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CANADIAN RESIDENCY ACCREDITATION CONSORTIUM
CONSORTIUM CANADIEN D'AGRÉMENT DES PROGRAMMES DE RÉSIDENCE

General Standards of Accreditation for Residency Programs

Version 1.1

Last updated: July 1, 2017

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

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

COLLÈGE DES MÉDECINS DU QUÉBEC

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INTRODUCTION

The General Standards of Accreditation for Residency Programs are a national set of standards maintained conjointly by the Royal College, College of Family Physicians of Canada (CFPC) and Collège des médecins du Québec (CMQ), for the evaluation and accreditation of residency programs. The standards aim to ensure residency programs adequately prepare residents to meet the health care needs of their patient population(s), upon completion of training.

The General Standards of Accreditation for Residency Programs include requirements applicable to residency programs and learning sites[1], and have been written in alignment with a standards organization framework, which aims to provide clarity of expectations, while maintaining flexibility for innovation.

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

STANDARDS ORGANIZATION FRAMEWORK

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

STANDARDS

DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the reside*ncy program*, which support and provide structure to meet the *General Standards of Accreditation for Residency Programs.* The Program Organization domain standards aim to:

- Ensure the organizational structure and personnel are appropriate to support the residency program, teachers, and residents;
- Define the high-level expectations of the program director and residency program committee(s); and
- Ensure the residency program and its structure are organized to meet and integrate the requirements for the education program; resources; learners, teachers and administrative personnel; and continuous improvement domains.

STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the residency program, teachers and residents.

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

Requirement(s)	Indicator(s)
1.1.1: The program director is available to oversee and advance the residency program.	**1.1.1.1:** The program director has adequate protected time to oversee and advance the residency program, consistent with the postgraduate office guidelines, and in consideration of the size and complexity of the program. **1.1.1.2:** The program director is accessible and responsive to the input, needs, and concerns of residents. **1.1.1.3:** The program director is accessible and responsive to the input, needs, and concerns of teachers and members of the residency program committee.

1.1.2: The program director has appropriate support to oversee and advance the residency program.	**1.1.2.1:** The faculty of medicine, postgraduate office, and the academic lead of the discipline provide the program director with sufficient support, autonomy and resources for effective operation of the residency program. **1.1.2.2:** Administrative support is organized and adequate to support the program director, the residency program, and residents. **1.1.2.3:** The program director and residency program committee have access to resources and data/information to support the monitoring of resident performance, residency program review, and continuous improvement.
1.1.3: The program director provides effective leadership for the residency program.	**1.1.3.1:** The program director fosters an environment that empowers members of the residency 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:** The program director effectively communicates with residency program stakeholders. **1.1.3.4:** The program director effectively anticipates and manages conflict. **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 professional engagement in medical education. ***1.1.3.7 [Exemplary]:*** *The program director demonstrates and/or facilitates commitment to educational scholarship and innovation to advance the residency program.* **1.1.3.8 [Royal College Requirement]:** The program director and/or delegate attend at least one specialty committee meeting per year in person and/or via teleconference.

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)
1.2.1: The residency program committee structure is composed of appropriate key residency program stakeholders.	**1.2.1.1:** Major academic and clinical components and relevant learning sites are represented on the residency program committee. **1.2.1.2:** There is an effective, fair and transparent process for residents to select their representatives on the residency program committee. **1.2.1.3:** The residency program committee includes appropriate input from individuals involved in resident wellness and safety program/ plans. ***1.2.1.4 [Exemplary]:*** *The residency program committee includes appropriate input from individuals responsible for quality of care and patient safety at learning sites.*
1.2.2: The residency program committee has a clear mandate to manage and evaluate key functions of the residency 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, which are reviewed on a regular basis. **1.2.2.2:** The mandate of the residency program committee includes planning and organizing the residency program, including selection of residents, educational design, policy and process development, safety, resident wellness, assessment of resident progress and continuous improvement. **1.2.2.3:** Meeting frequency is sufficient for the committee to fulfill its mandate.

