

General Standards of Accreditation

The Descriptors

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INTRODUCTION

The Royal College of Physicians and Surgeons of Canada (Royal College), the College of Family Physicians of Canada (CFPC) and the Collège des médecins du Québec (CMQ) have developed national standards for evaluation and accreditation of residency programs sponsored by the University. Evaluations of each residency program are based on compliance with meeting these standards.

In this document, the words "must" and "should" have been chosen with care. The use of the word "must" indicates that meeting the standard is absolutely necessary. The use of the word "should" indicates that meeting the standard is an attribute to be highly desirable and an evaluation will be made as to whether or not its absence may compromise substantial compliance with all of the requirements for accreditation.

In order to improve consistency in interpreting and assessing the General Standards of Accreditation, "descriptors" have been developed for each of the Standards. Descriptors will help program directors, faculty and residents understand what needs to be in place to demonstrate that the Standard is being met. In the following document the descriptors are provided following the Standard.

GENERAL STANDARDS APPLICABLE TO ALL RESIDENCY PROGRAMS

STANDARD B1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Interpretation

1. There **must** be a program director with qualifications that are acceptable to either The Royal College of Physicians and Surgeons of Canada (Royal College) or the College of Family Physicians of Canada (CFPC) or the Collège des médecins du Québec (CMQ) for the Québec programs. For the Royal College, the program director **should** be certified by the Royal College in the discipline concerned. For the CFPC, the program director **must** hold certification in family medicine with the College of Family Physicians of Canada. For the CMQ, the program director **must** hold specialist certification from the CMQ.

DESCRIPTOR:

The program director has Royal College certification or certification from an equivalent organization; or

The program director has CFPC certification; or

The program director has CMQ certification.

The program director is responsible for the overall conduct of the integrated residency program. The program director **must** be assured of sufficient time and support to supervise and administer the program. The program director is responsible to the head of the department concerned and to the postgraduate dean of the faculty. The respective Colleges **must** be informed by the postgraduate office when a new program director is appointed.

DESCRIPTOR:

There is evidence that the program director has sufficient protected time to plan, organize, implement and supervise the overall program.

There is evidence that the program director has sufficient administrative support, and the backing of the department or division to allow the smooth operation and delivery of a quality program.

2. There **must** be a residency program committee to assist the program director in the planning, organization, and supervision of the program.

DESCRIPTOR:

There is evidence that the residency program committee participates in the planning, organization, and supervision of the program and has the authority to make residency educational decisions.

- 2.1 This committee should include a representative from each participating site and each major component of the program.

DESCRIPTOR:

There are representatives from the major components of the program, including research, on the committee.

Major teaching sites (hospitals or free-standing health care centers where residents do mandatory rotations) are represented on the committee.

- 2.2 This committee **must** include representation from the residents in the program; if there is more than one resident in the program, at least one **must** be elected by his or her peers.

DESCRIPTOR:

The residents are represented on the residency program committee.

At least one of the residents on the committee is elected by their peers if there is more than one resident in the program.

The residents can name their representative(s) on the committee.

The residents express satisfaction with how effective their views are represented to the committee.

- 2.3 The residency program committee **must** meet regularly, at least quarterly, and keep minutes that reflect the activity of the committee.

DESCRIPTOR:

The committee meets at least quarterly, as demonstrated by agendas and minutes.

The minutes record discussions, decisions, action plans, and follow-up of issues brought forward to the committee.

Agendas and minutes are distributed to committee members.

- 2.4 The residency program committee **must** communicate regularly with members of the committee, the department or division, and residents.

DESCRIPTOR:

There is evidence that regular communication of residency program committee activities occurs.

Faculty indicate knowledge of residency program committee activities.

Resident report knowledge of residency program committee activities.

3. The program director, assisted by the residency program committee and/or program subcommittees **must** plan, organize, and supervise the program.

3.1 The program **must** be planned and operated such that it meets the general standards of accreditation as set forth in this document, and the specific standards of accreditation of programs in the specialty or subspecialty as set forth in the specialty or subspecialty document.

DESCRIPTOR:

There is evidence of planning, organization, implementation and supervision of the program reflected in the residency program documents.

The general standards of accreditation and the specialty-specific standards of accreditation are consistently met.

3.2 The program **must** provide opportunities for residents to attain all competencies as outlined in the objectives of training.

DESCRIPTOR:

There is evidence of opportunities for residents to attain all of the competencies outlined in the Royal College or CFPC Objectives of Training.

3.3 The residency program committee or a subcommittee thereof **must** select candidates for admission to the program.

DESCRIPTOR:

There is a clearly defined, transparent, formal process for selecting candidates into the program done by either the residency program committee or a subcommittee thereof.

3.4 The residency program committee or a subcommittee thereof **must** be responsible for the assessment of residents and for the promotion of residents in the program in accordance with policies determined by the faculty postgraduate medical education committee.

