

# Standards of Accreditation for Surgical Foundations Programs

**2020**

**VERSION 4.0**

**Based on Version 2.0 of the  
General Standards of Accreditation for Residency Programs**

## Introduction

The Standards of Accreditation for Surgical Foundations are a national set of standards maintained by the Royal College for the accreditation of Surgical Foundations programs. The standards aim to ensure Surgical Foundations programs adequately prepare residents for advanced surgical training in the primary surgical disciplines.<sup>1</sup>

The Standards of Accreditation for Surgical Foundations programs include requirements applicable to Surgical Foundations programs and learning sites<sup>2</sup> and have been written in alignment with the standards organization framework used to develop the General Standards of Accreditation for Residency Programs, which aims to provide clarity of expectations while maintaining flexibility for innovation. The standards include all relevant expectations as set out in the general standards, as well as additional expectations that are specific to Surgical Foundations programs.

As these standards do not include all indicators and requirements as set out in the general standards (only those that are applicable to Surgical Foundations programs), please note that there are instances where the numbering does not align with the general standards, nor with the standards of accreditation for the primary surgical disciplines that require Surgical Foundations.

An accredited Surgical Foundations program is required for all universities wishing to have an accredited program in one or more of the nine primary surgical specialties that require Surgical Foundations. Overall, responsibility for residents in all years of training rests with the primary specialty program; however, for the first two stages of training (Transition to Discipline and Foundations), that responsibility is shared with the Surgical Foundations program. It is recognized that to meet these standards, collaboration will be essential; some responsibilities will lie with Surgical Foundations, while others will lie with the primary surgical program, and in many instances there will be overlap.

---

<sup>1</sup> Cardiac Surgery, General Surgery, Neurosurgery, Obstetrics and Gynecology, Orthopedic Surgery, Otolaryngology – Head and Neck Surgery, Plastic Surgery, Urology, and Vascular Surgery.

<sup>2</sup> The *General Standards of Accreditation for Institutions* with Residency Programs also include standards applicable to learning sites.

---

## Standards Organization Framework

Level	Description
<b>Domain</b>	Domains, defined by the Future of Medical Education in Canada-Postgraduate (FMEC-PG) Accreditation Implementation Committee, introduce common organizational terminology to facilitate alignment of accreditation standards across the medical education continuum.
<b>Standard</b>	The overarching outcome to be achieved through the fulfillment of the associated requirements.
<b>Element</b>	A category of the requirements associated with the overarching standard.
<b>Requirement</b>	A measurable component of a standard.
<b>Mandatory and exemplary indicators</b>	<p>A specific expectation used to evaluate compliance with a requirement (i.e. to demonstrate that the requirement is in place).</p> <p>Mandatory indicators must be met to achieve full compliance with a requirement.</p> <p>Exemplary indicators provide objectives beyond the mandatory expectations and may be used to introduce indicators that will become mandatory over time.</p> <p>Indicators may have one or more sources of evidence, not all of which will be collected through the onsite accreditation review (e.g. evidence may be collected via the institution/program profile in the CanAMS).</p>

# Standards

## **DOMAIN: PROGRAM ORGANIZATION**

[SF modified] The *Program Organization* domain includes standards focused on the structural and functional aspects of the Surgical Foundations program.

### **STANDARD 1 [SF modified]: There is an appropriate organizational structure, with leadership and administrative personnel to support the Surgical Foundations program, teachers, and residents effectively.**

#### **Element 1.1 [SF modified]: The program director leads the Surgical Foundations program effectively.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>1.1.1 [SF modified]:</b> The program director is available to oversee and advance the Surgical Foundations program.	<p><b>1.1.1.1 [SF modified]:</b> The program director has adequate protected time to oversee and advance the Surgical Foundations program consistent with the postgraduate office guidelines, and in consideration of the size and complexity of the program.</p> <p><b>1.1.1.2:</b> The program director is accessible and responsive to the input, needs, and concerns of residents.</p> <p><b>1.1.1.3 [SF modified]:</b> The program director is accessible and responsive to the input, needs, and concerns of teachers and members of the Surgical Foundations program committee.</p>
<b>1.1.2 [SF modified]:</b> The program director has appropriate support to oversee and advance the Surgical Foundations program.	<p><b>1.1.2.1 [SF modified]:</b> The faculty of medicine, postgraduate office, and academic leads of the disciplines provide the program director with sufficient support, autonomy, and resources for the effective operation of the Surgical Foundations program.</p> <p><b>1.1.2.2 [SF modified]:</b> Administrative support is organized and adequate to support the program director, the Surgical Foundations program, and residents.</p> <p><b>1.1.2.3 [SF]:</b> There is clear delineation of responsibilities between the program director and the primary surgical disciplines' program directors.</p>

**1.1.3 [SF modified]:** The program director provides effective leadership for the Surgical Foundations program.

**1.1.3.1 [SF modified]:** The program director fosters an environment that empowers members of the Surgical Foundations program committee, residents, teachers, and others as required, to identify needs and implement changes.

**1.1.3.2:** The program director advocates for equitable, appropriate, and effective educational experiences.

**1.1.3.3 [SF modified]:** The program director communicates with Surgical Foundations program stakeholders effectively.

**1.1.3.4:** The program director anticipates and manages conflict effectively.

**1.1.3.5:** The program director respects the diversity and protects the rights and confidentiality of residents and teachers.

**1.1.3.6:** The program director demonstrates active participation in professional development in medical education.

**1.1.3.7 [Exemplary] [SF modified]:** *The program director demonstrates and/or facilitates commitment to educational scholarship and innovation to advance the Surgical Foundations program.*

**1.1.3.8 [SF modified]:** The program director or delegate attends at least one Surgical Foundations Advisory committee meeting per year in person or remotely.

