General Standards of Accreditation

2002

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Introduction

The Royal College of Physicians and Surgeons of Canada is the national body that certifies specialists in all branches of medicine and surgery, except family medicine. One of the College's responsibilities is to survey and accredit residency programs. Over 600 university sponsored programs are currently accredited.

The standards for evaluation and accreditation of programs, as set forth here, have been adopted by the Accreditation Committee and by the Council of the College and represent Canada-wide standards by which residency programs sponsored by the universities are assessed.

In this document, the words **must** and *should* have been chosen with care. The use of the word **must** indicates that the Accreditation Committee considers meeting the standards to be absolutely necessary if the program is to be accredited. The use of the word *should* indicates that the Accreditation Committee considers an attribute to be highly desirable

and will make a judgement as to whether or not its absence may compromise substantial compliance with all of the requirements for accreditation.

While recognizing the existence of differing circumstances in the various provinces and regions of the country, and the need to provide room for innovation to meet changing requirements, the Accreditation Committee holds that local circumstances cannot justify accreditation of a substandard program.

In addition to these general standards, which apply to all residency programs, specific standards for the accreditation of programs in each of the specialties and subspecialties recognized by the College are available as separate documents. A companion booklet entitled *General Information Concerning Accreditation of Residency Programs* is also available.

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A. General Standards Applicable to the University and Affiliated Sites

STANDARD A.1: UNIVERSITY STRUCTURE

The Royal College of Physicians and Surgeons of Canada accredits only those residency programs that are under the direction of a Canadian university medical school. There must be in place a university structure suitable for the conduct of postgraduate residency programs.

Interpretation

1. There **must** be a senior faculty officer, such as an assistant or associate dean, appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the faculty.
2. There **must** be a multidisciplinary faculty postgraduate medical education committee in place for the development and review of all aspects of residency education. Usually, the senior faculty officer responsible for postgraduate medical education will act as chair of the committee and will be an ex-officio member of all subcommittees and residency program committees.
3. The responsibilities of the faculty postgraduate medical education committee **must** include:

3.1 establishing general policies of residency education;

3.2 establishing and maintaining appropriate liaison mechanisms with the directors of the integrated residency programs and the administrators of affiliated sites;

3.3 conducting internal reviews of all residency programs between Royal College on-site surveys and as specifically mandated by the Accreditation Committee;

3.4 ensuring appropriate distribution of the resources necessary for effective education in the residency programs;

3.5 establishing and supervising policies for the selection, evaluation, promotion, and dismissal of residents in all programs;

3.6 establishing and maintaining an appeal mechanism for matters related to postgraduate medical education decisions;

3.7 ensuring a proper educational environment free of harassment and intimidation with mechanisms in place to deal with such issues as they arise;

3.8 establishing policies to ensure adequate supervision of residents in order to protect and preserve the best interests of the patient, the attending physician and the resident. Recognizing the principle of increasing professional responsibility in residency education, the faculty postgraduate medical education committee **must** ensure that there are adequate guidelines for the supervision of residents.

The components of resident supervision include:

3.8.1 a mechanism of disclosure of the fact that residents are involved in patient care, and for patient consent for such participation;

3.8.2 assurance of progressive competence and responsibility of the resident for graded independent performance;

3.8.3 policies for notification of, and discussion with the attending physician by the resident regarding decisions in patient care; and

3.8.4 policies regarding the physical presence of the attending physician during acts or procedures performed by the resident;

3.9 ensuring that all residency programs address the required general skills of medical practice including:

3.9.1 biomedical ethics and medicolegal concerns;

3.9.2 quality assurance/improvement;

3.9.3 management skills;

3.9.4 health care advocacy;

3.9.5 communication skills;

3.9.6 equity issues related to age, gender, culture and ethnicity;

3.10 ensuring that there are adequate opportunities for faculty development.

4. The functions of the faculty postgraduate medical education committee may be facilitated by means of subcommittees. The committee and subcommittees, if any, **must** meet regularly and minutes **must** be kept.
5. The faculty postgraduate medical education committee *should* be made up in such a way as to avoid being unduly large and yet provide representation for the following groups:

5.1 residency program directors;

5.2 administrators of the affiliated sites;

5.3 residents elected by their peers.

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STANDARD A.2: SITES FOR POSTGRADUATE MEDICAL EDUCATION

Affiliated teaching hospitals and other education sites participating in residency programs must have a major commitment to education and quality of patient care.

