*).	This standard is specific for Royal College programs. The Royal College will notify you of meeting dates and times.

Element 1.2: There is an effective and functional residency program committee structure to support the Program Director in planning, organizing, evaluating, and advancing the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
1.2.1: The residency program committee structure is composed of appropriate key residency program invested parties.	1.2.1.1: Major academic and clinical components and relevant learning sites are represented on the residency program committee. 1.2.1.2: There is an effective, fair, and transparent process for residents to select their representatives on the residency program committee. 1.2.1.3: There is an effective process for individuals involved in resident wellness and safety program/plans to provide input to the residency program committee. *1.2.1.4:* *Exemplary: There is an effective process for individuals responsible for the quality of care and patient safety at learning sites to provide input to the residency program committee.*	Ensure the program committee has membership from learning sites ***including*** any site with a program Inter-Institution Affiliation Agreement (IIA). The number of residents or AFC trainees on the program committee will depend on the size and length of the program. For 5-year programs, try to ensure that there is representation from both junior and senior learners. At minimum, one resident/trainee must be selected for the program committee by their peers. The PC (Program Committee) terms of reference must include information on how the resident/trainee representatives are selected for – and appointed to – the committee. A safety and/or wellness representative on the program committee will help to ensure indicator 1.2.1.3 is met. If your department or division has a Quality Improvement or Patient Safety Committee, consider having a resident representative on the committee. In addition, consider a faculty representative from the QI committee as a member of the program committee or have updates provided for information at the program committee.
1.2.2: The RPC has a clear mandate to manage and evaluate the key functions of the residency program.	1.2.2.1: There are clearly written terms of reference that address the composition, mandate, roles, and responsibilities of each member; accountability structures; decision-making processes; lines of communication; and meeting procedures.	Consider adopting the Residency Program Committee (RPC) Terms of Reference template and the RPC Agenda template for your program. For AFC programs, there is an AFC Program Committee Terms of Reference template.

Element 1.2: There is an effective and functional residency program committee structure to support the Program Director in planning, organizing, evaluating, and advancing the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	1.2.2.2: The terms of reference for the residency program committee are reviewed on a regular basis and are refined as appropriate.	The RPC Terms of Reference template provides for both Approval Date and Date of Next Scheduled Review. If the PGME templates are updated we will provide that information to you and the new templates will be posted. Try to ensure the Terms of Reference are reviewed by the program committee every 3 years at minimum.
	1.2.2.3: The mandate of the residency program committee includes planning and organizing the residency program, including selection of residents, educational design, policy and process development, safety, resident wellness, assessment of resident progress, and continuous improvement.	The PGME RPC Terms of Reference Template ensures that all of these aspects are incorporated. The PGME RPC Agenda Template also ensures that these are captured and documented in program meetings. For example: Your program committee doesn't need to discuss policies at every meeting – put N/A or take it off the agenda, but your program committee does need to ensure that these are discussed, reviewed, approved etc. on a regular basis.
	1.2.2.4: Meeting frequency of the residency program committee is sufficient to fulfil its mandate.	A reasonable ***minimum*** number of meetings per year is ***four (4)***. Even smaller, or shorter programs are required to meet all of the standards and provide program continuous improvement (Standard 9), among other tasks. This is a tall ask for four meetings.
	1.2.2.5: The RPC structure includes a competence committee (or equivalent) responsible for increasing professional responsibility, promotion, and transition to practice.	Ensure that all subcommittees of the program committee have defined terms of reference, membership and reporting structure. For Competence Committees, PGME resources include: • Competence Committee Terms of Reference template • CC Meeting – Assessment Process Guidelines • Competence Committee Review Checklist The CC reports to the RPC. Although the CC may make decisions about trainee progression, the RPC should be informed as part of the reporting process. The RPC may choose to ratify the CC decisions or have the CC report provided as information.

Element 1.2: There is an effective and functional residency program committee structure to support the Program Director in planning, organizing, evaluating, and advancing the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
1.2.3: There is an effective and transparent decision- making process that includes input from residents and other residency program invested parties.	1.2.3.1: Members of the residency program committee are actively involved in a collaborative decision-making process, including regular attendance at and active participation in committee meetings.	Ensure that all meeting minutes document attendance (this includes subcommittees and CC).
	1.2.3.2: The residency program committee actively seeks feedback from residency program invested parties, discusses issues, develops action plans, and follows up on identified issues.	This is also a component of Continuous Improvement (Standard 9 or Standard 7 for AFC programs). It is important that the program proactively review all components of the program as well as recognize and respond to issues, provide action plans, AND document decisions and follow-up in the minutes. Survey teams rely on committee minutes to review the program. When something is 'not documented' it equals 'not done' (like CMPA, CPSO etc.).
	1.2.3.3: There is a culture of respect for residents' opinions by the residency program committee.	Resident report should be an agenda item for each program meeting; ensure that concerns are addressed and include action plans and follow up as required (and that these are documented in the minutes).
	1.2.3.4: Actions and decisions are communicated in a timely manner to the residency program's residents, teachers, and administrative personnel, and to the academic lead of the discipline and others responsible for the delivery of the residency program, as appropriate.	The program must ensure that there is a way for all faculty and residents or trainees to be aware of the program committee initiatives, policies, etc. Do not rely solely on the resident representatives to provide this information to residents. Having a shared site where information for the program can be posted and made available may be helpful. In addition, providing a newsletter, departmental update, resident townhalls etc. may be useful.

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

Element 2.1: Effective policies and processes to manage residency education are developed and maintained.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
2.1.1: The residency program committee has well-defined, transparent, and functional policies and processes to manage residency education.	2.1.1.1: There is an effective mechanism to review and adopt applicable postgraduate office and learning site policies and processes.	This element and the indicators require the program to develop program specific policies. For example, a program specific safety policy, fatigue risk management guidelines, etc. There should be a process for policy development, review, and dissemination to faculty, residents/trainees, and any other invested parties – a password protected site for program information including policies is one option. There should also be a process to review policies, terms of reference etc. on a regular basis. Every **three (3)** years is reasonable. Ensure that any new or revised policies are discussed and/or recorded in the minutes at the program committee. 2.1.1.1, 2.1.1.3: New or revised PGME policies relevant to the program should be brought to the program committee for information. The PGME Policies link should be provided with your program information to the residents and trainees, and relevant PGME policies posted on the program internal site. In addition, a newsletter and update at a departmental/divisional meeting will also ensure that faculty are aware.
	2.1.1.2: There is an effective, transparent mechanism to collaboratively develop and adopt required program- and discipline- specific policies and processes.	
	2.1.1.3: There is an effective mechanism to disseminate the residency program's policies and processes to residents, teachers, and administrative personnel.	
	2.1.1.4: All individuals with responsibility in the residency program follow the central policies and procedures regarding ensuring appropriate identification and management of conflicts of interest.	

Element 2.2: The Program Director and residency program committee communicate and collaborate with residency program invested parties.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
2.2.1: There are effective mechanisms to collaborate with the division/department, other programs, and the postgraduate office.	2.2.1.1: There is effective communication between the residency program and the postgraduate office. 2.2.1.2: There are effective mechanisms for the residency program to share information and collaborate with the division/department, as appropriate, particularly with respect to resources and capacity. 2.2.1.3: There is collaboration with the faculty of medicine's undergraduate medical education program and with continuing professional development programs, including faculty development, as appropriate.	2.2.1.1: PGME communicates with programs via monthly and ad hoc PGME meetings, the website for resources and policies, as well as email and newsletters. The Associate Dean, PGME also tries to meet regularly with Program Directors and with residents as needed. Contact us at any time with any questions or concerns. 2.2.1.2 & 2.2.1.3: Collaboration with Undergraduate Education (UGE) and Continuing Professional Development (CPD) and Faculty Development will be program specific, with most programs having a role in medical student teaching and supervision.
	2.2.1.4: *(Exemplary): There is collaboration with other health professions to provide shared educational experiences for learners across the spectrum of health professions.*	The key to this exemplary indicator is 'other health professionals' and 'shared educational experiences.' This does not mean going on rounds with other health professionals, but rather a multidisciplinary or interdisciplinary approach to education such as multidisciplinary rounds, simulation etc.