DESCRIPTOR:

There is evidence that resident assessments are discussed and promotion decisions are made at the residency program committee on a regular basis.

3.4.1 The residency program committee or a subcommittee thereof **must** organize appropriate remediation or probation for any resident who is experiencing difficulties meeting the appropriate level of competence.

DESCRIPTOR:

There is a clearly defined process for addressing residents who are experiencing difficulties in meeting the appropriate level of competence.

- 3.5 The residency program committee **must** maintain an appeal mechanism consistent with University policies. The residency program committee and/or a subcommittee thereof should receive and review appeals from residents and, where appropriate, refer the matter to the faculty postgraduate medical education committee or faculty appeal committee.

DESCRIPTOR:

There is a clearly documented appeal policy which is consistent with university policies.

The residents are aware of the appeal policy.

- 3.6 The residency program committee **must** establish and maintain mechanisms by which residents receive ongoing career counselling.

DESCRIPTOR:

There is evidence that formal, scheduled, purposeful career planning and counselling is provided to residents in every year of the program.

- 3.7 The residency program committee **must** establish and maintain mechanisms for residents to access services to manage stress and similar issues.

DESCRIPTOR:

There are well developed, easily accessible, confidential services to address stress and similar issues.

- 3.7.1 The residency program committee **must** make sure that the residents are aware of these available services and how to access them.

DESCRIPTOR:

Residents can describe the services to address stress and how to access them.

- 3.8 The residency program committee **must** undertake an ongoing review of the program to evaluate the quality of the educational experience and to review the resources available.

- 3.8.1 The opinions of the residents **must** be among the factors considered in this review.

- 3.8.2 This review **must** take place in an open and collegial atmosphere allowing for a free discussion of the strengths and weaknesses of the program without hindrance and respects confidentiality.

DESCRIPTOR:

There is clear documentation of an on-going regular, indepth review by the residency program committee of the overall program.

Residents report involvement in the on-going review of the program.

Members of the residency program committee report that there is an open and honest discussion of strengths and weaknesses of the program and that appropriate follow up occurs.

- 3.8.3 Each clinical and academic component of the program **must** be evaluated to ensure that the educational objectives are being met.

DESCRIPTOR:

The on-going regular review of documents strengths, weaknesses and plans for improvement with follow up specifically for the curriculum, faculty assessment, and rotations.

There are mechanisms to provide feedback to the individuals in charge of these elements of the program.

- 3.8.4 Resources and facilities **must** be evaluated to ensure that they are used with optimal effectiveness.

DESCRIPTOR:

There is a documented evaluation of resources and facilities for the different elements of the program. This may occur ad hoc during residency program committee meetings or may be part of the overall program review.

- 3.8.5 Teachers in the program **must** be assessed.

DESCRIPTOR:

There is evidence that teachers are assessed regularly.

The residents are comfortable with the process of assessing their teachers and rotations.

- 3.8.5.1 There **must** be an effective mechanism to provide teaching staff in the program with honest and timely feedback on their performance.

DESCRIPTOR:

There are mechanisms to provide confidential, timely feedback to individual teachers.

3.8.6 The learning environment of each component of the program **must** be evaluated.

DESCRIPTOR:

There is evidence that the learning environment is evaluated regularly.

3.9 The residency program committee **must** have a written policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac). The policy should allow resident discretion and judgment regarding their personal safety and ensure residents are appropriately supervised during all clinical encounters.

DESCRIPTOR:

There is a written policy addressing resident safety.

Residents and faculty are aware of the policy.

3.9.1 The policy **must** specifically include educational activities (e.g. identifying risk factors).

DESCRIPTOR:

The written policy makes reference to specialty- or program specific situations.

The written policy includes educational activities that are identified as higher risk.

3.9.2 The program **must** have effective mechanisms in place to manage issues of perceived lack of resident safety.

DESCRIPTOR:

There is clear evidence of the process residents should follow when experiencing perceived lack of resident safety.

3.9.3 Residents and faculty **must** be aware of the mechanisms to manage issues of perceived lack of resident safety.

DESCRIPTOR:

Residents and faculty report they are aware of the mechanisms to manage issues of perceived lack of resident safety.

4. There **must** be a site coordinator or supervisor, responsible to the program director, at each site participating in the program, including electives. There **must** be active liaison between the program director and the site coordinators.

DESCRIPTOR:

There is an identified site coordinator or supervisor at each site participating in the mandatory and elective rotations in the program.

There is evidence of good communication between the site coordinators or supervisors and the program.

Site coordinators or supervisors can outline the educational objectives of the program.

Site coordinators or supervisors are responsible for ensuring the appropriate educational activities and Assessment of residents occur.

5. There **must** be an identified faculty member to oversee involvement of residents in research and other scholarly work, aided by a sufficient number of faculty members with the responsibility to facilitate and supervise this involvement.

