



CanERA Policy Manual

*For the Accreditation of Canadian Residency
Institutions and Programs*

Version 2.1
July 1, 2020



Citation:

CanRAC. *CanERA Policy Manual for the Accreditation of Canadian Residency Institutions and Programs*. Ottawa, ON: CanRAC; 2020.

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1. INTRODUCTION

CanERA (Canadian Excellence in Residency Accreditation) is a system of residency education accreditation developed by the Canadian Residency Accreditation Consortium (CanRAC), which is comprised of the College of Family Physicians of Canada (CFPC), the Collège des médecins du Québec (CMQ), and the Royal College of Physicians and Surgeons of Canada (Royal College), in collaboration with numerous faculty and learner stakeholders, volunteers, working groups, and committees. CanERA incorporates and innovates on global best practices in accreditation and represents a rigorous, dynamic, and multi-faceted approach to evaluating institutions with residency programs (institutions) and residency programs, with an aim to:

- Ensure the quality of residency education provided across Canada
- Objectively evaluate institutions and residency programs to ensure compliance with required expectations as set out in the applicable standards of accreditation
- Facilitate and contribute to the continuous quality improvement (CQI) of institutions and residency programs
- Ensure that residency education adequately prepares residents to meet the health care needs of patient population(s)

To enable achievement of the above-mentioned objectives, CanERA is built on the following key principles:

- Accreditation standards for institutions and residency programs emphasize high-yield markers of residency education institution and program quality, and provide clarity of expectations while allowing for flexibility to increase the focus on outcomes and to enable innovation
- The cycle of accreditation focuses on continuity, supplementing onsite peer review with external data sources to support and inform the continuous improvement efforts of institutions and residency programs throughout the accreditation cycle, while providing a mechanism for quality assurance when required
- Accreditation activities and users are supported by a digital platform to streamline and improve the residency accreditation process, with an emphasis on ensuring that institutions and residency programs are able to focus their accreditation-related efforts on high-impact activities that are beneficial to residency education
- CQI is a fundamental value underpinning the accreditation process, focusing on empowering and supporting institutions and residency programs in their own internal improvement efforts
- The critical importance of the quality and safety of learning environments is recognized and emphasized throughout the standards, accreditation review process, and data collection
- The accreditation process is objective, efficient, standardized, and conducted by peer reviewers; however, the process provides flexibility for surveyors to trace issues and/or leading practices and innovations throughout the accreditation review
- There is a fair, consistent, and transparent accreditation decision-making process for both institutions and residency programs
- Accreditation is intended to drive improvement efforts, and is also an opportunity to identify, recognize, and share leading practices and innovations
- There is a commitment to the continuous improvement of CanERA through a systematic approach to evaluation, scholarship, and research

2. ROLES AND RESPONSIBILITIES IN CANADIAN RESIDENCY ACCREDITATION

2.1 The Canadian Residency Accreditation Consortium

The Canadian Residency Accreditation Consortium (CanRAC) is the conjoint residency accreditation consortium comprised of the CFPC, CMQ, and the Royal College. Building on the existing partnership of the

three colleges, CanRAC was formed in 2013 to enable explicit focus in response to feedback from residency accreditation stakeholders, in light of changes that were under way in medical education (e.g., competency-based medical education), and in keeping with the three colleges' commitment to broader discussions as part of the Future of Medical Education in Canada Postgraduate Project (FMEC-PG) to identify opportunities for alignment, streamlining, and better coordination of accreditation processes across the continuum of medical education. CanRAC explored opportunities and new directions for the conjoint system of residency accreditation, which resulted in the development of CanERA. CanRAC's mandate extends beyond the development and implementation of CanERA, to ongoing collaboration among the three colleges with a focus on the continuous improvement of CanERA.

CanRAC's governance structure also includes the Conjoint Residency Accreditation Standards Improvement Committee (ASIC). The ASIC was delegated the authority by CanRAC to review, evaluate, and provide recommendations on the *General Standards of Accreditation for Residency Programs* and *General Standards of Accreditation for Institutions with Residency Programs* (CanERA general standards of accreditation) and the corresponding general evidence collection (i.e., via profile instruments) in the CanAMS, on an ongoing basis. The ASIC is also responsible for contributing to the robust evaluation of the CanERA standards, which is conducted at least once every five to seven years. The ASIC recommendations regarding the CanERA general standards of accreditation are made to the appropriate accreditation committee(s) of the three CanRAC partners for consideration.

2.2 The College of Family Physicians of Canada

As the national organization responsible for setting the standards for training and certification in family medicine in Canada, the CFPC is responsible for the accreditation of family medicine programs in Canada. This responsibility is conjoint in Quebec with the CMQ where the CFPC collaborates for the accreditation of family medicine programs. The CFPC also has shared responsibility with the Royal College, and the CMQ (in Quebec), for the accreditation of institutions with residency programs in Canada.

2.2.1 CFPC Accreditation Unit

The CFPC Accreditation Unit facilitates and supports the accreditation process for institutions and family medicine residency programs in departments of family medicine in Canada. Its role includes the development and maintenance of standards and policies, as well as logistical coordination relating to accreditation reviews. The unit is also responsible for providing related communication to institutions and their family medicine residency programs, as well as guidance to institutions relating to policy and procedural issues such as interpretation of accreditation standards and preparation for accreditation reviews. The unit collaborates with the CanRAC partners on these responsibilities, as appropriate.

2.2.2 CFPC Residency Accreditation Committee

The CFPC Residency Accreditation Committee (CFPC RAC) is a national standing committee of the CFPC Board of Directors, reporting to the Board, and is responsible for granting accreditation status to Canadian family medicine residency programs and institutions.¹ The CFPC RAC also reports to the Family Medicine Specialty Committee for academic development related to accreditation standards. The CFPC RAC's major role is to ensure that Canadian family medicine residency programs and institutions adequately meet the expectations set out in the relevant standards of accreditation. Decisions of the CFPC RAC regarding accreditation status are final, pending any submissions for reconsideration.

2.3 Collège des médecins du Québec

The CMQ, as the certification body for all physician specialists in all disciplines recognized by the CMQ in Québec, is responsible for the accreditation of all residency programs for disciplines recognized by the CMQ.

¹ This responsibility is conjoint with the Royal College Residency Accreditation Committee.

In that perspective, the CFPC and the Royal College collaborate with the CMQ for the accreditation of residency programs for those disciplines in Québec recognized by the CMQ. The CMQ also shares responsibility with the CFPC and Royal College for accrediting institutions with residency programs in Québec. The CMQ also accredits all residency training sites in Quebec.

2.3.1 CMQ Medical Education Division

The accreditation team within the CMQ's Medical Education Division manages the accreditation of residency programs and institutions in Québec, in collaboration with the CFPC and Royal College. Its role includes the development and maintenance of accreditation standards and policies, logistical coordination relating to accreditation reviews in Québec (including specific accreditation of all residency learning sites), and provision of related communication and guidance.

2.3.2 Committee on Medical Education and Accreditation (Comité des études médicales et de l'agrément: CÉMA)

The Committee on Medical Education and Accreditation (CÉMA) examines institution and program accreditation status and follow-up actions, and participates collaboratively with the CFPC and the Royal College in the development of accreditation standards and related policies/guidelines. The CMQ is represented by one voting member and one observer on each of the CFPC's and Royal College's residency accreditation committees, where accreditation decisions are conferred. The CFPC and Royal College staff attend the meetings of the CMQ's CÉMA to facilitate communication and collaboration between the committees.

2.4 The Royal College of Physicians and Surgeons of Canada

The Royal College, as the national organization that certifies specialists in all disciplines of medicine and surgery in Canada with the exception of family medicine, is responsible for accreditation of all Royal College discipline residency programs in Canada. This responsibility is conjoint in Quebec where the Royal College collaborates with the CMQ for the accreditation of residency programs in disciplines recognized by the CMQ. The Royal College also shares responsibility with the CFPC and CMQ (in Quebec) for the accreditation of institutions with residency programs in Canada.

2.4.1 Royal College Office of Specialty Education

The Royal College accreditation team, within the Office of Specialty Education (OSE), facilitates and supports the residency accreditation process for institutions and Royal College residency programs. Its role includes the development and maintenance of accreditation standards and policies, as well as logistical coordination relating to accreditation reviews. The Royal College accreditation team is also responsible for providing related communication to institutions and Royal College residency programs, as well as providing guidance to institutions relative to policy and procedural issues such as interpretation of accreditation standards and preparation for accreditation reviews. The Royal College accreditation team collaborates with CanRAC partners on these responsibilities, as appropriate.

2.4.2 Royal College Accreditation Committee

The Royal College Accreditation Committee (Royal College AC) oversees the accreditation of all institutions, residency programs, and providers accredited by the Royal College, in addition to overseeing the quality of the Royal College's accreditation systems, including accreditation policies, standards, and processes.

2.4.3 Royal College Residency Accreditation Committee

The Royal College Residency Accreditation Committee (Royal College Res-AC) is a subcommittee of the Royal College Accreditation Committee (AC). Its major role is to ensure that Canadian residency institutions² and

² This responsibility is conjoint with the CFPC RAC, which includes voting members from the CMQ.

Royal College residency programs meet expectations set out in the relevant standards of accreditation. Decisions of the Royal College Res-AC regarding accreditation status are final, pending any submissions for reconsideration.

2.4.4 Royal College specialty committees

Royal College specialty committees act as stewards for their disciplines in Canada. The role of Royal College specialty committees in the accreditation process is diverse and essential for effective discipline oversight. Key specialty committee responsibilities specific to the accreditation process include:

- Developing discipline-specific standards of accreditation, focussing on ensuring that educational experiences and content, assessment, and resources are sufficient for residency programs to adequately prepare residents for independent practice upon completion of training. This role includes regularly reviewing discipline-specific standards and the associated evidence collected from residency programs, so they are relevant, meaningful, and focused on key markers of quality residency education specific to the discipline.
- Providing consultative input into accreditation reviews of residency programs, offering discipline-specific input for evaluating residency programs against the discipline-specific standards of accreditation and the *General Standards of Accreditation for Residency Programs*, as appropriate.
- Reviewing accreditation status and follow-up granted to each of the discipline's residency programs across the country, including reviewing identified areas for improvement (AFI) (i.e., requirements identified as AFI-RR (regular review) or AFI-2Y (two-year)) and leading practices and innovations (LPI), to contribute to the continuous improvement of residency programs and the discipline as a whole.

2.5 Faculties of medicine, institutions, and residency programs

In Canada, postgraduate medical education (PGME) occurs within an accredited residency program in one of the nationally recognized disciplines, associated with a recognized faculty of medicine, and overseen by a program director and residency program committee. The faculty of medicine provides the infrastructure and governance framework to support residency education within the university. For the purposes of accreditation reviews, the institution refers to the postgraduate office within the faculty of medicine. Accordingly, the postgraduate office (specifically the postgraduate dean) is responsible for compliance with the CanERA general standards for institutions and their residency programs, and all communication with the accrediting college at both the institution and residency program levels, including the submission of accreditation-related documentation. A key function of the institution in relation to accreditation is to disseminate information within the faculty of medicine and to individual residency programs, as appropriate.

2.6 Residents

Resident input is an integral component of the accreditation process, which relies on active participation from residents to inform the thorough evaluation of institutions and residency programs. Residents participate in several key steps in the accreditation of residency education in Canada throughout the accreditation cycle, including as members of both the institution and program accreditation review team, as voting members and observers of the accreditation committees of the three CanRAC partners, and through the provision of input concerning their residency education experience. This latter role entails participating in a resident meeting for their residency program as part of the accreditation review, completing the annual survey administered by CanRAC (see section 5.2), as well as completing the questionnaire administered once per accreditation cycle for each university by the applicable national resident organization (i.e., Resident Doctors of Canada (RDoC) or the Fédération des médecins résidents du Québec (FMRQ)).