**Element 1.2 [SF modified]: There is an effective and functional Surgical Foundations program committee structure to support the program director in planning, organizing, evaluating, and advancing the Surgical Foundations program.**

Requirement(s)	Indicator(s)
<b>1.2.1 [SF modified]:</b> The Surgical Foundations program committee structure is composed of appropriate key Surgical Foundations program stakeholders.	<p><b>1.2.1.1 [SF modified]:</b> Major academic and clinical components and relevant learning sites are represented on the Surgical Foundations program committee.</p> <p><b>1.2.1.2 [SF modified]:</b> There is an effective, fair, and transparent process for residents to select their representatives on the Surgical Foundations program committee.</p>

**1.2.1.3 [SF modified]:** There is an effective process for individuals involved in resident wellness and safety program/plans to provide input to the Surgical Foundations program committee.

**1.2.1.4 [Exemplary] [SF modified]:** *There is an effective process for individuals responsible for the quality of care and patient safety at learning sites to provide input to the Surgical Foundations program committee.*

**1.2.1.5 [SF]** The Surgical Foundations program committee includes residents in Surgical Foundations with representation from at least two of the primary surgical discipline programs, at least one of whom is chosen by their peers.

**1.2.1.6 [SF]:** The Surgical Foundations program committee is chaired by the program director.

**1.2.1.7 [SF]:** The Surgical Foundations program committee includes the program directors of the primary surgical discipline programs participating in Surgical Foundations, or their delegates.

---

**1.2.2 [SF modified]:** The Surgical Foundations program committee has a clear mandate to manage and evaluate the key functions of the Surgical Foundations program.

**1.2.2.1:** There are clearly written terms of reference that address the composition, mandate, roles, and responsibilities of each member; accountability structures; decision-making processes; lines of communication; and meeting procedures.

**1.2.2.2 [SF modified]:** The terms of reference for the Surgical Foundations program committee are reviewed on a regular basis, and are refined as appropriate.

**1.2.2.3 [SF modified]:** The mandate of the Surgical Foundations program committee includes planning and organizing the Surgical Foundations program, including educational design, policy and process development, safety, resident wellness, assessment of resident progress, and continuous improvement, in collaboration with the primary surgical discipline programs.

**1.2.2.4 [SF modified]:** Meeting frequency of the Surgical Foundations program committee is sufficient to fulfil its mandate.

**1.2.2.5 [SF modified]:** The Surgical Foundations program committee structure includes a competence committee responsible for reviewing and making recommendations regarding residents' readiness for increasing professional responsibility, progress in achieving the national standards of Surgical Foundations and promotion to advanced surgical training in the primary surgical discipline.

**1.2.2.6 [SF]:** The frequency of competence committee meetings is sufficient for the committee to fulfil its mandate (at least twice a year).

---

**1.2.3 [SF modified]:** There is an effective and transparent decision-making process that includes input from residents and other Surgical Foundations program stakeholders.

**1.2.3.1 [SF modified]:** Members of the Surgical Foundations program committee are actively involved in a collaborative decision-making process, including regular attendance at and active participation in committee meetings.

**1.2.3.2 [SF modified]:** The Surgical Foundations program committee actively seeks feedback from Surgical Foundations program stakeholders, discusses issues, develops action plans, and follows up on identified issues.

**1.2.3.3 [SF modified]:** There is a culture of respect for residents' opinions by the Surgical Foundations program committee.

**1.2.3.4 [SF modified]:** Actions and decisions are communicated in a timely manner to the Surgical Foundations program's residents, teachers, and administrative personnel, and with the academic leads of the primary surgical discipline programs, or equivalent, and others responsible for the delivery of the Surgical Foundations program, as appropriate.

---

**STANDARD 2 [SF modified]: All aspects of the Surgical Foundations program are collaboratively overseen by the program director and the Surgical Foundations program committee.**

### Element 2.1: Effective policies and processes to manage residency education are developed and maintained.

Requirement(s)	Indicator(s)
<b>2.1.1 [SF modified]:</b> The Surgical Foundations program committee has well-defined, transparent, and functional policies and processes to manage residency education.	<b>2.1.1.1:</b> There is an effective mechanism to review and adopt applicable postgraduate office and learning site policies and processes.  <b>2.1.1.2:</b> There is an effective, transparent mechanism to collaboratively develop and adopt required program- and discipline-specific policies and processes.  <b>2.1.1.3 [SF modified]:</b> There is an effective mechanism to disseminate the Surgical Foundations program's policies and processes to residents, teachers, and administrative personnel.  <b>2.1.1.4 [SF modified]:</b> All individuals with responsibility in the Surgical Foundations program follow the central policies and procedures regarding ensuring appropriate identification and management of conflicts of interest.

### Element 2.2 (SF modified): The program director and Surgical Foundations committee communicate and collaborate with Surgical Foundations program stakeholders.

Requirement(s)	Indicator(s)
<b>2.2.1 [SF modified]:</b> There are effective mechanisms to collaborate with the divisions/departments, other programs, and the postgraduate office.	<b>2.2.1.1 [SF modified]:</b> There is effective communication between the Surgical Foundations program and the postgraduate office.  <b>2.2.1.2 [SF modified]:</b> There are effective mechanisms for the Surgical Foundations program to share information and collaborate with the divisions/departments, as appropriate, particularly with respect to resources and capacity.  <b>2.2.1.3:</b> There is collaboration with the faculty of medicine's undergraduate medical education program and with continuing professional development programs, including faculty development, as appropriate.  <b>2.2.1.4 [Exemplary]:</b> <i>There is collaboration with other health professions to provide shared educational experiences for learners across the spectrum of health professions.</i>  <b>2.2.1.5 [SF]:</b> The Surgical Foundations program committee communicates regularly with its members, including distribution of minutes to all participating surgical programs.