	1.2.2.4: The residency program committee structure includes a competence committee (or equivalent) responsible for reviewing residents' readiness for increasing professional responsibility, promotion, and transition to practice.
1.2.3: There is an effective and transparent decision-making process that includes input from residents and other residency program stakeholders.	**1.2.3.1:** Members of the residency 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:** The residency program committee actively seeks feedback from residency program stakeholders, discusses issues, develops action plans and follows-up on identified issues. **1.2.3.3:** There is a culture of respect for residents' opinions by the residency program committee. **1.2.3.4:** Actions and decisions are communicated in a timely manner to the residency program's residents, teachers, and administrative personnel, and with the academic lead of the discipline, or equivalent, as appropriate.

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

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

Requirement(s)	Indicator(s)
2.1.1: The residency program committee has well-defined, transparent, and functional policies and processes to manage residency education.	**2.1.1.1:** The process of policy and process development, adoption, and dissemination, is transparent, effective, and collaborative. **2.1.1.2:** There is a mechanism to review and adopt postgraduate office and learning site policies, as well as develop required program- and discipline-specific policies or components.

	2.1.1.3: The residency program's policies and processes address residency education, as outlined in the general and discipline-specific accreditation standards. **2.1.1.4:** Residents, teachers, and administrative personnel have access to the policies and processes. **2.1.1.5:** The residency program committee regularly reviews and makes necessary changes to policies and processes.
2.1.2: There are effective mechanisms to collaborate with the division/department, other residency programs, and the postgraduate office.	**2.1.2.1:** There is effective communication between the residency program and the postgraduate office. **2.1.2.2:** There are effective mechanisms for the residency program to share information and collaborate with the division/department, as appropriate, particularly with respect to resources and capacity. **2.1.2.3:** There is collaboration with the Faculty of Medicine's undergraduate medical education program, and with continuing professional development programs, including faculty development, as appropriate. **2.1.2.4** ***[Exemplary]:*** *There is collaboration with other health professions to provide innovative educational experiences for learners across the spectrum of health professions.*

Element 2.2: Resources and learning sites are organized to meet the requirements of the discipline.

Requirement(s)	Indicator(s)
2.2.1: There is a well-defined and effective process to select the residency program's learning sites	**2.2.1.1:** There is an effective process to select, organize and review the residency program's learning sites based on the required educational experiences, and in accordance with the centralized policies for learning site agreements.

	2.2.1.2: Where the faculty of medicine's learning sites are unable to provide all educational requirements, the residency 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.
2.2.2: Each learning site has an effective organizational structure to facilitate education and communication.	**2.2.2.1:** Each learning site has a site coordinator/supervisor responsible to the residency program committee. **2.2.2.2:** There is effective communication and collaboration between the residency program committee and the site coordinators/supervisors for each learning site.
2.2.3: The residency program committee engages in operational and resource planning to support residency education.	**2.2.3.1:** There is an effective process to identify, advocate and plan for resources needed by the residency program.

DOMAIN: EDUCATION PROGRAM

The *Education Program* domain includes standards focused on the planning, design, and delivery of the residency program, with the overarching outcome to ensure that the residency program prepares residents to be competent to begin independent practice.

NOTE: Time-based residency programs are planned and organized around educational objectives linked to required experiences, whereas Competency Based Medical Education (CBME) residency programs are planned and organized around competencies required for practice. The Education Program domain standards have been written to accommodate both.

STANDARD 3: Residents are prepared for independent practice.

Element 3.1: The residency program's educational design is based on outcomes-based competencies and/or objectives that prepare residents to meet the needs of the population(s) they will serve in independent practice.

Requirement(s)	Indicator(s)
3.1.1: Educational competencies and/or objectives are in place to ensure residents progressively meet all required standards for the discipline and address societal needs.	**3.1.1.1:** The competencies and/or objectives meet the specific standards for the discipline. **3.1.1.2:** The competencies and/or objectives address each of the roles in the CanMEDS/ CanMEDS-FM Framework specific to the discipline. **3.1.1.3:** The competencies and/or objectives articulate different expectations for the resident by stage or level of training. **3.1.1.4:** Community and societal needs are considered in the design of the residency program's competencies and/or objectives.

