Program Directors

University of Toronto
Pre-Accreditation Review Visit

July 2020
Welcome & Introductions
Presentation Objectives

To understand:

➢ The upcoming accreditation review
➢ The importance of accreditation
➢ Standards of Accreditation
➢ The accreditation process
➢ What to expect and how to prepare for the accreditation review
➢ What happens after the accreditation review
Canadian Residency Accreditation Consortium:
The conjoint group representing the Royal College, CFPC, and CMQ tasked with the development and ongoing improvement of CanERA

Canadian Excellence in Residency Accreditation:
The name given to the new system of accreditation

Canadian Accreditation Management System:
The digital accreditation management system, a fundamental component of CanERA
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 CanERA 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)
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*
Impact of COVID-19

• Acknowledgment of exceptional times
• Accreditation does not ignore the present circumstances but does not focus on them; objective is to evaluate residency programs and institutions as would occur in a typical accreditation review
• Royal College’s Principles for Decision-making in a Changing Environment
Why is accreditation important?

- Ensures the quality of residency education provided to residents across Canada
- Provides an external, objective evaluation against required expectations
- Contributes to the continuous quality improvement (CQI) of residency programs and institutions
CanERA Overview
CanERA introduced ten key changes...

1. New Standards...
   - updated for institutions and programs to improve clarity

2. New Evaluation Framework...
   - including rating at the requirement level, and identification of leading practices and innovations

3. Institution Review Process...
   - consisting of an enhanced institution review, including an institution accreditation decision

4. New Decision Categories & Thresholds...
   - to improve consistency of decisions

5. 8 YR Cycle & Data Integration...
   - regular accreditation reviews, balanced with ongoing integration of quality improvement data

6. Enhanced Accreditation Review...
   - refined processes, enabling efficient and focused accreditation reviews

7. Digital Accreditation Management System (CanAMS)... 
   - to facilitate accreditation & quality improvement activities

8. Emphasis on the Learning Environment...
   - increased focus on the quality and safety of the learning environment

9. Emphasis on Continuous Improvement...
   - including a focus on empowering and supporting institutions and residency programs

10. Evaluation and Research...
    - systematic approach to the continuous improvement of CanERA
Standards of Accreditation
Standards of Accreditation

Institution (PGME) Accreditation

- *General Standards of Accreditation for Institutions with Residency Programs* (replaced the “A” Standards)

Residency Program Accreditation

- *General Standards of Accreditation for Residency Programs* (replaced the “B” Standards)
- Specific Standards of Accreditation for each discipline
Features of the CanERA Accreditation Standards

- Increased **focus on outcomes** (“Show me that it works”).
- Increased **clarity** of expectations, including increased clarity around required evidence within the AMS.
- Renewed emphasis on the **learning environment** and **continuous improvement**.
- Accommodation of **time and competency based** education models.
# Residency Program Accreditation Standards

## Program Organization (Standard 1 & 2)

- E.g., Org structure; leadership & support; residency program committee; communication/collaboration; learning sites (e.g., selection, IIAs, site coordinator/supervisor)

## Education Program (Standard 3)

- E.g., Education design and delivery

## Resources (Standard 4)

- E.g., Clinical, physical, technological, human, and financial resources; coordination with other residency programs to share resources

## Learners, Teachers, and Admin. Personnel (Standard 5, 6, 7, 8)

- E.g., Learning environment, safety, wellness, supervision, support for residents, teachers and admin. personnel

## Continuous Improvement (Standard 9)

- CI of the residency program
Institution Accreditation Standards

<table>
<thead>
<tr>
<th>Institutional Governance (Standard 1,2,3)</th>
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<tbody>
<tr>
<td>E.g., Vision/mission, leadership and support, postgraduate education committee, policy development, resources, collaboration, sites</td>
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<table>
<thead>
<tr>
<th>Learners, Teachers, and Admin. Personnel (Standard 4,5,6,7)</th>
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<td>E.g., Learning environment, safety and wellness, supervision, support for residents, teachers, and administrative personnel</td>
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<table>
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<tr>
<th>Continuous Improvement (Standard 8 &amp; 9)</th>
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<tr>
<td>CI of postgraduate structure and governance, residency programs (e.g., internal review, support to build CI capacity), and learning sites</td>
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Want to quiz your knowledge of the standards?

