

# POSTGRADUATE MEDICAL EDUCATION ACCREDITATION 2027

## Accreditation Newsletter Issue 4

### CanPREPP

[CanPREPP](#) (Canada's Portal for Residency Program Promotion) is an optional portal available for program information and events. Program information is required in CaRMS – this information is updated regularly and reviewed by PGME for accuracy and potential CaRMS violations. Unfortunately, CanPREPP does not have a similar process. This means that a lot of program information currently posted on CanPREPP is outdated – incorrect PA or PD names and contacts, wrong number of available positions, outdated event details (such as town hall information sessions, etc.).

This means programs have some options:

1. For information in CanPREPP, put '[Please see program information in CaRMS site.](#)' (recommended to avoid confusion or inaccuracies) OR
2. In early fall of each year, update all program information in CanPREPP to ensure accuracy.

Programs may choose to use the CanPREPP event calendar which is a one-stop place for all program events and is accessed by applicants looking for program events. This is a useful part of CanPREPP.

### GENERAL STANDARDS OF ACCREDITATION FOR RESIDENCY PROGRAMS - 2024 VERSION

The updated 2024 [General Standards of Accreditation for Residency Programs](#) is now available and is accompanied by a glossary of terms. While these standards are for Royal College programs, the CFPC Red Book will be updated to match (but is not yet available). These are the standards programs will be required to meet for the Accreditation 2027 reviews.

See [Appendix 1](#) for a track changes version of the General Standards to better see the changes that have been made. Specialty-specific standards, competencies, and training experiences can found [here](#).

**This is a summary of what has and hasn't changed.**

What has changed (minor):

There are quite a few grammatical changes, as well as changes to terminology (for example 'stakeholders' in the prior version has been replaced by 'individuals involved in the residency program', and 'postgraduate office' has been replaced by 'institution').

ISSUE 4 – September 2024

#### IN THIS ISSUE

[CanPREPP Updating](#)

[2024 Standards of Accreditation for Programs](#)

- [3.2.2.6 Physician Impairment](#)
- [3.4.3.4 Competence Committee Responsibilities](#)
- [Domain 5 – Safety](#)
- [CanAMS Changes](#)

# POSTGRADUATE MEDICAL EDUCATION ACCREDITATION 2027

3.4.1.5: The system of assessment meets the requirements within the specific standards for the discipline. ~~including the achievement of competencies in all CanMEDS roles or CFPC evaluation objectives as applicable.~~

The deletion of the requirement to assess all the CanMEDS competencies will not have much effect on programs but will be very helpful when the new CanMEDS competencies are published in 2027 as a significant expansion in the number of competencies in expected).

## **What is different and important:**

**3.2.2.6 (previously 3.2.2.5):** The curriculum plan includes fatigue risk management, specifically education addressing the risk posed by ~~fatigue~~ **physician impairment** to the practice setting, and the individual and ~~team-based strategies~~ **organizational supports** available to manage the risk.

What does this mean in practice? Physician impairment exists when a physician becomes unable to practice medicine with reasonable skill and safety because of personal health problems or other stressors. In most cases, impairment is a self-limited state amenable to intervention, assistance, recovery/resolution ([ACEP Physician Impairment Policy Statement](#)). Impairment may include dependence on substance abuse (including alcohol), cognitive, mental or emotional conditions that affect the ability to practice medicine.

For our programs, incorporating not just FRM but concepts of physician impairment into the curriculum will be required. PGME will help by providing some modules and teaching tools (currently under development).

**3.4.3.4 New:** The competence committee, assessment committee, or equivalent body is able to access resident assessment data in a way that supports its recommendations and decision-making about resident progress in alignment with assessment guidelines.

What does this mean for your program? Although this is a new indicator, it just requires the CC (or equivalent) to be able to justify the decisions that are made about resident progress, which isn't new. That means having assessments that are not just EPAs, having a well-documented and complete resident file, and CC minutes that support the decisions.