To ensure meaningful resident input in the accreditation process, while recognizing the need to protect residents, principles for resident input were developed by the Conjoint Taskforce on Resident Input into the

Accreditation Process. This conjoint taskforce included representation of residents (including two resident co-chairs), CanRAC, postgraduate deans, and the national resident organizations (i.e., RDoC and FMRQ). See Appendix H for an overview of the principles for resident input as developed by the conjoint taskforce.

2.7 Conflict of interest and confidentiality

CanRAC is committed to managing confidentiality and conflicts of interest throughout the accreditation process. CanRAC has adopted common confidentiality and conflict of interest expectations based on the work of the FMEC-PG Accreditation Implementation Committee. See Appendix D for the CanRAC conflict of interest form; see Appendix E for the confidentiality form.

3. ACCREDITATION STANDARDS

Rigorous, robust standards that set high and uniform expectations for the objective evaluation and continuous improvement of Canadian residency programs and institutions form the foundation of the conjoint accreditation process. The CanERA suite of standards consists of the *General Standards of Accreditation for Residency Programs* and the *General Standards of Accreditation for Institutions with Residency Programs* (CanERA general standards of accreditation). In addition, each discipline has accreditation expectations specific to the discipline that residency programs must comply with.

3.1 Standards organization framework

All residency accreditation standards are organized according to a framework designed to provide clarity of expectations, combined with support for consistency in interpretation and evaluation of institution and residency program quality. A key feature of the framework is the six thematic domains under which the standards are organized: institutional governance; education program; program organization; resources; learners, teachers and administrative personnel; and continuous improvement. These domains were developed by the FMEC-PG Accreditation Implementation Committee.

Each domain of residency education is further organized into standards, elements, requirements, and indicators, to establish both overarching achievable outcomes and concretely measurable components at a granular level that clarify expectations for institutions and residency programs. While all levels within the organizational framework serve a purpose, accreditation reviews ultimately focus on an institution's or residency program's evaluation against the requirements³, which is based on compliance with the associated indicators.

Figure 1 and Table 1 provide an overview of the standards organization framework and a description of each level of the framework.

³ CanERA introduces a ternary rating scale at the requirement level: met (all mandatory indicators have been met by the institution/residency program, with the exception of those labelled as exemplary), AFL-RR (one or more indicator(s) is not met, generating an area for improvement for follow-up at the next regular review in approximately eight years), and AFL-2Y (one or more indicator(s) is not met, generating an area for improvement for follow-up in two years by Action Plan Outcomes Report (APOR) or External Review).

Figure 1: Visual overview of the standards organization framework

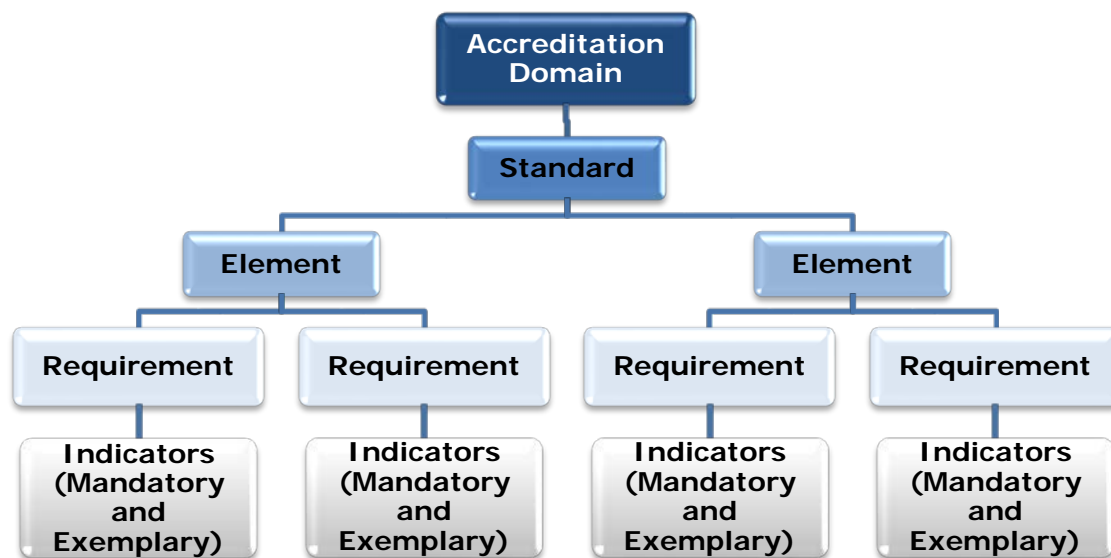


Table 1: Standards organization framework descriptions

Level	Description
Domain	Domains, defined by the FMEC-PG Accreditation Implementation Committee, introduce common organizational terminology to facilitate alignment of accreditation standards across the medical education continuum.
Standard	The overarching outcome to be achieved through the fulfillment of the associated requirements.
Element	A category of the requirements associated with the overarching standard.
Requirement	A measurable component of a standard.
Indicator (mandatory and exemplary)	A specific expectation used to evaluate compliance with a requirement (i.e., to demonstrate that the requirement is in place). Mandatory indicators must be met to achieve full compliance with a requirement. Exemplary indicators provide objectives beyond the mandatory expectations and may be used to introduce indicators that will become mandatory over time.

3.2 General Standards of Accreditation for Institutions with Residency Programs

The *General Standards of Accreditation for Institutions with Residency Programs* is a national set of standards for the conjoint evaluation and accreditation of institutions with residency programs by the three colleges. These standards include requirements applicable to all faculties of medicine, postgraduate offices, and learning sites. They aim to ensure residency programs are supported to adequately prepare residents to meet the health care needs of the population(s) they serve, upon completion of training.

The institution standards are organized according to three domains:

- Institutional governance: this domain focuses on the overall oversight and governance of residency programs, specifically the provision of effective leadership for residency education, the responsibilities of the postgraduate dean and postgraduate education committees, and oversight of learning sites for residency education

- Learners, teachers, and administrative personnel: this domain includes standards for the support and fair treatment of residents, teachers, and administrative personnel, as well as promotion of a safe and positive learning environment
- Continuous Improvement: this domain includes standards focused on ensuring a culture of continuous improvement throughout the institution, as well as support for and oversight of continuous improvement of residency programs and learning sites

3.3 General Standards of Accreditation for Residency Programs

The *General Standards of Accreditation for Residency Programs* include requirements that apply to all residency programs including their respective learning sites. The purpose is to ensure that Canadian residency programs adhere to a set of high, uniform standards in their design and delivery of residency education. The standards have been developed to accommodate competency-based programs, as well as programs that have not yet transitioned to a competency-based model.

The program standards are organized according to five domains:

- Program organization: this domain includes standards focused on the structural and functional aspects of the residency program, including ensuring appropriate organizational and personnel support for the program, teachers, and residents
- Education program: this domain includes standards focused on planning, designing, and delivering the residency program, to ensure that the residency program prepares residents to be competent to begin independent practice
- Resources: this domain includes standards to ensure that sufficient clinical, physical, technical, human, and financial resources are available for delivering the education program
- Learners, teachers, and administrative personnel: this domain includes standards for the support and fair treatment of residents, teachers, and administrative personnel, and promotion of a safe and positive learning environment
- Continuous Improvement: this domain includes standards focused on ensuring the continuous improvement of the residency program

3.4 Standards of accreditation for each discipline

In addition to the *General Standards of Accreditation for Residency Programs*, the Royal College, CFPC, and CMQ also maintain standards of accreditation for each discipline. The standards of accreditation for each discipline build on and complement the *General Standards of Accreditation for Residency Programs*, providing additional discipline-specific expectations to ensure educational experiences and content, assessment, and resources are sufficient.

See Appendix G for Guiding Principles for the Development of and Revision to Standards of Accreditation for Each Discipline.

3.4.1 Standards of accreditation for residency programs in family medicine

The standards of accreditation for core two-year and enhanced skills family medicine residency programs are set out in the *Standards of Accreditation for Residency Programs in Family Medicine* (often referred to as the Red Book). The Red Book includes both the expectations specific to family medicine residency programs, and expectations set out in the *General Standards of Accreditation for Residency Programs*, which apply to all residency programs. As such, the Red Book does not need to be read in conjunction with the *General Standards of Accreditation for Residency Programs*.

3.4.2 Standards of accreditation for Royal College disciplines

For each recognized Royal College discipline there is a document outlining additional discipline-specific expectations, referred to as the standards of accreditation for the discipline (e.g., *Standards of Accreditation for Residency Programs in Anatomical Pathology*). Unless viewing an integrated version (i.e., a version that

includes both general and discipline-specific indicators), the standards of accreditation for each discipline must be read in conjunction with the *General Standards of Accreditation for Residency Programs*.⁴

3.5 Version applicability

Accredited institutions and residency programs are held to the residency accreditation standards (general and discipline-specific) in place one year in advance of the relevant accreditation activity (i.e., regular accreditation review, external review, action plan outcomes report). As such, for the Royal College disciplines transitioning to Competence by Design (CBD), the following principles apply:

- If transition to CBD is more than one year in the future, accreditation expectations are not based on CBD⁵
- If the transition to CBD has occurred 12 months or more in the past, accreditation expectations are those articulated for CBD for the discipline in question

4. DIGITAL ACCREDITATION MANAGEMENT SYSTEM (CANAMS)

The Digital Accreditation Management System (CanAMS) is the foundation for operationalization of CanERA. It supports residency accreditation activities by streamlining the accreditation process, decreasing unnecessary administrative burden, and enabling those involved in the accreditation process to focus on high-impact accreditation-related activities that benefit residency education. As the foundation for operationalization of all aspects of the accreditation process for institutions and residency programs, CanAMS is a mandatory component of the Canadian accreditation process for PGME.

4.1 CanAMS functionality to support residency programs and institutions

4.1.1 Institution/program profile instrument

CanAMS provides each institution and residency program with a central repository (profile instrument) for accreditation-related information and documentation. Information and documentation requested within the profile instrument are directly linked to requirements within the applicable CanERA general standards of accreditation. The instrument serves as an evergreen tool that institutions and residency programs keep up to date, enabling efficient preparation for accreditation related activities and other continuous improvement activities. With accreditation related information and documentation stored in an online, accessible system, it is easy to build and maintain corporate memory.

The information and documentation stored within the profile instrument is only available to CanRAC and as such surveyors, residency accreditation committee members, Royal College specialty committees (as applicable), and college accreditation staff when it is submitted (via CanAMS). Submission occurs only as

⁴ For Royal College discipline recognition, a small subset of disciplines have been labelled special programs because they do not meet any of the other categories of discipline recognition set out by the Royal College's Committee on Specialties; the programs are Surgical Foundations and the Clinician Investigator Program. They have unique features that necessitate adjusting the standards of accreditation that apply to these programs. These programs have a single discipline-specific document that outlines discipline-specific expectations, while also integrating applicable expectations set out in the *General Standards of Accreditation for Residency Programs*. This is in contrast to other residency programs that must meet all expectations set out in the *General Standards of Accreditation for Residency Programs*.

⁵ To support programs transitioning to CBD, programs in disciplines that have transitioned to CBD less than one year may choose to submit a competency-based curriculum plan, as requested in the CanAMS program profile. This option recognizes that it may work best for residency programs to focus their efforts during the transition period on developing a competency-based curriculum and that the CBD competencies document does not represent a significant departure from the discipline's objective of training requirements. The submission of a competency-based curriculum plan should be clearly identified on the program's submission to ensure clarity for surveyors, specialty committees, and the Royal College Res-AC.

part of the process for an accreditation review or activity (e.g., regular accreditation review, external review, application submission).