DESCRIPTOR:

There is an identified faculty member responsible for facilitating the involvement of residents in research.

The residents can name the faculty member responsible for facilitating the involvement of residents in research.

The residents are satisfied with the availability of individual research supervisors.

6. There **must** be an environment of inquiry and scholarship in the program. There **must** be a satisfactory level of research and scholarly activity **must** be maintained among the faculty identified with the program, as evidenced by:

- peer-reviewed research funding;
- publication of original research in peer-reviewed journals and/or publication of review articles or textbook chapters;
- involvement by faculty and residents in current research projects;
- recognized innovation in medical education, clinical care or medical administration.

DESCRIPTOR:

There is evidence of a satisfactory level of peer-reviewed research funding given the specialty and size of the program.

There is evidence of a satisfactory level of peer-reviewed publications given the specialty and size of the program.

Faculty members have an appropriate level of support to be involved in scholarly activity.

Faculty members express satisfaction with their ability to be involved in scholarly activity.

The residents are satisfied with the availability and variety of research opportunities.

Residents express satisfaction with their ability to be involved in other scholarly activity.

There is evidence of innovation in clinical care.

STANDARD B2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

Interpretation

1. There **must** be a statement of the overall goals of the program.

DESCRIPTOR:

There is a statement of the overall goals of the program.

2. There **must** be clearly defined objectives stated in outcome-based terms for each of the CanMEDS/CanMEDS-FM competencies.
 - 2.1 The educational objectives **must** be functional and reflected in the planning and organization of the program.
 - 2.2 The educational objectives **must** be reflected in the assessment of residents.

DESCRIPTOR:

There is evidence that planning of rotations or educational experiences reflects the overall objectives relating to the CanMEDS/CanMEDS-FM competencies.

Objectives are clearly defined and structured to reflect the CanMEDS/CanMEDS-FM competencies.

There is evidence that rotations are linked to acquisition of CanMEDS/CanMEDS-FM competencies.

3. There **must** be specific educational objectives with respect to knowledge, skills, and attitudes for each rotation or other educational experience stated in outcome-based terms using the CanMEDS/CanMEDS-FM framework.
- 3.1 The educational objectives **must** be functional and reflected in the planning and organization of the educational experience.
- 3.2 The educational objectives **must** be reflected in the assessment of the residents.

DESCRIPTOR:

Objectives for each rotation are written using the CanMEDS/CanMEDS-FM format.

There is evidence that rotational objectives are relevant to the resident's level of training.

Resident assessments reflect the educational objectives of each rotation.

The residents can describe how the objectives are used in teaching, learning and assessment.

The faculty can describe how the objectives are used in teaching, learning and assessment.

4. The current goals and objectives **must** be distributed to all residents and faculty.

DESCRIPTOR:

The residents can describe how to access the current goals and objectives.

The faculty can describe how to access the current goals and objectives.

- 4.1 The residents and faculty **must** use the objectives in teaching, learning, and assessment.

DESCRIPTOR:

The residents report using objectives.

The faculty report using objectives.

- 4.2 When beginning a particular rotation or educational experience, individual learning objectives and strategies to meet those objectives should be developed by the faculty responsible and the individual resident.

DESCRIPTOR:

The residents report that learning objectives are developed and discussed at the beginning of each rotation.

5. The statement of goals and objectives **must** be reviewed regularly (at least every 2 years) by the program director and the residency program committee to determine the appropriateness of the

objectives and how well they are reflected in the organization of the program and the assessment of the residents.

DESCRIPTOR:

There is evidence that the objectives are reviewed every 2 years.

STANDARD B3: STRUCTURE AND ORGANIZATION OF THE PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfill the educational requirements and achieve competence in the specialty or subspecialty.

Interpretation

1. The program **must** provide all the components of training outlined in the specialty-specific documents.

DESCRIPTOR:

There is evidence that all components as outlined in the Royal College specialty documents are present in the program.

There is evidence that all components as outlined in the CFPC specialty documents are present in the program.

2. The program **must** be organized such that residents are appropriately supervised according to their level of training, ability/competence, and experience.
3. The program **must** be organized such that residents are given increasing professional responsibility, according to their level of training, ability/competence, and experience.

DESCRIPTOR:

The residents report that the supervision provided is appropriate for their level of training, experience and demonstrated competencies.

The residents indicate that they are comfortable calling their supervising physician at any time.

The residents can list circumstances in which they must call their supervising physician in accordance with local policies and provincial/national standards.

Faculty members are able to describe expectations for residents at different levels of training in terms of competencies.

Residents report feeling adequately prepared to manage the increasing levels of professional responsibility required in their program.

Residents describe examples of appropriate increasing levels of professional responsibility.

4. At some point in the program, under appropriate staff supervision, each resident **must** assume the role of a senior resident.

