



# The Accreditation Process – Ensuring Quality Postgraduate Medical Education in Canada: A Manual for Residents

August 2015

Resident Doctors of Canada (RDoC) represents over 9,000 resident doctors across Canada. Established in 1972, we are a not-for-profit organization providing a unified, national voice for our membership. RDoC collaborates with other national health organizations to foster excellence in training, wellness, and patient care.

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# The Accreditation Process – Ensuring Quality Postgraduate Medical Education in Canada: A Manual for Residents

**Third Edition**



## **Resident Doctors of Canada**

151 Slater Street, Suite 412  
Ottawa, Ontario K1P 5H3 Canada

Telephone: (613) 234-6448

Fax: (613) 234-5292

Website: [residentdoctors.ca](http://residentdoctors.ca)

E-mail: [info@residentdoctors.ca](mailto:info@residentdoctors.ca)

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First Edition, 2007 - Dr. Jerry M. Maniate

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The accreditation process is critical to ensuring quality postgraduate medical education (PGME) in Canada. The Royal College of Physicians and Surgeons of Canada (Royal College), the College of Family Physicians of Canada (CFPC) and the Collège des médecins du Québec (CMQ; for schools within Quebec) evaluate all residency programs in Canada as part of the accreditation process. The PGME accreditation process occurs every six years and is based on a system of regular on-site surveys of the residency programs at each Canadian medical school.

This manual has been designed as a resource for residents to better understand the accreditation process for PGME and its impact on their training experience. It has three primary objectives:

- 1) To describe the accreditation process.
- 2) To describe the resident's role in accreditation.
- 3) To provide advice on dealing with some recurring issues of accreditation.

It is important that residents recognize the fundamental role they provide to the accreditation process of residency training programs in Canada. Though residents may feel alone or isolated while attempting to improve their programs during the accreditation process, simply knowing that others have gone through the process and have been successful in improving their programs, should provide reassurance and encouragement.



# PGME Accreditation in Canada

## What is accreditation?

Accreditation is an on-going quality assurance process in which the services and operations of an institution are examined by a third-party accrediting agency to ensure that applicable standards are being met. Accreditation plays an integral role in the future of both the postgraduate medical education program as well as the postgraduate medical trainee. Accreditation should focus on and promote quality improvement and should provide a means to share best practices.

In Canada, the process of ensuring PGME program quality is accomplished through the certification Colleges: the Royal College, CFPC and the CMQ. Their responsibility is to accredit residency programs including sites of training. The residency programs at each university must be of such quality in order to ensure that their trainees meet the competencies required of physicians to serve Canadians, and do so in a professional, safe, and healthy manner. The accreditation process therefore ensures that PGME programs meet set standards of content and process.



For a program to be recognized for certification by the Colleges, it must be accredited. Accreditation, therefore, will assess each program based on general standards and specialty-specific standards. The accreditation process has as its major objectives:

- 1) To improve the quality of PGME;
- 2) To provide a means for objective assessment of residency programs;
- 3) To provide guidance to universities in the development of new residency programs; and
- 4) To assist Program Directors in reviewing the conduct and educational quality of their programs.<sup>1</sup>

## The Conjoint Standards of Accreditation

The Royal College, CFPC and the CMQ have developed national conjoint standards for the evaluation and accreditation of residency programs sponsored by the University. Evaluations of each residency program are based on compliance with meeting these standards. There are two types of Accreditation standards:

- “A” Standards: General standards applicable to the university as a whole & affiliated hospitals.
- “B” Standards: General standards applicable to each of the residency programs.

Evaluations of each residency program are based on compliance with meeting these standards.

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<sup>1</sup> Royal College of Physicians and Surgeons of Canada. (2006a). General information concerning accreditation of residency programs (7th ed.). Retrieved August 5, 2015, from [http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/genaccred\\_e.pdf](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/genaccred_e.pdf)

The “A” standards focus on the central structures & processes of PGME and evaluates:

- Infrastructure across programs and sites.
- The structures and processes to support quality residency education programs.
- Hospitals & Health Facilities.
- Connectivity to/and relationship with the university.
- Site-based infrastructure and resources to support residency education programs.