4.1.2 Tracking progress on/resolution of areas for improvement (action plan/outcomes reporting)

In addition to the profile instrument, CanAMS provides institutions and residency programs with an overview of their AFI (e.g., requirements identified as AFI-RR or AFI-2Y), including a mechanism to record actions, progress, and evidence related to the resolution of the AFI.

It is expected that all institutions and residency programs make use of this functionality, providing an overview of how AFI have been resolved; this is required for both AFI requiring follow-up at the next regular accreditation review (i.e., AFI-RR), as well as AFI requiring follow-up in two years (i.e., AFI-2Y).

Access to information pertaining to progress in all AFI identified for follow-up at the last accreditation review is only provided to surveyors, Royal College specialty committees (if applicable), residency accreditation committees, and applicable college accreditation staff, in the context of regular accreditation reviews and external reviews. For those institutions and residency programs with a status of Accredited Program with Follow-Up by APOR, access to information pertaining to progress on AFI is limited to those AFI identified as requiring follow-up by APOR (see sections 7.3.2 and 8.3.2).

While not required, institutions and residency programs are also encouraged to use CanAMS tools to track progress on self-identified AFI. These may include AFI identified via self-evaluation, the institution's own internal review process, and/or on an ad hoc basis (e.g., through input received via the program's regular residency program committee meetings). Sharing self-identified AFI and progress as part of information submitted to inform an accreditation review is not mandatory; however, it may be advantageous in that it demonstrates the strength of the institution's and/or residency program's CQI processes.

4.1.3 Institution/Program self-evaluation and internal review

CanAMS also includes additional functionality to support the CQI of institutions and residency programs. The functionality includes access to the instrument used by surveyors, enabling institutions and residency programs to self-evaluate whether they meet the requirements as articulated in the applicable CanERA general standards of accreditation. While use of this instrument use is not mandatory, it provides an example of evidence for institutions and residency programs to demonstrate compliance with the continuous improvement expectations in the applicable CanERA general standards of accreditation.

CanAMS also enables the institution to use CanAMS tools to facilitate the internal review process and follow-up.

4.2 CanAMS functionality to support residency accreditation committees, surveyors, and Royal College specialty committees

CanAMS supports residency accreditation committees, surveyors, and Royal College specialty committees in the accreditation process via access to the relevant institution/program instrument(s), as well as to a tailored mechanism to capture their input in the process consistent with their role.

4.3 CanAMS User Access

CanRAC manages the processes governing permission and level of access for each CanAMS user, including changing access (e.g., adding a new user at a specific institution). Institutions and residency programs are responsible for ensuring that information about CanAMS users is current and accurate.

5. ACCREDITATION CYCLE

5.1 Continuous cycle of accreditation

CanERA aims to build a comprehensive and continuous picture of the quality of institutions and residency programs providing residency education in Canada. The CanERA residency accreditation process is designed to facilitate collection and evaluation of evidence about institution and residency program quality throughout the accreditation cycle, lengthening the time between onsite peer review, with additional expectations of demonstrating continuous improvement throughout the cycle. It is intended to strike an appropriate balance between encouraging ongoing quality improvement with quality assurance interventions where and when required.

For the purposes of CanERA accreditation, institutions and residency programs are reviewed on an eight-year, continuous cycle. The regular accreditation review is conducted every eight years, and an accreditation decision is awarded for the institution as well as each of its residency programs. In addition, as part of the continuous cycle for all institutions and residency programs, the accreditation process is supplemented with integrating and reviewing available data and information related to the quality of residency education (see section 5.2)⁶. Furthermore, for those institutions and residency programs that require review of their AFI before the next regular accreditation review (i.e., via external review or action plan outcomes report), the accreditation reviews/activities are organized during the predictable two-year follow-up intervals between regular accreditation reviews, whenever possible.

5.2 Data integration

Data integration is the incorporation of new sources of data throughout the accreditation cycle. While the data have direct links to the CanERA general standards of accreditation, the data integrated is not in and of itself considered evidence of an AFI (i.e., AFI-RR or AFI-2Y). Rather, the data signal where further exploration is required, and may even signal areas of high-performance.

The above-mentioned data integrated throughout the accreditation cycle are used to:

- Guide further exploration by institutions and programs as part of their own CQI (i.e., not linked to an accreditation review)
- Guide further exploration and, where required, intervention by surveyors, Royal College specialty committees, and residency accreditation committees
- Inform broader (e.g., discipline-wide, CanERA-wide) CQI based on analysis of data integration source output over time

5.2.1 Iterative introduction of data

Data integrated through the accreditation cycle are directly linked to the CanERA standards of accreditation, and are introduced iteratively, both with respect to introducing new sources, as well as with respect to ensuring that new sources of data/information are valid and appropriate.

Data integration sources comprise the following key groups/themes:

- Annual surveys of residents, faculty, program graduates, and other stakeholders
- Aggregate, de-identified process- and outcomes-based assessment data regarding residents and faculty
- Process markers of institutions' and programs' continuous improvement activity

⁶ As noted in Section 5.2, surveyors, Royal College specialty committee members, and residency accreditation committee members will not have access to data sources until they have been sufficiently validated.

To ensure the validity and appropriateness of new data integration sources, introducing and testing new sources follows four phases:

- Phase 1: Proof of concept⁷ (one to two years)
- Phase 2: Validity building⁸ (two to three years)
- Phase 3: Accreditation review active⁹ (one to two years)
- Phase 4: Notification active¹⁰ (earliest implementation after five years)

This implementation model is not anchored to time—the recommended time frames for each phase are an approximate reference and will be revised as needed for each data source. This flexibility allows for an initial defined period of time for thoroughly testing and establishing validity for each data source prior to any accreditation impact.

Given the iterative nature of introducing sources and testing their validity and appropriateness, at this time the data/information sources for integration are limited to an annual online survey of residents and faculty, administered by CanRAC. These annually administered surveys are in the proof of concept phase.

5.2.2 Privacy and permissions of data access and use

Annual faculty and resident surveys administered by CanRAC are the only data sources currently included in an implementation phase of data integration in CanERA. After the survey closes, a summary report of the results is shared with the relevant residency programs and institution. Process parameters for these surveys have been designed to maintain anonymity of responses and protect the identifying information of those participating in the surveys. These process parameters include:

- No names or contact information are saved with the survey data. When sharing the survey results with the institution and residency program, no identifying information will be included.
- When a residency program's response rate is less than 50 per cent, the data will not be shared with the program. The institution will receive the data, with guidelines for interpreting the information and protecting privacy and confidentiality.
- Residency programs with fewer than five resident respondents will see resident survey data combined with faculty survey data. Guidelines about ensuring privacy and confidentiality are available to the institution.
- Program directors, department chairs, postgraduate deans, supervisors, and colleagues will not have access to individual survey responses.
- All survey data will be kept on a password-protected computer in a locked research office at the Royal College (in its capacity as secretariat for CanRAC). Only the secretariat staff will have access to the survey and raw data. Data will be kept longitudinally to inform national benchmarks and the validity building phase of data integration development.

⁷ Proof of concept is considered developmental, whereby testing the data source is focused on process considerations, feasibility, etc.

⁸ Validity building is also developmental, with a shift in focus toward understanding the nature of the data being collected, including how it can inform institutions' and programs' CQI as well as the accreditation process.

⁹ During accreditation review active' phase, the data will be available to surveyors, residency accreditation committee members, and Royal College specialty committee members, as appropriate. However, like the principle of versioning of standards applicable to an accreditation review, those participating in an accreditation review will only have access to data sources that were deemed accreditation review active, at least 12 months prior to the accreditation review.

¹⁰ During the 'notification active' phase, in addition to being available to inform further exploration during accreditation reviews/activities, the data becomes available for review throughout the accreditation cycle, in alignment with the three-step notification process (see section 5.2.5).

5.2.3 Data ownership

Institutions own all data collected as part of data integration and the overall accreditation process. Institutions will be encouraged to take special precautions to protect residents in smaller programs, consistent with the institution's own policies and guidelines. Institutions will be able to collect data as needed for continuous improvement, at least as often as required for the purposes of accreditation.

5.2.4 Three-step notification process

For data sources in the notification active phase, a notification system helps identify areas (tied to the CanERA accreditation standards) that may require exploration (i.e., areas where an established threshold has been exceeded). The thresholds that inform notifications are tested and established during the proof of concept and validity building phases.¹¹ They are intended to facilitate identifying continuous improvement opportunities and communication between institutions and their residency programs. The notification cycle is based on a three-step model (see Table 2); it is only when residency programs and institutions have exceeded the established threshold in a given area repeatedly and consecutively that a quality assurance intervention from the college(s) may be required.

Table 2: Three-step notification model

Residency programs exceeding established thresholds	Institutions exceeding established thresholds
<ul style="list-style-type: none"> In the first year that the threshold is exceeded, the residency program receives a notification from the relevant college(s) to explore and take action, as appropriate, with respect to the particular issue, with the postgraduate dean notified for information; 	<ul style="list-style-type: none"> In the first year that the threshold is exceeded, the postgraduate dean receives a notification from the relevant colleges to explore and take action, as appropriate, with respect to the particular issue, with the dean notified for information;
<ul style="list-style-type: none"> In the second year, should a recurrent threshold be exceeded, the postgraduate dean and the residency program both receive a notification from the relevant college(s) to explore and take action, as appropriate, with respect to the area identified for potential quality improvement; and, 	<ul style="list-style-type: none"> In the second year, should a recurrent threshold be exceeded, the dean and the postgraduate dean receives a notification from the relevant colleges to explore and take action, as appropriate, with respect to the area identified for potential quality improvement; and,
<ul style="list-style-type: none"> Should a recurrent threshold be exceeded for a third year consecutively, a notification is sent to the relevant college(s) for further action. The relevant college(s) request a written response from the postgraduate dean, with the possibility of accreditation follow-up determined by the relevant residency accreditation committee, 	<ul style="list-style-type: none"> Should a recurrent threshold be exceeded for a third year consecutively, a notification is sent to the relevant colleges for further action. The relevant colleges request a written response from the dean, with the possibility of accreditation follow-up (at the institution level) determined by the residency accreditation committees, depending on the nature of the issue and measures in place to address it.

¹¹ For example, for the annual resident and faculty surveys currently in the 'proof of concept' phase of implementation, the threshold for notifications is being tested, whereby if >30% of respondents either disagree or strongly disagree (combined) with any one question in the survey, a notification to the residency program and postgraduate office will occur. Institutions and residency programs will, however, not receive a notification until the data source achieves the 'notification active' phase.

Residency programs exceeding established thresholds

Institutions exceeding established thresholds

depending on the nature of the issue and measures in place to address it.

5.3 Internal reviews

Internal reviews are an important part of the continuous cycle of accreditation; expectations are outlined in the *General Standards of Accreditation for Institutions with Residency Programs*. The internal review of each residency program is expected to be conducted between regular accreditation reviews as part of the institution's continuous improvement processes; in addition, most institutions also opt to conduct an internal review of the institution itself. Although the internal review process is typically conducted at the midpoint of the eight-year continuous cycle of accreditation, the CanERA accreditation system leaves the process and timing to the institution's discretion, provided the internal review aligns with the expectations for internal reviews detailed in the CanERA general standards of accreditation.

It is recommended, though not mandatory, that the internal review process be based on the CanERA process for the regular accreditation review leveraging CanAMS, as appropriate, providing the internal review team access to all relevant available documentation and information within the residency program's or institution's profile instrument. As with regular accreditation reviews, in addition to a review of documentation, a series of interviews with key stakeholders is also recommended (refer to section 6 for the CanERA accreditation process); at both the residency program and institution level, input from residents is an integral component of the process.