DESCRIPTOR:

There is a documented plan that allows for each resident to have increasing senior responsibility at an appropriate time in the program.

5. Service responsibilities, including rotation assignments and on-call duties, **must** be assigned in a manner which ensures that residents are able to attain their educational objectives, recognizing that many objectives can be met only by the direct provision of patient care.
- 5.1 Service demands **must not** interfere with the ability of the residents to follow the academic program.

DESCRIPTOR:

There is a process to ensure that the quantity and complexity of the service responsibilities are appropriate for the level of training, knowledge, skills, and competencies of the resident.

Residents report that their service responsibilities, including on-call, provide opportunities for experiential learning through case review, discussion with supervisors, and reflection.

Residents report that service demands rarely cause them to miss the program's scheduled academic sessions.

Residents report a balance of service to education in the program.

6. The program **must** provide equivalent opportunities for each resident to take advantage of those elements of the program best able to meet his or her educational needs.

DESCRIPTOR:

The residents report they have equivalent opportunities to have their educational needs met within the program.

There is transparency in the mechanism by which residents are assigned to particular rotations or educational experiences.

7. The program **must** provide an adequate opportunity for residents to pursue elective educational experiences.

DESCRIPTOR:

There is evidence that there is adequate number and type of elective experiences available to residents at some point in the program.

8. The role of each site used by the program **must** be clearly defined. There **must** be an overall plan which specifies how each component of the program is delivered by the participating sites.

DESCRIPTOR:

The program director and site coordinator can describe the role of each site used by the program.

The program director can describe the integration of the roles of the various sites into the total program plan.

9. Teaching and learning **must** take place in environments which promote resident safety and freedom from intimidation, harassment and abuse.

DESCRIPTOR:

There is a well-described mechanism to handle lack of resident safety, intimidation, harassment, or abuse in a timely and effective manner.

The residents describe a teaching and learning environment that promotes resident safety and freedom from intimidation, harassment and abuse.

Residents are aware of what they should do if they perceive safety issues, intimidation, harassment, or abuse, and are aware of more than one avenue for reporting.

Faculty are aware of what they should do if they perceive safety issues, intimidation, harassment, or abuse, and are aware of more than one avenue for reporting.

10. The program **must** collaborate with other programs whose residents need to develop expertise in the specialty by offering appropriate educational experiences according to the resource capability of the program.

DESCRIPTOR:

There is evidence of discussion, planning and accommodation related to residents in overlapping specialties sharing resources and experiences.

STANDARD B4: RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the Royal College or CFPC specialty training requirements.

In those cases where a university has sufficient resources to provide most of the training in the specialty or subspecialty but lacks one or more essential elements, the program may still be accredited provided that a formal interuniversity arrangement has been made to send residents to another accredited residency program for periods of appropriate prescribed training.

Interpretation

1. There **must** be a sufficient number of qualified teaching staff from a variety of medical disciplines and other health professions to provide appropriate teaching and supervision of residents.

DESCRIPTOR:

The number and qualifications of the teaching staff are appropriate to teach the residents who are assigned to the rotations in the specialty.

The number and qualifications of the staff are adequate to supervise the residents, including on-call supervision.

2. The number and variety of patients or laboratory specimens available to the program on a consistent basis **must** be sufficient to meet the educational needs of the residents. There **must** be both male and female patients or specimens to provide appropriate experience for the specialty or subspecialty.

DESCRIPTOR:

The number and mix of patients or laboratory specimens are appropriate according to the specialty-specific requirements.

The residents are satisfied with the number and variety of patients or laboratory specimens.

3. Clinical services and other resources used for teaching **must** be organized to achieve their educational objectives. The organization of patient care may be different in a setting where teaching and education take place.

DESCRIPTOR:

Residents report satisfaction with how the clinical services and other resources are organized vis-à-vis teaching and learning.

Faculty report satisfaction with how the clinical services and other resources are organized vis-à-vis teaching and learning.

3.1 Teaching staff **must** exercise the double responsibility of providing high quality, ethical patient care and excellent teaching.

DESCRIPTOR:

Residents report teachers are engaged in quality patient care and learning.

Department/Division Head is able to describe a system of annual review of faculty/clinical teaching staff re patient care and teaching that involves the opinions of the residents.

Department/Division Head report satisfaction with the quality of clinical care and teaching.

Teaching assessments are included in faculty members' annual reviews.

The program director can describe mechanisms to handle situations in which teaching staff are not exercising the double responsibility of high quality ethical patient care and excellent teaching.

Faculty development is available and is required of teaching staff who demonstrate teaching performance problems with the goal of remediating those problems and promoting excellence.

3.2 There **must** be an experience-based learning process, which provides training in collaboration with other disciplines for optimal patient care, and allows for feedback, and reflection. This includes collaboration with other physicians and with other health care professionals.