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)
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.	**3.2.1.1:** The competencies and/or objectives are defined specifically for and/or are mapped to each educational experience. **3.2.1.2:** The educational experiences meet the specific standards for training required for the discipline. **3.2.1.3:** The educational experiences are appropriate for residents' stage or level of training and support residents' achievement of increasing professional responsibility. **3.2.1.4:** The educational experiences allow residents to attain the required level of competency to transition to independent practice within the discipline.
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.	**3.2.2.1:** In planning the curriculum, the residency program makes appropriate use of relevant educational opportunities. **3.2.2.2:** There is a clear curriculum plan (e.g. blueprint), which describes the educational experiences for residents. **3.2.2.3:** The curriculum plan addresses expert instruction and experiential learning opportunities for each of the CanMEDS/CanMEDS-FM Roles, with a variety of learning activities, including, but not limited to, skills training, simulation, experiential learning, seminars, reflective exercises, directed reading, journal clubs, research conferences, and others, as appropriate. **3.2.2.4:** The curriculum plan complies with the specific standards for the discipline. **3.2.2.5:** The curriculum plan incorporates all required educational objectives and/or key and enabling competencies of the discipline.

	3.2.2.6: [Exemplary]: *There is innovation in curriculum design and planning for residency program development in response to local and national initiatives.*
3.2.3: The educational design allows residents to identify and address individual learning objectives.	**3.2.3.1:** Individual residents' educational experiences are tailored to accommodate their learning needs and future career aspirations, while meeting the national standards and societal needs for their discipline. **3.2.3.2:** The residency program fosters a culture of reflective practice and life-long learning among its residents.
3.2.4: Residents' clinical responsibilities are assigned in a way that supports the progressive acquisition of competencies and/ or objectives, as outlined in the CanMEDS/ CanMEDS-FM Roles.	**3.2.4.1:** The expectations of residents at each level or stage of training meet the requirements of the specific standards for the discipline. **3.2.4.2:** Residents' clinical responsibilities are assigned based on level or stage of training and their individual level of competency. **3.2.4.3:** Residents' clinical responsibilities, including on-call duties, provide opportunities for progressive experiential learning, in accordance with all CanMEDS/CanMEDS-FM Roles. **3.2.4.4:** 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 residency program. **3.2.4.5:** Residents' clinical responsibilities do not interfere with their ability to participate in mandatory academic activities.

3.2.5: The educational environment supports and promotes resident learning in an atmosphere of scholarly enquiry.	**3.2.5.1:** Residents have access to, and mentorship for, a variety of research and scholarly opportunities, including research as appropriate. **3.2.5.2:** Residents are provided with protected time to participate in scholarly activities, including research as appropriate. **3.2.5.3:** Residents have opportunities to attend conferences within and outside their university, to augment their learning and/or to present their scholarly work.
3.2.6: The residency program provides formal training in continuous improvement with opportunities for residents to apply their training in a project or clinical setting.	**3.2.6.1:** Residents can apply the science of continuous improvement to contribute to improving systems of patient care, including patient safety. **3.2.6.2:** Residents contribute to a culture that promotes patient safety. **3.2.6.3:** Residents recognize and can respond to harm from health care delivery, including patient safety incidents. **3.2.6.4:** Residents adopt strategies that promote patient safety and contribute to solutions to address human and system factors.

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

Requirement(s)	Indicator(s)
3.3.1: Resident learning needs, stage or level of training, and other relevant factors are used to guide all teaching, supporting resident attainment of competencies and/or objectives.	**3.3.1.1:** Teachers use experience-specific competencies and/or objectives to guide educational interactions with residents. **3.3.1.2:** Teachers align their teaching appropriately with residents' stage or level of training, and individual learning needs and objectives. **3.3.1.3:** Teachers contribute to the promotion and maintenance of a positive learning environment.

	3.3.1.4: Teachers reflect on the potential impacts of the hidden curriculum on the learning experience. **3.3.1.5:** Residents' feedback to teachers facilitates the adjustment of teaching approaches and learner assignment, as appropriate, to maximize the educational experiences.

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

Requirement(s)	Indicator(s)
3.4.1: The residency program has a planned, defined and implemented system of assessment.	**3.4.1.1:** The system of assessment is based on residents' attainment of experience-specific competencies and/or objectives. **3.4.1.2:** The system of assessment clearly identifies the methods by which residents are assessed for each educational experience. **3.4.1.3:** The system of assessment clearly identifies the level of performance expected of residents, based on level or stage of training. **3.4.1.4:** The system of assessment includes identification and use of appropriate assessment tools tailored to the residency program's educational experiences, with an emphasis on direct observation where appropriate. **3.4.1.5:** The system of assessment meets the requirements of the specific standards for the discipline, including the achievement of competencies in all CanMEDS/CanMEDS-FM roles and/or CFPC evaluation objectives. **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. **3.4.1.7:** 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.