**Standard 5: Safety** incorporates 'physical, psychological, cultural and professional safety'.

The prior indicator of a safety policy that required information about hazardous materials, travel, and a long list of things, has been deleted. Instead, programs are required to have in place well-defined, transparent, effective policies and processes addressing each of the safety components.

**5.2.1.2:** Physical safety includes protection against biological risks, such as immunization, radiation protection, respiratory protection, exposure to body fluids; it also includes protection against risks associated with physical spaces, with care provided during home visits, travel and meetings with violent patients.

**5.1.2.3:** Psychological safety includes prevention, protection and access to resources to counter the risks of psychological distress, alcohol or drug dependence, intimidation and harassment.

# POSTGRADUATE MEDICAL EDUCATION ACCREDITATION 2027

**5.2.1.4:** Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health, care and health education so that the providers can work to dismantle the inherent hierarchy. Culturally safe practices require critical thinking and self-reflection about power, privilege, and racism in educational and clinical settings. It goes beyond cultural competence in improving Indigenous health and results in an environment free of racism and discrimination, where people feel safe when receiving health care.

**5.2.1.5:** Professional safety includes protection from allegations of malpractice, insurance against medical malpractice suits, disclosure assistance, academic and professional record confidentiality, as well as reporting procedures where confidentiality is assured and there are no reprisals.

**5.2.1.6:** Policies and processes regarding resident safety consider discipline, program, resident, and culturally specific contexts.

Each program should have a program-specific safety policy (in addition to PGME's [Safety Policy](#) and [Fatigue Risk Management Guidelines](#)). A Safety Policy template is available under [Standards 5, 6, 7 and 8: Safety and Wellness Resources](#).

## CanAMS CHANGES

As a result of the new Standards, new CanAMS profile instruments have been created by the RCPSC for each RCSPC residency program (no changes for AFC or CFPC programs). Previous narrative responses and documentation have been transferred into the new instruments. The RCPSC has delayed creating new instruments for programs scheduled for internal reviews in fall 2024, as well as those programs undergoing an external review prior to June 30, 2025.

While most of the changes to the program standards were editorial in nature, there are two entirely new questions.

**Program Organization (Standards 1 and 2): Describe the process for residents to select their representatives on the residency program committee.**

This can be met by including the selection process for resident representatives in the RPC Terms of Reference.

**Education Program (Standard 3): Explain how residents are made aware of the processes for assessment and decisions around promotion and completion of training.**

This can be met by including this information in your resident handbook, on your website, or a shared drive.

In addition, existing questions may have been modified throughout the instrument. Programs should complete a thorough review of any transferred response to ensure it is current and complete. Programs may also notice additional pages in their instrument for certain Standards. The new instrument separates generic questions from discipline-specific questions, and some programs will have more discipline-specific pages than others.

# POSTGRADUATE MEDICAL EDUCATION ACCREDITATION 2027

## ACCREDITATION TIMELINE

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

**WE ARE HERE**

# POSTGRADUATE MEDICAL EDUCATION ACCREDITATION 2027

## 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
<b>Program Organization</b>	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.
<b>Education Program</b>	3 Residents are prepared for independent practice.
<b>Resources</b>	4 The delivery and administration of the residency program are supported by appropriate resources.
<b>Learners, Teachers, Administration</b>	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.
<b>Continuous Improvement</b>	9 the residency program committee systematically reviews and improves the quality of the residency program.

# POSTGRADUATE MEDICAL EDUCATION ACCREDITATION 2027

## 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 or 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.

# General Standards of Accreditation for Residency Programs

Version **32.0**

Last updated: July 2024~~0~~



# Acknowledgements

The Canadian Residency Accreditation Consortium (CanRAC) would like to thank all those who contributed to the development of the *General Standards of Accreditation for Residency Programs*. These standards are the product of a fruitful and rewarding collaboration between diverse groups of individuals, committees, departments, and ~~stakeholders~~ other individuals involved in residency education, all of whom were integral to the successful development of the standards. In regards to this iteration of the standards (Version ~~23~~.0), we wish to make special acknowledgement of the contributions made by the conjoint residency Accreditation Standards Improvement Committee Committee (ASIC), who developed recommended changes to the standards. ASIC's recommendations were informed by valuable input by several working groups, including the Accreditation Working Group to Address Anti-Black Racism (AWG-ABR) and the Indigenous Health in Specialty PGME Expert Working Group (IH-EWG), the Institutional Oversight of Assessment Decision-making Working Group, the Royal College Physician Wellness Task Force, and the Royal College Competence by Design (CBD) Steering Group. In addition, we would like to thank all those who provided valuable feedback during the national consultation process.