DESCRIPTOR:

Residents describe an experiential learning cycle that allows for patient care experience, feedback, and reflection.

Teaching staff describe an experiential learning cycle that allows for patient care experience, feedback, and reflection.

Residents describe an environment in which they can easily obtain input from other disciplines with respect to patient care and learning.

Teaching staff describe an environment in which they can easily obtain input from other disciplines with respect to patient care and learning.

- 3.3 There **must** be an integration of teaching resources to include exposure to emergency, in-patient, ambulatory, and community experiences, including acute and chronic care, as appropriate for the specialty or subspecialty.

DESCRIPTOR:

Residents report adequate exposure to emergency, in-patient, ambulatory, community experiences, including acute and chronic care, as appropriate to the specialty or subspecialty.

Teaching staff report adequate exposure to emergency, in-patient, ambulatory, community experiences, including acute and chronic care, as appropriate to the specialty or subspecialty.

- 3.4 Learning environments **must** include experiences that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture and ethnicity appropriate to the specialty or subspecialty.

DESCRIPTOR:

Residents can list ways in which the acquisition of knowledge, skills, and behaviors related to aspects of age, gender, culture, and ethnicity appropriate to the specialty or subspecialty are facilitated.

Teaching staff can list ways in which the acquisition of knowledge, skills, and behaviors related to aspects of age, gender, culture, and ethnicity appropriate to the specialty or subspecialty are facilitated.

- 3.5 There **must** be opportunities for residents to acquire the relevant knowledge to understand, prevent and handle adverse patient events.

DESCRIPTOR:

Residents can name ways in which the program facilitates the learning of quality assurance and patient safety competencies.

Teaching staff can name ways in which the program facilitates the learning of quality assurance and patient safety competencies.

4. There **must** be easy access, including nights and weekends, to computers and facilities for information management, on-line references and computer searches. These should be available within close proximity to areas where patient care takes place.

DESCRIPTOR:

Residents report having 24 hour access to facilities for information management, on-line references, and computer searches.

Computers allowing this access are in close proximity to areas of patient care.

5. The physical and technical resources available to the program **must** be adequate to meet the needs of the program as outlined in the specialty-specific standards of accreditation for a program in the specialty or subspecialty.

DESCRIPTOR:

The physical and technical resources of the program meet the specialty-specific standards of accreditation.

The teaching staff report adequate space to facilitate learning, including adequate space for direct clinical observation, providing didactic teaching, and having confidential discussions with residents.

- 5.1 Residents **must** have adequate space to carry out their daily work.

DESCRIPTOR:

Residents report that the space is adequate.

- 5.2 Residents **must** have access to the technical resources necessary to carry out their patient care duties in the setting in which they are working.

DESCRIPTOR:

Residents report having 24 hour access to facilities for information management, on-line references, and computer searches.

Computers allowing this access are in close proximity to areas of patient care.

- 5.3 There **must** also be facilities to allow such learning activities as direct observation of clinical skills and delivery of the academic program, as well as places that offer privacy for confidential discussions.

DESCRIPTOR:

There is evidence of appropriate space for learning activities.

Residents report the space is adequate.

Faculty report the space is adequate.

6. Supporting facilities and services **must** be available as outlined in the specialty-specific standards of accreditation for programs in the specialty or subspecialty.

DESCRIPTOR:

Supporting facilities and services as outlined in the specialty-specific standards of accreditation for the specialty or subspecialty are available.

- 6.1 Clinical services heavily committed to the care of seriously ill and injured patients **must** be supported by intensive care units organized for teaching.

DESCRIPTOR:

Residents describe intensive care learning experiences appropriate to the specialty or subspecialty.

- 6.2 All consultative, diagnostic, and laboratory services necessary for patient care **must** be available.

DESCRIPTOR:

Consultative, diagnostic and laboratory services necessary for patient care are available.

- 6.3 The facilities available to programs in clinical specialties or subspecialties **must** include an emergency department with an adequate number and variety of patients presenting urgent problems in the discipline.

- 6.3.1 Each resident **must** have opportunities, under appropriate supervision, to provide an initial assessment and consultative service to patients presenting with emergency conditions as appropriate to the specialty or subspecialty.

DESCRIPTOR:

Residents report emergency and acute care facilities necessary for patient care are available.

Teaching staff report emergency and acute care facilities necessary for patient care are available.

Residents have opportunities to provide initial assessment and consultative services to patients presenting with emergency conditions.

- 6.4 In all clinical specialties and subspecialties, appropriate ambulatory care facilities **must** be available and should be designed to provide residents with a learning environment in which they can gain experience in the care of the broad range of non-hospitalized patients seen in the specialty or subspecialty. This experience should include, but not be limited to, pre-admission work-up and post-discharge follow-up care.

DESCRIPTOR:

Residents describe ambulatory care learning experiences appropriate to their program.

