



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Standards of Accreditation for Residency Programs in Urology

2018
VERSION 1.0

INTRODUCTION

The *Specific Standards of Accreditation for Residency Programs in Urology* are a national set of standards maintained by the Royal College, for the evaluation and accreditation of Urology residency programs. The standards aim to provide an interpretation of the *General Standards of Accreditation for Residency Programs* as they relate to the accreditation of residency programs in Urology, and to ensure these programs adequately prepare residents to meet the health care needs of their patient population(s), upon completion of training.

The standards include requirements applicable to residency programs and learning sites¹ and have been written in alignment with a standards organization framework, which aims to provide clarity of expectations, while maintaining flexibility for innovation.

These standards are intended to be read in conjunction with the *General Standards of Accreditation for Residency Programs*, as well as the discipline-specific documents for Urology. In instances where the indicators reflected in the *General Standards of Accreditation for Residency Programs* have been modified within this document to reflect a discipline-specific expectation, the indicator as reflected in this document takes precedence.

¹ Note: The *General Standards of Accreditation for Institutions with Residency Programs* also include standards applicable to learning sites.

STANDARDS

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.

Refer to Standard 1 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 1.1: The program director effectively leads the residency program.

Requirement(s)	Indicator(s)
1.1.3: The program director provides effective leadership for the residency program.	1.1.3.9: The program director is a member of the Surgical Foundations committee of the university.

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.

Requirement(s)	Indicator(s)
1.2.2: The residency program committee has a clear mandate to manage and evaluate key functions of	1.2.2.4 [Modified]: The residency 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

the residency program.	of Urology, promotion, and transition to independent practice.
	1.2.2.5: The frequency of competence committee meetings is sufficient for the committee to fulfil its mandate (at least twice a year).

STANDARD 2: All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.

Refer to the Standard 2 and its various components within *the General Accreditation Standards for Residency Programs*.

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 in the General Standards of Accreditation for Residency Programs have been written to accommodate both.

STANDARD 3: Residents are prepared for independent practice.

Refer to Standard 3 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

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.

Requirement(s)	Indicator(s)
3.1.1: Educational competencies and/or	3.1.1.1 [Modified]²: The competencies and/or objectives meet the specialty-specific requirements for Urology, as

² [Modified]² is used to identify where an indicator from the General Standards of Accreditation for Residency Programs, but have been included, with a minor discipline-specific modification.

objectives are in place to ensure residents progressively meet all required standards for the discipline and address societal needs.

outlined in the *Urology Competencies* and the *Urology Training Experiences*.

Element 3.2: The residency program provides educational experiences designed to facilitate residents' attainment of the outcomes-based competencies and/or objectives.

Requirement(s)	Indicator(s)
<p>3.2.1: The residency program's competencies and/or objectives are used to guide the educational experiences while providing residents with opportunities for increasing professional responsibility at each stage or level of training.</p>	<p>3.2.1.2 [Modified]: The educational experiences meet the specialty-specific requirements for Urology, as outlined in the <i>Urology Competencies</i> and the <i>Urology Training Experiences</i>.</p> <p>3.2.1.3 [Modified]: The educational experiences and supervision are appropriate for residents' stage or level of training, and support residents' achievement of increasing professional responsibility specific to Urology.</p> <p>3.2.1.5: The educational experiences include operative experience under appropriate supervision, including the opportunity for residents to participate in all surgical techniques (endoscopic, percutaneous, laparoscopic, open and genital procedures) and anatomic domains (abdomen and retroperitoneum, pelvis, scrotum and inguinal canal, penis and male urethra, and vagina and female pelvic floor).</p> <p>3.2.1.6: The educational experiences include the investigation and treatment of neoplasms of the genitourinary tract.</p> <p>3.2.1.7: The educational experiences include instruction in interdisciplinary oncology to provide residents with a clear understanding of the respective roles of surgery, radiation therapy, chemotherapy, hormonal and immunotherapy.</p> <p>3.2.1.8: The educational experiences include the management of the urologic complications of malignant disease arising in other body systems.</p> <p>3.2.1.9: The educational experiences ensure expertise in the initial management of all types of emergencies related to Urology, including those presenting in the emergency department, under appropriate supervision.</p> <p>3.2.1.10: The educational experiences include patients with major trauma; residents participate in the initial management of multiple injuries as part of an interdisciplinary team.</p> <p>3.2.1.11: The educational experiences include resident participation in providing consultation services, both elective</p>

and emergency, throughout training.