## Document Citation:

CanRAC. General Standards of Accreditation for Residency Programs. Ottawa, ON: CanRAC; 202~~4~~0.



# Table of Contents

<b>ACKNOWLEDGEMENTS</b>	<b>2</b>
<b>INTRODUCTION</b>	<b>4</b>
<b>STANDARDS ORGANIZATION FRAMEWORK</b>	<b>5</b>
<b>STANDARDS</b>	<b>6</b>
<b>DOMAIN: PROGRAM ORGANIZATION</b>	<b>6</b>
STANDARD 1: There is an appropriate organizational structure, with leadership and program administrative personnel to support the residency program, teachers, and residents effectively.	6
STANDARD 2: All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.	8
<b>DOMAIN: EDUCATION PROGRAM</b>	<b>9</b>
STANDARD 3: Residents are prepared for independent practice.	10
<b>DOMAIN: RESOURCES</b>	<b>14</b>
STANDARD 4: The delivery and administration of the residency program are supported by appropriate resources.	14
<b>DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL</b>	<b>15</b>
STANDARD 5: Safety and wellness are promoted throughout the learning environment.	15
STANDARD 6: Residents are treated fairly and supported adequately throughout the progression of their residency program.	17
STANDARD 7: Teachers deliver and support all aspects of the residency program effectively.	18
STANDARD 8: Program administrative personnel are valued and supported in the delivery of the residency program.	19
<b>DOMAIN: CONTINUOUS IMPROVEMENT</b>	<b>19</b>
STANDARD 9: There is continuous improvement of the educational experiences, to improve the residency program and ensure residents are prepared for independent practice.	19

# Introduction

The *General Standards of Accreditation for Residency Programs* are a national set of standards maintained conjointly by the [Royal College of Physicians and Surgeons of Canada \(Royal College\)](#), College of Family Physicians of Canada (CFPC), and Collège des médecins du Québec (CMQ), for the accreditation of residency programs. The standards aim to ensure the quality of residency education provided across Canada<sup>7</sup> and ensure residency programs adequately prepare residents to meet the health care needs of their patient population(s), during and upon completion of training.

The standards include requirements applicable to all residency programs and learning sites<sup>1,7</sup> and have been written in alignment with a standards organization framework, which aims to provide clarity of expectations<sup>7</sup> while maintaining flexibility for innovation.

---

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

# Standards Organization Framework

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

# Standards

## DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the residency program.

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

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

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>1.1.1:</b> The program director is available to oversee and advance the residency program.	<b>1.1.1.1:</b> The program director has <del>adequate-sufficient</del> protected time to oversee and advance the residency program <del>consistent in accordance</del> with the postgraduate office guidelines, and <del>as appropriate for in consideration of</del> the size and complexity of the program. <b>1.1.1.2:</b> The program director is accessible and responsive to the input, needs, and concerns of residents. <b>1.1.1.3:</b> The program director is accessible and responsive to the input, needs, and concerns of teachers and members of the residency program committee.
<b>1.1.2:</b> The program director has appropriate support to oversee and advance the residency program.	<b>1.1.2.1:</b> The faculty of medicine, postgraduate office, and academic lead of the discipline provide the program director with sufficient support, autonomy, and resources for the effective operation of the residency program. <b>1.1.2.2:</b> Administrative support is organized and adequate to support the program director, the residency program, and residents.
<b>1.1.3:</b> The program director provides effective leadership for the residency program.	<b>1.1.3.1:</b> The program director <del>fosters-promotes a culture of inclusion that enables an environment that empowers</del> members of the residency program committee, residents, teachers, and others as required to identify needs and implement changes. <b>1.1.3.2:</b> The program director advocates for equitable, appropriate, and effective educational experiences. <b>1.1.3.3:</b> The program director communicates with <u>individuals involved in the</u> residency program <del>stakeholders</del> effectively. <b>1.1.3.4:</b> The program director anticipates and manages conflict effectively. <b>1.1.3.5:</b> 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 participation in professional development in medical education.