Interpretation

1. Clinical services that are used for teaching **must** be organized to promote their educational function. This may be different from the organization of services for the

provision of care in a non-teaching setting. The decision as to whether or not a unit, service, or division qualifies as an education site is the responsibility of the university concerned.

2. Appropriate supervision of residents by the teaching staff **must** be provided within each education site.
3. It is important that residency programs be supported by active teaching services in other disciplines related to the specialty or subspecialty. Details of these relationships will be found in the specific standards of accreditation for programs in each specialty or subspecialty.
4. All participating sites **must** be actively involved in a formal quality assurance/improvement program, including regular reviews of deaths and complications. Quality assurance/improvement activities *should* form part of an integrated program that encourages interaction between clinical staff, nonmedical personnel, and hospital administrators. The quality of patient care and the use of diagnostic procedures on the teaching services whether medical, surgical, or laboratory *should* be under continuous review.
5. All participating sites **must** take reasonable measures to ensure resident safety at all times, particularly considering hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients or others.
6. In all participating sites, accurate and complete medical records **must** be kept on all patients. Hospitals **must** ensure that residents comply with established Medical Advisory Committee guidelines for chart completion.
7. Participating sites eligible for accreditation by the Canadian Council on Health Services Accreditation **must** be so accredited.
8. The university internal review process **must** determine that educational sites used by programs are appropriate.

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STANDARD A.3: LIAISON BETWEEN THE UNIVERSITY AND PARTICIPATING SITES

There must be appropriate arrangements between the university and all sites participating in postgraduate medical education.

Interpretation

1. The list of education sites used by the university **mus**t be revised annually and **must** be available to the College on request.
2. There **must** be a written agreement of affiliation or letters of intent between the university and each site offering a mandatory component of a program, indicating formal commitment by the governing body of the site to support residency programs.
3. Staff involved in the teaching of residents in a mandatory educational experience **must** hold an appointment acceptable to the university and to the site.

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B. General Standards Applicable to All Residency Programs

STANDARD B.1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Interpretation

1. There **must** be a program director, with qualifications that are acceptable to the College, responsible for the overall conduct of the integrated residency program. The program director **must** be assured of sufficient time and support to supervise and administer the program. The residency program director is responsible to the head of the department concerned and to the postgraduate dean for the faculty. The College **must** be informed when a new program director is appointed.
2. There **must** be a residency program committee to assist the program director in the planning, organization, and supervision of the program.

    2.1 This committee *should* include a representative from each participating site and each major component of the program.

    2.2 This committee **must** include representation from the residents in the program, at least one of whom **must** be elected by his or her peers.

    2.3 The residency program committee **must** meet regularly, at least quarterly, and keep minutes.

3. The responsibilities of the program director, assisted by the residency program

committee include:

3.1 development and operation of the program such that it meets the general standards of accreditation as set forth in this document, and the specific standards of accreditation of programs in the specialty or subspecialty as set forth in the specialty or subspecialty document;

3.2 selection of candidates for admission to the program;

3.3 evaluation and promotion of residents in the program in accordance with policies determined by the faculty postgraduate medical education committee;

3.4 maintenance of an appeal mechanism. The residency program committee *should* receive and review appeals from residents and, where appropriate, refer the matter to the faculty postgraduate medical education committee or faculty appeal committee;

3.5 establishment of mechanisms to provide career planning and counselling for residents;

3.6 establishment of mechanisms to deal with problems such as those related to stress;

3.7 an ongoing review of the program to assess the quality of the educational experience and to review the resources available in order to ensure that maximal benefit is being derived from the integration of the components of the program. The opinions of the residents **must** be among the factors considered in this review. Appropriate faculty/resident interaction and communication **must** take place in an open and collegial atmosphere so that a free discussion of the strengths and weaknesses of the program can occur without hindrance. This review **must** include:

3.7.1 an assessment of each component of the program to ensure that the educational objectives are being met;

3.7.2 an assessment of resource allocation to ensure that resources and facilities are being utilized with optimal effectiveness;

3.7.3 an assessment of teaching in the program, including teaching in areas such as:

- biomedical ethics

- medicolegal considerations
- teaching and communication skills
- issues related to quality assurance/improvement
- equity issues
- administrative and management issues

3.7.4 an assessment of the teachers in the program.

4. There **must** be a program coordinator or supervisor, responsible to the program director, at each site participating in the program. There **must** be active liaison between the program director and the program coordinators.