The “B” standards focus on the following elements of the program:

- Standard B.1 Administrative Structure
- Standard B.2 Goals and Objectives
- Standard B.3 Structure and Organization
- Standard B.4 Resources
- Standard B.5 Clinical, Academic and Scholarly Content
- Standard B.6 Evaluation of Resident Performance

Although the above standards currently remain in place, the Colleges have begun preliminary work on new conjoint accreditation standards for residency education. These new standards will reflect the shift towards competency-based medical education as seen through the CFPC’s Triple C curriculum and the Royal College’s Competence by Design program, with greater emphasis on measuring outcomes versus structure and process.

## Key Stakeholders

### Resident Doctors of Canada

Resident Doctors of Canada represents over 9,000 resident doctors across Canada. Established in 1972, we are a not-for-profit organization providing a unified, national voice for our membership. RDoC collaborates with other national health organizations to foster excellence in training, wellness, and patient care. We cultivate meaningful dialogue with our members and Provincial Housestaff Organizations to provide the perspective of resident doctors on national medical education issues. We strive to optimize the continuum of medical education and enrich the medical education experience for resident doctors, with the ultimate goal of ensuring the best health and care for patients.

### College of Family Physicians of Canada

The College of Family Physicians of Canada was founded in June 1954 in order to support family physicians in providing high quality health care to their patients.<sup>1</sup> With a voluntary membership of over 34,000 family physicians, the CFPC is the professional organization responsible for establishing standards for the training, certification and lifelong education of family physicians. The CFPC reviews and accredits continuing professional development programs and materials that enable family physicians to meet certification and licensing requirements and lifelong learning interests. It also accredits postgraduate family medicine training in Canada’s 17 medical schools. The College provides quality services, supports family medicine teaching and research, and advocates on behalf of family physicians and the specialty of family medicine

### Royal College of Physicians and Surgeons of Canada

The Royal College of Physicians and Surgeons of Canada was established in 1929 by a special Act of the Canadian Parliament to oversee the medical education of specialists in Canada. The Royal College recognizes 68 disciplines, 29 specialties, 36 subspecialties, three special programs, and 18 areas of focused competence disci-

plines. It is a private, not-for-profit organization that serves as the national body that certifies specialists in all branches of medicine and surgery. It is the home of specialty care in Canada, setting the standards for postgraduate medical education, supporting the continuing professional development of 47,000 doctors, and supporting health system innovations nationwide.

## Collège des médecins du Québec

The Collège des médecins du Québec is the professional order of Québec physicians and was established in 1847. The mission of the Collège is to promote quality medicine so as to protect the public. To accomplish its mission, the CMQ verifies the competence of future physicians and their fitness to practice medicine; ensures and promotes the maintenance of competence of physicians; evaluates and controls the professional practice of physicians; receives and deals with complaints from the public; controls the illegal practice of medicine; and, takes a position in debates of public concern in matters of health.

## The PGME Accreditation Process in Canada

The PGME accreditation process in Canada is based on a system of regular formal full University survey visits that occur every six years. The survey visit provides a first-hand peer-review evaluation of each accredited program, and a determination with respect to the extent to which each program meets the published General (Conjoint) Standards of Accreditation of the Colleges.

If a program receives a status of 'Accredited Program', the next follow-up visit will occur at the next scheduled full University survey in six years. If a status of 'Accredited Program with follow-up or Accredited Program on Notice of Intent to Withdraw Accreditation' is granted, the Colleges' Accreditation Committees will mandate a follow-up evaluation that must be conducted by either Internal Review or External Review within 24 months of their decision.

Approximately three years prior to the full accreditation survey, the University conducts their own mid-cycle Internal Review, whereby University members and residents will review each program in preparation for the formal full University accreditation survey.