3.4.2: There is a mechanism in place to engage residents in a regular discussion for review of their performance and progression.	**3.4.2.1:** Residents receive regular, timely, meaningful, in-person feedback on their performance. **3.4.2.2:** The program director and/or an appropriate delegate meet(s) regularly with residents to discuss and review their performance and progress. **3.4.2.3:** There is appropriate documentation of residents' progress towards attainment of competencies, which is available to the residents in a timely manner. **3.4.2.4:** Residents are aware of the processes for assessment and decisions around promotion and completion of training. **3.4.2.5:** The residency program fosters an environment where formative feedback is actively used by residents to guide their learning. ***3.4.2.6 [Exemplary]:*** *Residents and teachers have shared responsibility for recording their learning and achievement of competencies and/or objectives for their discipline at each stage of training.*
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:** The competence committee (or equivalent) regularly reviews residents' readiness for increasing professional responsibility, promotion, and transition to practice, based on demonstrated achievement of expected competencies and/or objectives for each level or stage of training. **3.4.3.2:** The competence committee (or equivalent) makes a summative assessment regarding residents' readiness for certification and independent practice, as appropriate. **3.4.3.3:** The program director provides the respective College with the required summative documents for exam eligibility and for each resident who has successfully completed the residency program. ***3.4.3.4 [Exemplary]:*** *The competence committee (or equivalent) uses diverse assessment data and learning analytics to make effective decisions on resident progress.*

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 attaining the required competencies as expected are provided with the required support and opportunity to improve their performance, as appropriate.

3.4.4.3: Any resident requiring formal remediation and/or additional educational experiences, is provided 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 or not the resident has successfully completed a period of formal remediation;
- The appeal process.

DOMAIN: RESOURCES

The *Resources* domain includes standards focused on ensuring resources are sufficient for the delivery of the education program and to ultimately ensure that residents are prepared for independent practice. The resources domain standards aim to ensure the adequacy of the residency program's clinical, physical, technical, human and financial resources.

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

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

Requirement(s)	Indicator(s)
4.1.1: The patient population is adequate to ensure that residents experience the breadth of the discipline.	**4.1.1.1:** The residency program provides access to the volume and diversity of patients appropriate to the discipline. **4.1.1.2:** The residency program provides access to diverse patient populations and environments, in alignment with the community and societal needs for the discipline.
4.1.2: Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.	**4.1.2.1:** The residency program has access to the diversity of learning sites and scopes of practice specific to the discipline. **4.1.2.2:** The residency program has access to appropriate consultative services to meet both residents' competency requirements and the delivery of quality care. **4.1.2.3:** Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.

4.1.3: Diagnostic and laboratory services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.	**4.1.3.1:** The residency program has access to appropriate diagnostic services and laboratory services to meet both residents' competency requirements and the delivery of quality care.
4.1.4: The residency program has the necessary financial, physical and technical resources.	**4.1.4.1:** There are adequate financial resources for the residency program to meet the general and specific standards for the discipline. **4.1.4.2:** There is adequate space for the residency program to meet educational requirements. **4.1.4.3:** There are adequate technical resources for the residency program to meet the specific requirements for the discipline. **4.1.4.4:** Residents have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, and patient records. **4.1.4.5:** The program director, residency program committee, and administrative personnel have access to adequate space, information technology, and financial support to carry out their duties.
4.1.5: There is appropriate liaison with other programs and teaching services to ensure that residents experience the breadth of the discipline.	**4.1.5.1:** There is coordination with other residency programs, to share educational resources, provide educational experiences to residents from other programs and obtain feedback on these experiences.

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:** The number, credentials, competencies, and scope of practice of the teachers are adequate to provide the breadth and depth of the discipline, including required clinical teaching, academic teaching, assessment and feedback to residents. **4.2.1.2:** The number, credentials, competencies, and scope 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 residency program, outside of a learning site. **4.2.1.3:** There are sufficient competent individual supervisors to support a variety of resident scholarly activities, including research as appropriate. **4.2.1.4:** There is a designated individual who facilitates the involvement of residents in scholarly activities, including research as appropriate, and who reports to the residency program committee.

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.