- Visit www.canera.ca (quiz included in University Personnel online training)
Additional Discipline-Specific Documents

Traditional cohorts:
• Objectives of Training (OTR)
• Specialty Training Requirements (STR)

Competence by Design (CBD cohorts):
• Competencies
• Training Experiences

Note 1: Held to standards in place 12 months in advance of review
Note 2: Guidance is provided with respect to how to address education design and delivery expectations for those with mixed cohorts.
Continuous Cycle of Accreditation
Eight Year Cycle & Data Integration

• Eight years between regular accreditation reviews; follow-up based on predictable two-year intervals

• Introduction of new sources of data/information throughout the cycle intended to contextualize program quality
  – Iterative implementation: Currently in validity testing phase of annual CanRAC administered resident and faculty surveys
Accreditation Review Process
Features of the CanERA Accreditation Process

• Two surveyor model
• Use of CanAMS
• Interview guides/tools to support surveyors
• Increased focus on continuous improvement efforts
• Modified schedule (e.g., new meeting with program administrator)
• Increased focus on capturing innovative and leading practices
New Evaluation Framework & Accreditation Decisions (Status & Follow-up)
Accreditation Decisions

• Accreditation status and follow-ups
• Guiding principles for decision making
• Focus on areas for improvement (AFIs) and leading practices and innovations (LPIs)
• Opportunities to provide positive feedback
New Terminology

• **Leading Practice and/or innovate (LPI):** a practice (method, procedure, etc.) that is noteworthy for the discipline or residency education writ large, and/or is unique and innovative in nature.
New Terminology

• **Area for Improvement (AFI):** A requirement with one or more mandatory indicators not met
  – Some AFIs may require College review in two years (AFI-2y)
  – Some AFIs may not require College review until the next regular accreditation review (AFI-RR)
# Accreditation Status & Follow-ups

<table>
<thead>
<tr>
<th>Category</th>
<th>Follow-Up</th>
<th>Institution-level</th>
<th>Program-level</th>
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</thead>
<tbody>
<tr>
<td>Accredited New Institution/Program</td>
<td>External Review</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Accredited Institution/Program</td>
<td>Next Regular Review</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>APOR</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Accredited Institution/Program on Notice of Intent to Withdraw</td>
<td>External Review</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Withdrawal of Accreditation</td>
<td>New application</td>
<td>✓</td>
<td>✓</td>
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Follow-up by Regular Accreditation Review

• The residency program has demonstrated acceptable compliance with standards
• Timelines for follow-up align with the next regular review established in the accreditation cycle
• Expectations of ongoing continuous quality improvement throughout the cycle
Follow-up by Action Plan Outcomes Report (APOR)

- One (or more) significant area(s) for improvement impacting the overall quality of the program which requires follow-up prior to the next regular onsite review.

- Can be evaluated via submission of evidence from the program.

- Predictable 2-year follow-up
Follow-up by External Review

- One (or more) significant area(s) for improvement impacting the overall quality of the program which requires follow-up prior to the net regular onsite review
- Best evaluated by external peer reviewers.
- Factors that may suggest the need for follow-up by external review include but are not limited to:
  - Persistent of AFI(s) (i.e., identified at a previous review(s))
  - Nature of AFI(s) (i.e., the issues are best evaluated by a reviewer from outside of the university and in some instances, from the same discipline); and/or
  - Concerns with the program’s/institution’s oversight of CQI

- Predictable 2-year follow-up
Notice of Intent to Withdraw, follow-up by External Review

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

OR

- Despite notifications and reminders, the program has failed to complete and submit the required accreditation follow-up by the deadline

- Predictable 2-year follow-up
CanERA Principles for decision-making

– Increased emphasis on CQI
  • entrusting programs/institutions to drive their own CI.
  • demonstrated CQI efforts (e.g., AFIs identified within APO instrument)

– Iterative expectations for newer expectations; while understanding imperatives from the current system still apply.