Element 2.3: Resources and learning sites are organized to meet the requirements of the discipline.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
2.3.1: There is a well-defined and effective process to select the residency program's learning sites.	2.3.1.1: There is an effective process to select, organize, and review the residency program's learning sites based on the required educational experiences, and in accordance with the central policies for learning site agreements.	Learning sites have affiliation agreements. The largest hospitals have agreements that require, for example, Occupational Health resources for residents, locker rooms, pagers etc. **NOTE:** If your program sends residents or trainees to a learning site for their mandatory rotations (including a free-standing clinic) there must be an affiliation agreement. If your residents are going to off-site clinics for training experiences please contact PGME with the name and address of the site. We will determine if an agreement is in place, and if there is not we will work with Western Legal to have one completed. This is an example template, with instructions for completion.
	2.3.1.2: Where the faculty of medicine's learning sites are unable to provide all educational requirements, the residency program committee, in collaboration with the postgraduate office, recommends and helps establish inter-institution affiliation (IIA) agreement(s) to ensure residents acquire the necessary competencies.	If for any reason (faculty retirement, leave, patient volume or mix etc.) required learning experiences cannot be provided, the program must ensure that alternative arrangements are made with other sites or centers. **Inter-institution Affiliation Agreements** (**IIA**) are required for mandatory rotations being provided outside of Schulich (for example, University of Toronto, McGill University, University of Alberta, etc.). The rotation supervisor must be aware of the objectives/competencies, and assessments that are required and also be a member of the program committee. A representative from the Institution should be a member of your program committee. PGME can help your program develop the IIA. Sample IIA's can be found here, and here, and the fillable PDF from the Royal College is here.

Element 2.3: Resources and learning sites are organized to meet the requirements of the discipline.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
2.3.2: Each learning site has an effective organizational structure to facilitate education and communication.	2.3.2.1: Each learning site has a site coordinator/supervisor responsible to the residency program committee. 2.3.2.2: There is effective communication and collaboration between the residency program committee and the site coordinators/supervisors for each learning site to ensure program policies and procedures are followed.	Each learning site must have a site coordinator responsible to, and a member of, the program committee. Some departments and divisions have “Site Chiefs” or “Site Medical Executives”. These individuals may be identified as the *Site Coordinator*; however, their hospital role may be to ensure that service needs are met which is potentially an inherent conflict with program educational requirements. Many programs will have site leads that advocate for, schedule, and coordinate the residents and program trainees specifically.
2.3.3: The residency program committee engages in operational and resource planning to support residency education.	2.3.3.1: There is an effective process to identify, advocate for, and plan for resources needed by the residency program.	An annual budget plan is part of most RPC mandates. Resources includes faculty available to supervise, as well as the patient population. In addition, resources such as call rooms, equipment, study space, simulation, research and publication funds, travel funds for presentations, etc. should be reviewed regularly. See Standard 7 (AFC) or Standard 9.

Standard 3 – The Education Program

DOMAIN: EDUCATION PROGRAM **STANDARD 3:** Residents are prepared for independent practice.

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	**Indicator**	**Ideas, Tips and Resources**
3.1.1**:** Educational competencies and/or objectives are in place that ensure residents progressively meet all required standards for the discipline and address societal needs.	3.1.1.1: The specific standards for the discipline are addressed by the competencies and/or objectives of the residency program. 3.1.1.2: The competencies and/or objectives address each of the Roles in the CanMEDS/CanMEDS-FM Framework specific to the discipline. 3.1.1.3: The competencies and/or objectives articulate different expectations for residents by stage and/or level of training. 3.1.1.4: Community and societal needs are considered in the design of the residency program's competencies and/or objectives.	Royal College Program Specific Documents include: • Competencies • Required Training Experiences • EPAs (for programs that have transitioned to CBD) and • Program-specific Standards of Accreditation CanMEDS Roles and Resources (Royal College) CanMEDS Family Medicine 2017 and supplement There are a variety of CanMEDS resources available via the above links.

Element 3.2: The residency program provides educational experiences designed to facilitate residents' attainment of the outcomes-based competencies and/or objectives.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
3.2.1: Educational experiences are guided by competencies and/or objectives, and provide residents with opportunities for increasing professional responsibility at each stage or level of training.	3.2.1.1: The educational experiences are defined specifically for and/or are mapped to the competencies and/or objectives. 3.2.1.2**:** The educational experiences meet the specific standards for training required for the discipline. 3.2.1.3: The educational experiences are appropriate for residents' stage or level of training and support residents' achievement of increasing professional responsibility to the level of independent practice.	PGME has several resources that can help with Curriculum Mapping and Planning. There are: • Guide to Mapping EPA's to CBD Curriculum • Curriculum Mapping Template for Programs and Residents • Curriculum Mapping Template for Accreditation The staff in the PGME office can help you complete them. Ensure that the required training experiences are included in the program – review these carefully. Ensure that all learning experiences – including the academic curriculum, rounds, scholarly projects – are included on the curriculum map. Ensure that you review ***all*** of the training requirements specific for your program. Ensure that increasing ("graded/gradual") responsibility is a component of the program. Faculty should be aware of the level/stage of training and objectives or competencies mapped to these.

Requirement	Indicator	Ideas, Tips and Resources
3.2.2: The residency program uses a comprehensive curriculum plan, which is specific to the discipline, and addresses all the CanMEDS/CanMEDS-FM Roles.	3.2.2.1: There is a clear curriculum plan that describes the educational experiences for residents. 3.2.2.2: The curriculum plan incorporates all required educational objectives or key and enabling competencies of the discipline. 3.2.2.3: The curriculum plan addresses expert instruction and experiential learning opportunities for each of the CanMEDS/CanMEDS-FM Roles with a variety of suitable learning activities. 3.2.2.4: The curriculum plan includes training in continuous improvement, with emphasis on improving systems of patient care, including patient safety, with opportunities for residents to apply their training in a project or clinical setting. 3.2.2.5: The curriculum plan includes fatigue risk management, specifically, education addressing the risks posed by fatigue to the practice setting, and the individual and team-based strategies available to manage the risk.	See above. For the academic curriculum development review the program requirements outlined in your program-specific Standards, Competencies and Required Training Experiences. Develop a curriculum plan that will be provided over the course of training that ensures that all the academic requirements are met. Avoid developing the academic curriculum as an “ad hoc” plan. Ensure that the CanMEDS/CanMEDS-FM roles are incorporated into the curriculum – this is not necessarily in the academic half-day. For example, communication, patient safety and collaboration may be part of simulation, journal clubs, grand rounds, collaborative team rounds, etc. PARO Best Practices for Academic Days is a useful resource when planning the academic curriculum. **NOTE:** Programs are required to incorporate patient safety, quality assurance, and fatigue risk management into the curriculum. As part of the Transition to Residency (T2R) Program, PGY1 residents are provided teaching on approach to emergencies, end of life care, and DNR orders, among other topics. Please see the T2R site for more information. In addition, Year 1 residents are required to complete 4 modules: 1. Completing a Death Certificate and Notifying the Coroner 2. Resident as Teacher 3. Western University Anti-Racism Module 4. Fatigue Risk Management PGME program resources are available for: • Fatigue Risk Management • Patient Safety and Quality Improvement • Virtual Care • Hidden Curriculum

		Other resources include: • AFMC Opiod Modules • AFMC Opiod Resources • AFMC Simulation Playbook • CanMEDS and Faculty Development Resources • CMPA Medico-legal Handbook • CMPA Consent Guide • Antiracism Foundations Certificate Program at Western • Indigenous Health Resources at Western • Schulich Equity Diversity Inclusion and Decolonization Website • Equity, Diversity and Inclusion (CREDIT) CMPA also has a variety of resources including webinars and e-modules that may be incorporated into your program curriculum. Please see CMPA Education and Events for information including workshop dates and registration for resident education events. Patient safety – including crisis resource management and team communication – can be incorporated into simulation scenarios, critical incident debriefs, and Morbidity/Mortality rounds. Your program can take advantage of PGME academic half days such as CMPA and medical-legal issues, CPSO and the role of provincial colleges, etc. PGME will send out notices for each of these.

Requirement	Indicator	Ideas, Tips and Resources
3.2.3: The educational design allows residents to identify and address individual learning objectives.	3.2.3.1: Individual residents' educational experiences are tailored to accommodate their learning needs and future career aspirations, while meeting the national standards and societal needs for their discipline. 3.2.3.2: The residency program fosters a culture of reflective practice and lifelong learning among its residents.	3.2.3.2: Self-reflection and narrative writing are used by some programs to incorporate reflective practice into resident education. Meetings with the Program Director or Academic Advisors may include a prior written reflection by the resident on their goals for rotations and/or building their knowledge base. Debriefs after critical incidents should also be incorporated into the program.

