

POSTGRADUATE MEDICAL EDUCATION

ACCREDITATION 2027

Accreditation Newsletter Issue 6

ONE45 TO ELENTRA MIGRATION – JUNE 30TH 2025

As you may already be aware, use of One45 is ending on June 30, 2025. This means no new information or data will be available beyond this date; rest assured, however, that data is NOT lost, and information is still available in One45. This is a monumental task with a lot of moving parts, so we are breaking down the project into phases to help alleviate the transition.

Below is a brief overview of the one45 functionalities that are being migrated into Elentra:

Rotation scheduling

- Rotations and site locations
- Initial review of evaluation forms

Evaluation tools and assessments

- Review of evaluation formats: mini-clinical assessments, ITERs, longitudinal assessments, 360 multi-source feedback, daily assessments
- Procedure logs and logbook

Event scheduling

- Academic Half Day, Grand Rounds, Journal Club, Transition to Residency series

Administrative management

- Leave scheduling/tracking, meetings tracking (resident reviews, CC/RPC meetings if requested), course mentoring

In early November, PGME began meeting with program administrators to begin the steps for the transition. At this time, we are asking your program to review your rotation names as well as your evaluation forms. We will provide further guidance on what the next steps will be. With this task on hand, we ask for your program's support, patience, and assistance in making the transition as manageable as possible.

IN TRAINING EVALUATION REPORTS (ROYAL COLLEGE PROGRAMS)

Relevant Accreditation Standards

Indicator 3.4.1.1: The system of assessment is based on residents' attainment of experience-specific competencies and/or objectives.

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Indicator 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.

Meeting the Standard

1. ITERs must be integrated into the resident assessments as one component of resident assessment. Programs must not rely on ITERs alone for assessments.
2. ITERs should be completed at the end of each training experience (rotation/block or longitudinal training experience). For longitudinal training experiences that are longer than a block an ITER should be generated every 3 months at minimum.
3. It is vital that assessments be completed in a timely manner – ITERs should be completed within 14 days of the end of the training experience
4. Royal College Competence by Design (CBD) programs should incorporate ITERs into the assessment process, in addition to Entrustable Professional Activities (EPAs) as well as other assessments such as OSCEs, written and oral examinations, research progress reports, teaching/presentation evaluations, logbooks, etc.
5. ITERs must:
 - Be based on the goals and objectives/competencies of the program
 - Identify the level of performance expected by the resident
 - Incorporate CanMEDS roles – each CanMEDS role should appear on at least one ITER for the program (note that an ITER does not require that all CanMEDS roles be incorporated – for example a research ITER may focus on 'Scholar', without incorporating less applicable roles such as Advocate or Collaborator).
6. ITERs should:
 - Be of reasonable length – no more than 20 questions (less is more, and increasing length and complexity does not necessarily improve the validity of the assessment). A shorter length and fewer questions may improve completion rate.
 - Focus on the CanMEDS roles, including Medical Expert, that are most applicable to the training experience. Each ITER does not require all the CanMEDS roles to be assessed.
7. ITERs must:
 - Identify the program name, training experience (for example name of rotation), and dates of the training experience.
 - Identify the resident by name with a photo. Include resident PGY year and stage of training.
 - Identify the supervisor completing the ITER.
 - Provide the date of completion of the ITER.
 - Incorporate a 5-point scale (with N/A available) with the left most anchor as the lowest, and the right most anchor the highest. Numbers are not required on the scale. The scale should

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provide clarity on what is an expected level of performance (descriptors). Examples are included in the appendix.

