Areas of Focused Competence (AFC) Programs

University of Toronto University Pre-Accreditation Review Visit

July 2020
Presentation Objectives

To understand:

• The context of accreditation with COVID-19
• Purpose of accreditation
• Background to AFC accreditation reform
• Accreditation review process
• How to prepare for the upcoming accreditation review
CanRAC’s Response to the Global Pandemic

• recognize the impact of COVID-19 on clinicians, residents, and staff, and on the healthcare and medical education systems in general

• consider and prioritize the safety of all individuals along with the practicality of travel

• make the best decisions possible based on the information available

• communicate that information as it becomes known, and revisit decisions regularly as the situation changes
CanRAC’s Response to the Global Pandemic

• maintain critical operations as much as possible with flexible and creative solutions, balanced against the many other demands on health care providers

• maintain the integrity and rigour of the accreditation process

• manage individual exceptions, both in the moment and with guidance at later points in the process, rather than shifting all accreditation activities downstream (recognizing that it is uncertain how long the COVID-19 pandemic may persist)
U of T November 2020 Regular Review

In consideration of “Zoom Fatigue”, multiple time zones and additional factors, some modifications have been made to the original plan:

• **Two week duration:** Review will begin on Sunday, November 22, 2020 and conclude on Friday, December 4, 2020

• Program reviews will occur on **Mondays, Tuesdays and Thursdays**
  • Survey team deliberations will occur on Wednesdays and Fridays

*The final schedule assigning specific program reviews to specific dates has not yet been finalized and is actively being worked on at this time*
Purpose of Accreditation

Background to AFC accreditation reform
Purpose of AFC Accreditation

• Ensure the quality of AFC education across Canada
• Provide an external, objective evaluation against the required standards
• Contribute to the continuous quality improvement of AFC programs
AFC Background

• AFC category of discipline recognition introduced in 2011
• AFC standards of accreditation ("C" Standards) and process modeled after that of residency accreditation
• First accredited AFC program in 2012
• Residency accreditation reform initiated in 2012/2013 via multi-year phased implementation, resulting in CanERA system and CanAMS
• Comprehensive program evaluation of AFC category launched (2018) – validated direction and informed development of new system
AFC Accreditation Reform

• Reforms based on
  • Stakeholder input during initial years of AFC category
  • Recommendations from comprehensive evaluation of AFC category (2018)
  • Feedback from national consultations (2019)

• Aligns in principle with key aspects of the CanERA system for residency (as appropriate for AFCs)
  • New general standards of accreditation and related evidence requirements
  • New processes/policies
  • Use of the digital accreditation management system (CanAMS)
Prototype testing

• All aspects of the new system at University of Toronto (November 2020) and Université de Montréal (March 20201)

• Use of new general standards, program profile instruments, areas for improvement (AFI) instruments, etc.

• Feedback gathered will be used to introduce further improvements going forward

• New system will apply to all accreditation reviews once it is fully launched on July 1, 2021
Principles of AFC Accreditation

• Based on the *new General Standards of Accreditation for Areas of Focused Competence (AFC) Programs* and discipline-specific standards of accreditation for AFCs

• Aligns with process for residency programs
  • Includes onsite visits with peer-review
  • Uses input from specialists
  • Bases decisions on Categories of Accreditation
The Accreditation Review Process
The Regular Accreditation Review

• Takes place every eight years

• Involves a review of:
  • The institution
  • Every residency program*
  • Every AFC program*

*Exceptions:  Programs with no trainees/residents at the time of the review.
Programs with deadlines for follow-up greater than six months before/after the accreditation review
The Royal College Accreditation Review Team

- Chair - Responsible for general conduct of survey; co-chair of institution team
- Deputy Chair - Visits teaching sites / hospitals
- Surveyors - Two surveyors assigned to each program review
- RDoC representatives
- Regulatory authorities representative (FMRAC)
- Other observers
An Overview of the Accreditation Process

1. Program populates instruments (submitted by PGME)
2. Pre-accreditation review/input from AFC Committee
3. Accreditation Review
4. Surveyors develop Preliminary Accreditation Report and Recommend Decision
5. AFC subcommittee reviews report and provides input
6. AFC Accreditation Committee makes final decision
7. Final Decision Provided to Institution/Program
Instruments to be submitted