**1.1.3.7 [Exemplary]:** *The program director demonstrates a commitment to and facilitates educational scholarship and innovation ~~to advance the residency program.~~*

**1.1.3.8 [Royal College Requirement]:** The program director or delegate attends at least one specialty committee meeting per year in person or remotely.

---

## **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.**

---

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>1.2.1:</b> The residency program committee structure is composed of appropriate <u>key individuals in the residency program stakeholders.</u>	<p><b>1.2.1.1:</b> Major academic and clinical components and relevant learning sites are represented on the residency program committee.</p> <p><b>1.2.1.2:</b> There is an effective, fair, and transparent process for residents to select their representatives on the residency program committee.</p> <p><b>1.2.1.3:</b> There is an effective process for individuals involved in resident wellness and safety program/plans to provide input to the residency program committee.</p> <p><b>1.2.1.4 [Exemplary]:</b> <i>There is an effective process for individuals responsible for the quality of care and patient safety at learning sites to provide input to the residency program committee.</i></p>
<b>1.2.2:</b> The residency program committee has a clear mandate to manage and evaluate the key functions of the residency program.	<p><b>1.2.2.1:</b> 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.</p> <p><b>1.2.2.2:</b> The terms of reference for the residency program committee are <u>regularly</u> reviewed <del>on a regular basis,</del> and <u>are refined,</u> as appropriate.</p> <p><b>1.2.2.3:</b> 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.</p> <p><b>1.2.2.4:</b> <u>The residency program committee documentation describes how it Meeting frequency of the residency program committee is sufficient to fulfill</u> its mandate <u>effectively.</u></p> <p><b>1.2.2.5:</b> The residency program committee structure includes a competence committee, <u>assessment committee,</u> (or equivalent) <u>body</u> responsible for reviewing residents' readiness for</p>

---

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 others involved in the 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 individuals involved in the 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 to the academic lead of the discipline and others responsible for the delivery of the residency program, 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.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>2.1.1:</b> The residency program committee has well-defined, transparent, and <u>functional-effective</u> policies and processes to manage residency education.	<b>2.1.1.1:</b> There is an effective mechanism to review and adopt applicable <del>postgraduate-office</del> <u>institution</u> and learning site policies and processes. <b>2.1.1.2:</b> There is an effective, <u>and</u> transparent mechanism to collaboratively develop and adopt required program- and discipline-specific policies and processes. <b>2.1.1.3:</b> There is an effective mechanism to disseminate the residency program's policies and processes to residents, teachers, and <u>program</u> administrative personnel. <b>2.1.1.4:</b> All individuals with responsibility in the residency program follow the <del>central-institution's</del> policies and procedures regarding ensuring appropriate identification and management of conflicts of interest.

### **Element 2.2: The program director and residency program committee communicate and collaborate with individuals involved in the residency program ~~stakeholders~~.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
-----------------------	---------------------

**2.2.1:** There are effective mechanisms to collaborate with the division/department, other programs, and the postgraduate office.

**2.2.1.1:** There is effective communication between the residency program and the postgraduate office.

**2.2.1.2:** 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.~~

**2.2.1.3:** There is collaboration with the faculty of medicine's undergraduate medical education program and with continuing professional development programs, including faculty development, as appropriate.