– Ensuring consideration of:
  • persistence
  • impact on the education environment; and
  • strengths of the institutions IR process.

Note: These are applied to the overall recommendation, not at the requirement rating/indicator level
Is it the decision definitions or the principles that inform the final decision......?

Accreditation Status & Follow-up Definitions

Principles for Decision-Making

Final Accreditation Status & Follow-up Recommendation
Canadian Accreditation Management System (CanAMS)
CanAMS for Programs

- Program profile instrument
- AFI instrument
- Self-study/evaluation tools (under development)
- Access to applicable documentation (e.g., general and discipline-specific standards of accreditation)
- CanAMS online training available at www.canera.ca
Understanding the Regular Accreditation Review Process
Regular Accreditation Review Process

Program/Institution Submits CanAMS Evidence Instruments → Specialty Committee (SC) Provides Input → Program Response

SC Reviews Report & Provides Input → Surveyors develop Report and Recommend Decision

Residency Accreditation Committee Makes Final Decision
What information informs the accreditation review?

- Interviews
- Documentation available onsite (e.g., resident files**)
- Populated CanAMS instruments
- Resident Org. Synthesis Report
- Background Information
- Specialty Committee Input (and related program response)
- Exam results
- Data Integration (Future)

Recommendation
<table>
<thead>
<tr>
<th>Residency Accreditation Committee</th>
<th>Program Accreditation Review Team (Surveyors)</th>
<th>Specialty Committee</th>
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<tbody>
<tr>
<td>• Medical education experts</td>
<td>• Medical education experts</td>
<td>• Discipline representatives</td>
</tr>
<tr>
<td>• Range of disciplines</td>
<td>• From outside the discipline</td>
<td>• Representing the five geographical regions in Canada</td>
</tr>
<tr>
<td>• Fellows, Residents, and others (e.g., Association of Faculties of Medicine of Canada (AFMC))</td>
<td>• Some programs may also have a resident surveyor</td>
<td>• Up to 9 voting members</td>
</tr>
<tr>
<td>• 23 voting members</td>
<td>• Two surveyor model; full team votes on recommendation</td>
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<tr>
<td>• Final Decision</td>
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The Program Accreditation Review Team

- **Chair** - Responsible for general conduct of survey; co-chair of institution team
- **Deputy Chair** - Visits teaching sites / hospitals
- **Surveyors**
  - Specialists from another discipline
  - Two surveyors per program
- **Resident representatives (RDoC / FMRQ)**
  - Accompany surveyors on selected program reviews *(Resident surveyors review a variety of programs!)*
- **Regulatory authorities representative**
- **Other observers**
Resident Organization Questionnaire Results

- Resident representatives on the accreditation review team will have access to the results of the respective resident organization’s (resident) questionnaire

- Confidential survey sent to ALL residents
  - Sent prior to the regular accreditation review by the respective resident organization (i.e., once every eight years)
    - Encourage your residents to complete the questionnaire!
  - (NEW) High-level, brief, de-identified synthesis report of findings available to all members of accreditation review team
  - Only resident surveyors have access to detailed results
Question

If one of the resident representatives accompanies the surveyor for your program, does that indicate major concerns with the program?

• No – the resident reps often aim to visit a range of programs, including programs where no concerns were identified based on the questionnaire.
Getting ready for your upcoming accreditation review
Which programs will be reviewed?