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:** 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. **5.1.1.2:** Teachers are available for consultation for decisions related to patient care, in a timely manner. **5.1.1.3:** Teachers follow the mechanism for disclosure of resident involvement in patient care, and for patient consent for such participation.
5.1.2: Residency education occurs in a safe learning environment.	**5.1.2.1:** Safety is actively promoted throughout the learning environment for all involved in the residency program.

5.1.2.2: There is an (are) effective resident safety policy(ies), aligned with the centralized policy(ies) and modified, as appropriate, to reflect discipline-specific physical, psychological, and professional resident safety concerns. The policy(ies) include(s), but is (are) not limited to:

i. travel,
ii. patient encounters (including house calls),
iii. after-hours consultation,
iv. patient transfers (e.g., Medevac),
v. complaint management, and
vi. fatigue risk management.

5.1.2.3: The policy regarding resident safety effectively addresses both situations and perceptions of lack of resident safety, and provides multiple avenues of access for effective reporting and management.

5.1.2.4: Concerns with the safety of the learning environment are appropriately identified and appropriately remediated.

5.1.2.5: Residents are supported and encouraged to exercise discretion and judgment regarding their personal safety, including fatigue.

5.1.2.6: Residents and teachers are aware of the process to follow if they perceive safety issues.

5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness.

5.1.3.1: There is a positive learning environment for all involved in the residency program.

5.1.3.2: There is an (are) effective resident wellness policy(ies), aligned with the centralized policy(ies) and modified, as appropriate, to reflect discipline-specific physical, psychological, and professional resident wellness concerns. The policy(ies) include(s), but is (are) not limited to absences and educational accommodation.

5.1.3.3: The processes regarding identification, reporting and follow-up of resident mistreatment are effectively applied.

	5.1.3.4: Residents have access to and are aware of confidential support services to manage stress (e.g., financial, psychological, etc.) and illness. **5.1.3.5:** Residents are supported and encouraged to exercise discretion and judgment regarding their personal wellness.

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

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

Requirement(s)	Indicator(s)
6.1.1: There are effective, clearly defined, transparent, formal processes for the selection and progression of residents.	**6.1.1.1:** Processes for resident selection, promotion, remediation dismissal, and appeals are effectively applied, transparent, and aligned with applicable centralized policies. **6.1.1.2:** The residency program encourages and recognizes resident leadership.
6.1.2: Support services are available to facilitate resident achievement of success.	**6.1.2.1:** The residency program provides formal, timely career planning and counseling to residents throughout their progression through the residency program. ***6.1.2.2 [Exemplary]:*** *There is access to a mentorship program to help facilitate residents' progress throughout the residency program, including career planning.*

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

Element 7.1: Teachers are assessed, recognized and supported in their development as positive role models for residents in the residency program.

Requirement(s)	Indicator(s)
7.1.1: Teachers are regularly assessed and supported in their development.	**7.1.1.1:** There is an effective process for the assessment of teachers involved in the residency program, aligned with applicable centralized processes, which balances timely feedback with preserving resident confidentiality. **7.1.1.2:** The system of teacher assessment ensures recognition of excellence in teaching, continuous improvement, 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 [Exemplary]:*** *The residency program actively collaborates with the centralized faculty development office, as appropriate, to identify and address priorities for faculty development within the discipline.*
7.1.2: Teachers in the residency program are effective role models for residents.	**7.1.2.1:** Teachers exercise the dual responsibility of providing high quality, ethical patient care, and excellent supervision and teaching. **7.1.2.2:** Teachers contribute to academic activities of the program and institution, which may include, but are not limited to: lectures, workshops, examination preparation, and internal reviews.

	7.1.2.3: Teachers are supported and recognized for their contributions outside of the program, which may include, but are not limited to: peer reviews, medical licensing authorities, exam boards, specialty committees, accreditation committees, and government medical advisory boards.
	7.1.2.4: Teachers contribute to scholarship on an ongoing basis.

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

Element 8.1: There is support for the continuing professional development of residency program administrative personnel.

Requirement(s)	Indicator(s)
8.1.1: There is an effective process for the selection and professional development of the residency program administrative personnel.	**8.1.1.1:** The standardized job description for residency program administrative personnel outlines the mandate, expectations, time allocation, reporting and accountability for the role, and is effectively applied.
	8.1.1.2: Residency program administrative personnel are selected based on the centralized criteria and guidelines.
	8.1.1.3: Residency program administrative personnel receive professional development, provided centrally and/or through the residency program, based on their individual learning needs.
	8.1.1.4: Residency program administrative personnel receive feedback on their performance in a fair and transparent manner.