3.2.4: Residents' clinical responsibilities are assigned in a way that supports the progressive acquisition of competencies and/or objectives, as outlined in the CanMEDS/ CanMEDS-FM Roles.	3.2.4.1: Residents' clinical responsibilities are assigned based on level or stage of training and their individual level of competence. 3.2.4.2**:** Residents' clinical responsibilities, including on-call duties, provide opportunities for progressive experiential learning, in accordance with all CanMEDS/CanMEDS-FM Roles. 3.2.4.3: Residents are assigned to particular educational experiences in an equitable manner, such that all residents have opportunities to meet their educational needs and to achieve the expected competencies of the residency program. 3.2.4.4: Residents' clinical responsibilities do not interfere with their ability to participate in mandatory academic activities.	3.2.4.4: Ensure that residents do not have patient care responsibilities while attending academic activities. This usually involves forwarding their pager to another individual for the duration of the rounds. Try to ensure that protected time is not 'pseudo-protected' with an expectation that residents complete all their clinical responsibilities in half a day and/or come back to complete these. Avoid having consults stacked up while residents are at teaching.

3.2.5: The educational environment supports and promotes resident learning in an atmosphere of scholarly inquiry.	3.2.5.1: Residents have access to, and mentorship for, a variety of scholarly opportunities, including research as appropriate. 3.2.5.2: Residents have protected time to participate in scholarly activities, including research as appropriate. 3.2.5.3: Residents have protected time to participate in professional development to augment their learning and/or to present their scholarly work.	Virtually all programs have a requirement for completion of a research/scholarly project and/or quality improvement project. Programs should have a Research (scholarly project) Coordinator who is a member of the program committee and should provide updates on resident scholarly projects, either as a verbal update or as a briefing note. The program should have a list of supervisors and projects available for residents and trainees as they begin the program. This can be provided during orientation and posted on the program site. Project progress should be incorporated into assessments as part of the Competence Committee. This can be done as required “Progress Reports” to be completed by the resident every 6 months and signed off by the research supervisor. Some programs use research ITERs for tracking progress. If residents have a “Research Block” there must be specific goals and objectives, an identified supervisor, and documentation of the research progress at mid- and end-block.

Element 3.3: Teachers facilitate residents' attainment of competencies and/or objectives.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
3.3.1: Resident learning needs, stage or level of training, and other relevant factors are used to guide all teaching, supporting resident attainment of competencies and/or objectives.	3.3.1.1: Teachers use experience-specific competencies and/or objectives to guide educational interactions with residents. 3.3.1.2: Teachers align their teaching appropriately with residents' stage or level of training, and individual learning needs and objectives. 3.3.1.3: Teachers contribute to the promotion and maintenance of a positive learning environment. 3.3.1.4: Residents' feedback to teachers facilitates the adjustment of teaching approaches and learner assignment, as appropriate, to maximize the educational experiences.	Faculty must be aware of the program competencies, EPA requirements, stages of training and learning experiences. A shared site to provide this information is helpful, but newsletters and updates at divisional and/or departmental meetings are also useful and encouraged. Faculty must also be aware of the CPSO Professional Responsibilities in Medical Education and the PGME Policy on Faculty Supervision. Consider ensuring these are posted on your program site with other policies. All programs require a teacher evaluation process. The PGME Faculty Evaluation Policy should be followed. Faculty evaluations should be incorporated into program continuous improvement (Standard 7 for AFC and Standard 9 for Residency Programs).

Element 3.4: There is an effective, organized system of resident assessment.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
3.4.1: The residency program has a planned, defined, and implemented system of assessment.	3.4.1.1: The system of assessment is based on residents' attainment of experience-specific competencies and/or objectives. 3.4.1.2: The system of assessment clearly identifies the methods by which residents are assessed for each educational experience. 3.4.1.3: The system of assessment clearly identifies the level of performance expected of residents based on level or stage of training. 3.4.1.4: The system of assessment includes identification and use of appropriate assessment tools tailored to the residency program's educational experiences, with an emphasis on direct observation where appropriate. 3.4.1.5: The system of assessment meets the requirements within the specific standards for the discipline, including the achievement of competencies in all CanMEDS roles or CFPC evaluation objectives, as applicable.	Competence Committee and Assessment resources are found in the PGME Resident Assessment and Competence Committee Resources. (PGME CBME Resources) In order to get a holistic view of the trainee's performance programs must ***not*** rely solely on EPA-based assessment. Examples of types of assessments include, but are not limited to: ☐ In-Training Assessment/Evaluation Reports (ITARs/ITERs) ☐ Multi-source Feedback (MSF) (360º Assessment) ☐ Mini Clinical Evaluation Exercise (Mini-CEX) ☐ Objective Structured Clinical Exam (OSCE) ☐ Written/Oral Exams including Annual National Examinations ☐ Logbooks (including Procedure Logs) or Portfolios ☐ Peer or Student Assessments ☐ Journal Club Presentations ☐ Ground Round Presentations ☐ Clinical Teaching Assessments ☐ Written Dictation Review ☐ Participation and progress in Scholarly Projects ☐ Participation in Group Learning Projects and Seminars ☐ Awards ☐ Leadership Roles ☐ Field Notes ☐ Summary of Daily Clinical Performance Assessments ☐ Self-reflection Requirements Faculty and trainees must be aware of the assessment process. The information can be provided in the program handbook and/or posted on your internal website.

Element 3.4: There is an effective, organized system of resident assessment.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	3.4.1.6: The system of assessment is based on multiple assessments of residents' competencies during the various educational experiences and over time, by multiple assessors, in multiple contexts. 3.4.1.7: Teachers are aware of the expectations for resident performance based on level or stage of training and use these expectations in their assessments of residents.	
3.4.2: There is a mechanism in place to engage residents in regular discussions for review of their performance and progression.	3.4.2.1: Residents receive regular, timely, meaningful, in-person feedback on their performance. 3.4.2.2: The Program Director and/or an appropriate delegate meet regularly with residents to discuss and review their performance and progress. 3.4.2.3: There is appropriate documentation of residents' progress toward the attainment of competencies, which is available to the residents in a timely manner.	3.4.2.1 & 3.4.2.2: Program Director (or delegate) meetings should be held a minimum of twice per year, and documented. The information and discussion points are included on the Program Director Meeting template. 3.4.2.3: This indicator requires documentation of resident/trainee progress which is the role of the competence committee. Residents must be aware of decisions about their stage of training and progression. 3.4.2.4: Residents should be provided with information on assessment and the role of the Competence Committee and Academic Advisor (if applicable) at the time of their orientation. The information should be posted and available on a shared site or provided in a handbook. The Academic Advisor Role Description can be found here and an overview of a typical year can be found here. Expectations about assessments – for example, number of EPAs expected during a particular rotation – must be explicit and accessible for residents. AFC trainees must be familiar with their portfolio requirements.

Element 3.4: There is an effective, organized system of resident assessment.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	3.4.2.4: Residents are aware of the processes for assessment and decisions around promotion and completion of training. 3.4.2.5: The residency program fosters an environment where formative feedback is actively used by residents to guide their learning. 3.4.2.6: Residents and teachers have shared responsibility for recording residents' learning and achievement of competencies and/or objectives for their discipline at each level or stage of training.	Formative feedback with a mid-rotation (mid-block) assessment is required for a resident or trainee in difficulty or who is not progressing as expected. 3.4.2.6: Faculty are responsible for completing trainee assessments in a timely manner. The PGME EPA completion targets are more than 90% of EPAs completed within 2 weeks and less than 5% expiring. Faculty should be encouraged to trigger EPAs. The PGME target is a minimum of 10% EPAs triggered by faculty rather than residents.
3.4.3: There is a well-articulated process for decision-making regarding resident progression, including the decision on satisfactory completion of training.	3.4.3.1: The Competence Committee (or equivalent) regularly reviews residents' readiness for increasing professional responsibility, promotion, and transition to practice, based on demonstrated achievement of expected competencies and/or objectives for each level or stage of training. 3.4.3.2: The Competence Committee (or equivalent) makes a summative assessment regarding residents' readiness for certification and	Guide to CBME for Program Administrators There are templates for CC Terms of Reference as well as templates for Reporting to the RPC and other helpful CBME/CC resources found on The Program Handbook website site here under the "DOMIAN: Education Program – Standard 3" tab.