**2.2.1.4 [Exemplary]:** *There is collaboration with other health professions to provide shared educational experiences for learners across the spectrum of health professions.*

### **Element 2.3: ~~Resources and~~ Learning sites are organized to meet the requirements of the discipline.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>2.3.1:</b> There is a well-defined, <del>transparent,</del> and effective process to select the residency program's learning sites.	<p><b>2.3.1.1:</b> There is an effective process to select, organize, and review the residency program's learning sites based on the required educational experiences, <del>and in accordance with the central policy(ies) for learning site agreements.</del></p> <p><b>2.3.1.2:</b> Where <del>the faculty of medicine's</del> 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.</p>
<b>2.3.2:</b> Each learning site has an effective organizational structure to facilitate education and communication.	<p><b>2.3.2.1:</b> Each learning site has a site coordinator/<del>supervisor</del> responsible to the residency program committee.</p> <p><b>2.3.2.2:</b> There is effective communication and collaboration between the residency program committee and the site coordinators/<del>supervisors</del> for each learning site to ensure program policies and procedures are followed.</p>
<del><b>2.3.3:</b> The residency program committee engages in operational and resource planning to support residency education.</del>	<del><b>2.3.3.1:</b> There is an effective process to identify, advocate for, and plan for resources needed by the residency program.</del>

## **DOMAIN: EDUCATION PROGRAM**

The *Education Program* domain includes standards focused on the planning, design, and delivery of the residency program.

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.**

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

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

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>3.2.1:</b> Educational experiences are guided by competencies and/or objectives <sup>7</sup> and provide residents with opportunities for increasing professional responsibility at each stage or level of training.	<p><b>3.2.1.1:</b> The educational experiences are defined specifically for and/or are mapped to the competencies and/or objectives.</p> <p><b>3.2.1.2:</b> The educational experiences meet the specific standards for training required for the discipline.</p> <p><b>3.2.1.3:</b> The educational experiences are appropriate for residents’ stage or level of training and support residents’ achievement of increasing professional responsibility to the level of independent practice.</p>
<b>3.2.2:</b> The residency program uses a comprehensive curriculum plan, which is specific to the discipline, and addresses all	<p><b>3.2.2.1:</b> There is a clear curriculum plan that describes the educational experiences for residents.</p> <p><b>3.2.2.2:</b> The curriculum plan incorporates all required educational objectives or key and enabling competencies of the discipline.</p>



the CanMEDS/CanMEDS-FM Roles.

**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 suitable learning activities.

**3.2.2.4:** The curriculum plan includes training in continuous improvement, with emphasis on improving systems of patient care, including patient safety, with opportunities for residents to apply their training in a project or clinical setting.

**3.2.2.5:** The curriculum plan includes educational programming to develop skills around physician wellness at various stages of the physician life cycle.

**3.2.2.6:** The curriculum plan includes fatigue risk management, specifically, education addressing the risks posed by fatigue-physician impairment to the practice setting, and the individual and team-based strategies/organizational supports available to manage the risk.

**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 lifelong 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:** Residents' clinical responsibilities are assigned based on level or stage of training and their individual level of competence.

**3.2.4.2:** Residents' clinical responsibilities, including on-call duties, provide opportunities for progressive experiential learning, in accordance with all CanMEDS/CanMEDS-FM Roles.

**3.2.4.3:** 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.

**3.2.4.4:** 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 inquiry.

**3.2.5.1:** Residents have access to, and mentorship for, a variety of scholarly opportunities, including research as appropriate.

**3.2.5.2:** Residents have protected time to participate in scholarly activities, including research as appropriate.

**3.2.5.3:** Residents have protected time to participate in professional development to augment their learning and/or to present their scholarly work.

### 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 to support~~ 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:** 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 within the specific standards for the discipline, ~~including the achievement of competencies in all CanMEDS roles or CFPC evaluation objectives, as applicable.~~

**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 regular discussions 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 r~~Residents' progress toward the attainment of competencies is

---

~~documented in a secure, individual portfolio, 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:** 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.

---

**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, assessment committee, ~~(or equivalent)~~ body regularly reviews residents' readiness for increasing professional responsibility, ~~promotion, and transition to practice,~~ -based on the program's system of assessment demonstrated achievement of expected competencies and/or objectives for each level or stage of training.