The internal review reports should include AFI for the institution/residency program, as well as highlight positive aspects of the institution/residency program, which may include leading practices and/or innovations (i.e., a practice (method, procedure, etc.) that is: noteworthy for the discipline, or residency education write large; and/or unique and innovative in nature). While internal review reports are deemed to be internal documents of the university, the internal review reports for all residency programs are provided to the institution accreditation review team as part of the regular accreditation review process, to enable evaluation of the institution's internal review and continuous improvement processes based on the *General Standards of Accreditation for Institutions with Residency Programs*.

5.4 Institution/residency program self-evaluation

In addition to the internal review, institutions and residency programs may conduct a self-evaluation against applicable accreditation standards using CanAMS (see section 4.1.3 regarding CanAMS functionality available to support self-evaluation). Use of self-evaluation functionality in CanAMS, while not mandatory, provides an efficient means to demonstrate activity consistent with expectations set out in the continuous improvement domain within the accreditation standards, and to evaluate ongoing compliance with accreditation standards throughout the accreditation cycle. An institution may mandate some or all of its residency programs to complete a self-evaluation as part of the institution's approach to continuous improvement.

While the institution and residency programs may choose to share AFI identified through self-evaluation activities as part of information submitted to inform their accreditation review, and in particular, to demonstrate the strength of their own continuous improvement process, it is not required.

6. REGULAR ACCREDITATION REVIEWS

Fundamental to the continuous cycle of accreditation is the regular accreditation review of each institution and all of its residency programs every eight years, evaluating compliance with the applicable standards of

accreditation.¹² The ultimate aim of the review is to support continuous improvement efforts, and ensure and recognize the provision of high-quality residency education.

The regular accreditation review of the institution is conducted conjointly by the CFPC and the Royal College (and the CMQ in Québec). With respect to family medicine residency programs, the regular accreditation review is conducted by the CFPC (and the CMQ, in Quebec, for core family medicine programs). For other residency programs, the regular accreditation review is conducted by the Royal College (and the CMQ, in Quebec, for programs in those Royal College disciplines recognized by the CMQ).

All residency programs sponsored by the institution that are active at the time of the regular accreditation review must be reviewed, including residency programs with an accreditation status that includes follow up other than by regular accreditation review.^{13,14} Every effort is made where appropriate and in discussion with the institution, to include these residency programs in the regular accreditation review.

When a residency program is scheduled for an accreditation review (i.e., regular accreditation review, external review, or APOR) and there will be no residents enrolled in the program at the time the review is scheduled to take place, the residency program will be designated as inactive and will not be reviewed. It is required that the postgraduate office notify the respective college within two months of there being no current resident enrolled in a residency program. At this time the residency program will be formally designated as inactive. For reactivation, it is required that the postgraduate office notify the respective college, within two months of a resident(s) enrolling in an inactive program via CanAMS, specifying the date that training commenced. Upon receipt of this notification, the respective college will confirm the format and deadline for the required follow-up accreditation review.

6.1 Accreditation review preparation—institutions and residency programs

6.1.1 Pre-accreditation review meeting(s)

To help institutions and residency programs prepare for regular accreditation reviews, the relevant CanRAC colleges meet with the postgraduate office and key residency program stakeholders (e.g., resident representatives, program directors, family medicine site directors, family medicine enhanced skills directors, program administrative personnel, members of the residency program committee, the academic lead of the discipline, and teachers) for at least one pre-accreditation review meeting approximately nine to 12 months before the scheduled regular accreditation review. The pre-accreditation review meeting is intended to provide an overview of the regular review to relevant institution and residency program stakeholders, orienting them to the applicable standards and process and providing an opportunity for institution and program stakeholders to ask questions.

6.1.2 Institution/program instrument submission

Approximately four months before the regular accreditation review, the institution submits the institution and residency program instruments via CanAMS (e.g., profile instrument). The exact date for submission is provided to the institution, and the institution is responsible for providing internal deadlines to its residency programs, accounting for any internal processes for review. Submission of the instruments via CanAMS implies that the postgraduate dean has verified the accuracy of the information stored within.

¹² This includes review of Royal College programs in disciplines labeled “special programs” (i.e., Surgical Foundations and Clinical Investigator Programs (CIP)). For details specific to the accreditation of Surgical Foundations Programs, see Appendix I.

¹³ Refer to the definitions for active program, current resident, and inactive program in the Glossary of Terms, Appendix L.

¹⁴ Active category 2 enhanced skills family medicine programs are reviewed collectively; inactive category 2 family medicine programs are not reviewed.

6.1.3 Royal College specialty committee input into the accreditation process (Royal College programs)

Access to the documentation and information submitted by the institution, contained within each Royal College residency program's instruments, is made available to the respective Royal College specialty committee for review and input. The request for the specialty committee's comments and questions is focused on discipline-specific content and tied to relevant expectations as set out in the *General Standards of Accreditation for Residency Programs* and standards of accreditation specific to the discipline. Specialty committee input is provided to the residency program ahead of the regular accreditation review, for preparation of a response by the residency program prior to the start of the onsite portion of the accreditation review. The specialty committee's input is also provided to the assigned surveyors to inform their review preparation.

6.1.4 Regular accreditation review logistics

The timing of the regular accreditation review is dictated by the accreditation cycle, which is predictable and consistent. The exact date(s), schedule of meetings, and logistics of the accreditation review are determined jointly by the, CFPC, Royal College, and CMQ (in Québec), in consultation with the institution.

The schedule for the institution accreditation review is based on meetings with key stakeholders, including but not limited to the dean, the postgraduate dean, postgraduate office administration, learning site leadership, the postgraduate education committee, and residents. The accreditation review also includes a visit to select learning sites. The schedule for residency program accreditation reviews is based on meetings with key stakeholders, including but not limited to all current residents, the program director, administrative personnel, the residency program committee and appropriate sub-committees, the academic lead of the discipline, and teachers.

While the schedule is determined beforehand, flexibility is built in to allow the accreditation review team to focus and/or follow-up on areas of interest (i.e., areas of concern and/or innovation, etc.) identified prior to and during the accreditation review, including follow-up associated with tracers identified by the surveyor, as applicable (see section 6.3.1).

6.2 Accreditation review team

6.2.1 Conjoint Institution Review Team

The Conjoint Institution Review Team (Institution Review Team) is comprised of:

- Two surveyors assigned by the CFPC, one of whom serves as one of the Institution Review Team co-chairs
- Two surveyors assigned by the Royal College, one of whom serves as one of the Institution Review Team co-chairs
- One surveyor assigned by the CMQ, who serves as one of the institution accreditation review team co-chairs as well as a medical regulatory representative (in Quebec)
- One surveyor who is a representative from the Federation of Medical Regulatory Authorities of Canada (Outside of Québec)
- One surveyor who is a resident representative, selected by the applicable resident organization (i.e., RDoC or the FMRQ)

6.2.2 Royal College Program Review Team

For each regular accreditation review, the Royal College (with CMQ, in Québec) appoints a Royal College Program Review Team responsible for reviewing Royal College residency programs. Each surveyor is responsible for reviewing approximately two to four programs. Two surveyors are assigned to reviewing each residency program; however, in some instances, a resident representative appointed by RDoC or the FMRQ, as appropriate, may be included as a third surveyor assigned to a residency program.

For regular accreditation reviews, selecting residency programs to assign to a particular surveyor is not driven by a need for discipline-specific expertise; discipline-specific input is sought from the relevant Royal College specialty committee prior to and following the onsite portion of the accreditation review (see section 2.4.4). However, surveyor assignments consider any potential or perceived conflicts of interest and ensure that at least one surgeon is assigned to review each surgical program.

6.2.3 Family Medicine Program Review Team

For each regular accreditation review, the CFPC (with CMQ, in Québec) appoints a Family Medicine Program Review Team (one member of this team is appointed by the CMQ for accreditation reviews conducted in Québec), responsible for reviewing the family medicine program including the family medicine enhanced skills programs. The team reviews and provides a recommendation for the family medicine program and the family medicine core enhanced skills program. Sites and category 1 and 2 enhanced skills programs are visited; however, they are not individually accredited.¹⁵ A subset of the review team focuses on the enhanced skills programs but may also act as both site and enhanced skills reviewers depending on the number of sites, enhanced skills programs, and travel considerations.

Two to three surveyors are assigned to each site and category 1 enhanced skills program, with each surveyor responsible for reviewing two to four sites or enhanced skills programs.

For regular accreditation reviews, the review team consists of family medicine program directors, site directors, enhanced skills directors, postgraduate deans, family medicine department heads, researchers, and others involved in family medicine leadership positions within their programs. Two resident surveyors are appointed by RDoC or the FMRQ, as appropriate.

An undergraduate peer consultation may also occur during the visit week. This process is voluntary and does not impact the review of the family medicine program. If programs choose to participate, an externally assigned undergraduate reviewer is placed on the team and completes a one-day undergraduate peer review. For the remainder of the visit, this member acts as a surveyor on the Family Medicine Program Review Team.

6.2.4 Accreditation Review Team expectations for French-speaking Québec institutions

For accreditation reviews of French-speaking Québec institutions and their residency programs¹⁶, fluency in French is a mandatory requirement for all members of the accreditation review teams and it is expected that accreditation review reports for these institutions and residency programs be written in French by the assigned surveyors. See Appendix J for the Policy on French Language Accreditation Reviews.

6.2.5 Accreditation Review Team preparation

CanAMS provides surveyors with the information and tools required to conduct their accreditation review(s). Instruments and information available to surveyors via CanAMS prior to the accreditation review include, but are not limited to:

- A surveyor instrument (i.e., accreditation review report; one per assigned review)
- Relevant program/institution responses and documentation (i.e., program profile instrument responses, response to previously identified AFI)
- Historical information (e.g., the most recent accreditation review report)

¹⁵ Category 2 programs are reviewed collectively.

¹⁶ The expectations set out in 6.2.4 also apply to family medicine learning sites designated as French sites.

- Royal College specialty committee pre-accreditation review input, for Royal College residency programs. Prior to the accreditation review, residency program responses to specialty committee input will be provided; however, this will be in close proximity to the accreditation review
- Standards of accreditation and other discipline-specific documentation, as applicable

Using this information, the accreditation review teams begin to pre-populate their surveyor instrument(s) (i.e., accreditation review report) specific to their assigned review(s), evaluating the institution or residency program(s) against the applicable standards of accreditation, based on the information available.¹⁷ Pre-population facilitates the identification of areas of interest, including the selection of tracers (see section 6.3.1), directing the focus of the onsite portion of the accreditation review. Pre-populating surveyor instruments also helps to ensure comprehensive evaluation of all standards and timely completion of the preliminary accreditation review report after the accreditation review.

6.3 Onsite portion of the accreditation review

The accreditation review teams have the opportunity to review additional documentation onsite that is unavailable within the institution/program profile instrument (i.e., for privacy/confidentiality reasons). Clear guidance about the information available for review during the onsite portion of the accreditation review is provided well in advance; typically, this includes a selection of resident files and committee meeting minutes.

The accreditation review teams also have the opportunity to meet with key stakeholders to complete the evaluation of the institution and each residency program's achievement of the applicable standards of accreditation.

In the event of an unexpected issue or circumstance that prevents the accreditation review from being completed, the relevant colleges, in conjunction with the affected institution, will organize an alternative plan. The plan will take into account potential risks to surveyors, teachers, residents, and college staff.

6.3.1 *Tracer methodology*

Tracer methodology is a mechanism for gathering information during the accreditation process. Based on key themes or processes that are linked to the CanERA general standards of accreditation, tracer methodology allows surveyors to evaluate specific processes or themes by following the path of actual actions and events. Using tracers as part of the accreditation review process is intended to be flexible and inquisitive, reflecting the shift to outcomes-based accreditation (i.e., from "do you have a policy?" to "show me that the policy works"), and will complement, rather than replace, other information gathered as part of the accreditation review process for institutions and their residency programs.