Element 3.4: There is an effective, organized system of resident assessment.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	independent practice, as appropriate. 3.4.3.3: The Program Director provides the respective College with the required summative documents for exam eligibility and for each resident who has successfully completed the residency program. 3.4.3.4: ***[Exemplary]:*** *The Competence Committee (or equivalent) uses advanced assessment methodologies (e.g., learning analytics, narrative analysis) to inform recommendations/decisions, as appropriate, on resident progress.*	
3.4.4: The system of assessment allows for timely identification of and support for residents who are not attaining the required competencies or objectives as expected.	3.4.4.1: Residents are informed in a timely manner of any concerns regarding their performance and/or progression. 3.4.4.2: Residents who are not progressing as expected are provided with the required support and opportunity to improve their performance, as	Ensure that all trainees at orientation are provided information and access to the: Resident Assessment and Appeal Policy or AFC Appeals Policy ***If you have worries about your residents or trainees, with performance, progress or wellness, please contact PGME for advice.*** **Learner in Difficulty** The Learner in Difficulty site has information and resources including remediation and probation information, templates for remediation and probation plans, checklists for remediation and probation process, and Advisory Board meeting deadlines. • Advisory Board Terms of Reference • Advisory Board Meeting Dates • PGME Resident Remediation Checklist • PGME Resident Probation Checklist

Element 3.4: There is an effective, organized system of resident assessment.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	appropriate. 3.4.4.3: Any resident requiring formal remediation and/or additional educational experiences is provided with: • a documented plan detailing objective of the formal remediation and their rationale; • the educational experiences scheduled to allow the resident to achieve these objectives; • the assessment methods to be employed; • the potential outcomes and consequences; • the methods by which a final decision will be made as to whether the resident has successfully completed a period of formal remediation; and, • the appeal process.	• PGME Resident Remediation Plan template The Competence Committee chair or delegate must inform residents and AFC trainees about their progress following the CC meeting. This may also be incorporated into the resident Elentra dashboard. For reference, here are the links to Elentra Resources and the Elentra User Guide. Any resident who is "Not Progressing as Expected" or "Failing to Progress" must have this information provided specifically in writing and provided with an in-person meeting or discussion. PGME must be notified about residents who are "Failing to Progress" and ideally for residents who are "Not Progressing as Expected" unless the program is confident that issues can be addressed and remedied with the resident expected to "Progress as Expected" over the next few blocks. For more information, please see CC Process and Procedures.

Standard 4 – Resources

DOMAIN: RESOURCES **Standard 4:** The delivery and administration of the residency program are supported by appropriate resources.

Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with the educational experiences needed to acquire all competencies and/or objectives.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
4.1.1: The patient population is adequate to ensure that residents experience the breadth of the discipline.	4.1.1.1: The residency program provides access to the volume and diversity of patients appropriate to the discipline. 4.1.1.2**:** The residency program provides access to diverse patient populations and environments, in alignment with the community and societal needs for the discipline.	For any review of the program, the CanAMS instrument will require resource data that is program specific. For example, number of outpatient visits, surgical volumes etc. Review the CanAMS program instrument under the “Resource” section to identify the information that your program will require at the time of review.
4.1.2: Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.	4.1.2.1: The residency program has access to the diversity of learning sites and scopes of practice specific to the discipline. 4.1.2.2**:** The residency program has access to appropriate consultative services to meet the general and specific standards for the discipline.	See above. If the program does not have adequate resources for providing the required training experiences, then the residents will be required to complete rotations at other sites; this will require an Inter-Institution Agreement (IIA).

Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with the educational experiences needed to acquire all competencies and/or objectives.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	4.1.2.3: The residency program has access to appropriate diagnostic services, and laboratory services to meet both the residents' competency requirements and the delivery of care. 4.1.2.4: Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.	
4.1.3: The residency program has the necessary financial, physical, and technical resources.	4.1.3.1: There are adequate financial resources for the residency program to meet the general and specific standards for the discipline. 4.1.3.2: There is adequate space for the residency program to meet educational requirements. 4.1.3.3: There are adequate technical resources for the residency program to meet the specific requirements for the discipline. 4.1.3.4: Residents have appropriate access to adequate facilities and services to	If hospital resources are an issue for your program, please reach out to PGME. We can advocate on behalf of the program to the hospital, division, department etc. as required.

Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with the educational experiences needed to acquire all competencies and/or objectives.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	conduct their work, including on-call rooms, workspaces, internet, and patient records. 4.1.3.5: The program director, residency program committee and administrative personnel have access to adequate space.	

Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
4.2.1: Teachers appropriately implement the residency curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.	4.2.1.1: 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, assessment, and feedback to residents. 4.2.1.2: The number, credentials, competencies, and scope of practice of the teachers are sufficient to supervise residents in all clinical environments including when residents are on-call and when providing care to patients, as part of	4.2.1.3 & 4.2.1.4: The program requires a research lead who will facilitate scholarly projects and ensure that each resident or trainee has a research supervisor and project(s) completed within the program. Research should be part of the PC agenda – with updates on resident or trainee scholarly project progress. Research/scholarly project progress should also be incorporated into the Competence Committee assessments (*see* *Requirement 3.2.5*).

Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	the residency program outside of a learning site. 4.2.1.3**:** There are sufficient competent individual supervisors to support a variety of resident scholarly activities, including research as appropriate. 4.2.1.4: There is a designated individual who facilitates the involvement of residents in scholarly activities, including research as appropriate, and who reports to the residency program committee.	

Standard 5 – Safety and Wellness

DOMAIN: LEARNERS, TEACHERS, ADMINISTRATIVE PERSONNEL

Standard 5: Safety and wellness are promoted throughout the learning environment.

Element 5.1: The safety and wellness of patients and residents are actively promoted.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
5.1.1: Residents are appropriately supervised.	5.1.1.1: Residents and teachers follow central policies and any program-specific policies regarding the supervision of residents, including ensuring the physical presence of the appropriate supervisor, when mandated, during acts or procedures performed by the resident, and ensuring supervision is appropriate for the level or stage of training. 5.1.1.2: Teachers are available for consultation for decisions related to patient care in a timely manner. 5.1.1.3: Teachers follow the policies and processes for disclosure of resident involvement in patient care, and for patient consent for such participation.	5.1.1.1 & 5.1.1.2: PGME policies including Supervision are found on the PGME Policies page and the CPSO Professional Responsibilities in Medical Education page. 5.1.1.3: Please see CPSO policy on Professional Responsibilities in Medical Education – patient consent for postgraduate trainee involvement in patient care may be implied or express. In situations where postgraduate trainees are involved in patient care solely for their own education – observation, examinations unrelated to provision of patient care – the MRP must ensure explicit patient consent is obtained.
5.1.2:	5.1.2.1:	PGME has a PGME Safety Policy and PGME Fatigue Risk Management Guidelines.

Element 5.1: The safety and wellness of patients and residents are actively promoted.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
Residency education occurs in a safe learning environment.	Safety is actively promoted throughout the learning environment for all those involved in the residency program. 5.1.2.2: Effective resident safety policies and processes are in place, which may include policies and processes defined centrally or specific to the program, and which reflect general and/or discipline-specific physical, psychological, and professional resident safety concerns, as appropriate. The policies and processes include, but are not limited to: • 5.1.2.3: Policies regarding resident safety effectively address both situations and perceptions of lack of resident safety, and provide multiple avenues of access for effective reporting and management. • 5.1.2.4: Concerns with the safety of the learning environment are appropriately identified and remediated • 5.1.2.5: Residents are supported and encouraged to exercise discretion and judgment regarding their personal safety, including fatigue. • 5.1.2.6: Residents and teachers are aware of the process to follow if they perceive safety issues.	Each program requires a program-specific safety policy. For examples of safety policies that relate to radiation safety, patient violence, and others, please contact the PGME office and we can provide some program examples for you. In addition, trainees must be aware of safety reporting avenues within the clinical environment (for example, the Adverse Event Management System LHSC). Adverse events and safety reporting should be included in the resident or trainee orientation information. Learning environment, safety, or discrimination concerns can be brought forward by trainees to any, or all, of the following: • Program Director • Program Committee • Learner Experience Office • Faculty mentor or academic advisor, division or department lead • Hospital via an adverse event report • Comments and scoring on faculty evaluation • Postgraduate Medical Education • Western Human Rights Office
5.1.3: Residency education occurs in a positive learning environment	5.1.3.1: There is a positive and respectful learning environment for all involved in the residency program.	5.1.3.2: Please ensure that all trainees are aware of the Learner Experience Office (LEO) and the availability of anonymous and confidential reporting of learner mistreatment, and the support and advocacy provided by LEO.