- 6.5 A major portion of each resident's training should take place in sites in which there are other accredited programs in relevant health professions in order to facilitate professional collaboration.

DESCRIPTOR:

Resident training takes place in a context where there are accredited programs in other relevant specialties.

STANDARD B5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The clinical, academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfill all of the CanMEDS/CanMEDS-FM Roles. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and in seminars, rounds and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Interpretation

Residents **must** be prepared to fulfill all of the CanMEDS/CanMEDS-FM competencies. While all of these Roles are essential for all physicians, not all Roles will have equal importance for all disciplines. In residency education, most time will be devoted to the Medical Expert Role, as this is the Role which is unique to the specialist.

The design of the academic program **must** take into consideration best practices for teaching and learning to fulfill the CanMEDS/CanMEDS-FM competencies and achieve the objectives of training.

DESCRIPTOR:

There is evidence that the design of teaching and learning of the individual CanMEDS/CanMEDS-FM competencies takes best practices into account.

1. Medical Expert

- 1.1 There **must** be effective teaching programs in place for residents to acquire the appropriate medical expertise and decision-making skills to function as a practicing physician.

DESCRIPTOR:

Residents report satisfactory teaching in areas pertinent to acquisition of medical expertise and clinical decision-making.

There is documentation of clinical skills teaching.

Residents report that bedside teaching occurs.

Faculty report that bedside teaching occurs.

- 1.2 There **must** be an effective teaching program in place to ensure that residents learn to consult and work collaboratively with other physicians and health care professionals to provide optimal care of patients.

DESCRIPTOR:

There is evidence that opportunities exist to discuss patients with other specialists or subspecialists or other health care providers in an environment that fosters excellent patient care and learning.

- 1.3 There **must** be a structured academic curriculum which assures that all major topics in the basic and clinical sciences relevant to the specialty or subspecialty are covered over the course of each resident's time in the program. This should include teaching and learning with a

patient-centered focus as well as skills training, seminars, reflective exercises, directed reading, journal clubs, and research conferences.

DESCRIPTOR:

There is a structured academic curriculum that includes the relevant basic and clinical sciences for the specialty or subspecialty and is planned to ensure that all major topics are covered during the length of a usual residency.

There is evidence that teaching staff participate in structured teaching sessions.

There is evidence that patient-centered teaching by teaching staff occurs.

A mechanism is in place to monitor residents' attendance at structured teaching sessions.

Residents report that they have adequate protected time to attend the structured curriculum.

- 1.4 Teaching **must** include issues of age, gender, culture, ethnicity and end of life issues as appropriate to the discipline.

DESCRIPTOR:

There is evidence that teaching includes issues related to age, gender, culture, and ethnicity as appropriate to the discipline.

There is evidence that teaching includes end of life issues as appropriate to the discipline.

2. Communicator

- 2.1 The program **must** be able to demonstrate that there is adequate teaching in communication skills to enable residents to effectively interact with patients and their families, colleagues, students, and co-workers from other disciplines and health professions to develop a shared plan of care.

DESCRIPTOR:

There is structured teaching of skills for oral communication between residents and a variety of other individuals encountered in the specialty.

- 2.2 The program **must** be able to demonstrate that there is adequate teaching in communication skills to enable residents to effectively provide proper disclosure and reporting of adverse events, write patient records and utilize an electronic medical record when available.

DESCRIPTOR:

There is evidence that residents receive structured teaching of communication skills with respect to effectively providing proper disclosure and reporting of adverse events.

There is evidence that residents are provided instruction regarding written patient records and utilizing an electronic medical record when available.

- 2.3 The program **must** be able to demonstrate that there is adequate teaching in communication skills to enable residents to effectively write letters of consultation or referral.

DESCRIPTOR:

There is structured teaching of written communication skills with respect to referral and consultation letters.

3. Collaborator

- 3.1 The program **must** be able to demonstrate that there are opportunities to learn and develop collaborative skills to enable residents to work effectively with all members of the interprofessional health care team including other physicians and other health professionals.

DESCRIPTOR:

Residents report being able to work with all members of an interprofessional team pertinent to the specialty.

There is a process to provide systematic graded resident participation in the interprofessional health care team activities.

Residents report learning about skills for requesting and providing consultations, including the appropriate completion of consultation forms.

- 3.2 The program **must** be able to demonstrate that there are opportunities for residents to learn to manage conflict.

DESCRIPTOR:

There is teaching in conflict management.

4. Manager

- 4.1 The program **must** be able to demonstrate that it provides opportunities for all residents to learn how to contribute to the effective management and administration of their health care organizations and systems.

DESCRIPTOR:

The residents report opportunities to contribute to the effective management of the health care organization and/or systems.

- 4.2 The program **must** be able to demonstrate that it provides opportunities for all residents to learn effective allocation of finite health care resources.