Specific tracers to be included in institution and residency program reviews are determined by the accreditation review team before the onsite accreditation review, based on available information/evidence. For an institution review, the Institution Review Team will also be notified of the tracers selected for program-level accreditation reviews to facilitate appropriate linkage between the accreditation review of the institution and residency programs. The accreditation review schedule may be adjusted to accommodate the selected tracer(s).

There are two different types of tracers for CanERA:

- System tracers are used to examine a theme that cross-cuts the standards, emphasizing the integration of related processes, and coordination and communication between parts of the institution and/or its residency programs (e.g., value of teaching, learner safety, patient safety, social accountability)

¹⁷ There is a separate instrument for the institution and each residency program.

- Individual tracers are used to examine a policy, process or system based on the experience of an individual (e.g., resident, program director, or teacher) within the institution or program; for example, tracing the path of a resident who has appealed an assessment, to understand the associated processes and policies and how these were applied

Institution and residency program review tracers are developed according to the following principles:

- They are explicitly linked to accreditation standards
- They reflect high “priority” systems or processes
- They are developed in consultation with surveyors and others, as appropriate
- They are tested and implemented iteratively over time¹⁸

7. ACCREDITATION DECISIONS – INSTITUTIONS

The culmination of the regular accreditation review that is conducted every eight years is the determination of an accreditation status for the institution. In addition to the accreditation status granted, follow-up required prior to the next regular accreditation review may be identified.

7.1 Roles and responsibilities in the institution decision process

7.1.1 Role of the Institution Review Team

When determining an accreditation status and any applicable follow-up for the institution, the surveyors comprising the Institution Review Team are responsible for evaluating the institution’s compliance with the requirements as articulated in the *General Standards of Accreditation for Institutions with Residency Programs*. Based on this evaluation, and considering the Principles for Institution Accreditation Decision-making (section 7.2), the Institution review team is then responsible for reaching a recommendation for an accreditation status for the institution, as well as associated follow-up, for consideration by the respective residency accreditation committees. The recommendation is based on a vote by all surveyors on the Institution review team.

7.1.2 Role of residency accreditation committees

The CFPC RAC and Royal College Res-AC (both of which include representation of the CMQ) share responsibility for determining the final institution accreditation status, including any applicable follow-up required prior to the next regular accreditation review. Determination of the final decision is based on a vote by all members, adjusted to provide equal weight to each committee.

The residency accreditation committees give due consideration to the *Principles for Institution Accreditation Decision-making* (section 7.2) in determining an accreditation status (and associated follow-up).

7.2 Principles for institution accreditation decision-making

The residency accreditation committees have articulated the following principles to guide decision making related to the accreditation status (and associated follow-up) for institutions. These principles aim to ensure fair, consistent, and transparent accreditation decisions, a foundational principle of the CanERA accreditation system.

1. A goal of CanERA is to increase emphasis on CQI, and institutions should be entrusted to drive their own continuous improvement and that of their residency programs.
2. Except under egregious circumstances, no one residency program in and of itself should impact the accreditation decision and follow-up granted to an institution.

¹⁸ The Tracers used by surveyors during an accreditation review are based on the accreditation standards the institution and residency programs is held to for the purposes of their accreditation review (i.e., the standards in place at least 12 months prior to the scheduled accreditation review).

3. Consideration should be given to institutions to allow for iterative implementation of new expectations detailed in the *General Standards of Accreditation for Institutions with Residency Programs*; however, imperatives from the prior standards still apply:
 - There are expectations that existed previously and remain the same (i.e., an institution is still an institution)
 - There are some requirements that, if not met, can in and of themselves impact an accreditation decision and follow-up (e.g., lack of an internal review process at the institution, or significant lack of resident supervision at a learning site, impacting several residency programs).
4. Consideration should be given to the following:
 - Persistence of AFI identified
 - The impact of AFI on the learning environment and the integrity of the institution;
 - The strength of the institution's internal review process
 - The institution's demonstrated quality improvement efforts (e.g., have the AFI been identified by the institution, with appropriate efforts to address them under way?)

7.3 Institution accreditation status and follow-ups

An accreditation status is awarded to the institution based on the evaluation of the institution against the *General Standards of Accreditation for Institutions with Residency Programs* during the accreditation review. There are two possible statuses: Accredited Institution; and, Accredited Institution on Notice of Intent to Withdraw Accreditation. The institution is also awarded a required follow-up, based on the AFI(s) identified. There are three possible follow-ups: Next Regular Accreditation Review; Action Plan Outcomes Report; External Review. An overview of the accreditation status and follow-up options for institutions is detailed in Table 3.

Regardless of the accreditation status or required follow-up awarded, all institutions are required to work toward addressing the AFI(s) identified during the accreditation review. In particular, all institutions are expected to interact with the accreditation process via CanAMS on an ongoing basis. The *General Standards of Accreditation for Institutions with Residency Programs* include explicit expectations regarding continuous improvement efforts, and institutions receive information from data integration sources (e.g., annual resident and faculty surveys) throughout the continuous accreditation cycle that may require action.

Table 3: Institution Accreditation Status and Follow-up

Accreditation Status	Follow-up	Definition
Accredited Institution	Next Regular Accreditation Review	The institution has demonstrated acceptable compliance with the standards. Timelines for follow-up align with the next regular accreditation review ¹⁹ established in the accreditation cycle, with expectations of ongoing CQI throughout the cycle.
	Action Plan Outcomes Report (APOR)	There is one (or more) significant area(s) for improvement impacting the overall quality of the institution which requires

¹⁹ Follow-up of next regular accreditation review does not imply that an institution can go eight years without interacting with the accreditation system; notably, standards detail expectations of continuous improvement efforts between accreditation reviews, institutions receive information based on integrated data sources (e.g. resident/faculty surveys) throughout the cycle that may require action, and institutions are expected to address any AFI identified at the time of the regular accreditation review.

Accreditation Status	Follow-up	Definition
		<p>follow-up prior to the next regular accreditation review, and which can be evaluated via submission of evidence from the institution.</p> <p>The process to address the area(s) for improvement is at the discretion of the institution; however, evidence submitted via an APOR must be sufficient to demonstrate compliance with the associated requirement(s), and be limited to information related to the identified area(s) for improvement.</p> <p>Follow-up will align with the predictable two-year timeline established in the accreditation cycle.</p>
	External Review	<p>There is one (or more) significant area(s) for improvement impacting the overall quality of the institution which requires follow-up prior to the next regular accreditation review and which can be best evaluated by external peer reviewers. Factors that may suggest the need for follow-up by external review include, but are not limited to:</p> <ul style="list-style-type: none"> • Persistence of the area(s) for improvement (i.e., the area(s) for improvement was(were) also identified at a previous accreditation review(s)) • Nature of the area(s) for improvement (i.e., the area(s) for improvement is(are) best evaluated by a reviewer from outside of the university) • Concerns with the institution’s oversight of CQI of residency education <p>Follow-up will align with the predictable two-year timeline established in the accreditation cycle.</p>
Accredited Institution on Notice of Intent to Withdraw Accreditation	External Review	<p>The institution received the status Accredited Institution with Follow-up by External Review at its last accreditation review, and there are major and/or continuing concern(s) that call into question the educational environment and/or integrity of the institution, and its ability to oversee quality residency education.</p> <p><u>OR</u></p> <p>Despite notifications and reminders, the institution has failed to complete and submit the required accreditation follow-up by the deadline.</p> <p>Follow-up will align with the predictable two-year timeline established in the accreditation cycle.</p> <p>Regarding the status of the institution’s residency programs, while there would be no impact on the programs’ individual status, external reviews replace mid-cycle internal reviews of each residency program. These external reviews are conducted by the Royal College and CPFC, as well as the CMQ for Quebec universities.</p>

Accreditation Status	Follow-up	Definition
Withdrawal of Accreditation	New Application	<p>Withdrawal of accreditation is effective immediately due to:</p> <ul style="list-style-type: none"> • Non-compliance: an institution with the status of Notice of Intent to Withdraw Accreditation fails to demonstrate acceptable compliance with the standards of accreditation • Voluntary withdrawal: an institution has voluntarily withdrawn their accreditation, with notification to the CFPC and Royal College, as well as CMQ for Quebec universities • A missed deadline: an institution with the status of Notice of Intent to Withdraw Accreditation has failed to complete and submit the required accreditation follow-up, despite notifications and reminders <p>This status is effective immediately unless there are residents in the institution's residency programs, in which case the status becomes effective at the end of the current academic year. The accreditation of all of the institution's residency programs is effectively withdrawn.</p> <p>An application for new accreditation of an institution may be submitted following a waiting period of 12 months from the effective date of withdrawal.</p>

7.3.1 Follow-up by next regular accreditation review

Accredited institutions with follow-up by next regular accreditation review have no mandated review requiring consideration by the respective residency accreditation committees until the institution's next regular accreditation review in eight years' time. However, these institutions remain expected to interact with the accreditation process via CanAMS on an ongoing basis, as articulated in the *General Standards of Accreditation for Institutions with Residency Programs* with respect to continuous improvement efforts. In addition, the institution continues to receive information from data integration sources (e.g., annual resident and faculty surveys) throughout the accreditation cycle, which could prompt further quality improvement (or quality assurance) activity as outlined in Section 5.2. Finally, at the time of the next regular accreditation review, the institution is expected to demonstrate that it has conducted continuous improvement efforts throughout the cycle, and has addressed the AFI identified at the time of the last accreditation review.

7.3.2 Follow-up by APOR

For accredited institutions with AFI that require follow-up via an Action Plan Outcomes Report (APOR) prior to the next regular accreditation review, the deadline for the submission of the APOR is according to the predictable two-year intervals within the eight-year accreditation cycle. APORs are intended to be specific to only those AFI requiring follow-up in two years by APOR (i.e., AFI-2y); the submitted APOR should not provide an overview of the resolution of/progress on AFI for follow-up at the next regular review (i.e., AFI-RR).

APORs must be submitted by the postgraduate dean, via CanAMS, for review by the respective residency accreditation committees by the specified deadline, which is determined based on the institution's

accreditation cycle.²⁰ The APOR is reviewed by the respective residency accreditation committees at their next appropriate regular meeting, and a conjoint accreditation decision is awarded according to the available accreditation status and follow-ups set out in Table 3.

7.3.3 Follow-up by external review

For accredited institutions with AFI that require follow-up via an external review prior to the next regular accreditation review, these reviews are scheduled according to the two-year follow-up intervals within the eight-year accreditation cycle. The external review entails a comprehensive institution review (i.e., covers all requirements), emphasizing the area(s) for improvement identified conjointly by the residency accreditation committees at the time of the last review. The external review process is consistent with section 6.0 for the regular accreditation review of institutions. The external review findings are reviewed by the respective residency accreditation committees at their next appropriate regular conjoint meeting, and the conjoint accreditation decision and associated follow-up is awarded according to the available accreditation status and follow-ups set out in Table 3.

In the event of an unexpected issue or circumstance that prevents the external review from being completed, the relevant colleges and the affected institution will organize an alternative plan. The plan will take into account potential risks to surveyors, teachers, residents, and college staff.

7.3.4 Accredited institution on notice of intent to withdraw accreditation

Institutions with a status of “Accredited Institution on Notice of Intent to Withdraw Accreditation”²¹ require a comprehensive review of the institution, via external review, with the review scheduled according to the two-year follow-up intervals within the eight-year accreditation cycle. The external review entails a comprehensive institution accreditation review (i.e., covers all requirements), emphasizing the area(s) for improvement identified conjointly by the residency accreditation committees at the time of the last review. The onus is on the institution to demonstrate why accreditation should not be withdrawn. The external review process is consistent with section 6.0 for the regular review of residency education institutions.