- Incorporate an overall (global performance) rating of 'Does Not Meet Expectations', 'Borderline' and 'Meets Expectations'.
 - A rating of 'Does not Meet Expectations' means that the resident has demonstrated significant deficiencies in one or more of the competencies. A rating of 'Borderline' means that the resident's performance in one or more areas is below expectations.
 - Include a narrative section for the supervisor to add comments.
 - Include a section where residents will indicate that they have seen the ITER and a narrative section to provide an opportunity for the resident to comment.
8. The narrative section must be completed by the supervisor when the overall assessment is 'Borderline' or 'Does Not Meet Expectations'.
 9. Decisions about requirements for an Enhanced Education Plan, Remediation or Probation are made by the Competence Committee or equivalent. This decision is not made by the training experience supervisor.
 10. For concerns with patient safety, professionalism or performance below expectations for training level a mid-rotation ITER should be done, and the program director must be informed.

PROGRAM GOALS AND OBJECTIVES – BEST PRACTICE

Relevant Accreditation Standards

Requirement 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.

Indicator 3.1.1.1: The specific standards for the discipline are addressed by the competencies and/or objectives of the residency program.

Indicator 3.1.1.2: The competencies and/or objectives address each of the Roles in the CanMEDS/CanMEDS-FM Framework specific to the discipline.

Indicator 3.1.1.3: The competencies and/or objectives articulate different expectations for residents by stage and/or level of training.

Indicator 3.1.1.4: Community and societal needs are considered in the design of the residency program's competencies and/or objectives.

Indicator 3.2.1.1: The educational experiences are defined specifically for and/or are mapped to the competencies and/or objectives.

Indicator 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.

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Meeting the Standard

- All programs require goals and objectives for training experiences.
- Rotation specific (block/training experience) goals and objectives must be available to residents prior to the start of their training experience (block/rotation).
- Goals and objectives must incorporate the applicable CanMEDS roles and reflect the level or stage of training.
- Goals and objectives must be reviewed and updated. This should be at minimum every three years – if your program has not reviewed and updated the goals and objectives for the training experiences since the last review (2019) now is the time to get started – these must be reviewed and updated by early 2027.
- Date your goals and objectives – include the date of review and a date for the next review.
- Incorporate the relevant EPAs for the rotation in the rotation goals and objectives.
- Where possible link the program competencies to the goals and objectives.

Helpful Resources

[CanMEDS Guide](#)

[List of Verbs for Formulating Educational Objectives](#) (Royal College)

[Appendix: PGME Goals and Objectives Template](#)

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ACCREDITATION TIMELINE

Spring	2023	DONE!
Summer		Internal Reviews of 18 Royal College program and Family Medicine completed! (thank you everyone!)
Fall		
Winter	2024	For 2024: Internal Reviews for 13 Royal College Programs NEW: PGME Handbook for Programs
Spring		NEW: Program Administrator/PGME Meetings
Summer		May 2024: Preliminary Allocation for 2025 PGY1 CaRMS Match
Fall		June 30 th : Progress Report Deadlines for Internal Review Programs
		July 2024: New Standards of Accreditation for Programs
		Competence by Design Royal College (CBD 2.0) Update and Implementation
		December 2024: Progress Report Deadlines
Winter	2025	January 2025 – New Associate Dean PGME Appointed 🔄
Spring		More Internal Reviews scheduled for 2025, including PGME Review
Summer		Fall 2025: External Reviews - Ob/Gyn, Psychiatry, Interventional Radiology
Fall		Add-on Internal Reviews: Internal Medicine, Nuclear Medicine
		Follow-up on Progress Reports
Winter	2026	CanMEDS Project Update
Spring		Add-on Internal Reviews or Mini-Reviews scheduled
Summer		
Fall		
Winter	2027	Winter 2027: Begin CanAMS entries and documents
Spring		PGME Review of CanAMS begins Spring 2027
Summer		Final Versions due Summer 2027
Fall		On-site Review!

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ACCREDITATION STANDARDS

Why Accreditation?

- Accreditation helps to ensure the quality of residency and AFC education across Canada.
- It provides an external evaluation of the required standards.
- Accreditation contributes to the continuous quality improvement of residency programs and institutions (PGME).

What are the Standards?

The General Standards of Accreditation for Residency Programs, and the Standards of Accreditation for Area of Focused Competence programs focus on outcomes (programs must prove that it is happening), with an emphasis on learning environment and program continuous improvement.