**3.4.3.2:** Using all available evidence regarding performance, including the contents of the portfolio, ~~the~~ competence committee, assessment committee, ~~(or equivalent)~~ body 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:** The competence committee, assessment committee, or equivalent body is able to access resident assessment data in a way that supports its recommendations and decision-making about resident progress in alignment with assessment guidelines.

**3.4.3.5 [Exemplary]:** The competence committee, assessment committee, (or equivalent) body uses advanced assessment methodologies such as data visualization, reporting, and analytical tools (e.g., learning analytics, narrative analysis) to inform recommendations and decisions, as appropriate, 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 or objectives 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 progressing 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 the resident has successfully completed a period of formal remediation; and
- the appeal process.

## **DOMAIN: RESOURCES**

The *Resources* domain includes standards focused on ensuring resources are sufficient for the delivery of the education program, and ultimately to ensure that residents are prepared for independent practice.

### **STANDARD 4: The delivery and administration of the residency program are 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 and/or objectives.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>4.1.1:</b> The patient population is adequate to ensure that residents experience the breadth of the discipline.	<b>4.1.1.1:</b> The residency program provides access to <del>a sufficient</del> the volume and <del>diversity-variety</del> of patients appropriate to the discipline.
	<b>4.1.1.2:</b> The residency program provides access to <del>diverse</del> patient populations and environments <del>that align with, in alignment with</del> the community and societal needs for the discipline.
<b>4.1.2:</b> Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.	<b>4.1.2.1:</b> The residency program has access to the <del>vaerity</del> diversity of learning sites <del>and scopes of practice</del> -specific to the <del>scope of practice of the</del> discipline.
	<b>4.1.2.2:</b> The residency program has access to appropriate consultative services to meet the general and specific standards for the discipline.
	<b>4.1.2.3:</b> The residency program has access to appropriate diagnostic services and laboratory services to meet both residents' competency requirements and the delivery of quality care.
	<b>4.1.2.4:</b> Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.
<b>4.1.3:</b> The residency program has the necessary financial, physical, and technical resources.	<b>4.1.3.1:</b> There are adequate financial resources for the residency program to meet the general and specific standards for the discipline.
	<b>4.1.3.2:</b> There is adequate space for the residency program to meet educational requirements.

**4.1.3.3:** There are adequate technical resources for the residency program to meet the specific requirements for the discipline.

**4.1.3.4:** Residents have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, and patient records.

**4.1.3.5:** The program director, residency program committee, and program administrative personnel have access to adequate space, information technology, and financial support to carry out their duties.

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

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>4.2.1:</b> Teachers appropriately implement the residency curriculum, supervise and assess <u>trainees residents, and</u> contribute to the program, <u>and role-model effective practice.</u>	<b>4.2.1.1:</b> 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.
	<b>4.2.1.2:</b> 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.
	<b>4.2.1.3:</b> There are sufficient competent individual supervisors to support a variety of resident scholarly activities, including research as appropriate.
	<b>4.2.1.4:</b> 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 safety, wellness, and support for learners, teachers, and administrative personnel.

### **STANDARD 5: Safety and wellness are promoted throughout the learning environment.**

**Element 5.1: The physical, psychological, cultural, and professional safety and wellness of patients and residents are actively promoted.**