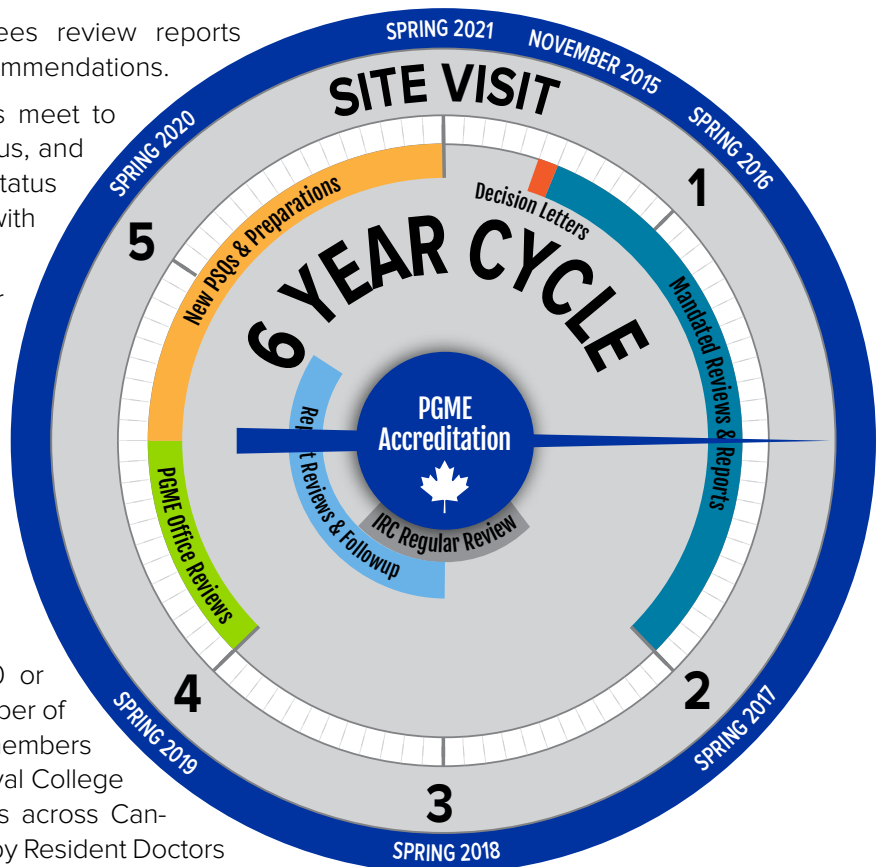




## What is the process?

The PGME accreditation 6-year cycle comprises the following steps:

1. Internal Reviews conducted by the university three years prior to the six-year formal visit by the Colleges.
2. Documentation of program standards and description of program content and process based on published national guidelines.
3. Formal on-site Survey
  - a. Scheduled, university-wide site visit by trained Surveyors (faculty & residents from across Canada).
  - b. Includes site visits, meetings with the Residency Program Committee (RPC), Program Directors and Division or Department Heads, and with residents.
  - c. Surveyors compile program-specific report.
  - d. Discussion with Survey Team (includes Chair of Survey Team).
  - e. Preliminary report to Postgraduate (PG) Dean, Program Director, and Royal College/CFPC Accreditation Committees.
4. Royal College Specialty Committees review reports from on-site surveys and make recommendations.
5. Colleges' Accreditation committees meet to review reports, approve, adjust status, and notify programs of accreditation status decisions, based on discussions with Deans, Survey Chairs, etc.
6. An appeals process is available for programs and universities.
7. Mandated interim reviews for Accredited Programs with follow-up will occur.
8. This cycle repeats every six years.



## Who are the members of the Survey Team?

The basic survey team consists of 10 or more surveyors, depending on the number of programs to be surveyed. The faculty members are appointed by the CFPC and the Royal College from outside programs and universities across Canada. Resident surveyors are appointed by Resident Doctors of Canada or in the province of Québec from the Fédération of médecins residents du Québec and are members of the Royal College and CFPC survey teams. In addition, representatives from several organizations involved in the accreditation of residency programs also attend. These include one consultant from the Association of Canadian Academic Healthcare Organizations (ACAHO); one representative from the Federation of Medical Regulatory Authorities of Canada (FMRAC); and one observer from the Licensing Authority of the province where the survey is being conducted. Of note, the CFPC, which is responsible for accrediting family medicine residency programs, conducts their onsite survey concurrently with the Royal College, which is responsible for accrediting residency programs that lead to Royal College certification.