DESCRIPTOR:

Residents indicate that discussion of effective allocation of health care resources is an integral part of their clinical learning.

- 4.3 The program **must** be able to demonstrate that it provides effective teaching to assist residents with the successful management of their practice and career.

DESCRIPTOR:

There is teaching in management skills pertinent to the residents' future career needs.

- 4.4 The program **must** provide opportunities for residents to serve in administration and leadership roles, as appropriate to the discipline.

DESCRIPTOR:

There is evidence that each resident has an opportunity to participate on at least one committee or leadership role during their residency.

- 4.5 The program **must** be able to demonstrate that it provides opportunities for all residents to learn the principles and practice of quality assurance.

DESCRIPTOR:

There is evidence that every resident (regardless of rotation choice or level of engagement in optional administrative duties) has opportunities to learn the principles and practice of quality assurance.

5. Health Advocate

- 5.1 The program **must** be able to demonstrate that residents are able to understand, respond to and promote the health needs of their patients, their communities and the populations they serve.

DESCRIPTOR:

Residents indicate that the advocacy needs of individual patients are taught as an integral part of their clinical learning.

DESCRIPTOR:

There is teaching in community advocacy issues relevant to the specialty.

Residents are able to identify community advocacy issues that they have encountered during their residency.

DESCRIPTOR:

There is teaching in risk factor identification and modification.

Residents are able to identify advocacy issues within their specialty for individuals, communities, and populations.

6. Scholar

- 6.1 The program **must** provide opportunities for residents to acquire knowledge and skills for effective teaching.

- 6.1.1 Residents **must** be observed and provided with feedback on their teaching to colleagues and students, as well as through seminar or conference presentations, clinical and scientific reports, and patient education sessions.

DESCRIPTOR:

Residents are involved in the teaching of patients and other medical and health learners.

Residents are involved in formal teaching.

- 6.2 The program **must** be able to demonstrate that there are effective teaching programs in the critical appraisal of medical literature using knowledge of research methodology and biostatistics.

DESCRIPTOR:

Faculty report that there is structured teaching in critical appraisal, research methodology, and biostatistics.

Residents report that there is structured teaching in critical appraisal, research methodology, and biostatistics.

- 6.3 The program **must** be able to demonstrate that it promotes development of skills in self-assessment and self-directed learning.

DESCRIPTOR:

There are elements of the program that help to develop residents' self-assessment and life-long learning skills.

- 6.4 The program **must** be able to demonstrate that residents are able to conduct a scholarly project.

DESCRIPTOR:

Residents report that they are able to acquire the skills to conduct a scholarly project during their residency.

- 6.5 Residents should be encouraged to participate in research during the course of the residency program. This could include research in basic science, experimental medicine, clinical medicine, epidemiology, quality assurance, medical education, ethics, or some other research aligned with health care.

DESCRIPTOR:

Residents report that they are encouraged to participate in research during their residency.

Residents report that they have the option of participating in other forms of scholarly activity during their residency.

Residents report that they have sufficient time and support to participate in scholarly activities.

- 6.6 The program **must** provide opportunities for residents to attend conferences outside their own university.

DESCRIPTOR:

Residents report they have opportunities to attend conferences outside their university.

7. Professional

- 7.1 The program **must** be able to demonstrate that there is effective learning of appropriate professional conduct and ethical behaviours.

DESCRIPTOR:

The academic program includes teaching on what constitutes inappropriate and unethical conduct for physicians.

- 7.1.1 The program **must** be able to demonstrate that residents exhibit integrity, honesty and compassion in the delivery of the highest quality care.

DESCRIPTOR:

There is teaching on how to apply the principles of professional conduct.

- 7.1.2 The program **must** be able to demonstrate that residents exhibit appropriate professional, intra-professional, interprofessional and interpersonal behaviours.

DESCRIPTOR:

There is teaching on how to recognize and exhibit professional behaviors.

- 7.1.3 The program **must** be able to demonstrate that residents practise medicine in an ethically responsible manner.

DESCRIPTOR:

There is teaching on how to apply medical and specialty-specific ethics to the residents' practise.

- 7.1.4 The program **must** be able to demonstrate that residents can analyse and reflect upon adverse events and plan strategies to prevent recurrence.

DESCRIPTOR:

There is evidence that residents are aware of adverse events related to their patient care and that the residents engage in reflective practices around these.

- 7.2 The program **must** be able to demonstrate that residents know and can apply the basic principles and practice of bioethics as it relates to the specific clinical discipline.

DESCRIPTOR:

There is teaching in ethics relevant to the specialty or subspecialty.

Residents report that there is discussion of ethical principles in the course of patient care.

- 7.3 The program **must** be able to demonstrate that there is effective teaching of the legal and regulatory framework pertinent to practice in the discipline.

DESCRIPTOR:

There is teaching in the legal and regulatory issues relevant to practice in the specialty or subspecialty.