- All programs that are “active” at the time of the onsite portion of the accreditation review
  - There is a resident/trainee, as appropriate (this includes visa residents/trainees), registered for the complete program (i.e., they participate in all components of the accredited program, following the program curriculum)
  - **Exceptions:** Programs with follow-up reviews where the deadlines are more than six months prior to or following the date of the regular accreditation review are not typically reviewed

- Inactive programs are not reviewed: Accreditation status is withdrawn if inactive for two regular accreditation reviews in a row
• This is the first impression of the program:
  – Be clear and concise!
  – No typos, spell out abbreviations, and use consistent formatting
  – Ensure uploaded documents are formatted appropriately and uploaded to the relevant section!
  – Ensure evidence is current and all hyperlinks are working (links must not require a password)
• Deadline for completion provided by PG office
• The first time around this can still be a fair bit of work; however, moving forward much of this will be a process of review for updates
CanAMS Instruments

- Wherever possible, please utilize the narrative section provided, rather than uploading documentation (unless it is truly appropriate).

- If uploading a document, include an overview of what is attached in the narrative, to give a sense of what the purpose of the attachment is.
Access to CanAMS Instruments

Specialty Committee

Royal College

University

Program Director

Surveyor

ALLOWS ACCESS TO EVIDENCE

ALLOWS ACCESS TO EVIDENCE (3-4 MONTHS IN ADVANCE)

ADDs COMMENTS

PROVIDE COMMENTS

ALLOW ACCESS EVIDENCE & COMMENTS

ACCESS TO CanAMS Instruments

ALLOWS ACCESS TO EVIDENCE (3-4 MONTHS IN ADVANCE)

ADDs COMMENTS

PROVIDE COMMENTS

ALLOW ACCESS EVIDENCE & COMMENTS
Responding to Specialty Committee Input

• Uploaded to CanAMS (Documents tab) 1-2 weeks in advance of the onsite portion of the accreditation review
  – PG Office will notify you when available

• Response deadline will be provided (typically a week to respond)

• The surveyors may ask for additional information during the various meetings
The following must be available during the document review:

- Residency Program Committee (RPC) minutes (past two years)
- Competence Committee (or equivalent) minutes
- Resident files
  - A sampling, i.e., one or two residents from each year, including files of any residents in difficulty/requiring remediation
  - If electronic assessments (e.g., one45), provide computer access
  - Additional files may be required by the surveyors

Tip: Ensure that you have the resident sign a release of information letter to allow the reviewers to view their file
Accreditation Review Schedule

• Date of each program review currently being determined
• Inform PGME office quickly if you foresee a scheduling conflict
  – e.g., residents/faculty attending specialty conference
• The PGME office will provide you with a copy of the program review schedule template
• Any questions/concerns with the schedule should be directed to your PGME office
Program Accreditation Review Schedule

• Must include (in sequence):
  – Document review
  – Program director
  – Program administrator
  – Department/division chairs
  – Residents (groups of 20)
  – Teaching faculty
  – Competence Committee (or equivalent)
  – Residency Program Committee
  – Program director (15 mins if needed)
  – Exit meeting (15 min) – the next morning at the hotel (7:30am)

• Include as appropriate:
  – Lunch (30 min)
  – Breaks (15 min) – mid-morning and mid-afternoon
Preparing for your Interview with Surveyors

• Discussion may focus on (but not be limited to):
  – Overall view of program (with respect to alignment with standards, strengths, areas for improvement)
  – How program addressed previous AFIs
  – Specialty committee questions
  – PA (e.g., role, support, professional development)
  – Resources
  – Collaboration with other programs
  – Resident performance/progress
  – Learning environment (safe? positive?, FRM, process to address concerns)
  – Teacher assessment/recognition
  – Your leadership
Surveyors’ Meeting with the PA

- Discussion may focus on (but not be limited to):
  - Overall impression of the program
  - PA specific professional development opportunities, protected time, roles/responsibilities.
Surveyors’ Meeting with Division/Dept. Head

- Discussion may focus on (but not be limited to):
  - Overall impression of the program (strengths, areas for improvement)
  - Support/resources available to the program
  - Relationship, communication, and collaboration with the program/PD/RPC
  - Teacher assessment
  - Program collaboration with other programs within the division/department
Surveyors’ Meeting with Residents