Element 5.1: The safety and wellness of patients and residents are actively promoted.		
Requirement	**Indicator**	**Ideas, Tips and Resources**

that promotes resident wellness.	5.1.3.2:
	Residents are aware of and are able to access appropriate, confidential wellness support to address physical, psychological, and professional resident wellness concerns.
	
	5.1.3.3:
	The central policies and processes regarding resident absences and educational accommodation are applied effectively.
	
	5.1.3.4:
	The processes regarding identification, reporting, and follow-up of resident mistreatment are applied effectively.
	
	5.1.3.5:
	Residents are supported and encouraged to exercise discretion and judgment regarding their personal wellness.
		5.1.3.3:
		PGME adheres to the PARO-OTH Collective Agreement that provides guidelines regarding interruption of training (including leaves of absence). In addition, all leaves greater than 7 days must be reported to PGME for mandatory reporting to CPSO.
		
		• PGME Leave of Absence Policy
		  • PGME Leaves Process
		  • PGME Summary of Leaves
		• PGME Waiver of Training Policy
		  • PGME Waiver of Training Request Template
		
		PGME Guidelines for Accommodations can be found here.
		
		In addition, PGME, along with LEO, supports a learner's gradual return to service after an extended absence via a Return-to-Work pathway.
		
		For additional support and resources, please contact the Registration Coordinator (postgraduate.medicine@schulich.uwo.ca)
		
		5.1.3.4:
		Ensure your residents and trainees are aware of Learner Experience and the reporting available for learner mistreatment on the LEO website.

Standard 6 – Residents are Supported Fairly

DOMAIN: LEARNERS, TEACHERS, ADMINISTRATIVE PERSONNEL

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

Element 6.1: The progression of residents through the residency program is supported, fair, and transparent.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
6.1.1: There are effective, clearly defined, transparent, formal processes for the selection and progression of residents.	6.1.1.1: Processes for resident selection, promotion, remediation, dismissal, and appeals are applied effectively, transparent, and aligned with applicable central policies. 6.1.1.2: The residency program encourages and recognizes resident leadership.	6.1.1.1: Please see PGME Resident Selection Policy and PGME Resident Selection Guidelines to Promote Equity Diversity and Inclusion. Ensure that selection processes are confidential and free from any potential conflict of interest. A PGME CaRMS Confidentiality and Conflict of Interest Agreement Template is available for faculty and residents or trainees participating in resident or AFC trainee selection. If your program accepts residents through CaRMS, please make sure you, your faculty and residents involved in resident selection and your PA are aware of the CaRMS Match Violation Policy. 6.1.1.2: Program leadership opportunities include – but are not limited to: membership on the RPC, PARO leadership opportunities, program and departmental committee membership (QI, Research etc.), PGME committees (Resident Advisory Committee, Internal Review Subcommittee, Policy Subcommittee, Advisory Board, Appeal Committee), lead or chief resident role, and resident representative for PGME internal reviews, among others. In addition, PGME provides a Certificate in Leadership (CiL) course for a limited number of residents each year.

6.1.2: Support services are available to facilitate resident achievement of success.	6.1.2.1: The residency program provides formal, timely career planning and counseling to residents throughout their progress through the residency program.	A formal mentorship program for the trainees may be incorporated into the program. Career planning should be part of the Program Director (or delegate) meetings. The PDSA Cycle.

Standard 7 – Your Faculty

DOMAIN: LEARNERS, TEACHERS, ADMINISTRATIVE PERSONNEL

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

Element 7.1: Teachers are assessed, recognized, and supported in their development as positive role models for residents in the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
7.1.1: Teachers are regularly assessed and supported in their development.	7.1.1.1: There is an effective process for the assessment of teachers involved in the residency program, aligned with applicable central processes, that balances timely feedback with preserving resident confidentiality. 7.1.1.2**:** The system of teacher assessment ensures recognition of excellence in teaching and is used to address performance concerns. 7.1.1.3: Resident input is a component of the system of teacher assessment. 7.1.1.4: Faculty development for teaching that is relevant and accessible to the program is offered on a regular basis.	7.1.1.1 & 7.1.1.3: PGME Faculty Evaluation Policy 7.1.1.2: Faculty evaluations should be part of an annual faculty performance review with the department or division chair (or delegate). 7.1.1.4 & 7.1.1.6: There are many faculty development opportunities through Schulich Continuing Professional Development (CPD). If programs would like any specific faculty development – for example, rounds prior to an internal or external review to describe the standards and survey process, rounds for competence by design, coaching or feedback, hidden

Element 7.1: Teachers are assessed, recognized, and supported in their development as positive role models for residents in the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	7.1.1.5: There is an effective process to identify, document, and address unprofessional behavior by teachers. 7.1.1.6: The residency program identifies and addresses priorities for faculty development within residency training.	curriculum, etc. – please reach out to PGME and we can provide these for your program and faculty. 7.1.1.5: Unprofessional behaviour or learner mistreatment must be brought to the attention of the division or departmental chair, ***and*** the Associate Dean PGME.
7.1.2: Teachers in the residency program are effective role models for residents.	7.1.2.1: Teachers exercise the dual responsibility of providing high quality and ethical patient care and excellent supervision and teaching. 7.1.2.2**:** Teachers contribute to academic activities of the residency program and institution, which may include, but are not limited to: lectures, workshops, examination preparation, and internal reviews. 7.1.2.3**:** Teachers are supported and recognized for their contributions outside the residency program, which may include, but are not limited to: peer reviews, medical licensing authorities, exam boards, specialty committees, accreditation committees, specialty societies, and government medical advisory boards.	Faculty should be aware of both the CPSO and PGME policy regarding supervision: • CPSO Policy Professional Responsibilities in Medical Education • PGME Policy on Faculty Supervision of Postgraduate Trainees Importantly - supervision includes assessment of residents and trainees. 7.1.2.3 and 7.1.2.4: These are part of the promotion and tenure process.

Element 7.1: Teachers are assessed, recognized, and supported in their development as positive role models for residents in the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	7.1.2.4**:** Teachers contribute to scholarship on an ongoing basis.	

Standard 8 – Program Administrator – Support and Feedback

DOMAIN: LEARNERS, TEACHERS, ADMINISTRATIVE PERSONNEL

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

Element 8.1: There is support for the continuing professional development of residency program administrative personnel.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
8.1.1: There is an effective process for the professional development of the residency program administrative personnel.	8.1.1.1: There is a role description that outlines the knowledge, skills, and expectations for residency program administrative personnel, that is applied effectively. 8.1.1.2**:** Residency program administrative personnel receive professional development, provided centrally and/or through the residency program, based on their individual learning needs. 8.1.1.3: Residency program administrative personnel receive formal and/or informal feedback on their performance in a fair and transparent manner, consistent with any applicable university, health organization, or union contracts.	Program Administrator Job Description template as well as meeting guidelines (see below). Program Administrator professional development includes PA retreats (annual) and opportunities to attend educational meetings (such as ICRE). 8.1.1.3: Program Administrator Meeting Guidelines template for meeting with the Program Director or delegate.