## Categories of Accreditation<sup>2</sup>

Each program considered by the Accreditation Committee is granted an accreditation status or category of accreditation as outlined below. In order to maintain the integrity of the program, the Accreditation Committee does not separately accredit individual components of a program; rather the category of accreditation applies to each residency program as a whole.

### Accredited New Program

- An acceptable application for a residency program.
- Within 24 months of a resident being enrolled, a College-mandated Internal Review of the program must be conducted.
- This review may be delayed until the first resident(s) enrolled in the program reaches the specialty-specific portion of the program, i.e. beyond a basic clinical year or surgical foundations years, to allow assessment of the educational aspects unique to the program.

### Accredited Program

Program demonstrates acceptable compliance with standards.

Follow-up of the Program will be by the following:

- Regular External Survey in 6 years
- Normal University-governed Internal Review required at mid-cycle

In addition to the regular external surveys and normal University-governed Internal Reviews, follow-up may also be required by one of the following:

Progress Report	or College-Mandated Internal Review	or External Review
<ul style="list-style-type: none"> <li>• Specific issue(s) are identified and require follow-up only on the identified issue(s). A complete review of the whole program is not required.</li> <li>• The written progress report is produced by the Program Director and is due within 12-18 months.</li> </ul>	<ul style="list-style-type: none"> <li>• Major issues are identified in more than one standard.</li> <li>• An Internal Review of the program is required and is conducted by the University.</li> <li>• The Internal Review is due within 24 months.</li> </ul>	<ul style="list-style-type: none"> <li>• Major issues are identified in more than one standard AND Concerns are specialty-specific and best evaluated by a reviewer from the discipline OR Concerns have been persistent OR Concerns are strongly influenced by non-educational issues and can best be evaluated by a reviewer from outside the university.</li> <li>• A focused or complete review of the program is required.</li> <li>• The review is organized by the respective College.</li> <li>• The External Review is conducted within 24 months.</li> </ul>

<sup>2</sup> Approved by the Royal College Education Committee – April 2012. Approved by the CFPC – June 2012. Approved by the CMQ – May 2012.

## Accredited Program on Notice of Intent to Withdraw Accreditation

- Major and/or continuing non-compliance with one or more standards that calls into question the educational environment and/or integrity of the program.
- External Review is conducted within 24 months by 3 people (2 specialists + 1 resident).
- Residents in the program or already contracted to enter the program, as well as all applicants to the program, must be advised immediately by the Program Director of the status of the program.
- At the time of the review, the program will be required to show why accreditation should not be withdrawn.