**Element 2.3 [SF modified]: Resources and learning sites are organized to meet the requirements of the Surgical Foundations program.**

Requirement(s)	Indicator(s)
<b>2.3.1 [SF modified]:</b> There is a well-defined and effective process to select the Surgical Foundations program's learning sites.	<p><b>2.3.1.1 [SF modified]:</b> There is an effective process to select, organize, and review the Surgical Foundations program's learning sites based on the required educational experiences, and in accordance with the central policy(ies) for learning site agreements.</p> <p><b>2.3.1.2 [SF modified]:</b> Where the faculty of medicine's learning sites are unable to provide all educational requirements, the Surgical Foundations program committee, in collaboration with the postgraduate office, recommends and helps establish inter-institution affiliation (IIA) agreement(s) to ensure residents acquire the necessary competencies.</p>
<b>2.3.2:</b> Each learning site has an effective organizational structure to facilitate education and communication.	<b>2.3.2.1 [SF modified]:</b> There is effective communication and collaboration between the Surgical Foundations program committee and each learning site to ensure program policies and procedures are followed.
<b>2.3.3 [SF modified]:</b> The Surgical Foundations program committee engages in operational and resource planning to support residency education.	<b>2.3.3.1 [SF modified]:</b> There is an effective process to identify, advocate for, and plan for resources needed by the Surgical Foundations program.

## **DOMAIN: EDUCATION PROGRAM**

[SF modified] The *Education Program* domain includes standards focused on the planning, design, and delivery of the Surgical Foundations program.

## **STANDARD 3 [SF modified]: Residents are prepared for advanced surgical training in the primary surgical discipline.**

**Element 3.1 [SF modified]: The Surgical Foundations program's educational design is based on outcomes-based competencies and/or objectives that prepare residents for advanced surgical training in the primary surgical discipline.**

Requirement(s)	Indicator(s)
<b>3.1.1 [SF modified]:</b> Educational competencies and/or objectives are in place that ensure residents progressively meet all required standards for the Surgical Foundations program and address societal needs.	<p><b>3.1.1.1 [SF modified]:</b> The competencies and/or objectives meet the specific standards for the Surgical Foundations program as set out in the <i>Surgical Foundations Competencies</i> and the <i>Surgical Foundations Training Experiences</i>.</p> <p><b>3.1.1.2 [SF modified]:</b> The competencies and/or objectives address each of the Roles in the CanMEDS framework specific to the Surgical Foundations program.</p> <p><b>3.1.1.3:</b> The competencies and/or objectives articulate different expectations for residents by stage and/or level of training.</p> <p><b>3.1.1.4 [SF modified]:</b> Community and societal needs are considered in the design of the Surgical Foundations program's competencies and/or objectives.</p>

**Element 3.2 [SF modified]: The Surgical Foundations program provides educational experiences designed to facilitate residents' attainment of the outcomes-based competencies and/or objectives.**

Requirement(s)	Indicator(s)
<b>3.2.1:</b> Educational experiences are guided by competencies and/or objectives, and provide residents with opportunities for increasing professional responsibility at each stage or level of training.	<p><b>3.2.1.1:</b> The educational experiences are defined specifically for and/or are mapped to the competencies and/or objectives.</p> <p><b>3.2.1.2 [SF modified]:</b> The educational experiences meet the specific standards for training required for the Surgical Foundations program, as set out in the <i>Surgical Foundations Competencies</i> and the <i>Surgical Foundations Training Experiences</i>.</p> <p><b>3.2.1.3 [SF modified]:</b> The educational experiences are appropriate for residents' stage or level of training and support residents' achievement of increasing professional responsibility, specific to Surgical Foundations.</p>

**3.2.1.4 [SF]:** The Surgical Foundations program has clearly outlined which competencies and/or objectives will be achieved during specific clinical experiences and which will be achieved through participation in the structured academic curriculum of Surgical Foundations.

**3.2.1.5 [SF]:** The educational experiences allow residents to attain the required level of competency to transition to advanced surgical training in the primary surgical discipline.

**3.2.1.6 [SF]:** The educational experiences include simulation training as it applies to the competencies and/or objectives of training for Surgical Foundations.

**3.2.1.7 [SF]:** The educational experiences are planned and provided in collaboration with the primary surgical discipline program.

---

**3.2.2 [SF modified]:** The Surgical Foundations program uses a comprehensive curriculum plan, which is specific to the Surgical Foundations program, and addresses all the CanMEDS Roles.

**3.2.2.1:** There is a clear curriculum plan, that describes the educational experiences for residents.

**3.2.2.2 [SF modified]:** The curriculum plan incorporates all required educational objectives or key and enabling competencies of Surgical Foundations.

**3.2.2.3 [SF modified]:** The curriculum plan addresses expert instruction and experiential learning opportunities for each of the CanMEDS Roles with a variety of suitable learning activities.

**3.2.2.4:** The curriculum plan includes training in continuous improvement, with emphasis on improving systems of patient care, including patient safety, with opportunities for residents to apply their training in a project or clinical setting.

**3.2.2.5:** The curriculum plan includes fatigue risk management, specifically, education addressing the risks posed by fatigue to the practice setting, and the individual and team-based strategies available to manage the risk.

**3.2.2.6 [Exemplary] [SF]:** *The Surgical Foundations program incorporates the Surgical Foundations Pathway to Competence in its curriculum plan.*

**3.2.2.7 [SF]:** The curriculum plan includes dedicated formal educational time for residents.

---

**3.2.3:** The educational design allows residents to identify and address individual learning objectives.

**3.2.3.1 [SF modified]:** Individual residents' educational experiences are tailored to accommodate their learning needs.

**3.2.3.2 [SF modified]:** The Surgical Foundations program fosters a culture of reflective practice and lifelong learning among its residents.

