**Self-Study: New Accreditation Standards**

There are new accreditation standards coming into effect on July 1, 2018. These are applicable to all residency training programs accredited by the Royal College and College of Family Physicians (CFPC). As a result, all Western University residency training programs will be held to the new standards at the next on-site accreditation survey, scheduled to take place in November 2019.

We feel it will be important for programs to do an informal ‘self study’ to estimate how well they currently meet the new standards. We have done a similar exercise in PGME for the institutional standards. To help with this, we have provided the exact indicators used by the new standards and an outline below to guide you. This is meant to be a rough estimate based on the program director’s opinion, though you may seek advice from your RPC.

**Indicators** are the specific expectations used to evaluate compliance with the new standards. The attached worksheet has been developed as a preliminary self-assessment to help programs transition to the new accreditation standards and identify areas for improvement.

**Next steps:**

* Review the worksheet and indicate if your program “Exceeds”, “Meets”, “Partially Meets” or “Does Not Meet” each requirement
* Use the “General Standards of Accreditation for Residency Programs” Standards booklet (or attached pdf) to review the indicators for each standard requirement.
* In order to fully meet a requirement your program must meet **ALL** of the corresponding “indicators”. See page numbers **(listed in blue on the worksheet)** for quick reference to indicators in the standards booklet.
* Contact us at courtney.newnham@schulich.uwo.ca if you have any questions.

Attachment 4 - Program Evaluation using New Standards of Accreditation

**ACCREDITATION REPORT FOR RESIDENCY PROGRAM**

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| **University:** | **Program:** |
| **Program Director:**Dr. | **Current status of program:** |
| **Date of Survey:** | **Surveyor:**Dr. |

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| **DOMAIN: PROGRAM ORGANIZATION**The *Program Organization* domain includes standards focused on the structural and functional aspects of the residency program, which support and provide structure to meet the *General Standards of Accreditation for Residency Programs*. The Program Organization domain standards aim to:* Ensure the organizational structure and personnel are appropriate to support the residency program, teachers, and residents;
* Define the high-level expectations of the program director and residency program committee(s);

and* Ensure the residency program and its structure are organized to meet and integrate the requirements for the education program; resources; learners, teachers and administrative personnel; and continuous improvement domains.
 |
| **STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the residency program, teachers and residents.** |
| **Element 1.1: The program director effectively leads the residency program.** (Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 1.1.1 | The program director is available to oversee andadvance the residencyprogram. (p.5) |  |  |  |  |  |
| 1.1.2 | The program director has appropriate support to overseeand advance the residency program. (p.6) |  |  |  |  |  |
| 1.1.3 | The program director provides effective leadership for the residency program. (p.6) |  |  |  |  |  |

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| **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.** (Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 1.2.1 | The residency program committee structure is composed of appropriate key residency program stakeholders. (p.7) |  |  |  |  |  |

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| 1.2.2 | The residency program committee has a clear mandateto manage and evaluate key functions of the residency program. (p.7-8) |  |  |  |  |  |
| 1.2.3 | There is an effective and transparent decision-makingprocess that includes input from residents and other residency program stakeholders. (p.8) |  |  |  |  |  |

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| **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.**(Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 2.1.1 | The residency program committee has well-defined, transparent, and functionalpolicies and processes to manage residency education. (p.8-9) |  |  |  |  |  |
| 2.1.2 | There are effective mechanisms to collaborate with the division/department, otherresidency programs, and the postgraduate office. (p.9) |  |  |  |  |  |

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| **Element 2.2: Resources and learning sites are organized to meet the requirements of the discipline.** (Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 2.2.1 | There is a well-defined and effective process to select the residency program’s learning sites. (p.9-10)  |  |  |  |  |  |
| 2.2.2 | Each learning site has an effective organizationalstructure to facilitate education and communication. (p.10) |  |  |  |  |  |
| 2.2.3 | The residency program committee engages inoperational and resourceplanning to support residency education. (p.10) |  |  |  |  |  |

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| **DOMAIN: EDUCATION PROGRAM**The *Education Program* domain includes standards focused on the planning, design, and delivery of the residency program, with the overarching outcome to ensure that the residency program prepares residents to be competent to begin independent practice.NOTE: Time-based residency programs are planned and organized around educational objectives linked to required experiences, whereas Competency Based Medical Education (CBME) residency programs are planned and organized around competencies required for practice. The Education Program domain standards have been written to accommodate both. |
| **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.** (Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 3.1.1 | Educational competencies and/or objectives are in place to ensure residentsprogressively meet all required standards for the discipline and address societal needs. (p.11) |  |  |  |  |  |

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| **Element 3.2: The residency program provides educational experiences designed to facilitate residents’ attainment of the outcomes-based competencies and/or objectives.**(Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 3.2.1 | The residency program’s competencies and/or objectivesare used to guide the educational experiences while providing residents with opportunities for increasingprofessional responsibility at each stage or level of training. (p.12) |  |  |  |  |  |
| 3.2.2 | The residency program uses a comprehensive curriculum plan, which is specific to thediscipline and addresses all of the CanMEDS/CanMEDS-FM Roles. (p.12-13) |  |  |  |  |  |
| 3.2.3 | The educational design allows residents to identify and address individual learning objectives. (p.13) |  |  |  |  |  |
| 3.2.4 | Residents’ clinical responsibilities are assigned in a way that supports the progressive acquisition of |  |  |  |  |  |

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|  | competencies and/or objectives, as outlined in theCanMEDS/CanMEDS-FM Roles. (p.13) |  |  |  |  |  |
| 3.2.5 | The educational environment supports and promotes resident learning in an atmosphere of scholarly enquiry.(p.14) |  |  |  |  |  |
| 3.2.6 | The residency program provides formal training in continuous improvement with opportunities for residents to apply their training in a project or clinical setting. (p.14) |  |  |  |  |  |