There are 5 domains, and for RC and CFPC programs there are 9 standards (RC AFC programs have 7 standards). Elements are a subcategory of the standards, and each element has requirements and specific indicators. Indicators are mandatory – if a single indicator is not met then the requirement is not met.

The Standards for Royal College and CFPC:

DOMAIN	STANDARD
Program Organization	1 There is an appropriate organizational structure, with leadership and administrative personnel to support the residency program, teachers, and residents effectively.
	2 All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.
Education Program	3 Residents are prepared for independent practice.
Resources	4 The delivery and administration of the residency program are supported by appropriate resources.
Learners, Teachers, Administration	5 Safety and wellness are promoted throughout the learning environment.
	6 Residents are treated fairly and supported adequately throughout their progression through the residency program.
	7 Teachers deliver and support all aspects of the residency program effectively.
	8 Administrative personnel are valued and supported in the delivery of the residency program.
Continuous Improvement	9 the residency program committee systematically reviews and improves the quality of the residency program.

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ACRONYMS 101

[AFMC](#) Association of Faculties of Medicine of Canada. If you were wondering who makes the rules about whether interviews are virtual, or if asynchronous interviews are allowed, or how many electives in a single specialty students may have, or the CaRMS timelines: it is the AFMC. [AFMC News](#) is a good resource for updates.

[CanAMS](#) is Canadian Accreditation Management System. If you are a program director or program administrator, you will be provided access to CanAMS. It is where all the narrative and documents go for surveys and reviews.

[CanERA](#) Canadian Excellence in Residency Accreditation is the integration of the CFPC and Royal College Standards of Accreditation, as well as the supporting management system – CanAMS.

CanRAC Canadian Residency Accreditation Consortium – and is comprised of the three accrediting colleges in Canada – College of Family Physicians of Canada (CFPC), the Royal College (RC or RCPSC) and the College des medecins du Quebec (CMQ).

CBME Competence Based Medical Education

CBD Competence by Design – the Royal College initiative for CBME.

COFM Council of Ontario Faculties of Medicine – facilitates coordination and communication between the faculties of medicine of the Ontario Universities. COFM postgraduate deans meet monthly.

COU Council of Ontario Universities – the voice of all Ontario Universities.

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APPENDIX: GOALS AND OBJECTIVES TEMPLATE

Program Name Residency Program

Rotation Name Goals and Objectives

Reviewed: (date)

Approved by RPC: (date)

Date of next scheduled review:

Preamble: (a short introduction to the rotation/block)

Achievable Entrustable Professional Activities

The following EPAs have been identified as being achievable during this training experience:

Transition to Discipline

- List relevant EPAs for each stage

Foundations

Core

Transition to Practice

Educational Objectives

Although every rotation may touch upon many of the competencies and objectives outlined in the Royal College **Program Name** Competencies document ([insert link to document – can be found in Information by Discipline](#)) the following are prioritized during this training experience: **describe main goals here.**

Note of explanation: For each of the relevant CanMEDS roles, review the competency and training experience requirements for your program and incorporate those that are most relevant for the rotation.

Wherever possible, link the objective to a competency. If the objective does not link to a competency consider whether the objective is more appropriate for a subspecialty trainee, rather than a resident in your program.

Some examples from different programs are provided below in blue font.

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Number sequentially for each of the CanMEDS roles.

Medical Expert:

1. Describe the mechanism of action and toxicities associated with psychotropic agents (1.3.8.6) – these examples are taken from Internal Medicine competencies.
2. Determine the etiology of hypertension after taking a history, performing a physical examination and reviewing laboratory tests. (1.4.2.3.1)
Etc.

Communicator

Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding. (3.1) from Diagnostic Radiologyetc.

Collaborator

Hand over care of a patient to another health care professional to facilitate continuity of care (3) from Otolaryngology.

Leader

Health Advocate

Scholar

Professional

Patient Safety