---

<p><b>3.2.4 [SF modified]:</b> Residents' clinical responsibilities are assigned in a way that supports the progressive acquisition of competencies and/or objectives, as outlined in the CanMEDS Roles.</p>	<p><b>3.2.4.1 [SF modified]:</b> Residents' clinical responsibilities are assigned based on level or stage of training and their individual level of competence, specific to Surgical Foundations.</p> <p><b>3.2.4.2 [SF modified]:</b> Residents' clinical responsibilities, including on-call duties, provide opportunities for progressive experiential learning.</p> <p><b>3.2.4.3 [SF modified]:</b> Residents are assigned to particular educational experiences in an equitable manner, such that all residents have opportunities to meet their educational needs and to achieve the expected competencies of the Surgical Foundations program.</p> <p><b>3.2.4.4:</b> Residents' clinical responsibilities do not interfere with their ability to participate in mandatory academic activities.</p>
<p><b>3.2.5:</b> The educational environment supports and promotes resident learning in an atmosphere of scholarly inquiry.</p>	<p><b>3.2.5.1 [SF modified]:</b> In collaboration with the primary program, residents have access to, and mentorship for, a variety of scholarly opportunities, including research as appropriate.</p> <p><b>3.2.5.2 [SF modified]:</b> In collaboration with the primary program, residents have protected time to participate in scholarly activities, including research, as appropriate.</p> <p><b>3.2.5.3 [SF modified]:</b> In collaboration with the primary program, residents have protected time to participate in conferences to augment their learning and/or to present their scholarly work.</p>

### Element 3.3: Teachers facilitate residents' attainment of competencies and/or objectives.

Requirement(s)	Indicator(s)
<p><b>3.3.1:</b> 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>	<p><b>3.3.1.1:</b> Teachers use experience-specific competencies and/or objectives to guide educational interactions with residents.</p> <p><b>3.3.1.2:</b> Teachers align their teaching appropriately with residents' stage or level of training, and individual learning needs and objectives.</p> <p><b>3.3.1.3:</b> Teachers contribute to the promotion and maintenance of a positive learning environment.</p> <p><b>3.3.1.4:</b> Residents' feedback to teachers facilitates the adjustment of teaching approaches and learner assignment, as appropriate, to maximize the educational experiences.</p>

**Element 3.4: There is an effective, organized system of resident assessment.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>3.4.1 [SF modified]:</b> The Surgical Foundations program has a planned, defined, and implemented system of assessment.	<b>3.4.1.1:</b> The system of assessment is based on residents' attainment of experience-specific competencies and/or objectives.
	<b>3.4.1.2:</b> The system of assessment clearly identifies the methods by which residents are assessed for each educational experience.
	<b>3.4.1.3:</b> The system of assessment clearly identifies the level of performance expected of residents based on level or stage of training.
	<b>3.4.1.4 [SF modified]:</b> The system of assessment includes identification and use of appropriate assessment tools tailored to the Surgical Foundations program's educational experiences, with an emphasis on direct observation where appropriate.
	<b>3.4.1.5 [SF modified]:</b> The system of assessment meets the requirements within the specific standards for the program, including the achievement of competencies in all CanMEDS Roles.
	<b>3.4.1.6:</b> 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.
	<b>3.4.1.7:</b> Teachers are aware of the expectations for resident performance based on level or stage of training and use these expectations in their assessments of residents.
<b>3.4.2:</b> There is a mechanism in place to engage residents in regular discussions for review of their performance and progression.	<b>3.4.2.1:</b> Residents receive regular, timely, meaningful, in-person feedback on their performance.
	<b>3.4.2.2:</b> The program director and/or an appropriate delegate meet(s) regularly with residents to discuss and review their performance and progress.
	<b>3.4.2.3:</b> There is appropriate documentation of residents' progress toward the attainment of competencies, which is available to the residents in a timely manner.
	<b>3.4.2.4 [SF modified]:</b> Residents are aware of the processes for assessment and decisions around promotion and completion of Surgical Foundations requirements.
	<b>3.4.2.5 [SF modified]:</b> The Surgical Foundations program fosters an environment where formative feedback is actively used by residents to guide their learning.

**3.4.2.6:** Residents and teachers have shared responsibility for recording residents' learning and achievement of competencies and/or objectives at each level or stage of training.

---

**3.4.3 [SF modified]:**

There is a well-articulated process for decision-making regarding resident progression, including progression to advanced surgical training in the primary surgical discipline.

**3.4.3.1 [SF modified]:** The Surgical Foundations competence committee regularly reviews (at least twice a year, or once per stage, whichever is more frequent) residents' readiness for increasing professional responsibility, promotion, and transition to advanced surgical training in the primary surgical discipline, based on demonstrated achievement of expected competencies and/or objectives for each level or stage of training.

**3.4.3.2 [SF]:** The Surgical Foundations competence committee collaborates with the primary surgical disciplines' competence committees in the assessment of residents enrolled in Surgical Foundations.

**3.4.3.3 [SF]:** The program director and the respective primary surgical discipline program directors share assessment information, and collaborate in developing and using various assessment strategies, providing regular feedback, informing residents of any serious deficiencies, and providing opportunities for residents to correct their performance.

**3.4.3.4 [SF modified]:** The program director provides the Royal College with the required summative documents for examination eligibility.

**3.4.3.5 [Exemplary] [SF modified]:** *The Surgical Foundations competence committee (or equivalent) uses diverse assessment methodologies (e.g., learning analytics, narrative analysis) to inform recommendations/decisions, as appropriate, on resident progress.*

**3.4.3.6 [Exemplary] [SF]:** *The Surgical Foundations competence committee's recommendations regarding learning status are consistent with the Royal College's guidelines for Competence by Design.*

---

---

**3.4.4:** The system of assessment allows for timely identification of and support for residents who are not attaining the required competencies as expected.

**3.4.4.1:** Residents are informed in a timely manner of any concerns regarding their performance and/or progression.

**3.4.4.2:** Residents who are not progressing as expected are provided with the required support and opportunity to improve their performance, as appropriate.