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STANDARD B.2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

Interpretation

1. There **must** be a statement of the overall goals of the program.
2. There **must** be specific educational objectives with respect to knowledge, skills, and attitudes for each rotation or other educational experience. These **must** be functional and *should* be reflected in the planning and organization of the program and in the evaluation of the residents. (See Standard B.6.)
3. Goals and objectives *should* be structured to reflect and encourage development of the *CanMEDS roles* (see box below; see also Standard B.5).
4. All residents **must** receive a copy of the goals and objectives on beginning the program. All faculty in the program **must** also receive a copy.
5. The statement of goals and objectives *should* be reviewed periodically by the program director and the residency program committee to determine the appropriateness of the objectives and how well they are reflected in the organization of the program and the evaluation of the residents.

CanMEDS Competencies for Specialist Physicians

Medical Expert

- demonstrate diagnostic and therapeutic skills for ethical and effective patient care
- access and apply relevant information to clinical practice
- demonstrate effective consultation services with respect to patient care, education and legal opinions

Communicator

- establish therapeutic relationships with patients/families
- obtain and synthesize relevant history from patients/families/communities
- listen effectively
- discuss appropriate information with patients/families and the health care team

Collaborator

- consult effectively with other physicians and health care professionals
- contribute effectively to other interdisciplinary team activities

Manager

- utilize resources effectively to balance patient care, learning needs, and outside activities
- allocate finite health care resources wisely
- work effectively and efficiently in a health care organization
- utilize information technology to optimize patient care, life-long learning and other activities

Health Care Advocate

- identify the important determinants of health affecting patients
- contribute effectively to improved health of patients and communities
- recognize and respond to those issues where advocacy is appropriate

Scholar

- develop, implement and monitor a personal continuing education strategy
- critically appraise sources of medical information

Professional

- deliver highest quality care with integrity, honesty and compassion
- exhibit appropriate personal and interpersonal professional behaviours
- practise medicine ethically consistent with obligations of a physician

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STANDARD B.3: STRUCTURE AND ORGANIZATION OF THE PROGRAM

There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfill the educational requirements and achieve competence in the specialty or subspecialty.

Interpretation

1. The program **must** provide all the components of training outlined in the specialty documents *Objectives of Training and Specialty Training Requirements* and *Specific Standards of Accreditation for Residency Programs*.
2. The program **must** be organized such that residents are given increasing professional responsibility, under appropriate supervision, according to their level of training, ability, and experience.
3. At some point in the program, under appropriate staff supervision, each resident **must** assume the role of a senior resident.
4. Service responsibilities, including rotation assignments and on-call duties, **must** be assigned in a manner which ensures that residents are able to attain their educational objectives, recognizing that some objectives can be met only by the direct provision of patient care. Service demands **must** not interfere with the ability of the residents to follow the academic program.
5. Each resident enrolled in a program **must** have an equal opportunity to take advantage of those elements of the program best able to meet his or her educational needs.
6. There *should* be adequate opportunity for residents to pursue elective educational experiences.
7. The role of each site used by the program **must** be clearly defined. There **must** be an overall plan which specifies how each component of the program is delivered by

the participating sites.

8. Teaching and learning **must** take place in environments which promote resident safety and are free of intimidation, harassment and abuse.

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STANDARD B.4: RESOURCES

There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the specialty training requirements in the specialty or subspecialty.

In those cases where a university has sufficient resources to provide most of the training in the specialty or subspecialty but lacks one or more essential elements, the program may still be accredited provided that a formal inter-university arrangement has been made to send residents to another accredited residency program for periods of appropriate prescribed training. This is described in the booklet *General Information Concerning the Accreditation of Residency Programs*.

Interpretation

1. There **must** be a sufficient number of qualified teaching staff to provide appropriate teaching and supervision of residents.
2. The number and variety of patients or laboratory specimens available to the program on a consistent basis **must** be sufficient to meet the educational needs of the residents. There **must** be both male and female patients or specimens to provide appropriate experience for the specialty or subspecialty.
3. Clinical services and other resources used for teaching **must** be organized to achieve their educational objectives. The organization of patient care may be different in a setting where teaching and education take place.

    3.1 All resources used for teaching **must** be organized according to the following general principles:

        3.1.1 Teaching staff **must** exercise the double responsibility of providing high quality, ethical patient care and excellent teaching. Staff

members who fail to meet these obligations, as judged by the internal evaluation procedures of the faculty, *should* be relieved of teaching duties.

