

General Standards Applicable to the University and Affiliated Sites

A Standards

**The information in this booklet is also
available on the following websites:**

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CFPC	www.cfpc.ca
CMQ	www.cmq.org



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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 addition to these general standards which apply to all residency programs, specific standards for the accreditation of programs in each of the specialties and subspecialties are available as separate documents on the respective College websites.

A. GENERAL STANDARDS APPLICABLE TO THE UNIVERSITY AND AFFILIATED SITES

STANDARD A1: UNIVERSITY STRUCTURE

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) accredit only those residency programs that are under the direction of a Canadian university medical school. There must be in place a university structure suitable for the conduct of postgraduate residency programs.

Interpretation

1. There **must** be a senior faculty officer, such as an assistant, associate or vice dean, appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the faculty.
 - 1.1 For the Royal College, there **must** be a faculty officer appointed to be responsible for the overall conduct and supervision of the Areas of Focused Competence programs. This person **must** report to the senior faculty officer responsible for postgraduate medical education within the faculty. This person should be a member of the faculty postgraduate medical education committee.
2. There **must** be a multidisciplinary faculty postgraduate medical education committee in place for the development and review of all aspects of residency education.
 - 2.1 The senior faculty officer responsible for postgraduate medical education **must** chair the committee and **must** be an ex-officio member of all subcommittees and residency program committees.
 - 2.2 The functions of the faculty postgraduate medical education committee may be facilitated by means of subcommittees.
 - 2.3 The committee and subcommittees **must** meet regularly and keep minutes that reflect the activity of the committee.
 - 2.4 The faculty postgraduate medical education committee should be made up in such a way as to avoid being unduly large and **must** include representation from the following groups:
 - 2.4.1 residency program directors;
 - 2.4.2 health care administrators of the affiliated sites;
 - 2.4.3 residents elected by their peers.
3. The faculty postgraduate medical education committee and/or its subcommittees thereof, **must** oversee all aspects of postgraduate medical education.
 - 3.1 The committee **must** establish general policies for residency education.
 - 3.2 The committee **must** establish and maintain appropriate liaison with the residency program directors and the health care administrators of the affiliated sites.

- 3.3 The committee **must** conduct an internal review of each residency program between regular mandated on-site surveys and as specifically mandated by the Accreditation Committees of the Colleges.
- 3.4 The committee **must** ensure the appropriate distribution of the resources necessary for effective education in the residency programs.
- 3.5 The committee **must** establish and supervise policies for the selection, assessment, promotion, and dismissal of residents in all programs.
- 3.6 The committee **must** establish and maintain an appeal mechanism for matters related to postgraduate medical education decisions.
- 3.7 The committee **must** ensure a proper educational environment free of intimidation, harassment and abuse with mechanisms in place to deal with such issues as they arise.
- 3.8 The committee **must** have a policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac).
- 3.9 The committee **must** establish policies to ensure adequate supervision of residents in order to protect and preserve the best interests of the patient, the attending physician and the resident. Recognizing the principle of increasing professional responsibility in residency education, the faculty postgraduate medical education committee **must** ensure that there are adequate guidelines for the supervision of residents.

The components of resident supervision include:

- 3.9.1 a mechanism of disclosure of the fact that residents are involved in patient care, and for patient consent for such participation;
 - 3.9.2 assurance of progressive competence and responsibility of the resident for graded independent performance;
 - 3.9.3 policies for notification of, and discussion with the attending physician by the resident regarding decisions in patient care;
 - 3.9.4 policies regarding the physical presence of the attending physician during acts or procedures performed by the resident.
- 3.10 The committee **must** ensure that all residency programs teach and assess the residents' competencies as defined within the CanMEDS/CanMEDS-FM framework.
 - 3.11 The committee **must** ensure that there are adequate opportunities for faculty development including activities to assist faculty in teaching, assessing and mentoring residents' competencies as defined within the CanMEDS/CanMEDS-FM framework.

STANDARD A2: SITES FOR POSTGRADUATE MEDICAL EDUCATION

Affiliated teaching hospitals and other education sites, including community-based clinical offices and practices, participating in residency programs, must have a major commitment to education and quality of patient care.

Interpretation

1. Clinical services that are used for teaching **must** be organized to promote their educational function. This may be different from the organization of services for the provision of care in a non-teaching setting. The decision as to whether or not a unit, service, or division qualifies as an education site is the responsibility of the university concerned.
2. Appropriate supervision of residents by the teaching staff **must** be provided within each education site.
3. The residency programs **must** be supported by active teaching services in other disciplines related to the specialty or subspecialty in order to foster appropriate intra-professional relationships. Details of these relationships will be found in the specific standards of accreditation for programs in each specialty or subspecialty.
4. All teaching sites should provide residents with opportunities to work with other health care professionals and where possible students and learn the competencies required for collaborative practice.
5. All participating sites **must** be actively involved in a formal Continuing Quality Improvement (CQI) including regular reviews of deaths and complications. CQI activities should be part of an integrated program that allows interaction between all members of the patient-centred health care team. The quality of patient safety and patient care and the use of diagnostic procedures on the teaching services whether medical, surgical, or laboratory, should be under continuous review.
6. All participating sites **must** ensure resident safety at all times, particularly considering hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients or others.
7. All participating sites **must** keep accurate and complete medical records on all patients. Hospitals **must** ensure that residents comply with established Medical Advisory Committee guidelines for chart completion.
8. Participating sites eligible for accreditation by Accreditation Canada **must** be so accredited.
9. The university internal review process **must** ensure that all educational sites used by programs are appropriate.

STANDARD A3: LIAISON BETWEEN THE UNIVERSITY AND PARTICIPATING SITES

There must be appropriate arrangements between the university and all sites participating in postgraduate medical education.

Interpretation

1. The list of education sites used by the university **must** be revised annually and **must** be available to the Colleges on request.
2. There **must** be a written agreement of affiliation or letters of intent between the university and each site offering a mandatory component of a program, indicating formal commitment by the governing body of the site to support residency programs.
3. Staff involved in the teaching of residents in a mandatory educational experience **must** hold an appointment acceptable to the university and to the site.
 - 3.1 Staff from affiliated health care professions who are involved in the teaching of residents should have an appointment acceptable to the university and to the site.

General Standards of Accreditation

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