**3.4.4.3 [SF modified]:** The program director in collaboration with the respective primary surgical discipline program director, provide any resident requiring formal remediation and/or additional educational experiences with:

- a documented plan detailing objectives of the formal remediation and their rationale;
  - the educational experiences scheduled to allow the resident to achieve these objectives;
  - the assessment methods to be employed;
  - the potential outcomes and consequences;
  - the methods by which a final decision will be made as to whether the resident has successfully completed a period of formal remediation; and
  - the appeal process.
- 

## **DOMAIN: RESOURCES**

[SF modified] The *Resources* domain includes standards focused on ensuring resources are sufficient for the delivery of the education program.

## **STANDARD 4 [SF modified]: The delivery and administration of the Surgical Foundations program are supported by appropriate resources.**

**Element 4.1 [SF modified]: The Surgical Foundations program has the clinical, physical, technical, and financial resources to provide all residents with the educational experiences needed to acquire all competencies.**

Requirement(s)	Indicator(s)
<b>4.1.1 [SF modified]:</b> The patient population is adequate to ensure that residents experience the breadth of the Surgical Foundations program.	<p><b>4.1.1.1 [SF modified]:</b> The Surgical Foundations program provides access to the volume and diversity of patients appropriate to the Surgical Foundations program.</p> <p><b>4.1.1.2 [SF modified]:</b> The Surgical Foundations program provides access to diverse patient populations and environments, in alignment with the community and societal needs for Surgical Foundations.</p>
<b>4.1.2 [SF modified]:</b> Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the Surgical Foundations program.	<p><b>4.1.2.1 [SF modified]:</b> The Surgical Foundations program has access to the diversity of learning sites and scopes of practice specific to Surgical Foundations.</p> <p><b>4.1.2.2 [SF modified]:</b> The Surgical Foundations program has access to appropriate consultative services to meet the <i>Standards of Accreditation for Surgical Foundations</i>.</p> <p><b>4.1.2.3 [SF modified]:</b> The Surgical Foundations program has access to appropriate diagnostic services and laboratory services to meet the <i>Standards of Accreditation for Surgical Foundations</i>.</p> <p><b>4.1.2.4:</b> Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.</p> <p><b>4.1.2.5 [SF]:</b> There is close liaison and collaboration between the program and each primary surgical discipline that requires Surgical Foundations.</p>
<b>4.1.3 [SF modified]:</b> The Surgical Foundations program has the necessary financial, physical, and technical resources.	<p><b>4.1.3.1 [SF modified]:</b> There are adequate financial resources for the Surgical Foundations program to meet the <i>Standards of Accreditation for Surgical Foundations</i>.</p> <p><b>4.1.3.2 [SF modified]:</b> There is adequate space for the Surgical Foundations program to meet educational requirements.</p> <p><b>4.1.3.3 [SF modified]:</b> There are adequate technical resources for the Surgical Foundations program to meet the specific requirements for Surgical Foundations programs, including simulation facilities.</p> <p><b>4.1.3.4:</b> Residents have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, and patient records.</p>



**4.1.3.5 [SF modified]:** The program director, Surgical Foundations program committee, and administrative personnel have access to adequate space, information technology, and financial support to carry out their duties.

**Element 4.2: [SF modified]: The Surgical Foundations program has the appropriate human resources to provide all residents with the required educational experiences.**

Requirement(s)	Indicator(s)
<b>4.2.1 [SF modified]:</b> Teachers appropriately implement the Surgical Foundations curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.	<p><b>4.2.1.1 [SF modified]:</b> The number, credentials, competencies, and scopes of practice of the teachers are adequate to provide the breadth and depth of teaching required for residents to achieve the competencies and learning objectives of the Surgical Foundations program, including required clinical teaching, academic teaching, assessment, and feedback to residents.</p> <p><b>4.2.1.2 [SF modified]:</b> The number, credentials, competencies, and scopes of practice of the teachers are sufficient to supervise residents in all clinical environments, including when residents are on-call and when providing care to patients, as part of the Surgical Foundations program, outside of a learning site.</p> <p><b>4.2.1.3:</b> There are sufficient competent individual supervisors to support a variety of resident scholarly activities, including research as appropriate.</p> <p><b>4.2.1.4 [SF]:</b> The program director has Royal College certification, or equivalent acceptable to the Royal College, in one of the nine surgical disciplines that require Surgical Foundations.</p>

## **DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL**

[SF modified] The *Learners, Teachers, and Administrative Personnel* domain includes standards focused on safety, wellness, and support for teachers, learners, and administrative personnel.

## **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.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>5.1.1:</b> Residents are appropriately supervised.	<p><b>5.1.1.1:</b> Residents and teachers follow central policies and any program-specific policies regarding the supervision of residents, including ensuring the physical presence of the appropriate supervisor, when mandated, during acts or procedures performed by the resident, and ensuring supervision is appropriate for the level or stage of training.</p> <p><b>5.1.1.2:</b> Teachers are available for consultation for decisions related to patient care in a timely manner.</p> <p><b>5.1.1.3:</b> Teachers follow the policies and processes for disclosure of resident involvement in patient care, and for patient consent for such participation.</p>
<b>5.1.2:</b> Residency education occurs in a safe learning environment	<p><b>5.1.2.1 [SF modified]:</b> Safety is actively promoted throughout the learning environment for all those involved in the Surgical Foundations program.</p> <p><b>5.1.2.2 [SF modified]:</b> Concerns with the safety of the learning environment are appropriately identified and remediated in collaboration with the primary surgical discipline program.</p> <p><b>5.1.2.3:</b> Residents are supported and encouraged to exercise discretion and judgment regarding their personal safety, including fatigue.</p> <p><b>5.1.2.4:</b> Residents and teachers are aware of the process to follow if they perceive safety issues.</p>
<b>5.1.3:</b> Residency education occurs in a positive learning environment that promotes resident wellness.	<p><b>5.1.3.1 [SF modified]:</b> There is a positive and respectful learning environment for all involved in the Surgical Foundations program.</p> <p><b>5.1.3.2 [SF modified]:</b> The Surgical Foundations program collaborates with the primary surgical discipline programs to ensure:</p> <ul style="list-style-type: none"> <li>• residents are aware of and are able to access appropriate, confidential wellness support to address, physical, psychological, and professional resident wellness concerns; and</li> <li>• the central policies and processes regarding resident absences and educational accommodation are applied effectively.</li> </ul>

**5.1.3.3 [SF modified]:** The processes regarding identification, reporting and follow-up of resident mistreatment are applied effectively, in collaboration with the primary surgical discipline program.