3.2.1.12: The educational experiences provide residents with the opportunity gain experience in acute and long-term urologic management of patients with spinal cord injuries or disease.

3.2.1.13: The educational experiences provide residents with the opportunity to gain experience within a pediatric urology teaching service in the investigation and management of congenital malformations of the genitourinary tract, tumours, infections, and trauma.

3.2.1.14 [Exemplary]: *The educational experiences include opportunities for community-based learning.*

3.2.1.15 [Exemplary]: *The educational experiences include experience in the selection of patients, operative techniques, and post-operative care in close association with a nephrology/transplant service.*

3.2.2: The residency program uses a comprehensive curriculum plan, which is specific to the discipline and addresses all of the CanMEDS/CanMEDS-FM Roles.

3.2.2.7: The curriculum plan includes a coordinated education program in Urology and associated fields, including:

- organized teaching in the basic and clinical scientific knowledge essential to the practice of Urology, including pathology, molecular biology, and oncology (Medical Expert).

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

Requirement(s)

Indicator(s)

3.4.2: There is a mechanism in place to engage residents in a regular discussion for review of their performance and progression.

3.4.2.6 [Modified] [Exemplary]: *Residents and teachers have shared responsibility for recording resident learning and achievement of competencies and/or objectives for their discipline at each stage of training, including a validated record of all operative procedures in which the resident has participated either as assistant or operating surgeon.*

3.4.3: There is a well-articulated process for decision-making regarding resident progression, including the decision on satisfactory completion of training.

3.4.3.1 [Modified]: The 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 independent practice, based on demonstrated achievement of expected competencies and/or objectives for each level or stage of training.

3.4.3.5 [Exemplary]: *The competence committee's recommendations regarding learner 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.

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

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.

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

STANDARD 4: The delivery and administration of the residency program is supported by appropriate resources.

Refer to Standard 4 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with educational experiences needed to acquire all competencies.

Requirement(s)	Indicator(s)
4.1.1: The patient population is adequate to ensure that residents experience the breadth of the discipline.	<p>4.1.1.3: The volume and diversity of patients consistently available to the residency program are sufficient to:</p> <ul style="list-style-type: none"> • ensure experience in all of the areas outlined in the Urology Competencies and Urology Training Experiences; • support residents' acquisition of knowledge, skills, and attitudes relating to population aspects of age, gender, culture, and ethnicity, appropriate to Urology; and • provide each resident with training in the recognition and management of injuries to the genitourinary tract. <p>4.1.1.4: Inpatient experience is supplemented by outpatient experience in cystoscopic and general urologic</p>

clinics.

4.1.2: Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.

4.1.2.4: The residency program has access to adequate clinical resources to ensure full clinical training in all areas of Urology, including all surgical techniques (endoscopic, percutaneous, laparoscopic, open and genital procedures) and anatomic domains (abdomen and retroperitoneum, pelvis, scrotum and inguinal canal, penis and male urethra, and vagina and female pelvic floor), and associated fields of medicine and surgery, as outlined in the Urology Training Experiences.

4.1.2.5: The residency program has access to organized urological teaching services, each with an adequate number of patients and qualified urologists available for teaching.

4.1.2.6: The residency program has access to a general adult urology service that includes patients with surgical conditions of the urogenital tract in the male and the urinary tract in the female.

4.1.2.7: The residency program has access to adequate operating room time and appropriate facilities to provide increasing surgical responsibility for each resident in the program.

4.1.2.8: The residency program has access to intensive care units organized for teaching, to provide experience in the broad field of supportive care of critically ill patients, and those admitted with major and multiple trauma(s).

4.1.2.9: The organization of intensive care units admitting urological patients ensures that residents assume appropriate responsibility for the patient, under supervision.

4.1.2.10: The residency program has access to organized clinics or other facilities³ to provide opportunities for residents in pre-admission investigation and post-discharge follow-up of patients.

4.1.2.11: The residency program has access to an active urology consultation service, to enable residents to gain experience in providing primary consultations to other services.