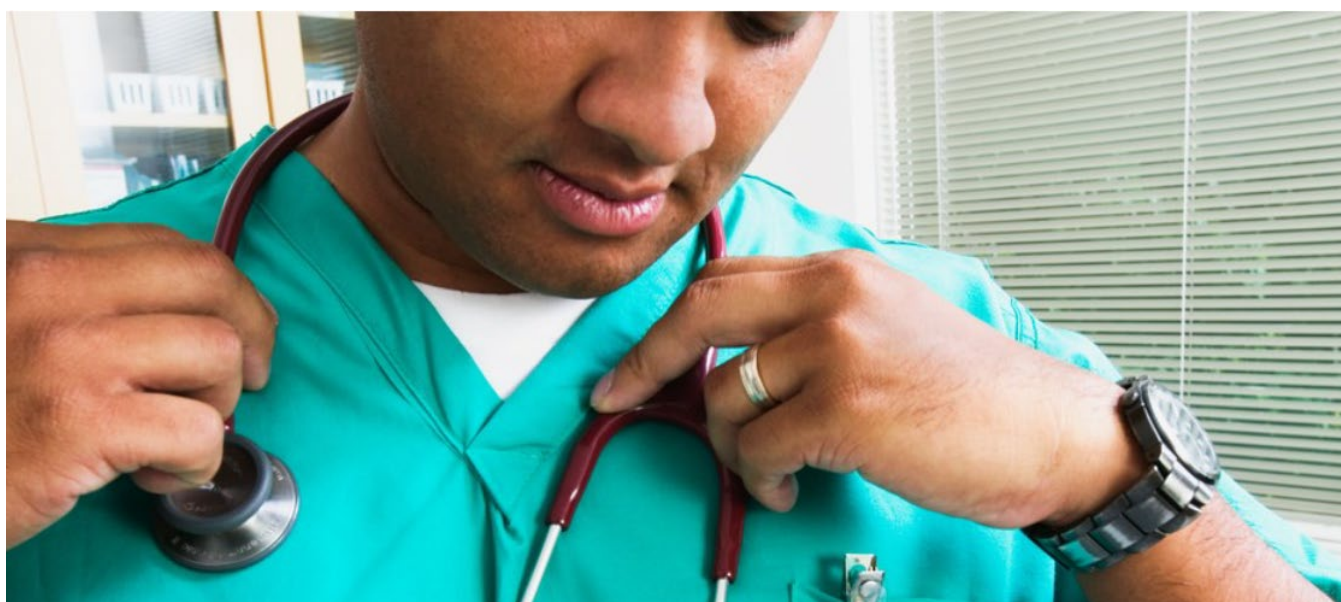
## Withdrawal of Accreditation

It is imperative to note that programs are provided with opportunities to address weaknesses during the preceding periods of internal reviews, external reviews and Notice of Intent. Historically, the very small number of times when accreditation has been withdrawn, it has occurred after programs have previously been given opportunities to improve during a period of Intent to Withdraw Accreditation.

- Decision to withdraw accreditation of a program becomes effective immediately unless there are residents enrolled in the program in which case it becomes effective at the end of the academic year in which the decision is taken.
- No credit will be given by the respective College to any residents for training taken in a program once the accreditation of the program has been withdrawn.
- A request to reinstate the accreditation of such a program will not be considered by the Accreditation Committee for at least one year following the date of the decision of the Accreditation Committee.
- In those cases where accreditation has been withdrawn from a program because the program has been inactive, the one-year waiting period may be waived.

Accreditation will be immediately withdrawn from a program that becomes inactive following a notice of intent to withdraw accreditation.

A faculty of medicine may voluntarily withdraw a program but may not reapply for accreditation for at least one year from the date of withdrawal.



# The Resident's Role in the Accreditation Process

The role of residents in accreditation cannot be overemphasized. At each stage, resident input is both welcome and critical to the process.

## Prior to the on-site visit

### RDoC Pre-Accreditation Questionnaire

Every resident in a program to be surveyed is asked to fill out a Resident Doctors of Canada pre-accreditation questionnaire. This has been developed by RDoC, and is specifically designed to obtain the resident's perspective on his or her training. It is an invaluable tool, as it exclusively contains quantitative and qualitative resident feedback; it is collected externally and arms-length from program, faculties, and the colleges; and it is confidential.

The specific results of a residency program questionnaire will only be examined if 60% of family medicine and 50% of specialty residents complete and submit it. The results are compiled and a report is written by the Provincial Housestaff Organization. The report is then viewed by the RDoC President and Executive Director and then sent only to the resident surveyor(s) on the Survey Teams for their information and use during the on-site survey.

### Residents in Programs undergoing full accreditation survey

It is critical for residents in an individual program to regularly meet with each other and discuss the issues prior to the on-site accreditation survey. This is an opportunity to review what works and what needs to be improved. General consensus and documentation of concerns are critical for effective change and an attempt at resolving issues within a program should be made prior to accreditation.

Significant problems may include areas such as intimidation, harassment, workload, safety, quality of education and resources.