3.1.2 There **must** be an experience-based learning process, which provides training in collaboration with other disciplines for optimal patient care.

3.1.3 There *should* be an integration of teaching resources to include exposure to emergency, ambulatory, and community experiences.

3.1.4 Learning environments **must** include experiences that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture and ethnicity appropriate to the specialty or subspecialty.

3.2 There **must** be easy access to a major medical library either at the medical school or through a major hospital library. There *should* also be access during evenings and weekends to the hospital library or to a collection of appropriate texts and journals.

3.3 There **must** be appropriate access to computers and facilities for information management, on-line references and computer searches.

4. The physical and technical resources available to the program **must** be adequate to meet the needs of the program as outlined in the specific standards of accreditation for a program in the specialty or subspecialty.
5. Supporting facilities and services **must** be available as outlined in the specific standards of accreditation for programs in the specialty or subspecialty. In addition:

5.1 Clinical services heavily committed to the care of seriously ill and injured patients **must** be supported by intensive care units organized for teaching.

5.2 All consultative, diagnostic, and laboratory services necessary for patient care **must** be available.

5.3 The facilities available to programs in clinical specialties or subspecialties **must** include an emergency department with an adequate number and variety of patients presenting urgent problems in the discipline. Each resident **must** have opportunities, under appropriate supervision, to provide an initial assessment and consultative service to patients presenting with

emergency conditions.

5.4 In all clinical specialties and subspecialties, ambulatory care facilities **must** be available to provide residents with experience in the care of the broad range of non-hospitalized patients seen in the specialty or subspecialty. This experience *should* include, but not be limited to, pre-admission work-up and post-discharge follow-up care.

5.5 A major portion of each resident's training *should* take place in sites in which there are other accredited programs relevant to the specialty or subspecialty.

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STANDARD B.5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfil all of the roles of the specialist. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside and in clinics, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Interpretation

*Residents **must** be prepared to fulfil all of the competencies of the physician as outlined in the Royal College Booklet "Skills for the new millennium: report of the societal needs working group CanMEDS 2000 project". While all of these roles are essential for specialists, not all roles will have equal importance for all disciplines and it is expected that in residency education most time will be devoted to the Role of Medical Expert/Clinical Decision Maker as this is the role which is unique to the specialist physician or surgeon.*

1. **Medical Expert/Clinical Decision Maker**

1.1 Each program **must** assure that each resident achieves the objectives of training as outlined in the *Objectives of Training and Specialty Training*

Requirements and has acquired the medical expertise and decision making skills to act as a consultant.

1.2 The academic program **must** include organized teaching in the basic and clinical sciences relevant to the specialty or subspecialty. There **must** be an organized curriculum which assures that all major topics of the specialty or subspecialty are covered over the course of each resident's time in the program. The use of an "academic half-day" or equivalent is encouraged.

1.3 Each program will ensure continuous training and development of expert patient care and appropriate clinical decision-making.

1.4 Organized scholarly activities to enhance clinical decision making skills and the medical expert role, and to promote the skills of life-long learning **must** be a regular part of every program. This *should* include teaching with a patient-centred focus and may include journal clubs, research conferences and seminars.

1.5 Teaching **must** include issues of age, gender, culture, ethnicity and end of life issues as appropriate to the discipline.

2. **Communicator**

2.1 The program **must** ensure that residents learn effective communication skills for:

2.1.1 interacting with patients and their families, colleagues, students, and co-workers from other disciplines;

2.1.2 written communication in consultation letters and patient records.

2.2 Clearly defined educational objectives for teaching these skills and mechanisms of formal assessment *should* be in place.

3. **Collaborator**

3.1 Residents **must** be given opportunities to develop effective collaborative skills:

3.1.1 to work effectively with all members of the multi-disciplinary patient care team;

3.1.2 to consult with other physicians and health care professionals to provide optimal care of patients;

3.1.3 in conflict resolution.

4. **Manager**

4.1 Residents **must** be given opportunities to develop skills in management and administration as applied to their specialty or subspecialty such as efficient practice and records management and the ethical use of health care resources.

4.2 The program **must** provide residents with opportunities to gain an understanding of the principles and practice of quality assurance/improvement. Opportunities *should* be provided for residents to participate actively in such programs in their hospital departments.

5. **Health Advocate**

5.1 Residents *should* be prepared for their role as a health care advocate in their specialty or subspecialty. They *should* learn to advocate both for their patients and for the community in which they practise.