Where an institution has been granted an accreditation status and follow-up of “Accredited Institution on Notice of Intent to Withdraw Accreditation”, the colleges will conduct the internal review of the institution’s residency programs on behalf of the institution, by way of an external review by the relevant college(s), to assist with ongoing CQI. However, the accreditation status and follow-up of each of the institution’s residency programs will not be impacted (see section 7.4).

Residents enrolled in the institution’s residency programs, learners contracted to enter the institution’s residency programs, and all applicants to the institution’s residency programs must be advised immediately by the institution of the accreditation status, and its implication for the residency programs.

7.3.5 Withdrawal of accreditation

The decision to withdraw accreditation from an accredited institution becomes effective immediately, unless there are residency programs with residents actively enrolled, in which case withdrawal becomes effective at the end of the academic year in which the decision is taken. No credit will be given to any residents for training completed in the institution’s residency programs once the accreditation of the institution has been withdrawn.

Institutions must immediately advise residents actively enrolled in the institution’s residency programs, learners already contracted to enter the institution’s residency programs, and all applicants to these

²⁰ How best to address issues requiring follow-up by an APOR is at the discretion of the institution, and should be based on the area(s) of improvement identified. The APOR must include sufficient information regarding how the area(s) for improvement identified have been addressed, including documented outcomes and evidence.

²¹ Institutions cannot receive this status consecutively.

residency programs about the status of the institution, and its implication for the residency programs. The onus is on the institution to ensure residents are placed in another accredited program in their discipline in Canada.

When accreditation is withdrawn, a new application for accreditation is required. This new application will not be considered by the residency accreditation committees for at least one year following the date of the decision letter.

7.4 Relationship between institution status and review of residency programs

The institution accreditation status can impact the accreditation status and review of its residency programs. If an institution's accreditation status is:

- Accredited Institution with Follow-up by Regular Review, APOR, or External Review: the accreditation status of each residency program is unchanged. The institution maintains responsibility for continuous improvement activities, notably the internal review.
- Accredited Institution on Notice of Intent to Withdraw Accreditation: all residency programs must be notified. The accreditation status of each residency program remains unchanged. However, in place of the internal reviews conducted of each residency program by the institution, external reviews of the residency programs are conducted by the CFPC, CMQ, and Royal College, as appropriate.
- Withdrawal of Accreditation: the accreditation of the residency programs is also withdrawn, effective at the end of the academic year in which the institution accreditation decision is awarded. No credit is given to any residents for training completed in the programs once accreditation has been withdrawn.

7.5 Institution accreditation review report

7.5.1 Overview

The institution accreditation review report is drafted by the Institution Review Team throughout the accreditation review. The report includes:

- A narrative overview of the institution's key characteristics and the accreditation review teams general impressions of the institution (e.g., strong institution with a few AFI)
- An accreditation status and associated follow-up
- A rating for each requirement
- Narrative findings
 - Requirements rated as AFI-RR or AFI-2Y, population of the associated findings is necessary
 - Requirements rated as met surveyors are not required to include findings; however, positive commentary is encouraged and guidance is provided to help ensure that sufficient feedback is provided to institutions
- A summary of any AFI identified as requiring follow-up prior to the next regular accreditation review (i.e., by action plan outcomes report or external review)
- A summary of any leading practices and/or innovations identified

The contents of the accreditation review report are reviewed for errors of fact by the institution, as well as by the residency accreditation committees prior to finalization (see section 7.5.3).

7.5.2 Communication of preliminary accreditation decision (recommended by Institution Review Team)

The Institution Review Team co-chairs provide the dean and postgraduate dean with a verbal overview of the accreditation review, including the recommendation for the accreditation status and follow-up, any AFI recommended for follow-up prior to the next regular accreditation review (i.e., by external review or action plan outcomes report), as well as any identified leading practices, and/or innovations). The co-chairs provide this at the conclusion of the accreditation review, to support and inform the continuous improvement efforts of the institution and its residency programs. In addition, shortly following the onsite portion of the

accreditation review, the dean and postgraduate dean are provided with a preliminary summary of requirements identified as being AFIs²²; narrative findings are not included. While the rating of requirements remains preliminary, the summary report enables the institution to begin continuous improvement efforts, at their discretion.

7.5.3 Institution review for errors of fact

The dean and postgraduate dean have an opportunity to review a preliminary version of the accreditation review report to identify any errors of fact, before the review by the residency accreditation committees. In addition, the dean and postgraduate dean are invited to attend the residency accreditation committee meetings at which the institution and residency program decisions are made.

7.5.4 Communication of final accreditation decision

The final accreditation decision (i.e., accreditation status and follow-up) and accreditation review report are communicated to the dean and postgraduate dean, and the Institution Review Team, following conjoint consideration by the CFPC RAC and Royal College Res-AC, which includes representation from the CMQ.

7.5.5 Requests for reconsideration

There is an opportunity for institutions to request reconsideration of conjoint institution accreditation decisions, if appropriate. For more information regarding the process, including grounds for requesting reconsideration, see Appendix C.

8. ACCREDITATION DECISIONS – PROGRAMS

The regular accreditation review conducted every eight years culminates in determining an accreditation status for each residency program. Follow-up required prior to the next regular accreditation review may be identified in addition to the accreditation status granted.

8.1 Roles and responsibilities in the program decision process

8.1.1 Role of the program accreditation review teams

The Family Medicine Program Accreditation Review Team (Family Medicine Review Team) and the Royal College Program Review Team (Royal College Review Team) determine an accreditation status and any applicable follow-up for each residency program. The Family Medicine Review Team is responsible for evaluating the compliance of family medicine programs with requirements as articulated in the applicable standards of accreditation. The Royal College Review Team is responsible for evaluating the compliance of Royal College residency programs with the requirements as articulated in the applicable standards of accreditation. Based on this evaluation and considering the Principles for Residency Program Accreditation Decision-making (section 8.2), the relevant program accreditation review team²³ is responsible for reaching, by a vote including all surveyors on the applicable program accreditation review team a recommendation for an accreditation status (and associated follow-up) for each residency program, for consideration by the respective residency accreditation committee.

8.1.2 Role of Royal College specialty committees

Royal College specialty committees provide invaluable discipline-specific input into the accreditation process for Royal College residency programs. Following the accreditation review, the specialty committees review the relevant preliminary accreditation review report. Based on review of the preliminary

²² The rating of requirements, as with the accreditation status and follow-up, are preliminary; the accreditation status and follow-up, as well as requirement ratings are not considered final until a decision is made by the residency accreditation committees.

²³ Royal College accreditation review team for Royal College residency programs and Family Medicine review team for Family Medicine and Enhanced Skills programs.

accreditation review report, the applicable specialty committee has an opportunity to provide discipline-specific input for the Royal College Res-AC to consider. The input received is given due consideration by the Royal College Res-AC.

8.1.3 Role of residency accreditation committees

The relevant residency accreditation committee²⁴ is responsible for granting the final accreditation status and associated follow-up. Determination of the final decision is based on a vote by all members.

The residency accreditation committees give due consideration to the Principles for Residency Program Accreditation Decision-making (section 8.2) when determining accreditation status and associated follow-up.

8.2 Principles for residency program accreditation decision-making

The residency accreditation committees have articulated the following principles to guide decision-making related to the accreditation status (and associated follow-up) for accredited residency programs. These principles aim to ensure fair, consistent, and transparent accreditation decisions, a foundational principle of the CanERA accreditation system.

1. A goal of CanERA is to increase emphasis on CQI, and programs, with the support of their institution, should be entrusted to drive the continuous improvement of their residency program.
2. Consideration should be given to residency programs to allow for iterative implementation of new expectations detailed in the *General Standards of Accreditation for Residency Programs*, however, imperatives from the previous standards still apply:
 - There are expectations that existed previously and remain the same (i.e., a program is still a program)
 - There are requirements that in and of themselves can impact an accreditation decision and follow-up (e.g., harassment and intimidation, lack of specialty-specific teaching of the CanMEDS/CanMEDS-FM Roles)
3. Consideration should be given to the following:
 - Persistence of AFI identified
 - Impact the AFI have on the learning environment and the integrity of the program;
 - Strength of the institution's internal review process
 - The residency program's demonstrated quality improvement efforts (e.g., have the AFI been identified by the residency program, with appropriate efforts to address them under way?)

8.3 Residency program accreditation status and follow-ups

An accreditation status is awarded to a residency program based on the evaluation of the residency program against the applicable program accreditation standards during the accreditation review. There are two possible statuses: Accredited Program; and, Accredited Program on Notice of Intent to Withdraw Accreditation. Each residency program is also awarded a required follow-up, based on the AFI identified. There are three possible follow-ups: Next Regular Accreditation Review, APOR, and External Review. Table 4 contains an overview of the accreditation status and follow-up options available to residency programs.

²⁴ Royal College Residency Accreditation Committee (Res-AC) for Royal College residency programs and College of Family Physicians of Canada Residency Accreditation Committee (CFPC RAC) for Family Medicine and Enhanced Skills programs.

Table 4: Program accreditation status and follow-up

Accreditation Status	Follow-up	Definition
Accredited Program	Next Regular Accreditation Review	<p>The residency program has demonstrated acceptable compliance with standards.</p> <p>Timelines for follow-up align with the next regular review²⁵ established in the accreditation cycle, with expectations of ongoing CQI throughout the cycle.</p>
	Action Plan Outcomes Report (APOR)	<p>There is one (or more) significant area(s) for improvement impacting the overall quality of the program which requires follow-up prior to the next regular accreditation review, and which can be evaluated via submission of evidence from the program.</p> <p>The process to address the area(s) for improvement is at the discretion of the institution; however, evidence submitted via an APOR must be sufficient to demonstrate compliance with the associated requirement(s), and be limited to information related to the identified area(s) for improvement.</p> <p>Follow-up will align with the predictable two-year timeline established in the accreditation cycle.</p>
	External Review	<p>There is one (or more) significant area(s) for improvement impacting the overall quality of the program which requires follow-up prior to the next regular accreditation review, and which can be best evaluated external peer reviewers. Factors that may suggest the need for follow-up by external review include, but are not limited to:</p> <ul style="list-style-type: none"> • Persistence of the area(s) for improvement (i.e., the area(s) for improvement was(were) also identified at a previous accreditation review(s)) • Nature of the area(s) for improvement (i.e., the issues are best evaluated onsite by a reviewer from outside of the university, and, in some instances, from the same discipline); and/or • Concerns with the program's and/or institution's oversight of continuous quality improvement of the residency program. <p>Follow-up will align with the predictable two-year timeline established in the accreditation cycle.</p>

²⁵ A follow-up of next regular accreditation review does not imply that a residency program can go eight years without interacting with the accreditation system; notably, standards detail expectations of continuous improvement efforts between accreditation reviews, residency programs receive information based on integrated data sources (e.g. resident/faculty surveyors) throughout the cycle that may require action, and residency programs are expected to address any AFI identified at the time of the regular accreditation review.