DOMAIN: CONTINUOUS IMPROVEMENT

The Continuous Improvement domain includes standards focused on ensuring a culture of continuous improvement is present throughout the residency program, with the aim of ensuring continuous improvement of residency programs.

Note: To reinforce and create clarity with respect to the expectations related to continuous improvement, the Requirements under the Element mimic the continuous improvement cycle (Plan, Do, Study, Act).

STANDARD 9: There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.

Element 9.1: The residency program committee reviews and improves the quality of the residency program.

Requirement(s)	Indicator(s)
9.1.1: There is a process to review and improve the residency program.	**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. **9.1.1.2:** There is an evaluation of the learning environment. **9.1.1.3:** The process includes reflection on the potential impact of the hidden curriculum on the residency program. **9.1.1.4:** Residents' achievements of competencies and/or objectives are reviewed. **9.1.1.5:** The resources available to the residency program are reviewed. **9.1.1.6:** Residents' assessment data is reviewed. **9.1.1.7:** The feedback provided to teachers in the residency program is reviewed. **9.1.1.8:** The residency program's leadership at the various learning sites is assessed. **9.1.1.9:** The residency program's policies and processes for residency education are reviewed.

9.1.2: A range of data and information is reviewed to inform evaluation and improvement of the residency program and its components.	**9.1.2.1:** Multiple sources of information, including feedback from residents, teachers, administrative personnel, and others as appropriate, are 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]:*** *A resident e-portfolio (or equivalent tool) is used to support residency program review and continuous improvement.* ***9.1.2.5 [Exemplary]:*** *Education and practice innovations in the discipline in Canada and abroad are reviewed.* ***9.1.2.6 [Exemplary]:*** *Patient feedback to improve the residency program is regularly collected/accessed.* ***9.1.2.7 [Exemplary]:*** *Feedback from recent graduates is regularly collected/accessed to improve the residency 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:** The program director and residency program committee share their identified strengths and action plans with residents, teachers, administrative personnel and others as appropriate. **9.1.3.3:** There is a clear and well-documented process to evaluate the effectiveness of actions taken, and take to 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, etc.)
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 in order to measure a physician's competence or performance and compare it to defined criteria.[2]
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.[3]
Centralized	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 residency program.
Certification	Formal recognition of satisfactory completion of all necessary training, assessment and credentialing requirements of a discipline, indicating competence to practice independently.[4]
CFPC	College of Family Physicians of Canada.
CMQ	Collège des médecins du Québec

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[2] The Royal College of Physicians and Surgeons of Canada (2012). Terminology in Medical Education Project: Draft Glossary of Terms. Retrieved October 14, 2016 from http://www.royalcollege.ca/rcsite/education-strategy-accreditation/innovations-development/initiatives/terminology-medical-education-project-e

[3] The Royal College of Physicians and Surgeons of Canada (2012). Terminology in Medical Education Project: Draft Glossary of Terms. Retrieved October 14, 2016 from http://www.royalcollege.ca/rcsite/education-strategy-accreditation/innovations-development/initiatives/terminology-medical-education-project-e

[4] The Royal College of Physicians and Surgeons of Canada (2012). Terminology in Medical Education Project: Draft Glossary of Terms. Retrieved October 14, 2016 from http://www.royalcollege.ca/rcsite/education-strategy-accreditation/innovations-development/initiatives/terminology-medical-education-project-e[2]

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.[5]
Competency (Competencies)	An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development.[6]
Competent	Possessing the required abilities in all domains of competence in a certain context at a defined stage of medical education or practice.[7]
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	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 residency 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.

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[5] Frank, JR., Snell, L., Ten Cate, O., Holmboe, ES., Carraccio, C., Swing, SR., et al. (2010). Competency-based medical education: theory to practice. Medical Teacher; 32(8):638-645.

[6] Frank, JR., Snell, L., Ten Cate, O., Holmboe, ES., Carraccio, C., Swing, SR., et al. (2010). Competency-based medical education: theory to practice. Medical Teacher; 32(8):638-645.

[7] Frank, JR., Snell, L., Ten Cate, O., Holmboe, ES., Carraccio, C., Swing, SR., et al. (2010). Competency-based medical education: theory to practice. Medical Teacher; 32(8):638-645.