Once issues have been identified, local communication prior to the on-site survey is often preferable. Although the order may vary based on local context, it is often best to start with the Program Director followed by the RPC, Division or Department Head, and then the PG Dean. Support for such meetings can be provided through: Chief Residents, the office of Resident Wellness (or equivalent) and the local Provincial Housestaff Organization.



## During the on-site survey

### Royal College and CFPC Survey Team meeting with the Residents

The Survey Team will meet with all residents in a program. In large programs, this may mean several meetings to ensure that there are no more than 20 residents at each meeting. In such cases, meetings may be arranged based on level of training, such as junior residents and then senior residents. The Survey Team will meet with the residents alone, and ask standard questions on issues such as: evaluations, goals and objectives, service/education balance, intimidation, etc. This is an opportunity for frank and open discussion regarding the program and its processes, policies and support structures

In programs where there are outstanding issues, it is prudent for residents to be prepared by setting priorities, establishing speakers, and providing examples and documentation. It is important that all residents are comfortable and encouraged to participate in the discussions to provide the broadest perspective to the Survey Team. Of all the meetings, the time with the residents has perhaps the greatest influence on the surveyors.

One caution is to ensure that there are no significant surprises for surveyors. Serious concerns should have been raised previously (RPC, University-led Internal Review, or the pre-accreditation questionnaire). A risk is that concerns may carry less credibility when they have been “held” until the meeting. Thus, using the existing processes outlined previously, of regular resident meetings and then timely communication of identified concerns (in writing) to the Chief Resident or Program Director or RPC, can permit these concerns to be addressed early rather than perpetuate for prolonged periods of time.

## Dealing with Recurring Issues

From time to time, system-based program difficulties need to be addressed. The PHOs are there to assist. They have experienced staff, logistical support, advice, and legal help. Furthermore, they are familiar with the policies and contact information for key officials at the hospitals and university. There may also be residents on the PHO Executive or Board who can meet and guide residents.

Most residency programs and universities have appeals mechanisms that should be activated if a concern exists. The Royal College, CFPC and CMQ have produced guidelines for surveyors and programs on the issue of intimidation and harassment.<sup>3</sup> Residents are also advised to check program and university websites for up-to-date information on policies and procedures pertaining to the Appeals Process as well as additional policy guidelines.

### A suggested process:

1. Group discussion and consensus if possible around the nature of the recurring issues.
2. Discuss these concerns locally with your Program Director and the Residency Program Committee (RPC) in writing.
3. If not resolved, then involve Division or Department Head.
4. Inform your Provincial Housestaff Organization (PHO).
5. If not resolved, then involve Postgraduate Dean.
6. If major issues arise with the residency program in advance of the next accreditation Survey, which are not sufficiently addressed via other channels, they can be communicated to the Royal College or CFPC. Your PHO can support you around this.

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<sup>3</sup> Accreditation and the Issue of Intimidation and Harassment in Postgraduate Medical Education. Guidelines for Surveyors and Programs. Authored by: The Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada, the Collège des médecins du Québec (CMQ). Approved 2004. Retrieved August 5, 2015: [http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/intimidation\\_and\\_harassment\\_e.pdf](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/intimidation_and_harassment_e.pdf)

## Conclusion

As a profession, we have a responsibility to our current and future trainees, and also society-at-large, to ensure that Canada has a high quality medical education system. It is therefore important for residents to recognize the opportunity they have to strengthen and ensure quality postgraduate medical education in Canada through their active participation in the accreditation process. It is also important to realize that residents are not alone in the accreditation process. There are many examples over the past years where the accreditation process can provide residents with the mechanism to effect positive changes on their residency programs that, in many situations, will result in significant long-term benefits.

In our experience, a College-mandated Internal Review or External Review can be a powerful motivator for change, by placing tremendous pressure on Program Directors, faculty members, Postgraduate Deans and many others, to improve the residency training program. These changes will ultimately lead to a better program for residents, both present and future.