Accreditation Status	Follow-up	Definition
Accredited Program on Notice of Intent to Withdraw Accreditation	External Review	<p>There are major and/or continuing concerns which call into question the educational environment and/or integrity of the residency program and its ability to deliver high quality residency education.</p> <p>OR</p> <p>Despite notifications and reminders, the program has failed to complete and submit the required accreditation follow-up by the deadline.</p> <p>Follow-up will align with the predictable two-year timeline established in the accreditation cycle.</p>
Withdrawal of Accreditation	New Application	<p>Withdrawal of accreditation effective immediately due to:</p> <ul style="list-style-type: none"> • Non-compliance: a program with the status of Notice of Intent to Withdraw Accreditation fails to demonstrate acceptable compliance with the general and discipline-specific standards of accreditation • Voluntary withdrawal: the institution has voluntarily withdrawn the accreditation of a residency program, with notification to the CFPC or the Royal College, as well as the CMQ for Quebec universities • A missed deadline: a program with the status of Notice of Intent to Withdraw Accreditation has failed to complete and submit the required accreditation follow-up, despite notifications and reminders <p>This status is effective immediately unless there are residents in the residency program, in which case the status becomes effective at the end of the current academic year.</p> <p>An application for new accreditation of a residency program may be submitted following a waiting period of 12 months from the effective date of withdrawal (see section 9).</p>

8.3.1 Follow-up by next regular accreditation review

Accredited programs with follow-up by next regular accreditation review have no mandated review requiring consideration by the relevant residency accreditation committee until the program's next regular accreditation review in eight years' time. However, these residency programs remain expected to interact with the accreditation process via CanAMS on an ongoing basis, as articulated in the *General Standards of Accreditation for Residency Programs* with respect to continuous improvement efforts. In addition, these programs will continue to receive information from data integration sources (e.g., annual resident and faculty surveys) throughout the continuous accreditation cycle, which could prompt further quality improvement (or quality assurance) activity as outlined in Section 5.2. Finally, at the time of the next regular accreditation review, each residency program is expected to demonstrate that it has conducted continuous improvement efforts throughout the cycle, and has addressed the AFI previously identified.

8.3.2 Follow-up by APOR

For accredited programs with AFI that require follow-up by an APOR prior to the next regular accreditation review the deadline for the submission of the APOR is according to the predictable, two-year intervals within the eight-year accreditation cycle. APORs are intended to be specific only those AFI requiring follow-up in two years by APOR (i.e., AFI-2y); the submitted APOR should not provide an overview of the resolution of/progress on AFI for follow-up at the next regular review (i.e., AFI-RR).

With respect to APOR submission, APORs must be submitted using CanAMS,²⁶ by the program director via the postgraduate dean²⁷ for review by the relevant residency accreditation committee by the specified deadline, which is based on the institution's accreditation cycle. The APOR is reviewed by the respective residency accreditation committee at their next appropriate regular meeting and a decision is awarded according to the available accreditation status and follow-ups for residency programs set out in Table 4.

8.3.3 Follow-up by external review

For accredited programs with AFI that require follow-up by external review prior to the next regular accreditation review, external reviews are scheduled according to the two-year follow-up intervals within the eight-year accreditation cycle.²⁸ External reviews of family medicine programs are a focused review of the residency program on the AFI for follow-up by external review identified by the CFPC RAC at the time of the last review. External reviews of Royal College residency programs entail a comprehensive review of the residency program (i.e., the review covers all requirements); while there is emphasis on the AFI identified by the Royal College residency accreditation committee at the time of the last review, the review is not limited to the previously identified AFI.

Of note, at any time, a postgraduate dean can request an external review of one or more of their residency programs by the applicable college(s) (i.e., outside of the accreditation cycle/assigned follow-up).

The external review process aligns with the process for regular accreditation reviews (detailed in section 6).

8.3.4 Accredited program on notice of intent to withdraw accreditation

Residency programs with a status of "Accredited Program on Notice of Intent to Withdraw Accreditation"²⁹ require an external review of the residency program, which is scheduled according to the two-year follow-up intervals within the eight year accreditation cycle. For family medicine programs on notice of intent to withdraw accreditation the external review covers requirements identified as relevant to the future determination of continuing accreditation, or withdrawal of this status from a program. The scope of the review, and the requirements that will be addressed, is therefore determined by the CFPC RAC at the time of the decision to place the program on notice of intent to withdraw accreditation. For Royal College residency programs on notice of intent to withdraw, the external review entails a comprehensive review of the residency program (i.e., the review covers all requirements). For both Royal College and family medicine residency programs on notice of intent to withdraw accreditation, the onus is on the residency program to demonstrate why accreditation should not be withdrawn. The external review process is consistent with section 6 for the regular review of residency programs.

²⁶ How best to address issues requiring follow-up by APOR is at the discretion of the institution, in consultation with the program, and should be based on the areas of improvement identified. The APOR must include sufficient information regarding how the AFI identified have been addressed, including the documented outcomes and evidence. A template is provided within CanAMS.

²⁷ Submission of the APOR implies that the APOR has been reviewed and endorsed by the program director and postgraduate dean.

²⁸ Whenever possible, external reviews occur within the same window of the two-year interval, conducted as a mini-accreditation review by a team of accreditation surveyors.

²⁹ Programs cannot receive this status consecutively.

Residents actively enrolled in the residency program, learners already contracted to enter the residency program, and all applicants to the residency program must be advised immediately of the status of the residency program by the institution.

Note: accreditation will be immediately withdrawn from a residency program with a status of Accredited Program on Notice of Intent to Withdraw Accreditation that becomes inactive (see Appendix L, Glossary of Terms, for the definition of inactive programs).

8.3.5 Withdrawal of accreditation

The decision to withdraw accreditation becomes effective immediately unless the residency program has residents actively enrolled, in which case withdrawal becomes effective at the end of the academic year in which the decision is taken. No credit will be given by the applicable college to any residents for training completed in the program once accreditation has been withdrawn.

Residents actively enrolled in the residency program, learners already contracted to enter the residency program, and all applicants to the residency program must be advised by the institution immediately of the status of the residency program, and its implication for residents. The onus remains on the institution to ensure residents are placed in another accredited residency program in their discipline in Canada.

In the case of withdrawal of accreditation, a new application for accreditation is required. This new application is not considered by the relevant residency accreditation committee(s) for at least one year following the date of the decision letter (see section 9).

8.4 Program accreditation review report

8.4.1 Overview

Accreditation review reports for Royal College residency programs are drafted by the assigned program accreditation review team surveyors throughout the accreditation review. For family medicine programs, there is a central core family medicine report as well as a central enhanced skills report; these reports are drafted by the Family Medicine Review Team chair and the enhanced skills lead, respectively, with input from the Family Medicine Review Team. In addition, a report is also drafted for each site and individual enhanced skill program reviewed; however, an individual site/enhanced skills program decision is not rendered. The reports include:

- A narrative overview of the residency program's key characteristics, whether the previous AFI have been resolved, and the surveyors' general impressions of the residency program (e.g., strong program with a few AFI)
- An accreditation status and associated follow-up³⁰
- A rating for each requirement
- Narrative findings
 - For requirements rated as AFI-RR or AFI-2Y, population of the associated findings is necessary
 - For requirements rates as met, surveyors are not required to include findings; however, positive commentary is encouraged and guidance is provided to help ensure sufficient feedback is provided to residency programs
 - Surveyors of Royal College residency programs are also asked to address any questions posed by the specialty committee as part of the pre-accreditation review specialty committee input process

³⁰ Individual site and enhanced skills program reports do not include an accreditation status/follow-up.

- A summary of any AFI identified as requiring follow-up prior to the next regular accreditation review (i.e., by action plan outcomes report or external review)³¹
- A summary of any leading practices and/or innovations identified³²

Accreditation review report contents are reviewed for errors of fact by the residency program (see section 8.4.3), the respective Royal College specialty committee, if applicable (see section 8.1.2), and the residency accreditation committee (see section 8.4.4) prior to finalization.

8.4.2 Communication of preliminary accreditation decision (recommended by accreditation review team)

The Family Medicine Program Review Team holds an exit meeting for family medicine programs at the conclusion of the accreditation review week (i.e., on the Friday morning of the accreditation review), to support and inform the continuous improvement efforts by residency programs. The program director, postgraduate dean, department chair, enhanced skills director, central family medicine program manager, PGME manager, and dean (if available) attend the meeting. A verbal overview of the accreditation review for both family medicine and enhanced skills is provided, including the recommendation for the accreditation status and follow-up, any AFI recommended for follow-up prior to the next regular accreditation review (i.e., by external review or APOR), as well as any identified leading practices, and/or innovations. In addition, shortly following the onsite portion of the accreditation review, the family medicine program director, enhanced skills director, postgraduate dean, and academic lead of the discipline are provided with a preliminary summary of requirements identified as being AFI-2Y (i.e., requiring follow-up in two years)³³; narrative findings are not included. While the rating of requirements remains preliminary, the summary report enables the residency program to begin continuous improvement efforts, at their discretion.

At the conclusion of the accreditation review for Royal College residency programs (i.e., the morning following the review of the program), the assigned surveyors provide the program director (and postgraduate dean, as applicable), with a verbal overview of the accreditation review, to support the residency programs' continuous improvement efforts. The overview includes the recommendation for the accreditation status and follow-up, any AFI recommended for follow-up prior to the next regular accreditation review (i.e., by external review or APOR), as well as any identified leading practices, and/or innovations. In addition, shortly following the onsite portion of the accreditation review, the program director and postgraduate dean are provided with a preliminary summary of requirements identified as being AFI-RR or AFI-2Y³⁴; narrative findings are not included. While the rating of requirements remains preliminary, the summary report enables the residency program to begin continuous improvement efforts, at their discretion.

8.4.3 Residency program review for errors of fact

The residency program and postgraduate dean have the opportunity to review a preliminary accreditation review report to identify any errors of fact prior to the review by the respective residency accreditation committee. In addition, the dean and postgraduate dean are invited to attend the residency accreditation committee meeting at which the program decisions are made. For family medicine residency programs, the

³¹ For family medicine programs, AFI identified for individual sites and/or enhanced skills programs *may* be rolled up into the central family medicine or enhanced skills report, if applicable.

³² For family medicine programs, any leading practices and/or innovations identified in individual site and/or enhanced skills reports are rolled up into the central family medicine program or enhanced skills report, as applicable.

³³ The rating of requirements, as with the accreditation status and follow-up, are preliminary; the accreditation status and follow-up, as well as requirement ratings are not considered final until a decision is made by the respective residency accreditation committee.

³⁴ The rating of requirements, as with the accreditation status and follow-up, are preliminary; the accreditation status and follow-up, as well as requirement ratings are not considered final until a decision is made by the respective residency accreditation committee.

respective chair of the department of family medicine, the family medicine program director, and enhanced skills director are also invited to attend the residency accreditation committee meeting.

8.4.4 *Communication of final accreditation decision*

The final accreditation decision (i.e., accreditation status and follow-up) and the final accreditation review report are communicated to the dean, postgraduate dean, program director, enhanced skills program director (for enhanced skills family medicine programs), department chair (for family medicine programs), chair of the specialty committee (for Royal College programs), and surveyors assigned to the review, following consideration by the relevant residency accreditation committee.

8.4.5 *Requests for reconsideration*

There is an opportunity for institutions to request reconsideration of residency program accreditation decisions, if appropriate. For more information regarding the process, including grounds for requesting reconsideration, see Appendix A (Royal College programs) and Appendix B (family medicine programs).

9. APPLICATIONS FOR ACCREDITATION OF NEW RESIDENCY PROGRAMS

To be considered an accredited residency program in Canada, new applicants must undergo an application process to confirm the adequacy of the proposed residency program to meet the applicable general and discipline-specific standards of accreditation.

9.1 Eligibility for submission

Applications for accreditation of new residency programs³⁵ must be sponsored by one of the seventeen Canadian Faculties/Schools of Medicine recognized by the CFPC and Royal College, as well as by the CMQ in Quebec.³⁶ In addition, only applications for residency programs in disciplines recognized by the CFPC, CMQ, and/or Royal College, as applicable, will be accepted.

It should be noted that in order to maintain the integrity of residency programs, the respective residency accreditation committee does not separately accredit individual components of a residency program (e.g., different sites or enhanced skills programs); rather, the accreditation status and associated follow-up applies to the residency program as a whole.

9.2 Application

The CanAMS program profile instrument developed for the discipline serves as the application form for new residency program applicants. Applicants receive guidance to support completion of the program profile for an application for accreditation of a new residency program. This guidance includes an overview of the indicators within the *General Standards of Accreditation for Residency Programs* that will not be evaluated at the application stage and, subsequently, an overview of questions within the CanAMS program profile that need not be completed for the application.