Requirement(s)	Indicator(s)
<b>5.1.1:</b> Residents are appropriately supervised.	<p><b>5.1.1.1:</b> Residents and teachers follow <del>central-institution</del> policies and any program-specific policies regarding the supervision of residents, including ensuring the physical presence of the appropriate supervisor, when mandated, during acts or procedures performed by the resident, and ensuring supervision is appropriate for the level or stage of training.</p> <p><b>5.1.1.2:</b> Teachers are available for consultation <del>regarding</del>for decisions related to patient care in a timely manner.</p> <p><b>5.1.1.3:</b> Teachers follow the policies and processes for disclosure of resident involvement in patient care, and for patient consent for such participation.</p>
<b>5.1.2:</b> Residency education occurs in a <u>physically, psychologically, culturally, and professionally safe</u> learning environment.	<p><b>5.1.2.1:</b> Safety is actively promoted throughout the learning environment for all those involved in the residency program.</p> <p><del><b>5.1.2.2:</b> Effective resident safety policies and processes are in place, which may include policies and processes defined centrally or specific to the program, and which reflect general and/or discipline-specific physical, psychological, and professional resident safety concerns, as appropriate. The policies and processes include, but are not limited to:</del></p> <ul style="list-style-type: none"> <li><del>After-hours consultation</del></li> <li><del>Complaints and allegations of malpractice</del></li> <li><del>Fatigue risk management</del></li> <li><del>Hazardous materials</del></li> <li><del>Infectious agents</del></li> <li><del>Ionizing radiation</del></li> <li><del>Patient encounters (including house calls)</del></li> <li><del>Patient transfers (e.g., Medevac)</del></li> <li><del>Safe disclosure of patient safety incidents</del></li> <li><del>Travel</del></li> <li><del>Violence, including sexual and gender-based violence. Well-defined, transparent, and effective policies and processes are in place addressing residents' physical safety.</del></li> </ul> <p><b>5.1.2.3:</b> Well-defined, transparent, and effective policies and processes are in place addressing residents' psychological safety.</p> <p><b>5.1.2.4:</b> Well-defined, transparent, and effective policies and processes are in place addressing residents' cultural safety.</p> <p><b>5.1.2.5:</b> Well-defined, transparent, and effective policies and processes are in place addressing residents' professional safety.</p> <p><b>5.1.2.6:</b> Policies and processes regarding resident safety consider discipline, program, resident, and culturally specific contexts.</p> <p><b>5.1.2.7:</b> Policies <u>and processes</u> regarding resident safety effectively address both situations and perceptions of lack of</p>

resident safety<sup>7</sup> and provide multiple avenues of access for effective reporting and management.

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

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

**5.1.2.106:** 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 ~~and respectful~~ learning environment for all involved in the residency program.

**5.1.3.2:** Residents are aware of and ~~are~~ able to access ~~appropriate,~~ confidential wellness ~~support services that can support to address~~ physical, psychological, ~~cultural,~~ and/or professional resident wellness concerns.

**5.1.3.3:** The ~~central institution's~~ policies and processes regarding resident absences and educational accommodation are applied effectively.

**5.1.3.4:** The ~~processes regarding identification, reporting, and follow-up of resident~~ mechanism to receive, respond to, and adjudicate incidents of discrimination, harassment, and other forms of mistreatment ~~are-is~~ applied effectively.

**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 supported adequately throughout ~~their~~ the progression ~~through the~~ of their residency program.

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

Requirement(s)	Indicator(s)
<b>6.1.1:</b> There are <del>well-defined, transparent, and effective,</del> <u>clearly defined,</u> <del>transparent,</del> formal processes for the selection and progression of residents.	<b>6.1.1.1:</b> Processes for resident selection, promotion, remediation, dismissal, and appeals are applied effectively, transparently, and <del>in alignment</del> <u>aligned</u> with applicable <del>central institution</del> policies. <b>6.1.1.2:</b> The residency program encourages and recognizes resident leadership.
<b>6.1.2:</b> <del>Support services</del> <u>Guidance is</u> available to	<b>6.1.2.1:</b> The residency program provides formal, timely career planning and counselling to residents throughout their progress through the residency program.



---

facilitate resident achievement ~~of-and~~ success.