Standard 9 – Continuous Improvement

DOMAIN: CONTINUOUS IMPROVEMENT

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

Element 9.1: The residency program committee systematically reviews and improves the quality of the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
9.1.1: There is a systematic process to regularly review and improve the residency program.	9.1.1.1: There is an evaluation of each of the residency program's educational experiences, including the review of related competencies and/or objectives. 9.1.1.2**:** There is an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum. 9.1.1.3**:** Residents' achievements of competencies and/or objectives are reviewed. 9.1.1.4**:** The resources available to the residency program are reviewed. 9.1.1.5**:** Residents' assessment data are reviewed.	Standard 9 requires a: • ***proactive***, • ***systematic review*** of • ***all components*** of the program. Programs must respond to concerns brought forward, but Standard 9 (or Standard 7 for AFC programs) requires that there be a proactive review of the program – not just fixing things as they are identified. This means there must be clear documentation of a review of the program, action plans identified, acted on, and then re-evaluated. A Program Evaluation Process Template and Rotation Evaluation Template are attached. 9.1.1.1: Examples of actions: • Annual retreat • RPC rotation reviews • Resident or trainee rotation evaluations • Review of the academic curriculum – to include the topics, journal clubs, simulation etc. with identification of any gaps or inadvertent repetition in the educational program • PGME will attend your Competence Committee or RPC meeting on request and provide feedback – this can be used as a component of Standard 9

Element 9.1: The residency program committee systematically reviews and improves the quality of the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	9.1.1.6**:** The feedback provided to teachers in the residency program is reviewed. 9.1.1.7**:** The residency program's leadership at the various learning sites is assessed. 9.1.1.8**:** The residency program's policies and processes for residency education are reviewed.	9.1.1.2: Examples: • Review of faculty low performance flags • Annual resident or trainee review or report • Anonymous survey to residents • Exit meetings (or survey) with graduating trainees • PGME resident report and survey (which are distributed every 2 years) • PD meetings. 9.1.1.3 & 9.1.1.5: • Review of CC reports and EPAs – for example, are there EPAs that can/must be met in simulation scenarios? • EPA completion and triggering data • Use of narrative comments in assessments • Review of rotation objectives • Review of curriculum map with updating. 9.1.1.4: Resource review can include things such as: • Resident rotation feedback (number of learners on rotation, patient volume, etc.) • Call room and computer access • Office space • Research availability and supervisors, technical (equipment) • Simulation resources 9.1.1.6: All teachers should be evaluated. Things to review could include: • Percentage evaluation completion rate by trainees, with actions to increase completion rate (ITER or EPA completion and timeliness) • Process for using the evaluation data • Review of low/high performance flags • Areas for faculty development (this can be program, or department/division specific, or programs may request faculty development initiatives from PGME)

Element 9.1: The residency program committee systematically reviews and improves the quality of the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
		• Monitoring outcomes of any intervention (note that the department or division chair is responsible for addressing faculty evaluations and responding to concerns). 9.1.1.7: Program leadership can be reviewed through PGME Program Director review (every 2 years). Annual faculty performance review by department or division chair should be occurring. 9.1.1.8: Policy and process review can be done as part of regular RPC meetings – and ensure the program is aware of new/revised PGME policies. Review and revise Terms of Reference and program-specific policies regularly (date all policies and terms of reference and include a review date). Programs require – ***at minimum*** – a program-specific safety policy and a policy or guideline for fatigue risk management.
9.1.2: A range of data and information is reviewed to inform the evaluation and improvement of all aspects of the residency program.	9.1.2.1: Information from multiple sources, including feedback from residents, teachers, administrative personnel, and others as appropriate, is regularly reviewed. 9.1.2.2**:** Information identified by the postgraduate office's internal review process and any data centrally collected by the postgraduate office are accessed. 9.1.2.3: Mechanisms for feedback take place in an open collegial atmosphere.	9.1.2.1: 'Multiple sources' include examples such as: • Annual retreat • Rotation and teacher evaluations • Program Director meetings with resident trainees • Program Committee minutes and action plans • Exit interviews or exit surveys of graduating residents and trainees, • PGME resident reports • PD and PA meetings • Internal or External Reviews • PGME focused review (for example of the Competence Committee) 9.1.2.2: Internal Reviews PGME Every program will have an internal review during the 8-year accreditation cycle. Programs are required to respond to Areas for Improvement (AFI) identified in the internal review within one year as a progress report. Programs must provide the internal review report to the program committee and develop action plans for meeting any AFIs identified.

Element 9.1: The residency program committee systematically reviews and improves the quality of the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
	9.1.2.4: **[Exemplary]:** A resident e-portfolio (or an equivalent tool) is used to support the review of the residency program and its continuous improvement. 9.1.2.5: **[Exemplary]:** Education and practice innovations in the discipline in Canada and abroad are reviewed. 9.1.2.6: **[Exemplary]:** Patient feedback to improve the residency program is regularly collected/accessed. 9.1.2.7: **[Exemplary]:** Feedback from recent graduates is regularly collected/accessed to improve the residency program.	9.1.2.3: The Resident Report (distributed to residents every 2 years) will identify concerns with respect to program committee function and responsiveness of the program to concerns from residents. It will also help to identify learner mistreatment concerns. Resident or trainee report should be a standing program committee agenda item. 9.1.2.4 (Exemplary) For programs using a portfolio or logbook (for example for tracking surgical procedures) this information may be reviewed to ensure residents meet expected competencies, have adequate exposure to procedures etc. 9.1.2.7 (Exemplary) If your program has a process for exit interview or survey of graduates this will meet this exemplary indicator - as long as it is documented, and any areas of concern have action plans.
9.1.3: Based on the data and information reviewed, strengths are identified, and action is taken to address areas identified for improvement.	9.1.3.1**:** Areas for improvement are used to develop and implement relevant and timely action plans. 9.1.3.2**:** The Program Director and residency program committee share the identified strengths and areas for improvement (including associated action plans) with residents, teachers, administrative personnel, and others as appropriate, in a timely manner. 9.1.3.3**:** There is a clear and well-documented process to evaluate the effectiveness of actions taken and to take further action as required. OBJ	91.1.13: Program committee and subcommittee minutes should incorporate the identification of areas for improvement, action plans, and follow-up. This must be clearly documented. 9.1.3.2: Make sure your program and faculty are aware of PC initiatives and any internal review reports. (Newsletter, posting on a shared drive, presented as a briefing note for departmental or divisional meetings, resident town hall etc. are all possible ways to achieve this). Creation of a CQI project team may be considered for specific issues with defined deliverables and outcome measures (for example, academic half day and curriculum review).

Element 9.1: The residency program committee systematically reviews and improves the quality of the residency program.		
Requirement	**Indicator**	**Ideas, Tips and Resources**
		9.1.3.3: After making a change (for example if the curriculum was reviewed and renewed) plan to evaluate the change. Schedule this as part of the program continuous improvement template.

COMPETENCE BY DESIGN RESOURCES
(Royal College Programs)

For more information and resources, please visit the PGME CBME website.

NOTE: The page is currently undergoing a review and updating, please check back frequently for updated resources.

LEARNER IN DIFFICULTY RESOURCES

Learners may be in difficulty for several reasons, including health issues and external stressors. Learners may require Accommodations during their training – again, for a variety of reasons – for more information, please see the PGME Request for Accommodations Guidelines and Process.

It is important that learners are aware of the Learner Experience Office (LEO). LEO provides confidential support for learners and advocacy for learners undergoing remediation or probation. For example, a review of return to work and remediation and probation plans, support, and communication to programs and PGME for any accommodations required, etc.

Personal information and health information is provided to LEO by our postgraduate learners to facilitate the provision of medical leaves, accommodation requirements, or return to work plans. Personal health information provided to LEO is confidential and will only be shared with PGME and programs as required – such as the required length of a leave of absence or the required accommodations. A medical diagnosis, illness, management, or treatment will not be disclosed.

If you have a learner you are concerned about – at all – please contact us at PGME and we can provide advice and help you navigate the process. Please make sure your learners are aware of the Learner Experience Office for support, advice, and advocacy. Learner Experience is also a helpful resource for programs if they have a learner in difficulty and may provide suggestions and additional resources to help navigate the process.

Some useful resources – many of which are found on the are found on the PGME Learner in Difficulty site – include:

- PGME Resident Assessment and Appeals Policy
- PGME Area of Focused Competence Trainee Appeal Policy
- PGME Resident Remediation Checklist
- PGME Resident Probation Checklist
- Stages of Training - Competence by Design (Royal College)
- Requirements for Notification of PGME by the Competence Committee or RPC

IMPORTANT DATES AND A TO-DO CALENDAR

Rotation Schedules by Block with Change-over Dates

NOTE: Rotations at Western changeover on Tuesdays (some schools changeover Monday). For residents doing electives at other schools check the rotation start date so that they can begin their rotation on the start day.

CaRMS (Canadian Residency Matching Service)

CaRMS uses an algorithm to match applicants to postgraduate medical training programs throughout Canada, based on decisions made by both applicants and programs. More information about the algorithm can be found here.

PGY1 entry positions in Canada for Canadian Medical Graduates (CMGs) and International Medical Graduates (IMGs) enter the CaRMS match. The CaRMS platform is also used for mMedicine subspecialty programs (MSM), Family Medicine Enhanced Skills (FMES), and Pediatric subspecialties (PSM). There are a number of postgraduate programs that do not currently use CaRMS (e.g. Psychiatry subspecialty programs, Thoracic Surgery)

The Match Violation policy is intended to uphold and respect the principles of fairness, equity and professionalism in the medical residency training application, selection, and matching processes in Canada.