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| **Element 3.3: Teachers facilitate residents’ attainment of competencies and/or objectives.**(Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 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. (p.14-15) |  |  |  |  |  |

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| **Element 3.4: There is an effective, organized system of resident assessment.**(Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 3.4.1 | The residency program has a planned, defined andimplemented system of assessment. (p.15) |  |  |  |  |  |
| 3.4.2 | There is a mechanism in place to engage residents in aregular discussion for review oftheir performance and progression. (p.16) |  |  |  |  |  |
| 3.4.3 | There is a well-articulated process for decision-makingregarding resident progression, including the decision on satisfactory completion oftraining. (p.16) |  |  |  |  |  |
| 3.4.4 | The system of assessment allows for timely identification of and support for residentswho are not attaining the required competencies as expected. (p.17) |  |  |  |  |  |

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| **DOMAIN: RESOURCES**The *Resources* domain includes standards focused on ensuring resources are sufficient for the delivery of the education program and to ultimately ensure that residents are prepared for independent practice. The resources domain standards aim to ensure the adequacy of the residency program’s clinical, physical, technical, human and financial resources. |
| **STANDARD 4: The delivery and administration of the residency program is 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.**(Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 4.1.1 | The patient population is adequate to ensure that residents experience thebreadth of the discipline. (p.18) |  |  |  |  |  |
| 4.1.2 | Clinical and consultative services and facilities are organized and adequate toensure that residents experience the breadth of the discipline. (p.18) |  |  |  |  |  |
| 4.1.3 | Diagnostic and laboratory services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline. (p.19) |  |  |  |  |  |
| 4.1.4 | The residency program has the necessary financial, physicaland technical resources. (p.19) |  |  |  |  |  |
| 4.1.5 | There is appropriate liaison with other programs and teaching services to ensure that residents experience the breadth of the discipline. (p.19) |  |  |  |  |  |
| **Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.**(Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 4.2.1 | The number, credentials, competencies, and duties of the teachers are appropriate to teach the residency curriculum, supervise and assess trainees, contribute to the program, and role model effective practice. (p.20) |  |  |  |  |  |

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| **DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL**The Learners, Teachers, and Administrative Personnel domain includes standards focused on supporting teachers, learners, and administrative personnel – “people services and supports”. The Learners, Teachers, and Administrative Personnel domain program standards aim to ensure:* A safe and positive learning environment for all (i.e. residents, teachers, patients, and administrative personnel); and
* Value of and support for administrative personnel.
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| **STANDARD 5: Safety and wellness is promoted throughout the learning environment.** |
| **Element 5.1: The safety and wellness of patients and residents are actively promoted.**(Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 5.1.1 | Residents are appropriately supervised. (p.21) |  |  |  |  |  |
| 5.1.2 | Residency education occurs in a safe learning environment. (p.21-22) |  |  |  |  |  |
| 5.1.3 | Residency education occurs in a positive learning environmentthat promotes resident wellness. (p.22-23) |  |  |  |  |  |

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| **STANDARD 6: Residents are treated fairly and adequately supported throughout their progression through the residency program.** |
| **Element 6.1: The progression of residents through the residency program is supported, fair, and transparent.** (Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 6.1.1 | There are effective, clearly defined, transparent, formalprocesses for the selection and progression of residents.(p.23) |  |  |  |  |  |
| 6.1.2 | Support services are available to facilitate resident achievement of success. (p.23) |  |  |  |  |  |

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| **STANDARD 7: Teachers effectively deliver and support all aspects of the residency program.** |
| **Element 7.1: Teachers are assessed, recognized and supported in their development as positive role models for residents in the residency program.** (Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 7.1.1 | Teachers are regularly assessed and supported in their development. (p.24) |  |  |  |  |  |
| 7.1.2 | Teachers in the residency program are effective rolemodels for residents. (p.24 - 25) |  |  |  |  |  |

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| **STANDARD 8: Administrative personnel 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.** (Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 8.1.1 | There is an effective process for the selection and professional development ofthe residency program administrative personnel. (p.25) |  |  |  |  |  |

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| **DOMAIN: CONTINUOUS IMPROVEMENT**The Continuous Improvement domain includes standards focused on ensuring a culture of continuous improvement is present throughout the residency program, with the aim of ensuring continuous improvement of residency programs.*Note: To reinforce and create clarity with respect to the expectations related to continuous improvement, the Requirements under the Element mimic the continuous improvement cycle (Plan, Do, Study, Act).* |
| **STANDARD 9: There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.** |
| **Element 9.1: The residency program committee reviews and improves the quality of the residency program.** (Indicator page number(s) are listed below in blue) |
| **Requirement(s)** | **Exceeds** | **Meets** | **Partially Meets** | **Does not Meet** | **Findings** |
| 9.1.1 | There is a process to review and improve the residencyprogram. (p.26) |  |  |  |  |  |
| 9.1.2 | A range of data and information is reviewed to inform evaluation and improvement of the residency program and its components. (p.27) |  |  |  |  |  |
| 9.1.3 | Based on the data and information reviewed strengthsare identified and action is taken to address areas identified for improvement. (p.27) |  |  |  |  |  |

**SUMMARY**

**Strengths: Exceeds (E), Innovations (I)**

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| **Strengths of the program** | **Standard** | **E** | **I** |
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**Areas for Improvement (AFIs): Partially met (PM), Does not meet (DNM)**

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| *Areas for Improvement*  | **Standard** | **PM** | **DNM** |
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