**5.1.3.4:** Residents are supported and encouraged to exercise discretion and judgment regarding their personal wellness.

## **STANDARD 6 [SF modified]: Residents are treated fairly and supported adequately throughout their progression through the Surgical Foundations program.**

**Element 6.1 [SF modified]: The progression of residents through the Surgical Foundations program is supported, fair, and transparent.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>6.1.1 [SF modified]:</b> There are effective, clearly defined, transparent, formal processes for the progression of residents.	<b>6.1.1.1 [SF modified]:</b> Processes for resident promotion, remediation, dismissal, and appeals are applied effectively, transparent, and aligned with applicable central policies.
	<b>6.1.1.2 [SF modified]:</b> The Surgical Foundations program encourages and recognizes resident leadership.

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

**Element 7.1 [SF modified]: Teachers are assessed, recognized, and supported in their development as positive role models for residents in the Surgical Foundations program.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>7.1.1:</b> Teachers are regularly assessed and supported in their development.	<b>7.1.1.1 [SF modified]:</b> There is an effective process for the assessment of teachers involved in the Surgical Foundations program, aligned with applicable central processes, that balances timely feedback with preserving resident confidentiality.
	<b>7.1.1.2:</b> The system of teacher assessment ensures recognition of excellence in teaching, and is used to

address performance concerns.

**7.1.1.3:** Resident input is a component of the system of teacher assessment.

**7.1.1.4:** Faculty development for teaching that is relevant and accessible to the program is offered on a regular basis.

**7.1.1.5:** There is an effective process to identify, document, and address unprofessional behaviour by teachers.

**7.1.1.6 [SF modified]:** The Surgical Foundations program identifies and address priorities for faculty development within residency training.

**7.1.2 [SF modified]:** Teachers in the Surgical Foundations program are effective role models for residents.

**7.1.2.1:** Teachers exercise the dual responsibility of providing high quality and ethical patient care, and excellent supervision and teaching.

**7.1.2.2 [SF modified]:** Teachers contribute to academic activities of the Surgical Foundations program and institution, which may include, but are not limited to: lectures, workshops, examination preparation, and internal reviews.

**7.1.2.3:** Teachers contribute to scholarship on an ongoing basis.

## **STANDARD 8 [SF modified]: Administrative personnel are valued and supported in the delivery of the Surgical Foundations program.**

**Element 8.1 [SF modified]: There is support for the continuing professional development of Surgical Foundations program administrative personnel.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>8.1.1 [SF modified]:</b> There is an effective process for the selection and professional development of the Surgical Foundations program administrative personnel.	<p><b>8.1.1.1 [SF modified]:</b> There is a role description that outlines the knowledge, skills, and expectations for Surgical Foundations program administrative personnel, that is applied effectively.</p> <p><b>8.1.1.2 [SF modified]:</b> Surgical Foundations program administrative personnel receive professional development, provided centrally and/or through the Surgical Foundations program, based on their individual learning needs.</p>

**8.1.1.3 [SF modified]:** Surgical Foundations program administrative personnel receive formal and/or informal feedback on their performance in a fair and transparent manner, consistent with any applicable university, health organization, or union contracts.

## **DOMAIN: CONTINUOUS IMPROVEMENT**

[SF modified] The *Continuous Improvement* domain includes standards focused on ensuring a culture of continuous improvement is present throughout the Surgical Foundations program.

*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 (i.e., Plan, Do, Study, Act).*

### **STANDARD 9 [SF modified]: There is continuous improvement of the educational experiences, to improve the Surgical Foundations program and ensure residents are prepared for advanced surgical training in the primary surgical discipline.**

#### **Element 9.1 [SF modified]: The Surgical Foundations program committee systematically reviews and improves the quality of the Surgical Foundations program.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>9.1.1 [SF modified]:</b> There is a systematic process to regularly review and improve the Surgical Foundations program.	<p><b>9.1.1.1 [SF modified]:</b> There is an evaluation of each of the Surgical Foundations program's educational experiences, including the review of related competencies and/or objectives.</p> <p><b>9.1.1.2:</b> There is an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum.</p> <p><b>9.1.1.3:</b> Residents' achievements of competencies and/or objectives are reviewed.</p> <p><b>9.1.1.4 [SF modified]:</b> The resources available to the Surgical Foundations program are reviewed.</p> <p><b>9.1.1.5:</b> Residents' assessment data are reviewed.</p> <p><b>9.1.1.6 [SF modified]:</b> The feedback provided to</p>

teachers in the Surgical Foundations program is reviewed.

**9.1.1.7 [SF modified]:** The Surgical Foundations program's leadership at the various learning sites is assessed.

**9.1.1.8 [SF modified]:** The Surgical Foundations program's policies and processes for residency education are reviewed.

---

**9.1.2 [SF modified]:** A range of data and information is reviewed to inform the evaluation and improvement of all aspects of the Surgical Foundations program, and its components.

**9.1.2.1:** Information from multiple sources, including feedback from residents, teachers, administrative personnel, and others as appropriate, is regularly reviewed.

**9.1.2.2:** Information identified by the postgraduate office's internal review process and any data centrally collected by the postgraduate office are accessed.