---

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

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

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>7.1.1:</b> Teachers are regularly assessed and supported in their development.	<p><b>7.1.1.1:</b> There is an effective process for the assessment of teachers involved in the residency program, aligned with applicable <del>central-institution</del> processes, that balances timely feedback with preserving resident confidentiality.</p> <p><b>7.1.1.2:</b> The system of teacher assessment ensures recognition of excellence in teaching, and is used to address performance concerns.</p> <p><b>7.1.1.3:</b> Resident input is a component of the system of teacher assessment.</p> <p><b>7.1.1.4:</b> Faculty development for teaching that is relevant and accessible to <del>teachers the program</del> is offered on a regular basis.</p> <p><b>7.1.1.5:</b> There is an effective process to identify, document, and address unprofessional behaviour by teachers.</p> <p><b>7.1.1.6:</b> The residency program identifies and addresses priorities for faculty development within residency training.</p>
<b>7.1.2:</b> Teachers in the residency program are effective role models for residents.	<p><b>7.1.2.1:</b> Teachers exercise the dual responsibility of providing high quality and ethical patient care, and excellent supervision and teaching.</p> <p><b>7.1.2.2:</b> Teachers contribute to academic activities of the residency program and institution, <del>which may include, but are not limited to:including</del> lectures, workshops, examination preparation, and internal reviews.</p> <p><b>7.1.2.3:</b> Teachers are supported and recognized for their contributions outside the residency program, <del>which may include, but are not limited to:including</del> peer reviews, medical licensing authorities, exam boards, specialty committees, accreditation committees, specialty societies, and government medical advisory boards.</p> <p><b>7.1.2.4:</b> Teachers contribute to scholarship on an ongoing basis.</p>



## STANDARD 8: Program A 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)
<b>8.1.1:</b> There is an effective process for the professional development of the <u>residency</u> program administrative personnel.	<p><b>8.1.1.1:</b> There is a role description that outlines the knowledge, skills, and expectations for <u>residency</u> program administrative personnel, <del>that is applied effectively.</del></p> <p><b>8.1.1.2:</b> <u>Residency</u> program administrative personnel receive professional development, provided <del>centrally</del> <u>by the institution</u> and/or through the residency program, based on their individual learning needs.</p> <p><b>8.1.1.3:</b> <u>Residency</u> program administrative personnel receive formal and/or informal feedback on their performance in a fair and transparent manner, consistent with any applicable university, health organization, or union contracts.</p>

## DOMAIN: CONTINUOUS IMPROVEMENT

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

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 (i.e., 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 systematically reviews and improves the quality of the residency program.**

Requirement(s)	Indicator(s)
<b>9.1.1:</b> There is a <u>well-defined</u> , systematic process to regularly review and improve the residency program.	<p><b>9.1.1.1:</b> There is an evaluation of each of the residency program's educational experiences, including the review of related competencies and/or objectives.</p> <p><b>9.1.1.2:</b> There is an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum.</p> <p><b>9.1.1.3:</b> Residents' achievements of competencies and/or objectives are reviewed.</p>

---

**9.1.1.4:** The resources available to the residency program are reviewed.

**9.1.1.5:** Residents' assessment data are reviewed.

**9.1.1.6:** The feedback provided to teachers in the residency program is reviewed.

**9.1.1.7:** The residency program's leadership at the various learning sites is ~~assessed~~reviewed.

**9.1.1.8:** The residency program's policies and processes for residency education are reviewed.

---

**9.1.2:** A range of data and information is ~~reviewed-used~~ to inform the evaluation review and improvement of all aspects of the residency program.

**9.1.2.1:** The process to review and improve the residency program uses various sources of data and input information from multiple sources, including feedback from residents, teachers, program directors, program administrative personnel, and others as appropriate, ~~is 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~~used to support the review of the residency program.

**9.1.2.3:** Mechanisms for feedback take place in an open, collegial atmosphere.

**9.1.2.4 [Exemplary]:** ~~A~~Resident e-portfolios (or an equivalent tools) ~~is~~are used to support the review of the residency program and its continuous improvement.

**9.1.2.5 [Exemplary]:** ~~The educational program is aware of and considers 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~~used to improve the residency program.

**9.1.2.7 [Exemplary]:** Feedback from recent graduates is regularly ~~collected/accessed~~used to improve the residency program.

---

**9.1.3:** Based on the data and information reviewed, strengths and areas for improvement are identified and addressed, ~~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 to improve the quality of the residency program.

**9.1.3.2:** The program director and residency program committee share ~~the~~ identified strengths and areas for improvement, ~~(including associated action plans)~~, with residents, teachers, program administrative personnel, and others as appropriate, in a timely manner.

**9.1.3.3:** There is a clear and well-documented process to ~~evaluate~~review the effectiveness of actions taken to improve the quality of the residency program, and to take further action as required.

---