5.2 During their training, residents *should* learn about disease prevention and public health and environmental issues as is appropriate to the specialty or subspecialty. They *should* be prepared to support initiatives in these areas.

5.3 Residents *should* be aware of the organizations that support safe standards for the welfare of patients and society.

5.4 Residents *should* be encouraged to participate in projects to improve standards of health care for both individuals and the community.

6. **Scholar**

6.1 Residents **must** be given opportunities to develop effective teaching skills by teaching junior colleagues and students, as well as through conference presentations, clinical and scientific reports, and patient education.

6.2 The academic program **must** provide the opportunity for residents to learn

biostatistics and the critical appraisal of research methodology and medical literature.

6.3 All programs **must** promote development of skills in self-assessment and self-directed life-long learning.

6.4 A satisfactory level of research and scholarly activity **must** be maintained among the faculty identified with the program as evidenced by activities such as:

6.4.1 research grants to staff and other research expenditures;

6.4.2 publication by staff in peer-reviewed journals;

6.4.3 involvement by staff and residents in current research projects.

6.5 There **must** be a faculty member with the responsibility to facilitate the involvement of residents in research and other scholarly work. Residents *should* be encouraged to participate in clinical research during the course of the residency program. Clinical research is defined as research involving human subjects or experimental studies of direct clinical relevance. Acceptable clinical research projects may include:

6.5.1 analysis of a contemporary clinical problem, using acceptable statistical methods as required, the results of which are reported at local or national meetings and are eligible for publication in scientific journals; or

6.5.2 supervised participation in an ongoing project in experimental medicine.

6.6 The program *should* provide opportunities for residents to attend conferences outside their own university.

7. **Professional**

7.1 The program **must** ensure that each resident develops the knowledge skills and attitudes to:

7.1.1 deliver the highest quality care with integrity, honesty, and compassion;

7.1.2 exhibit appropriate professional and interpersonal behaviours;

7.1.3 practise medicine in an ethically responsible manner.

7.2 The program **must** ensure that residents gain an understanding of the basic principles and practice of biomedical ethics as it relates to the specific specialty or subspecialty.

7.3 The program *should* provide residents with knowledge of relevant legislation and regulations to guide practice in the specialty or subspecialty.

7.4 Residents **must** be guided to develop an appropriate balance between personal and professional life to promote their own physical and mental health and well-being as an essential to effective life-long practice.

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STANDARD B.6: EVALUATION OF RESIDENT PERFORMANCE

There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

Interpretation

1. The in-training evaluation system **must** be based on the goals and objectives of the program and **must** clearly identify the methods by which residents are to be evaluated and the level of performance expected of residents in the achievement of these objectives.
2. Evaluation **must** meet the specific requirements of the specialty or subspecialty as set out in the Specific Standards of Accreditation and be compatible with the characteristic being assessed.

2.1 The program **must** formally assess knowledge using appropriate written and oral examinations as well as direct observation.

2.2 Clinical skills **must** be assessed by direct observation and *should* be documented.

2.3 Attitudes *should* be assessed by such means as interviews with peers, supervisors, allied health personnel, and patients and their families.

2.4 Communication skills *should* be assessed by direct observation of resident

interactions with patients and their families, and colleagues, and by scrutiny of written communications to patients and colleagues, including clinical and scientific reports, particularly consultation letters to referring physicians where appropriate.

2.5 Residents *should* be assessed for their performance, including interpersonal skills, in collaborating with all members of the patient care team and in the wise use of consultations with other professionals.

2.6 Teaching skills *should* be assessed by written student evaluation and by direct observation of the resident in seminars, lectures and case presentations.

2.7 In-training evaluations **must** include assessment of understanding of issues related to age, gender, culture and ethnicity.

3. There **must** be honest and helpful feedback to the resident. Formal feedback sessions *should* occur regularly, as soon as possible after an assessment has been made, and at least at the end of every rotation. There *should* also be regular feedback to residents on an informal basis. A mid-rotation evaluation is recommended. Residents **must** be informed when serious concerns exist and given opportunity to correct their performance.
4. The program **must** provide the College with a final in-training evaluation report for each resident who has successfully completed the residency. This report **must** represent the views of faculty members directly involved in the resident's education and not be the opinion of a single evaluator. It **must** reflect the final status of the resident and not be a summary or average of the entire residency.

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Adopted by the Council of the College — March 1987

Revised — May 1989

Revised — December 1992

Revised — April 1994

Revised — September 1997

Revised — February 2002

Web page updated: 18 June 2002

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