**9.1.2.3:** Mechanisms for feedback take place in an open, collegial atmosphere.

**9.1.2.4 [Exemplary] [SF modified]:** *A resident e-portfolio (or an equivalent tool) is used to support the review of the Surgical Foundations program and its continuous improvement.*

**9.1.2.5 [Exemplary] [SF modified]:** *Education and practice innovations in Surgical Foundations in Canada and abroad are reviewed.*

**9.1.2.6 [Exemplary] [SF modified]:** *Feedback from recent graduates is regularly collected/accessed to improve the Surgical Foundations program.*

---

**9.1.3:** Based on the data and information reviewed, strengths are identified, and action is taken to address areas identified for improvement.

**9.1.3.1:** Areas for improvement are used to develop and implement relevant and timely action plans.

**9.1.3.2 [SF modified]:** The program director and Surgical Foundations program committee share the identified strengths and areas for improvement (including associated action plans) with residents, teachers, administrative personnel, and others as appropriate, in a timely manner.

**9.1.3.3:** There is a clear and well-documented process to evaluate the effectiveness of actions taken, and to take further action as required.

---

## Glossary of Terms

Term	Description
academic lead of the discipline	The individual responsible for a clinical department/division (e.g. department chair, division lead)
administrative personnel	Postgraduate and program administrative personnel, as defined below.
assessment	A process of gathering and analyzing information on competencies from multiple and diverse sources to measure a physician's competence or performance and compare it with defined criteria (Royal College of Physicians and Surgeons of Canada, 2012).
attestation	Verification of satisfactory completion of all necessary training, assessment, and credentialing requirements of an area of medical expertise. Attestation does not confer certification in a discipline (Royal College of Physicians and Surgeons of Canada, 2012).
Central (SF modified)	This term applies to policies, processes, guidelines, and/or services developed by the faculty of medicine, postgraduate office, and/or postgraduate education committee, and applied to more than one program.
certification	Formal recognition of satisfactory completion of all necessary training, assessment, and credentialing requirements of a discipline, indicating competence to practise independently (Royal College of Physicians and Surgeons of Canada, 2012).
CFPC	College of Family Physicians of Canada.
CMQ	Collège des médecins du Québec
competence	The array of abilities across multiple domains of competence or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training or practice. Competence is multi-dimensional and dynamic; it changes with time, experience, and settings (Frank, et al., 2010).
competency (competencies)	An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes. As competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development (Frank, et al., 2010).

competent	Possessing the required abilities in all domains of competence in a certain context at a defined stage of medical education or practice (Frank, et al., 2010).
continuing professional development	An ongoing process of engaging in learning and development beyond initial training, which includes tracking and documenting the acquisition of skills, knowledge, and experiences.
continuous improvement (SF modified)	The systematic approach to making changes involving cycles of change (i.e. Plan, Do, Study, Act) that lead to improved quality and outcomes. It is used as an internal tool for monitoring and decision-making (e.g., What are the strengths and weaknesses of the program? How can we improve our system of assessment?).
dean	The senior faculty officer appointed to be responsible for the overall oversight of a faculty of medicine.
discipline	Specialty and/or subspecialty recognized by one of the certification colleges (Association of American Medical Colleges, 2012).
division/department	An organizational unit around which clinical and academic services are arranged.
domain(s) of competence	Broad distinguishable areas of competence that together constitute a general descriptive framework for a profession (Association of American Medical Colleges, 2012).
educational accommodation	Recognizing that people have different needs and taking reasonable efforts to ensure equal access to residency education.
equitable	Used in the context of having and/or allocating resources, and refers to fair and impartial distribution of resources (Oxford University Press, n.d.).
evaluation	A process of employing a set of procedures and tools to provide useful information about medical education programs and their components to decision-makers (RIME Handbook). This term is often used interchangeably with assessment when applied to individual physicians, but is not the preferred term (Royal College of Physicians and Surgeons of Canada, 2012).
experiential learning	Experiential learning is an engaged learning process whereby students (i.e. residents) “learn by doing” and by reflecting on the experience (University of Michigan, 2016).
faculty development	That broad range of activities institutions use to renew or assist teachers in their roles (Centra, 1978).



faculty of medicine	A faculty of medicine, school of medicine, or college of medicine under the direction of a Canadian university/universities.
fatigue risk management	A set of ongoing fatigue prevention practices, beliefs, and procedures integrated throughout all levels of an organization to monitor, assess, and minimize the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve (Fatigue Risk Management Task Force, 2018).
hidden curriculum	A set of influences that function at the level of organizational structure and culture, affecting the nature of learning, professional interactions, and clinical practice (Association of Faculties of Medicine of Canada, 2010).
independent practice	Practice in which physicians are licensed to be accountable for their own medical practice that is within their scope of practice and that normally takes place without supervision.
institution	Encompasses the University, faculty of medicine, and postgraduate office.
inter-institutional agreement (IIA)	A formal agreement used in circumstances where a faculty of medicine requires residents to complete a portion of their training under another recognized faculty of medicine, in alignment with policies and procedures for IIAs as set by the Royal College, CFPC, and/or CMQ.
internal review (SF modified)	An internal evaluation conducted to identify strengths of, and areas for improvement for, the program and/or institution.
inter-professional	Individuals from two or more professions (e.g., medicine and nursing) working collaboratively with shared objectives, decision-making, responsibility, and power, to develop care plans and make decisions about patient care (CanMEDS).
intra-professional	Two or more individuals from within the same profession (e.g. medicine) working together interdependently to develop care plans and make decisions about patient care (CanMEDS).
learning environment	The diverse physical locations, contexts, and cultures in which residents learn (Great School Partnership, 2012).
learning site	A hospital, clinic, or other facility that contributes to residents' educational experiences.
mistreatment	Unprofessional behaviour involving intimidation, harassment, and/or abuse.