*“My program went through the accreditation process a few years ago. Before the survey, there were huge problems with almost all aspects of our program. Even worse, no one in authority would listen to our concerns. When the surveyors came to talk to us, we were very frank with them, and overnight our program changed. It seems that hospitals may sometimes ignore individual residents, but they cannot ignore the Royal College. Our program may be the best in the country now.”*

— Resident testimonial

*“I can tell you that the surveyors really do listen to what the residents have to say. Resident concerns are taken very seriously, and great care is taken to keep the source of individual comments confidential. Surveys will make your program better, but only if you tell the College where the strengths and weaknesses are. Speak up, and you will be heard.”*

— RDoC Resident Surveyor



# Frequently Asked Questions (FAQs)

## **Will a poor accreditation status be bad for me as a resident?**

Accreditation provides an impetus for program improvement, and should be welcomed by residents.

## **Will I lose my residency position if my program is chosen for a College-mandated Internal Review or External Review?**

A program is still fully accredited even if there is a mandated Internal or External Review. In addition, you are assured completion of your training regardless of what happens in the accreditation process. It is rare that it goes as far as a program being withdrawn; the general result of any review is improvement to the residency program.

## **Will I lose my residency position if my program’s accreditation status is on ‘Notice of Intent to Withdraw’?**

Again, you are assured completion of your training regardless of what happens in the accreditation program. If a program’s status is “Notice of Intent to Withdraw”, you will be informed of that fact. Generally, this results in major changes and improvement to the program. In the extremely rare instances where programs are then given the status of “Withdrawal of Accreditation”, residents will finish the academic year in their current program, and will then be transferred to a program in the same specialty at another university.

## **Will I face reprisals or backlash if I speak out against my residency program?**

As a resident, you are protected in your role in the evaluation of your residency program. Both Colleges have policies that protect residents against intimidation and harassment, and all universities have a mechanism to deal with such issues. The Colleges, Universities and your PHO are there to protect you from such situations. In addition, the information gathered within a survey is anonymized so no single resident is identifiable.

# Resources

## **Resident Doctors of Canada (RDoC)**

Phone: (613) 234-6448

Website: residentdoctors.ca

## **Fédération des Médecins Résidents du Québec (FMRQ)**

Phone: (514) 282-0256 (in Montréal)

(800) 465-0215 (toll-free)

Website: fmrq.qc.ca

## **Medical Education:**

### **Association of Faculties of Medicine of Canada (AFMC)**

Phone: (613) 730-0687

Website: afmc.ca

### **College of Family Physicians of Canada (CFPC)**

Phone: (800) 387-6197 (toll-free)

Website: cfpc.ca

### **Royal College of Physicians and Surgeons of Canada**

Phone: (800) 668-3740 (toll-free)

Website: royalcollege.ca

## **Provincial Housestaff Organizations (PHOs):**

### **Resident Doctors of British Columbia**

Phone: (604) 876-7636 (in Vancouver)

(888) 877-2722 (toll-free)

Website: residentdoctorsbc.ca

### **Professional Association of Resident Physicians of Alberta (PARA)**

Phone: (780) 432-1749 (Edmonton)

(403) 236-4841 (Calgary)

(877) 375-7272 (toll-free)

Website: para-ab.ca

### **Professional Association of Internes and Residents of Saskatchewan (PAIRS)**

Phone: (306) 655-2134

Website: saskresidents.ca

### **Professional Association of Residents and Interns of Manitoba (PARIM)**

Phone: (204) 787-3673

Website: parim.org

### **Professional Association of Residents of Ontario (PARO)**

Phone: (416) 979-1182 (in Toronto)

(877) 979-1183 (toll-free)

Website: myparo.ca

### **Maritime Resident Doctors**

Phone: (902) 404-3595 (in Halifax)

(877) 972-7467 (toll-free)

Website: maritimeresidentdoctors.ca

### **Professional Association of Internes and Residents of Newfoundland (PAIRN)**

Phone: (709) 777-7118

Website: pairn.ca





402-222 Queen Street, Ottawa, ON K1P 5V9  
Phone: 613-234-6448 | Fax: 613-234-5292 | [info@residentdoctors.ca](mailto:info@residentdoctors.ca)

[residentdoctors.ca](http://residentdoctors.ca)