- 7.4 The program **must** provide opportunities for all residents to develop and practice appropriate strategies to promote physician health and well-being.

DESCRIPTOR:

There is teaching and promotion of physician health and well-being.

STANDARD B6: ASSESSMENT OF RESIDENT PERFORMANCE

There must be mechanisms in place to ensure the systematic collection and interpretation of assessment data on each resident enrolled in the program.

Interpretation

1. The in-training assessment system **must** be based on the goals and objectives of the program and **must** clearly identify the methods by which residents are to be assessed and the level of performance expected of residents in the achievement of these objectives.

DESCRIPTOR:

There is evidence that the assessment methods are based on the goals and objectives of the program.

Residents report being aware of the assessment methods.

Teaching staff can describe the expectations for different levels of training.

Residents can describe the expectations for different levels of training.

Assessment forms are rotation-specific or a reasonable equivalent in programs that do not use block rotations.

Assessment forms are in CanMEDS/CanMEDS-FM format.

2. Assessment **must** meet the specific requirements of the specialty or subspecialty as set out in the specialty-specific standards of accreditation and be compatible with the characteristic being assessed.

DESCRIPTOR:

There is evidence that assessment methods are compatible with the requirements of the specialty and the type of assessment used is appropriate to the competency being assessed.

- 2.1 The program **must** formally assess knowledge using appropriate written and performance-based assessment as well as direct observation.

DESCRIPTOR:

There are written assessments of knowledge.

There are formal performance-based assessments of knowledge.

- 2.2 Clinical skills **must** be assessed by direct observation and **must** be documented.

DESCRIPTOR:

There is assessment of knowledge by direct observation.

There is formal, documented assessment of clinical skills by direct observation.

- 2.3 Attitudes and professionalism **must** be assessed by such means as interviews with peers, supervisors, other allied health personnel, professionals, and patients and their families.

DESCRIPTOR:

Residents' professional behaviour is assessed by some form of multisource feedback.

- 2.4 Communication abilities **must** be assessed by direct observation of resident interactions with patients and their families, and with colleagues, and by scrutiny of written communications to patients and colleagues, particularly referral or consultation letters where appropriate.

DESCRIPTOR:

Assessment of communication with patients, families, and colleagues is done by direct observation and is documented.

Residents' abilities to handover patient care are assessed and documented.

Written communication skills are assessed and documented.

- 2.5 Collaborating abilities, including interpersonal skills in working with all members of the interprofessional team, including other physicians and health care professionals, **must** be assessed.

DESCRIPTOR:

There is evidence that assessment of collaboration skills occurs.

- 2.6 Teaching abilities **must** be assessed in multiple settings, including written student assessments and by direct observation of the resident in seminars, lectures or case presentations.

DESCRIPTOR:

There is evidence that assessment of teaching skills is done by direct observation in multiple settings.

There are written student assessments of residents' teaching skills.

- 2.7 In-training assessments **must** include an understanding of issues related to age, gender, culture and ethnicity.

DESCRIPTOR:

Assessment criteria include issues of diversity, such as age, gender, and ethnicity.

3. There **must** be honest, helpful and timely feedback provided to each resident. Documented feedback sessions **must** occur regularly, at least at the end of every rotation. A mid-rotation assessment is recommended. There should also be regular feedback to residents on an informal basis.

DESCRIPTOR:

Residents report that they receive helpful regular written feedback.

A final assessment is provided at the end of each rotation or at least quarterly for programs that do not have block rotations.

ITERS are completed within the time specified by local PGME policies.

There is evidence that the program director or designate meets regularly (at least every 12 months) with individual residents to discuss their performance.

The frequency of mid-rotation assessments takes place according to the local PGME policies.

- 3.1 Feedback sessions to residents **must** include face-to-face meetings as an essential part of resident assessment.

DESCRIPTOR:

There is evidence that ITERS are formally discussed with the resident at intervals that are in accordance with the local PGME policies.

Residents report that they receive helpful, regular, face-to-face feedback.

4. Residents **must** be informed when serious concerns exist and given opportunity to correct their performance.

DESCRIPTOR:

There is evidence that residents are informed of performance problems in a timely manner and are provided with documented plans for remediation.

5. The program **must** provide the respective College with a document for each resident who has successfully completed the residency program. This report **must** represent the views of faculty members directly involved in the residents' education and not be the opinion of a single evaluator. It **must** reflect the final status of the resident and not be an average of the entire residency.

DESCRIPTOR:

The FITER is completed by the residency program committee or a subcommittee thereof according to the policies of the appropriate College.

General Standards of Accreditation

Adopted by the Royal College of Physicians and Surgeons of Canada – March 1987

Adopted by the Collège des médecins du Québec – June 2007

Adopted by the College of Family Physicians of Canada – October 2009

The Descriptors Document, General Standards of Accreditation – August 2010