

POSTGRADUATE MEDICAL EDUCATION ACCREDITATION 2027

Accreditation Newsletter Issue 3

UPDATE FROM CPD

HEAL 2024: Healthcare Enhanced by AI & Learning

Overview: HEAL 2024 will be an engaging, one-day meeting on topics related to artificial intelligence (AI) and healthcare. You will learn practical tips for how to identify, appraise, use, and evaluate various AI tools in your practice, from disease prediction algorithms to ChatGPT. The meeting will feature large group presentations from leaders in this space and small group workshops to give you hands-on experience using different AI tools. Medical students, residents, physicians (all specialties), and other health professionals are welcome.

Date: Wednesday, June 19th, 2024

Time: 7:30 a.m. - 4:35 p.m.

Location: Brescia at Western University, London, Ontario.

Registration: For licensed physicians and other health professionals: \$200.00. For medical students and residents: \$100.00. We will only be accepting 200 attendees so register soon!

For more information and access to the full agenda, please [click here](#).

Faculty Development Modules

Please see the CPD site [Teacher and Education Scholar Resources](#) for a variety of modules on clinical teaching, including reflection and feedback conversations, probing clinical reasoning, and direct observation and feedback in a clinical setting.

COMPETENCE COMMITTEE REMINDER

Indicator 3.4.2.4: Residents are aware of the processes for assessment and decisions around promotion and completion of training.

Internal reviews, as well as resident appeals, have identified some concerns with Competence Committee processes. A reminder that:

“Decision making should remain defensible and free of anecdotal information or opinions. Only information available in resident files and electronic portfolio should be discussed at the Competence Committee to avoid bias and hearsay.”

This is both for basic fairness in the process, as well as defensibility in the event of an appeal.

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USING YOUR EPA REPORTS

Competence Committees and Expired EPAs

Our goal is for EPA expiries to be < 5%. Congratulations to those programs achieving, or close to achieving, this! For some programs there remains work to do to decrease expirations.

If a resident triggers an EPA and it expires – this is not a resident responsibility. Expired EPAs must be considered complete by the Competence Committee, it is not fair to require residents to retrigger and resubmit EPAs that have expired.

The Relevant Standards of Accreditation

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

Indicator 9.1.1.5: Residents' assessment data are reviewed.

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

Indicator 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.

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

Using your EPA reports

EPA reports are provided to programs every 6 months, reflecting the prior 6 months of data. The data in the reports is based on the Encounter Date and includes:

- EPA completion in < 1 day, in < 14 days, and Expiry rates
- EPAs triggered by faculty (percentage)
- Information about your program relative to other programs
- Trend lines over the academic years that data was collected

Below you will find an example of how this report can be used for program continuous improvement:

- Share the EPA report – add it to the RPC agenda and provide the report prior to the meeting
- Discuss the EPA report at RPC and identify areas for improvement (if any, but most programs are not reaching the targets in all areas)
- Develop an action plan which will depend on your report. Your program approach could include things like (see [Appendix 1](#) for an example of an action plan):
 - Identifying barriers to EPA completion or faculty triggering
 - Review faculty assessor statistic report in Elentra to identify if there are specific faculty who are outliers and skewing data.

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- Ensure faculty are aware and provide faculty development, either as part of departmental or divisional meetings, rounds, etc., or as targeted faculty intervention (e.g. Do faculty know their PIN? Do faculty know how to trigger an EPA? Etc.)
 - Do faculty know the EPAs relevant to their block or clinic setting? Consider EPA pocket cards or clinic posters, etc.
 - Communication of assessment requirements to faculty and residents (newsletter, town-hall)
 - Highlight and celebrate faculty who trigger EPAs – invite them to share their approach with other faculty.
- Document your action plan in the RPC minutes
 - Review the effectiveness of actions taken, and take further action as required (Indicator 9.1.3.3).
 - Document everything in your RPC minutes and consider using an action plan or a continuous improvement report for documentation.

RESIDENT ORIENTATION 101: WHAT RESIDENTS NEED TO KNOW!

A strong resident orientation process can help residents transition into the program successfully. PGME and Medical Affairs will be hosting a live virtual event on Friday June 28, with access to the OWL site beginning June 3. In addition to PGME and Medical Affairs' orientation offering, programs should provide their own program-specific orientation outlining what residents need to know.

A resident handbook, or a shared site, should be available to all residents. Make it accessible throughout the year and update it regularly. This document can be shared in your CanAMS documentation. The handbook can include:

- Who's who (and when to contact)
- Rotation objectives and a sample plan for each year of the program (blocks/electives etc.)
- Assessments - who, how, when, how many, where, and expectations
- Policies and processes, including where to find them and how changes will be communicated
- The resident's role and expectations
- Research - who, how, and what?

See the [PGME Program Communications](#) document for more details (opens as a Word document). This document, along with many other resources and templates for programs, can also be found [here](#).