• Each program will populate two instruments:
  • Program profile instrument:
    • Integrates both the generic and the specialty-specific questions
  • Areas for improvement (AFI) instrument:
    • Programs’ previous areas for improvement (“weaknesses”) have been mapped to the most relevant new standards(s) (where applicable)
    • Programs respond to each area of improvement in advance; progress on these areas for improvement will be reviewed
The pre-accreditation review process

AFC Committee

University (PGME)

Royal College

Surveyors

Program instruments

Program instruments (2)

Questions for clarification

Response to questions

Program Instruments

Program response

Questions for clarification

Response to questions

Program Instruments

Program response
Responding to AFC Committee Questions

- Programs will receive a copy of any questions raised by the AFC Committee 1-2 weeks in advance of the accreditation review
  - The program will be required to prepare a written response, providing any additional information/clarification requested
  - Program responses will be submitted by PGME one week in advance of the accreditation review and be made available to the surveyors
The Accreditation Review

• Consists of two components:
  • Document review
  • Meetings with program stakeholders:
    • AFC director
    • Department/division chair
    • Trainees
    • Teaching faculty
    • AFC Program Committee
Document Review

- Will be done in advance of “scheduled” review by surveyors (45 min)
- Programs will be expected to provide:
  - AFC Program Committee minutes (last two years)
    - Does the Committee fulfill all of its responsibilities?
    - Provides information on issues discussed and follow-up action taken by AFC program committee
    - Appropriate representation on Committee (including trainee)
    - Meets regularly
  - Trainee assessment files
    - Example(s) of trainees in trouble/remediation, if applicable
    - Looking at the process of how trainees are assessed (e.g. timely, face-to-face meetings)
    - Release form must be signed by trainee
    - Confidentiality form signed by the surveyors
Meetings with Key Stakeholders

• Will be done virtually on scheduled review day

• Meeting with AFC Director (60 minutes)
  • Overall view of program (with respect to alignment with standards, strengths, areas for improvement)
  • How program addressed previous areas for improvement/weaknesses
  • AFC committee/subcommittee questions
  • Resources and support for AFC director
Meetings with Key Stakeholders (cont’d)

• Meeting with department head (15 min)
  • Overview of strengths and challenges
  • Time and support for AFC director
  • Faculty assessments
  • Resources to support AFC program
  • Research environment
  • Overall, priority of AFC program
Meetings with Key Stakeholders (cont’d)

• Meeting with ALL trainees (60 min/group of 15 trainees)
  • Areas of focus:
    • Strengths and areas for improvement
    • Program objectives
    • Educational experiences
    • Service /education balance
    • Increasing professional responsibility
    • Academic program / protected time / research opportunity
    • Supervision
    • Assessments of trainee performance
    • Evaluation of program / assessment of faculty
    • Educational environment
    • Safety
Meetings with Key Stakeholders (cont’d)

• Meeting with teaching faculty (45 min)
  • Strengths and areas for improvement
  • Involvement with program
  • Goals and objectives
  • Resources
  • Assessments
    • of trainees
    • of faculty performance
  • Is teaching valued?
Meetings with Key Stakeholders (cont’d)

• Meeting with AFC Program Committee (45 min)
  • All members of AFC program committee attend, including trainee members
  • Review of responsibilities of committee
  • Opportunity for surveyors to clarify information obtained during previous meetings
  • AFC director attends last 15 minutes of meeting
Meetings with Key Stakeholders (cont’d)

• Additional meeting with AFC director (if required) (15 min)
  • Clarify any additional points
The Exit Meeting

• Following the review, prior to the conclusion of the U of T accreditation review

• Surveyors inform AFC director of:
  • Recommended accreditation decision
  • Any leading practices and/or innovations (LPIs) identified
  • Any areas for improvement requiring follow-up in two years
Following the Accreditation Review

AFC Committee

Accreditation review report and program response

Surveyors

Accreditation review report

Royal College

Accreditation review report

University (PGME)

Program response

AFC Accreditation Committee

Program response

AFC Committee Input
Post Accreditation Review Timelines

• Preliminary accreditation review report
  • Shortly after the accreditation review (ratings and LPIS)

• Accreditation review report
  • Provided to PGME office (to provide to program) eight to ten weeks after accreditation review visit. Includes full narrative.