Discipline	Specialty and/or subspecialty recognized by one of the certification colleges.[8]
Division/ Department	A department, division or administrative 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(s).[9]
Educational Accommodation	Recognizing that people have different needs and taking reasonable efforts to ensure equal access to residency education.
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.[10]
Equitable	Used in the context of having and/or allocating resources, and refers to fair and impartial distribution of resources.[11]
Faculty Development	That broad range of activities institutions use to renew or assist teachers in their roles.[12]
Faculty of Medicine	A Faculty of Medicine, School of Medicine, or College of Medicine under the direction of a Canadian university/universities.

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[8] Association of American Medical Colleges (2012). Draft Glossary of Competency-Based Education Terms (unpublished).

[9] Association of American Medical Colleges (2012). Draft Glossary of Competency-Based Education Terms (unpublished).

[10] The Royal College of Physicians and Surgeons of Canada (2012). Terminology in Medical Education Project: Draft Glossary of Terms. Retrieved October 14, 2016 from http://www.royalcollege.ca/rcsite/education-strategy-accreditation/innovations-development/initiatives/terminology-medical-education-project-e

[11] Oxford University Press. (2016) Oxford Living Dictionary: Equitable. Retrieved October 14, 2016 from https://en.oxforddictionaries.com/definition/equitable

[12] Centra, J.A. (1978) Types of Faculty Development Programs. Journal of Higher Education; 49(2), 151-162

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. [This is a working definition only, and is under further development].
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 [As defined in the FMEC MD Education Project Collective Vision]
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	An internal evaluation conducted to identify strengths of, and areas for, improvement for the residency program and/or Faculty of Medicine.
Inter-professional	Individuals from two or more professions (i.e., 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 (i.e. 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.[13]
Learning site	A hospital, clinic or other facility which contributes to residents' educational experiences.[13]

[13] Great Schools Partnership (2012). The Glossary of Education Reform. Retrieved October 14, 2016 from http://edglossary.org/learning-environment/

Mistreatment	Unprofessional behavior involving intimidation, harassment, and/or abuse.
Objective(s)	An outcomes-based statement that describes what the resident will be able to do upon completion of the learning experience, stage of training, or residency program.
Postgraduate administrative personnel	Individuals who support the postgraduate dean in coordination and administration related to the oversight of residency programs, including the postgraduate manager.
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	The committee and any subcommittees as applicable, overseen by the postgraduate dean, which facilitates the governance and oversight of all residency programs within a Faculty of Medicine.
Postgraduate manager	Senior administrative personnel responsible for supporting the postgraduate dean, providing overall administrative oversight of the postgraduate office.
Postgraduate office	A postgraduate medical education office under the direction of the Faculty of Medicine, with responsibilities for residency programs.
Program administrative personnel	Individuals who support the program director by performing administrative duties related to planning, directing, and coordinating the residency program.
Program director	The individual responsible and accountable for the overall conduct and organization of the residency 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.
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.

Residency program committee	The committee and subcommittees, as applicable, overseen by the program director that supports the program director in the administration and coordination of the residency program.
Residency program stakeholder	A person or organization with interest in and/or who is impacted by the residency program.
Resident	An individual registered in an accredited residency program following eligible undergraduate training leading to certification or attestation in a recognized discipline.[14]
Resource	Include educational, clinical, physical, technical, financial, and human (e.g. teachers and administrative personnel) resources required for delivery of a residency program.
Royal College	The 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.[15]
Teacher	An individual with the responsibility for teaching residents. Teacher is often used interchangeably with terms such as supervisor and/or preceptor.
Teaching	Includes formal and informal teaching of residents, including the hidden curriculum.

[14] The Royal College of Physicians and Surgeons of Canada (2012). Terminology in Medical Education Project: Draft Glossary of Terms. Retrieved October 14, 2016 from http://www.royalcollege.ca/rcsite/education-strategy-accreditation/innovations-development/initiatives/terminology-medical-education-project-e

[15] World Health Organization (1995). Defining and measuring the social accountability of medical schools. Division of Development of Human Resources for Health. Geneva, Switzerland.

Wellness	A state of health, namely, a state of physical, mental, and social well-being, that goes beyond the absence of disease or infirmity.[16]

[16] World Health Organization (1948). WHO definition of health. Retrieved October 14, 2016 from http://www.who.int/about/definition/en/print.html