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ACCREDITATION TIMELINE

Spring	2023	DONE!
Summer		Internal Reviews of 18 Royal College program and Family Medicine completed! (thank you everyone!)
Fall		
		For 2024: Internal Reviews for 12 Royal College Programs
		NEW: PGME Handbook for Programs
Winter	2024	May 2024: Preliminary Allocation for 2025 PGY1 CaRMS Match
Spring		June 30 th : Progress Report Deadlines for Internal Review Programs
Summer		July 2024: New Standards of Accreditation for Programs
Fall		Competence by Design Royal College (CBD 2.0) Update and Implementation
Winter	2025	December 10 th : Progress Report Deadlines
Spring		More Internal Reviews scheduled for 2025
Summer		Fall 2025: External Reviews - Ob/Gyn, Psychiatry, Interventional Radiology
Fall		Add-on Internal Reviews: Internal Medicine, Nuclear Medicine
		Follow-up on Progress Reports
Winter	2026	
Spring		CanMEDS Project Update
Summer		Add-on Internal Reviews or Mini-Reviews scheduled
Fall		
		Winter 2027 Begin CanAMS entries and documents
Winter	2027	PGME Review of CanAMS begins Spring 2027
Spring		Final Versions due Summer 2027
Summer		On-site Review!
Fall		

WE ARE HERE

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ACCREDITATION STANDARDS

Why Accreditation?

- Accreditation helps to ensure the quality of residency and AFC education across Canada.
- It provides an external evaluation of the required standards.
- Accreditation contributes to the continuous quality improvement of residency programs and institutions (PGME).

What are the Standards?

The General Standards of Accreditation for Residency Programs, and the Standards of Accreditation for Area of Focused Competence programs focus on outcomes (programs must prove that it is happening), with an emphasis on learning environment and program continuous improvement.

There are 5 domains, and for RC and CFPC programs there are 9 standards (RC AFC programs have 7 standards). Elements are a subcategory of the standards, and each element has requirements and specific indicators. Indicators are mandatory – if a single indicator is not met then the requirement is not met.

The Standards for Royal College and CFPC:

DOMAIN	STANDARD
Program Organization	1 There is an appropriate organizational structure, with leadership and administrative personnel to support the residency program, teachers, and residents effectively.
	2 All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.
Education Program	3 Residents are prepared for independent practice.
Resources	4 The delivery and administration of the residency program are supported by appropriate resources.
Learners, Teachers, Administration	5 Safety and wellness are promoted throughout the learning environment.
	6 Residents are treated fairly and supported adequately throughout their progression through the residency program.
	7 Teachers deliver and support all aspects of the residency program effectively.
	8 Administrative personnel are valued and supported in the delivery of the residency program.
Continuous Improvement	9 the residency program committee systematically reviews and improves the quality of the residency program.

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ACRONYMS 101

AFMC Association of Faculties of Medicine of Canada. If you were wondering who makes the rules about whether interviews are virtual, or if asynchronous interviews are allowed, or how many electives in a single specialty students may have, or the CaRMS timelines: it is the AFMC. [AFMC News](#) is a good resource for updates.

CanAMS is Canadian Accreditation Management System – if you are a program director of program administrator you will be provided access to CanAMS – it is where all the narrative and documents go for surveys and reviews.

CanERA Canadian Excellence in Residency Accreditation is the integration of the CFPC and Royal College Standards of Accreditation, as well as the supporting management system – CanAMS.

CanRAC Canadian Residency Accreditation Consortium – and is comprised of the three accrediting colleges in Canada – College of Family Physicians of Canada (CFPC), the Royal College (RC or RCPSC) and the College des medecins du Quebec (CMQ).

CBME Competence Based Medical Education

CBD Competence by Design – the Royal College initiative for CBME.

COFM Council of Ontario Faculties of Medicine – facilitates coordination and communication between the faculties of medicine of the Ontario Universities. COFM postgraduate deans meet monthly.

COU Council of Ontario Universities – the voice of all Ontario Universities.

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APPENDIX 1

PROGRAM NAME

PROGRAM CONTINUOUS IMPROVEMENT ACADEMIC YEAR 202x – 202x

Standard or Indicator	Element	Scheduled Review	Data Used in Review	Concern/Goal	Actions	Follow-up
9.1.1.5 Assessment data	EPA Data July-Dec 2023	PGME EPA data q 6 months	PGME EPA report faculty specific EPA data	EPA expiry rate > 5% (target)	-faculty specific data -identify barriers to completion -faculty development re: deletion of EPAs and PIN numbers -review at Division meeting -include information re: expiry rate in faculty newsletter	Jan-June 2024 EPA report → expiry rate % Reviewed at RPC (date)
9.1.1.1 Rotation	Rotation x	q annual RPC Sept.	Rotation evaluation Faculty evaluation Review of Objectives Assessment review (EPA and ITER completion) Orientation information	Objectives outdated AM teaching frequently canceled Lack of orientation or information provided	Update objectives (Dr. x – due date...) AM teaching schedule – schedule by beginning of block to allow for changes in presenters (switch) Orientation – develop handbook (due date)	Objectives updated and reviewed, approved by RPC (date) AM teaching – no cancellations x 4 recent blocks Orientation information – updated, reviewed and approved by RPC (date)