• Discussion may include (but not be limited to):
  – Overall impressions of the program (strengths and areas for improvement)
  – Interaction with PD (accessibility, support, etc.)
  – Environment (supportive, positive, safe?, FRM)
  – Opportunities to provide feedback and communication throughout the program
  – Policies/processes (are they effective?)
  – Resources
  – Resident assessment
  – Supervision and educational experiences
  – Competence by Design (as appropriate)
  – Clinical responsibilities
  – Scholarship and research support/opportunities
Surveyors’ Meeting with Teachers

- Discussion may focus on (but not be limited to):
  - Overall impression of the program (strengths, areas for improvement)
  - PD leadership
  - Communication/collaboration/opportunities for input (PD/RPC)
  - Resources
  - Residents’ learning experiences, CanMEDS
  - Resident assessment
  - Teacher assessment & professional development
    - Recognition (teaching, CI, involvement in other medical education activities)
  - Learning/Teacher environment (supportive, positive, safe, FRM, reflection on hidden curriculum)
  - Effectiveness of policies/processes
Surveyors’ Meeting with the RPC

• Discussion may include (but not be limited to):
  – Role of RPC and how it functions
  – PD (Accessible? Responsive?)
  – Policies/processes (are they effective?, development/review process, communication of processes/policies to others, etc.)
  – Program review (CI) process
  – PG office (communication, leadership)
  – Learning site selection/review
  – Resident assessment/promotion
  – Educational experiences (curriculum planning, tailoring experiences to level of responsibility, etc.)
  – Resident mistreatment and/or resident and patient safety
(Program) Exit Meeting

- Surveyors inform program director of:
  - recommendation on the accreditation decision
  - Any leading practices and/or innovations identified
    - There may not be any and that is ok!
  - Any areas for improvement requiring follow-up in two years
- The report is not provided at this time
What happens after the accreditation review?

- **Survey Team**
- **Specialty Committee**
- **Royal College**
- **University**
- **Residency Accreditation Committee**

The process involves:
- Reports from the survey team to the residency accreditation committee.
- Responses from the university to the residency accreditation committee.
- Post-accreditation review consultation between specialty committees and the royal college.
- Reports and responses between the royal college and the specialty committee.

The flowchart illustrates the interactions and information exchanges among these stakeholders in the accreditation process.
Review of Preliminary Report for Errors of Fact

• Anticipated to be provided to PG office (to provide to program) eight to ten weeks following the accreditation review
• Will include a recommended decision
• Not yet reviewed or finalized by the residency accreditation committee
• Program has two weeks to respond to errors of fact
• Communicate any errors of fact to PG office for transmittal to Royal College
Final Accreditation Decision

• Final decision is made by the Residency Accreditation Committee
  – Spring 2021 meeting
  – Dean and postgrad dean will attend
  – Final decision and associated Accreditation Review Report formally communicated Spring 2021
Once you receive your accreditation decision...

• **Celebrate** your program’s achievements!

• Use the areas for improvement as part of the program’s continuous quality improvement (CQI) process (including prep for two-year follow-up, if applicable)
  - Track progress in your Action Plan Outcomes Instrument (AFI tab in CanAMS)
Ongoing Accreditation Expectations

• It’s not “over” – accreditation is a process of CQI
  – Responsibility to maintain alignment with standards
  – Respond to and track progress associated with any AFIIs identified via the last accreditation review and/or via data/information integrated throughout the cycle (e.g., the annual CanRAC resident and faculty survey)
  – Keep CanAMS up to date!
    • Enables readiness for CI activities and spreads out the workload associated with prep for accreditation reviews
Q&A
What if you have more questions?

• Questions re. the upcoming accreditation review:
  – Your program director and/or postgraduate office
  – Your postgraduate office will contact us if necessary

• Questions about CanERA?
  – www.canera.ca
Thank You!