4.1.2.12: The residency program has access to an organized pediatric urology teaching service, under the direction of qualified teachers, with all necessary supporting staff and facilities.

4.1.2.13: The pediatric urology teaching service has close association with both pediatric medical and surgical services.

³ It is essential that these clinics provide a teaching milieu and that residents' schedules be so arranged as to ensure their attendance.

4.1.2.14 [Exemplary]: *The residency program participates in a renal transplantation service.*

4.1.2.15 [Exemplary]: *The residency program has access to a rehabilitation facility for residents to gain experience in acute and long-term urologic management of patients with spinal cord injuries or disease, under appropriate supervision.*

4.1.2.16 [Exemplary]: *Inpatient and outpatient teaching services are integrated, to provide continuity of care and observation of patients.*

4.1.3: Diagnostic and laboratory services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.

4.1.3.2: The residency program has access to medical imaging services and facilities, including contrast radiography, ultrasonography, angiography, CT, MRI and nuclear imaging.

4.1.3.3 The residency program has access to specialized staff and facilities in biochemistry, microbiology and immunology, as well as pathology under the direction of a pathologist with urologic expertise.

4.1.3.4: The residency program has access to transrectal ultrasonography, and fluoroscopic capabilities for percutaneous surgery.

4.1.3.5: The residency program has access to urodynamic facilities and outpatient endoscopy facilities.

4.1.4: The residency program has the necessary financial, physical and technical resources.

4.1.4.6 The residency program has access to resources for simulation-based educational experiences.

4.1.5: There is appropriate liaison with other programs and teaching services to ensure that residents experience the breadth of the discipline.

4.1.5.2: The university sponsors an accredited program in Surgical Foundations.

4.1.5.3: The residency program liaises, as appropriate, with teaching services in endocrinology, general surgery, gynecology, internal medicine, medical imaging, nephrology, pathology, pediatric surgery, plastic surgery, and vascular surgery.

4.1.5.4: The residency program has collaborative arrangements to ensure that clinical training in Internal Medicine, and in surgery other than Urology, meets the needs of residents pursuing certification in Urology.

Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.

Requirement(s)	Indicator(s)
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.	4.2.1.1 [Modified]: The number, credentials, and competencies of the teachers are sufficient to provide the required clinical teaching, academic teaching, and assessment and feedback to residents, including teaching in the basic and clinical sciences related to Urology.
	4.2.1.2 [Modified]: The number, credentials, competencies, and scope of practice of the teachers are sufficient to supervise residents in all aspects and levels of Urology, and in all clinical environments, including when residents are on-call, as well as when providing service to patients as part of the residency program outside of a learning site.
	4.2.1.5: Each learning site has a sufficient number of teachers to provide adequate and continuous supervision and instruction of residents.
	4.2.1.6: The program director has Royal College certification in Urology, or equivalent.

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.

STANDARD 5: Safety and wellness is promoted throughout the learning environment.

Refer to Standard 5 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 5.1: The safety and wellness of patients and residents are actively promoted.

Requirement(s)	Indicator(s)
5.1.1: Residents are appropriately supervised.	5.1.1.1 [Modified]: Residents and teachers follow the centralized and any program-specific policies regarding supervision of residents, including ensuring the physical presence of the appropriate supervisor, when mandated, during acts or procedures performed by the resident, as appropriate to their stage or level of training.

STANDARD 6: Residents are treated fairly and adequately supported throughout their progression through the residency program.

Refer to Standard 6 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 6.1: The progression of residents through the residency program is supported, fair, and transparent.

Requirement(s)	Indicator(s)
6.1.1: There are effective, clearly defined, transparent, formal processes for the selection and progression of residents.	6.1.1.3: The residency program has effective policies and procedures, or complies with and effectively implements centralized policies and procedures to address residents who are not progressing as expected through the stages of training.

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

Refer to Standard 7 and its various components within the *General Standards of Accreditation for Residency Programs*.

STANDARD 8: Administrative personnel are valued and supported in the delivery of the residency program.

Refer to Standard 8 and its various components within the *General Standards of Accreditation for Residency Programs*.

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.

Refer to Standard 9 and its various components within the *General Standards of Accreditation for Residency Programs*.

This document is to be reviewed by the Specialty Committee in Urology by October 2019.

APPROVED – Specialty Standards Review Committee – October 2017