• Program has two weeks to respond to errors of fact
• Sent to the PGME office for transmittal to Royal College
Post Accreditation Review Timelines

• Final decision is made by the AFC Accreditation Committee (AFC-AC)
  • AFC-AC will discuss in Spring 2021
  • Dean and postgraduate dean will be invited to attend

• Decision letters will be issued June 2021
  • Category of accreditation and follow-up required
  • Areas for Improvement
  • Leading Practices and Innovations, if any
What information/individuals inform regular accreditation review decisions (by AFC-AC)?

• Evidence provided by program:
  • Program profile instrument and AFI instrument

• Background information:
  • Last accreditation review report and reports related to any mandated follow-up over the last accreditation cycle, if applicable.

• Accreditation review:
  • Formal document review (e.g. minutes and trainee files)
  • Interviews (e.g. trainees, faculty, AFC program committee, dept./division head, etc.)
What information/individuals inform regular accreditation decisions?

• Peer-reviewers (surveyors)
  • Medical education experts
  • Outside discipline

• Royal College AFC Discipline Committees

• Royal College AFC-Accreditation Committee
Accreditation statuses and follow-ups

• Accredited program
  • Follow-up:
    • Next regular accreditation review
    • Action Plan Outcomes Report (APOR)
    • External review

• Accredited program on notice of intent to withdraw accreditation
  • Follow-up:
    • External review
Categories of Accreditation (definitions)

• Accredited program with follow-up at next accreditation review
  • The AFC program has demonstrated acceptable compliance with the standards
Categories of Accreditation (definitions)

• Accredited program with follow-up by Action Plan Outcomes Report (APOR)
  • There is one (or more) significant area(s) for improvement impacting the overall quality of the program, which requires follow-up prior to the next regular accreditation review and can be evaluated via submission of evidence from the program
  • Follow-up will align with the predictable two-year timeline established in the accreditation cycle
Categories of Accreditation (definitions)

• Accredited program with follow-up by external review
  • There is one (or more) significant area(s) for improvement impacting the overall quality of the program, which requires follow-up prior to the next regular accreditation review and can be best evaluated by external peer reviewers.
  • Follow-up will align with the predictable two-year timeline established in the accreditation cycle
Categories of Accreditation (definitions)

• Accredited program on notice of intent to withdraw accreditation
  • There are major and/or continuing concerns which call into question the educational environment and/or integrity of the AFC program and its ability to deliver high quality AFC education
    OR
  • Follow-up will align with the predictable two-year timeline established in the accreditation cycle.

• There are major and/or continuing concerns which call into question the educational environment and/or integrity of the AFC program and its ability to deliver high quality AFC education

OR

• Despite notifications and reminders, the program has failed to complete and submit the required accreditation follow-up by the deadline.
Once you receive your accreditation decision

- Celebrate your program’s strengths
- It’s not “over” - accreditation is a process of continuous quality improvement.
  - Ongoing responsibility to meet the accreditation standards
  - Use the areas for improvement as part of the program’s continuous quality improvement process (including prep for any required follow-up, if applicable)
Preparing for the Accreditation Review
Preparing for the Accreditation Review

• For program directors/administrators:
  • Complete the program profile instrument and AFI instrument in CanAMS (to be submitted by PGME office)
  • Once your date is confirmed:
    • Inform all participants (trainees, faculty, department head, etc.)
    • Develop schedule (template will be provided) - tours not required
  • Prepare documents for formal document review
    • Trainee files (ensure consent is obtained)
    • AFC Program Committee meeting minutes
Preparing for the Accreditation Review

• From the trainee perspective:
  • Meet as a group to discuss strengths and challenges of program (1-2 months ahead)
  • Obtain a copy of the program profile instrument, the AFI instrument and the previous survey report, if applicable
  • If you feel you need more time with the surveyors during your meeting, request it
  • Be open and honest with the surveyors
  • Comments in meetings are anonymous
What’s Next?

• PGME Office will confirm date of your program’s review and provide a schedule template with guidelines.

• PGME Office will provide information regarding online platform(s):
  • Sessions/meetings that make up the program review
  • Formal document review

• Colleges and PGME Office will continue regular discussions to finalize details for the review (e.g., exit meetings)

• If you have questions, contact your PGME Office
University of Toronto Accreditation Review

November 2020
Questions?
Thank You!

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