objective(s) (SF modified)	An outcomes-based statement that describes what the resident will be able to do upon completion of the learning experience, stage of training, or program.
physical safety	Includes protection against biological risks, such as immunization, radiation protection, respiratory protection, exposure to body fluids; it also includes protection against risks associated with physical spaces, with care provided during home visits, travel and meetings with violent patients (University of Montreal, n.d.).
postgraduate administrative personnel (SF modified)	Individuals, including the postgraduate manager (or equivalent) who support the postgraduate dean in coordination and administration related to the oversight of residency programs (including Surgical Foundations).
postgraduate dean	A senior faculty officer appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the faculty of medicine.
postgraduate education committee (SF modified)	The committee (and any subcommittees as applicable) overseen by the postgraduate dean, that facilitates the governance and oversight of all residency programs (including Surgical Foundations) within a faculty of medicine.
postgraduate manager	Senior administrative personnel responsible for supporting the postgraduate dean and providing overall administrative oversight of the postgraduate office.
postgraduate office (SF modified)	A postgraduate medical education office under the direction of the faculty of medicine, with responsibilities for residency programs (including Surgical Foundations).
professional safety	Includes protection from allegations of malpractice, insurance against medical malpractice suits, disclosure assistance, academic and professional record confidentiality, as well as reporting procedures where confidentiality is assured and there are no reprisals (University of Montreal, n.d.).
program administrative personnel (SF modified)	Individuals who support the program director by performing administrative duties related to planning, directing, and coordinating the Surgical Foundations program.
program director (SF modified)	The individual responsible and accountable for the overall conduct and organization of the Surgical Foundations program. The individual is accountable to the postgraduate dean and academic lead of the discipline.
protected time	A designated period of time granted to an individual for the purposes of performing a task and/or participating in an activity.

psychological safety	Includes prevention, protection and access to resources to counter the risks of psychological distress, alcohol or drug dependence, intimidation and harassment (University of Montreal, n.d.).
residency program	An accredited residency education program in one of Canada's nationally recognized disciplines, associated with a recognized faculty of medicine, overseen by a program director and residency program committee.
resident	An individual registered in an accredited residency program following eligible undergraduate training leading to certification or attestation in a recognized discipline (Royal College of Physicians and Surgeons of Canada, 2012).
Resource (SF modified)	Includes educational, clinical, physical, technical, and financial materials and people (e.g. teachers and administrative personnel) required for delivery of the Surgical Foundations program.
Royal College	Royal College of Physicians and Surgeons of Canada.
site coordinator	The coordinator/supervisor with responsibility for residents at a learning site.
social accountability	The direction of education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation. Priority health concerns are to be identified jointly by governments, health care organizations, health professionals, and the public (Boelen & Heck, 1995).
Surgical Foundations program committee (SF modified)	The committee (and subcommittees, as applicable), overseen by the program director, that supports the program director in the administration and coordination of the Surgical Foundations program.
Surgical Foundations program stakeholder (SF modified)	A person or organization with an interest in and/or who is impacted by the Surgical Foundations program.
teacher	An individual responsible for teaching residents. Teacher is often used interchangeably with terms such as supervisor or preceptor.
teaching	Includes formal and informal teaching of residents, including the hidden curriculum.

wellness	A state of health, namely, a state of physical, mental, and social well-being, that goes beyond the absence of disease or infirmity (World Health Organization, n.d.).
----------	--

## References

- Association of American Medical Colleges. 2012. *Draft Glossary of Competency-based education terms (unpublished)*.
- Association of Faculties of Medicine of Canada. 2010. *The Future of Medical Education in Canada: A Collective Vision for MD Education*. Accessed April 2020.  
<https://www.afmc.ca/future-of-medical-education-in-canada/medical-doctor-project/collective-vision.php>.
- Boelen, Charles, and Jeffery Heck. 1995. "Defining and Measuring the Social Accountability of Medical Schools." *World Health Organization*. Accessed April 2020.  
<https://apps.who.int/iris/handle/10665/59441>.
- Centra, J A. 1978. "Types of Faculty Development Programs." *Journal of Higher Education* 49 (2): 151-162.
- Fatigue Risk Management Task Force. 2018. *Fatigue Risk Management Toolkit*. Accessed April 2020. <https://residentdoctors.ca/wp-content/uploads/2018/11/Fatigue-Risk-Management-ToolkitEN.pdf>.
- Frank, J R, L Snell, O T Cate, E S Holmboe, C Carraccio, S R Swing, et al. 2010. "Competency-based medical education: theory to practice." *Medical Teacher* 32 (8): 638-645.
- Great School Partnership. 2012. *The Glossary of Education Reform*. Accessed October 2016.  
<http://edglossary.org/learning-environment>.
- Oxford University Press. n.d. *Oxford University Press website*. Accessed October 14, 2016.  
<https://en.oxforddictionaries.com/definition/equitable>. Accessed 2016 Oct 14.
- Royal College of Physicians and Surgeons of Canada. 2012. "Terminology in Medical Education Project: Draft Glossary of Terms." *Royal College of Physicians and Surgeons of Canada*. Accessed April 2020.  
<http://www.royalcollege.ca/rcsite/documents/educational-strategy-accreditation/terminology-in-medical-education-working-glossary-october-2012.pdf>.
- University of Michigan. 2016. *Teaching Strategies: Experiential Learning and Field Work*. Accessed April 2020. <http://crlt.umich.edu/tstrategies/tsel>.
- University of Montreal. n.d. *Resident Safety*. Accessed April 2020.  
<https://medpostdoc.umontreal.ca/etudiants/reglement-et-politiques/guide-de-securite/>.
- World Health Organization. n.d. *Constitution of WHO: Principles*. Accessed April 2020.  
<https://www.who.int/about/who-we-are/constitution>.

*This document is to be reviewed by the Surgical Foundations Advisory Committee by December 2021.*

**APPROVED** – Specialty Standards Review Committee – December 2017

**APPROVED** – Specialty Standards Review Committee – February 2019

**Updated General Standards of Accreditation for Residency Programs** – June 2020