To avoid a match violation – *which can result in sanctions for a program* – it is important to be familiar with the Match Violation Policy. Some tips include:

1. ***Ensure that individuals involved in the application process do not have a conflict of interest***. Faculty, residents, and others involved in the resident selection process must be asked about any potential conflict of interest (COI). If a possible COI is identified, they should remove themselves from the selection process. A COI and Confidentiality Agreement Template is available here.

2. ***Ensure that candidate privacy is maintained throughout the process.*** Do not provide applicant information, pictures etc. on any social media or public forum unless consent has been provided. For example, do not post pictures of 'site visits' or 'town hall' meetings, or the like. Candidate information must be on a secure platform available only to those involved in the application and selection process

3. ***Do NOT ask inappropriate questions:***
    - Do you have children?
    - How old are you?

- Are you married?
- What is your ethnic background?
- …and many others…

This is important to remember not only during the formal interviews but also during any social events, 'meet and greet', 'town hall' or informal settings where applicants may meet with the program and residents.

5. ***CaRMS Interview Guidelines* provides information about the applicable human rights legislation and interview guidelines to ensure a safe and fair process.**

6. ***If you are providing tokens or gifts of any kind ('swag'), it is recommended that this be provided uniformly to all interview candidates*** – with express communication of this – to avoid a perception that it is an indication of ranking preference.

7. ***Ensure your program meets the timelines and deadlines required***. PGME and CaRMS will send you reminders.

8. ***Rank Order Lists are not to be discussed with applicants. Do* NOT let any applicants provide information about their intended ranking of the program**. Any discussions about the applicants – including file review, interview questions, interview performance, rank order lists – must be treated as confidential information and not shared with any individual outside of the selection committee. The members of the selection committee, and all those involved in the process, need to be aware of the requirement for confidentiality.

9. ***Ensure that accurate interview information is posted in the Program Description. Do not use 'extra' or unsolicited information.***

CaRMS provides a useful summary of match statistics following each match.

AFMC Statement on Match Integrity

CaRMS R-1 Match Timelines and Deadlines
(For Programs)

	DATES			
TIMELINE EVENT	**2024**	**2025**	**2026**	**2027**
MSRP/Transcript Submission Deadline (not requiring translation)	Fri. Nov. 17, 2023	Fri. Nov. 15, 2024	Fri. Nov. 14, 2025	Fri. Nov. 13, 2026
Application Deadline	Sat. Dec. 2, 2023*	Fri. Nov. 29, 2024	Thur. Nov. 27, 2025	Thur. Nov. 26, 2026
File Review Period	Sat. Dec. 2, 2023 to Fri. Jan. 5, 2024	Fri. Nov. 29, 2024 to Tues. Jan. 14, 2025	Thur. Nov. 27, 2025 to Tues. Jan. 13, 2026	Thur. Nov. 26, 2026 to Tues. Jan. 12, 2027
National Interview Period	Mon. Jan. 15 to Mon. Feb. 4, 2024	Sat. Jan. 18 to Sun. Feb. 9, 2025	Sat. Jan. 17 to Sun. Feb. 8, 2026	Sat. Jan. 16 to Sun. Feb. 7, 2027
Match Day: First Iteration	Tues. Mar. 19, 2024	Tues. Mar. 4, 2025	Tues. Mar. 3, 2026	Tues. Mar. 2, 2027
Match Day: Second Iteration	Thur. Apr. 25, 2024	Thur. Apr. 17, 2025	Tues. Apr. 21, 2026	Tues. Apr. 20, 2027

PGY1 CaRMS Match Main Page

Timelines vary year to year, but approximate timelines and deadlines for programs include:

TIMELINE/DATE	EVENT DESCRIPTION
SEPTEMBER	**Program Description**: Must be submitted to PGME in late summer for approval and posting by PGME in September on the CaRMS site. Program descriptions will be available to applicants by late September.
MID-LATE FALL	**Program Selection**: Program selection opens for applicants.
MID FALL	**File reviewers**: File reviewers can be added to CaRMS in mid-fall. Reviewers will receive an email from CaRMS with instructions. Programs may provide full access to file reviewers, allowing viewing and printing of applications, or read-only access. Letters of reference may be delayed for a week after file review opens (allowing reference letters from electives that have been scheduled in the fall to be submitted).
LATE NOVEMBER/ EARLY DECEMBER	**File Review Opens**: There are several weeks available for file review and identification of interview offer status.
EARLY JANUARY	**Interview Offer**: Interview offer status updates must be completed online on or before the deadline. Within 5 days of updating the offer status, formal interview invitations need to be sent out. The deadline is usually early January.
MID JANUARY / EARLY FEBRUARY	**National Interview Period**: Generally, a 3-week period is available; interviews must be scheduled and coordinated with applicants directly. To avoid scheduling conflicts, national dates for programs are usually coordinated within the specialties.
EARLY FEBRUARY	**Rank Order List** (ROL): Programs will be provided with a deadline to submit their ROL to PGME and PGME will then review and approve.
EARLY-MID MARCH	**Pre-Match Day**: The day before 'match day' PGME will receive a summary report including unfilled positions and the Undergraduate offices as well as Learner Experience will be provided with a report listing unmatched students (if they have provided consent for information to be released).
MARCH	**Match Day**: Match results available to PGME office, programs, and applicants.
MID - LATE APRIL	**Second Iteration**: Second iteration is for unfilled positions. Unmatched applicants and current residents seeking a school and/or program transfer can apply. In Ontario, the second iteration is currently 'blended', and positions are open to CMGs and IMGs in the same stream.

Medicine Subspecialty Match (MSM)

The MSM is like the PGY1 match but occurs earlier in the academic year. CaRMS will open in June for program description revisions, with CaRMS online open in July for applicants. File review begins in late summer, and the interview period is early fall.

Family Medicine Enhanced Skills Match

Timelines require program descriptions in early summer, with file review in early fall followed by interviews.

Pediatric Subspecialty Match

	DATES
TIMELINE EVENT	**2024**
MSRP/Transcript Submission Deadline (for translation)	Wed. Dec. 20, 2023
Application Deadline	Tues. Jan. 16, 2024
File Review Period Begins	Tues. Jan. 16, 2024
National Interview Period	Mon. Feb. 4, 2024 to Sun. Mar. 3, 2024
Match Day: First Iteration	Wed. Mar. 27, 2024

Non-CaRMS Match Applications

Some programs do not enter the CaRMS match for resident selection – examples include Interventional Radiology, and some surgical subspecialties. These programs have nationally agreed upon application and interview dates.

Visa Trainees (Internationally Sponsored Trainees)

Each year in January, the PGME office distributes a form to all residency Program Directors, Program Administrators, Department Chairs, and Managers of Administration & Finance requesting the program's status on receiving applications for Internationally Sponsored Residents (ISRs). Programs indicate their status on the form with a Yes or a No to receiving applications, and if Yes, an estimate of the number of available positions. Subspecialty residency programs can indicate on the form that a decision to consider ISR applications will be made after CaRMS results are received. Appointing a sponsored resident does not detract from the number of Canadian residency positions allocated by the Ministry of Health. Programs can accept as many ISRs as they have capacity to train in addition to their MOH-allocated positions. ISRs have their annual salary provided by their home country, and a portion of their tuition is allocated to the Department, currently $43,500CAD per year of training.

Each year, the national PGME Dean's group sets the offer date for PGY1, MSM, and PSM residency offers. All medical schools in Canada agree to these dates. If a program is open to considering ISRs, applications are distributed to the Program Director and Program Administrator by PGME in the first week of September. At that time, information is provided on offer dates and deadlines and programs are reminded that offers for residency training cannot be made directly by programs but must be made centrally by PGME.

PGME reserves the right to not approve appointments for ISR positions if a program violates the national agreement for offers to be made centrally by PGME and submits an offer directly or gives a verbal or written offer prior to the national offer date.

Applicants are discouraged by their sponsoring agency and the PGME office from applying to, or contacting, programs directly. This is for the purpose of maintaining an equitable application process, and to ensure that the applicant has completed the required steps with their sponsoring agency necessary to apply as a vetted candidate eligible for sponsorship. After applications are received, the program completes their selection process, and contacts applicants directly to arrange an interview. Once a candidate(s) is selected, the program provides the candidate's name to the International Trainee Coordinator in the PGME office, so the residency appointment offer can be made per national agreement on the specified offer date.

The PGME office completes the necessary administrative processes to secure sponsorship funding, ensure CPSO licensure and Immigration Canada requirements, and inform Medical Affairs in order that the ISR can obtain hospital privileges. If the ISR is in a PGY1 program, they will begin their 12-week Pre-Entry Assessment Program (PEAP) on April 7th, to complete the PEAP in time to begin PGY1 residency on-cycle with their cohort on July 1st.

Royal College Examinations

Royal College examinations are scheduled for the spring or fall. Residents must apply to sit the examination, and when approved they must register to sit the examination. There are a number of deadlines which are posted on the Royal College website.

For residents seeking accommodations during the examination, there is also a deadline to apply for accommodations.

Resident application: For residents writing examinations the deadlines to apply for exam eligibility and training assessment occurs the year before the exam:

- For spring examinations, the deadline is April 30th the year before.
- For fall examinations the deadline is August 31st the year before.

The resident must apply for the training assessment before the Royal College provides programs with the list of eligible candidates sitting the exam. The Royal College will then request programs (via the PGME office) to confirm completion of training dates, which will be the basis of the RC sending out the ruling letters of eligibilities to eligible candidates. The process for applying for the exams can be found here. For any concerns regarding exam eligibility, please contact the Registration Coordinator at PGME.

Family Medicine Examinations

Family Medicine certification examinations are held twice per year, and are in two parts:

1. Short Answer Management Problems (SAMP)
2. Simulated Office Oral (SOO)

For residents writing the examination for the first time, application deadlines are late spring for a fall (October) exam date. For spring examinations (April), application deadlines are summer to early fall. Further information can be found at the CFPC Certification Examination Information site.

A YEAR IN THE LIFE

Academic Year Schedule

MEETING SCHEDULING	PROGRAM-SPECIFIC SCHEDULING
• Residency Program Committee meetings (generally a minimum of 4 per year will be required to meet the Standards) ▪ Book meetings, send calendar invites, book rooms • Competence Committee meetings ▪ Book meetings with calendar invites and room booking • Subcommittee meetings if applicable • Resident review meetings (with Program Director or delegate – twice per year for each resident) • Academic Advisor or Mentor meetings – these may be scheduled by the academic advisors and residents centrally or separately depending on the program; generally academic advisor meetings are scheduled a few weeks before the Competence Committee meetings	• Academic half-days/curriculum and room booking • Conferences • Journal Clubs • Research Day(s) • Simulation Days and site booking • In-training examinations/Oral or OSCE examinations • Retreat if applicable (including room booking, catering etc. as required) • Resident Wellness activities • Orientation day(s) and activities • End of year/graduation ceremony • Rotation schedules and off-service rotation scheduling • Senior resident exam preparation schedule (practice oral exams etc.)

SPECIFIC YEARLY TIMELINE	
SPRING	• PGY1 rotation scheduling review between early March-late April, with final review period in May and release by end of May. • Rotation scheduling release and room booking. • Organize new resident orientation and welcome (including venue, catering, supplies, swag etc. as applicable). • Update website for the new academic year – including update of important calendar events for the academic year (exams, OSCEs, research day etc.). • Update of resident handbook if applicable. • Order certificates or plaques for graduating residents. • Arrange end-of-year or graduation event as applicable. • Provide reminders for residents writing Royal College spring exams their deadline to apply for a training assessment is April 30th of the year before the assessment. • Provide reminders for residents writing a Royal College fall exam, the deadline to register for the exam is April 15th of the year of the exam.
SUMMER	• Transition 2 Residency series (T2R PGME) is scheduled for PGY1 residents (Wednesday afternoons from 1-4pm over Zoom/virtual). • Visa trainee applications review and interview scheduling. • Provide a reminder for residents writing Royal College fall exams their deadline to apply for a training assessment is August 31st of the year before the assessment. • Provide Royal College Confirmation of Completion of Training (CCT) to PGME in mid-August for residents writing spring exams. • Monitor and follow up registration requirements for July 1 start (new and continuing trainees).
EARLY FALL	• For PGY1 programs, assemble the CaRMS application file review team and develop a rubric and scoring template for file review. • Schedule the interview teams. • Update interview materials and interview questions/scoring rubric. • Schedule and book rooms for faculty/residents for the interview period.
LATE FALL	▪ File review for PGY1 CaRMS match. ▪ Provide reminders for residents writing the Royal College spring exams, the deadline to register for the exam is November 4th of the year of the exam.

JANUARY/ FEBRUARY	• Begin scheduling academic half-days (AHD) for the next academic year and confirming presenters/room bookings as required • Provide Royal College Confirmation of Completion of Training (CCT) to PGME in mid-February for residents writing Fall exams. • Review resident training lines in database (SAS) to confirm trainees continuing in next academic year (see Continuing List email from PGME). • The PGY1 rotation scheduling period begins – submit initial request to PGME by end of February.

PARO

(PROFESSIONAL ASSOCIATION OF RESIDENTS OF ONTARIO)

PARO is the official representative voice for Ontario's doctors in training.

Our PARO representatives for 2023 – 2024 are:

- Dr. Melissa Chopican (Site Chair)
- Dr. Catherine Gnyra
- Dr. Stephanie Scott

Western General Council PARO Representatives

The PARO-OTH Collective Agreement provides for an employment relationship between Ontario Teaching Hospitals (OTH) and the residents in these teaching hospitals (PARO). The contract includes details about salary, benefits, call stipends, maximum duty hours, and vacation and professional leave requirements.

If you have any questions about scheduling, duty hours, call requirements, etc., please check the Program Administrators Guide and Call Scheduling Guide linked below, but if you are still not sure email PGME or PARO.

Below are direct links to important resources:

- Call Scheduling Guide
- Top Contract Questions (FAQ)
- Relief of Duties Post-Call
- PARO Time On-Off Rotation Perspective
- PARO 2024 Diversity Calendar

PARO recognizes the role for residency programs to ensure residents are able to achieve the education objectives of training. There is no specific clause that refers directly to a minimum time required in a rotation, it does provide guidance (see Time On, and Away from, Rotations Perspective).

For Program Administrators, PARO has updated the Program Admin Guide.

ACRONYMS AND ABBREVIATIONS

AA – Academic Advisor

AFC – Areas of Focused Competency

AFMC - Association of Faculties of Medicine of Canada

AHD – Academic Half Day

CanAMS – Canadian Accreditation Management System

CanERA - Canadian Excellence in Residency Accreditation

CanMEDS – Canadian Medical Education Directives for Specialists

CanMEDS-FM – Canadian Medical Education Directives for Specialists – Family Medicine

CBD – Competency by Design

CBME – Competency Based Medical Education

CC – Competency Committee

CFPC – College of Family Physicians of Canada

CiL – Certificate in Leadership

CMPA – Canadian Medical Protective Association

COI – Conflict of Interest

CPD – Continuing Professional Development

CPSO – College of Physicians and Surgeons of Ontario

CQI/QI – Continuous Quality Improvement/Quality Improvement

EPA – Entrustable Professional Activity

FMES-PG - Future of Medical Education in Canada – Postgraduate

IIA – Inter-Institution Affiliation Agreements

ISR/T – Internationally Sponsored Resident/Trainee

ITAR/ITER – In-Training Assessment/Evaluation Reports

LEO – Learner Experience Office

LPI – Leading Practice Indicators

MOH – Ministry of Health

MRP – Most Responsible Physician

MSF – Multi-Source Feedback (360º Assessment)

MSM – Medicine Subspecialty Match

OSCE – Objective Structured Clinical Exam

OTH – Ontario Teaching Hospitals

PARO - Professional Association of Residents of Ontario

PA – Program Administrator

PC – Program Committee

PD – Program Director

PEAP – Pre-Entry Assessment Program

PDSA Cycle – Plan, Do, Study, Act Cycle

PGME – Postgraduate Medical Education

PGY# - Postgraduate Year # (e.g. PGY1) *(# being their current year in their specialty*)

RAC – Resident Advisory Committee

RCPSC/RC – Royal College of Physicians and Surgeons (also, “RC” or “The Royal College”)

ROL – Rank Order List

RPC – Residency Program Committee

RTBC – Resident as Teacher Bootcamp

SAS – Schulich Administrative System

SICR – Serious Illness Conversation Retreat

T2R – Transition to Residency

T2P – Transition to Practice

ToR – Terms of Reference

UME – Undergraduate Medical Education