To access the applicable program profile instrument, the institution must contact the applicable college

- New family medicine residency program applications: accreditation@cfpc.ca
- All other disciplines contact accredadmin@royalcollege.ca.

³⁵ Note that new family medicine sites and Category 1 enhanced skills programs do not constitute a new residency program.

³⁶ Any university wishing to establish a Faculty/School of Medicine beyond those 17 currently recognized in Canada requires its own process requiring recognition by the Association of Faculties of Medicine (AFMC) as well as the three CanRAC colleges for postgraduate medical education. Contact the Royal College Office of Specialty Education for further information.

The institution applying for accreditation of a new residency program is responsible for submission of the application via CanAMS. Submission via CanAMS implies that the postgraduate dean has verified the accuracy of the information stored within.

9.3 Application review process

For applications pertaining to Royal College residency programs, the Royal College OSE determines the completeness of the submission, coordinates any additions needed from the applicant, and then circulates the application via CanAMS to the voting members of the relevant specialty committee for their review and input. The Royal College Res-AC is responsible for reviewing the application, including input provided by the relevant specialty committee, and rendering a decision. Following the meeting at which the decision is made, the applicant, via their institution, is informed of the decision.

For new family medicine program applicants, the CFPC Accreditation Unit determines the completeness of the submission and coordinates any additions needed from the applicant. The CFPC RAC is responsible for reviewing the application and rendering a decision. Following the meeting at which the decision is made, the applicant, via their institution, is informed of the decision.

9.4 Accreditation decision

An accreditation decision is rendered by the respective residency accreditation committee, based on review of the submitted application, as well as specialty committee input (for Royal College disciplines). The available decisions are detailed in Table 5.

Table 5: New residency program application decisions

Accreditation Decision	Follow-up	Definition
Accredited New Program	External Review	<p>The application demonstrates acceptable compliance with the standards.</p> <p>Follow-up: Following program activation (i.e., enrolment of the first resident(s)), an external review must be conducted. The external review should be conducted within two years of activation. However, exact timing of the external review will consider the length of program (i.e., to ensure the program is reviewed while it remains active). Timing of the external review will also, whenever possible, align with the predictable two-year timeline for follow-up reviews established for the institution's accreditation cycle.</p>
Defer ³⁷	Response to areas requiring clarification	<p>The application demonstrates acceptable compliance with most of the standards. However, clarification with respect to one or more important areas is required before the residency accreditation committee can grant Accredited New Program status.</p> <p>Follow-up: Applicants are asked to submit a response to the specific areas requiring clarification via CanAMS within one year. The submission must contain only the information required for the requested clarification; a complete new application is not required.</p>

³⁷ This status cannot be granted consecutively.

Accreditation Decision	Follow-up	Definition
		Expiration: If no response to the deferred application is received within one year of the date of the decision letter, a complete new application for accreditation must be submitted.
No Approval	N/A (i.e., A complete new application is required)	The application does not demonstrate acceptable compliance with the standards. Follow-up: A complete new application is required.

9.4.1 Follow-up by external review

For accredited new programs, follow-up by external review is required within two years of activation. However, as noted in Table 5, the timing of the external review will consider the length of the residency program to help ensure the program is reviewed while it remains active. The timing of the external review will also align with the predictable two-year follow-ups established for the institution's accreditation cycle, whenever possible. The external review includes a comprehensive review of the residency program (i.e., the review covers all requirements), with a particular focus on the indicators that could not be evaluated at the application stage. The external review process aligns with the process for regular accreditation reviews (see section 6) for the regular review of residency programs.

To facilitate the external review, the institution must notify the CFPC or Royal College, as applicable, within two months from when the first resident(s) enroll(s) in the residency program, specifying the date that training commenced. Upon receipt of this notification, the applicable college will collaborate with the institution to confirm a date for the follow-up external review.

The Accredited New Program accreditation status is retroactive to the beginning of the academic year in which it was awarded. For example, a residency program receiving the status of Accredited New Program anytime between July 1, 2016 and June 30, 2017 would be considered accredited for the entire 2016-17 academic year. Therefore, its residents would therefore be eligible for credit for training completed during that period.

9.4.2 Deferred applications

For an application that is deferred pending clarifications, the applicant may submit a response only to the specific areas requiring clarification via CanAMS; a complete new application is not required. However, if no response to the deferred application is received within one year of the date of the decision letter, a complete new application for accreditation is required.

The institution applying for accreditation of a new residency program is responsible for submitting the response to the specific areas requiring clarification via CanAMS to the respective College. Submission of the applicable CanAMS instrument implies that the postgraduate dean has verified the accuracy of the information stored within.

For submissions pertaining to a deferred new family medicine residency program application, the CFPC RAC will consider the response submission. Effort will be made to assign the review of the response submission to CFPC RAC members who reviewed the original application, whenever possible.

The CFPC RAC cannot defer its decision for an application for new family medicine residency program accreditation more than once. When considering the response to the deferred application, the CFPC RAC

can grant either Accredited New Program status or No Approval. The decision and associated details (e.g., regarding follow-up) will be communicated to the institution following the meeting at which the decision is made.

For submissions pertaining to a deferred new program application for a Royal College discipline program, the Royal College Res-AC will consider the response submission, taking into consideration the input of the relevant specialty committee as applicable. Specialty committee input is sought if any area for further clarification identified at the time of the initial decision to defer is discipline-specific in nature. Effort will be made to assign the review of the response submission to Res-AC members who reviewed the original application, whenever possible.

The Royal College Res-AC cannot defer its decision with respect to an application for new program accreditation more than once. When considering the response to the deferred application, the Royal College Res-AC may grant either Accredited New Program status or No Approval. The decision and associated details (e.g., regarding follow-up) will be communicated to the institution following the meeting at which the decision is made.

10. CONTINUOUS IMPROVEMENT OF CANERA

CanERA is reviewed and evaluated based on initial implementation evaluation data as well as ongoing feedback, enabling integration of improvements to accreditation standards, processes, and CanAMS, in alignment with the culture of continuous improvement that serves as the foundation of CanERA.

Specifically with respect to the CanERA general standards of accreditation and profile instruments, the ASIC continually reviews, evaluates, and provides recommendations on the CanERA general standards and the corresponding general evidence collection (profile instruments in the CanAMS). In addition, the ASIC is responsible for contributing to the robust evaluation of the CanERA standards conducted at least once every five to seven years. The ASIC recommendations for the CanERA general standards are made to the residency accreditation committees for their consideration.

With respect to the discipline-specific standards of accreditation for Royal College disciplines, the specialty committee for each discipline is responsible for the regular review and continuous improvement of discipline-specific expectations. Changes to Royal College discipline-specific standards are then approved by the Royal College's Specialty Standards Review Committee. For family medicine disciplines (core two-year and enhanced skills programs), the CFPC RAC is responsible for the regular review and continuous improvement of discipline-specific expectations.

In addition to the reviews and evaluations noted above, based on initial evaluation of CanERA and continuous ad hoc input, in keeping with accreditation best practices a robust evaluation of CanERA and all of its various components will be conducted at least once every five to seven years.

APPENDICES

Appendix A	Royal College Policy for the Reconsideration of Residency (Program) Accreditation Committee Decisions
Appendix B	Appeal of CFPC Residency Accreditation Committee Decisions on Accreditation Status (including Ad hoc committee TOR)
Appendix C	Conjoint Institution Accreditation Decision Reconsideration Policy
Appendix D	CanRAC Conflict of Interest Form
Appendix E	Confidentiality Form
Appendix F	Royal College Inter-Institution Residency Programs and Affiliation Agreements Policy
Appendix G	Guiding Principles for the Development of and Revision to Standards of Accreditation for each Discipline
Appendix H	Principles Governing Resident Input into the Accreditation System
Appendix I	Policy for the Accreditation of Surgical Foundations Programs
Appendix J	Policy on French Language Accreditation Reviews
Appendix K	Glossary of Acronyms and Abbreviations
Appendix L	Glossary of Terms

Introduction

This policy dictates the procedures that will be followed in the event of a request for reconsideration of a Royal College Residency Accreditation Committee decision.

1. Scope

Based on the principles and procedures noted below, postgraduate (PG) deans, on behalf of their residency programs, are granted the opportunity to make a single request for reconsideration of an accreditation decision.

2. Principles

- This policy exists to ensure oversight of Residency Accreditation Committee decisions, in particular in relation to adherence to the policies and procedures for Royal College accreditation of postgraduate medical education. Such oversight is intended to enable review and initiate quality improvement in processes where indicated.
- The membership of the Residency Accreditation Committee is constituted in such a way as to ensure authoritative evaluation of the quality of residency programs, specifically in relation to their compliance with Royal College standards of accreditation. As such, the Residency Accreditation Committee is considered the content expert in the field of residency education accreditation.
- While the program in question may disagree with the decision of the Res-AC relative to their level of compliance with the Royal College standards of accreditation, such disagreement does not, of itself, constitute grounds for reconsideration.
- Requests for reconsideration will be considered only on the grounds of procedural irregularity in the accreditation review which materially affected the Residency Accreditation Committee's accreditation decision. A procedural irregularity may include, but is not limited to: missing documentation, a factual error in the interpretation of the information provided, failure to properly implement the Royal College Conflict of Interest policy, or a failure to comply with the policies and administrative procedures that govern Royal College accreditation of residency programs.
- A request for reconsideration must be based on the same information available at the time of the accreditation review; changes or improvements made following the completion of the accreditation review will not be considered.
-

The procedures noted below have been written in reference to the decision-making body to which the request for reconsideration is directed: the Accreditation Committee. Should the Accreditation Committee uphold the original decision, the implication is that the decision regarding the accreditation status of the program is final. Applicants only have a single opportunity to request reconsideration: that is, if the original decision is upheld, it cannot be further appealed to the next committee within the governance hierarchy



3. Procedures

- 3.1. A written request for reconsideration of a decision of the Residency Accreditation Committee must be submitted by the PG dean to the Office of Specialty Education (OSE) within 60 days of the date of the letter transmitting the Residency Accreditation Committee's decision (i.e., decision letter). Requests received after the 60 days will not be considered.
 - 3.1.1. To be considered complete, the request must include a description of the grounds for reconsideration of the Residency Accreditation Committee's decision – that is, procedural irregularity(ies) associated with the original decision.
- 3.2. The OSE will review the request to ensure it is complete.
 - 3.2.1. If it is not, the OSE will confer with the applicant to complete the request.
 - 3.2.2. If complete, the OSE will then notify the Chair of the Residency Accreditation Committee that the decision is to be reconsidered.
- 3.3. The request for reconsideration is sent to the Chair of the Accreditation Committee¹ for initial review and consideration. The OSE will provide the Chair of Accreditation Committee with the information which was available to the Residency Accreditation Committee at the time of its decision, as well as the transcript from the meeting and the request from the postgraduate dean, including the rationale for the request.²
- 3.4. The Chair of the Accreditation Committee will appoint the reconsideration panel consisting of three members from the Accreditation Committee, not including the chair of the Residency Accreditation Committee or any individual involved in the original decision. Once the panel has been appointed, one of the panel members is designated as its chair.
- 3.5. After reviewing the material provided to the Chair, the panel will rule on whether or not there are grounds for reconsideration by the Accreditation Committee, and will communicate this decision in writing to the OSE.
 - 3.5.1. If the panel rules that there are not grounds for reconsideration by the Accreditation Committee, the PG dean's office will be informed of this decision in writing.
 - 3.5.2. If the panel rules that there are grounds for reconsideration, the program will be reviewed by the Accreditation Committee at its next meeting in accordance with the following procedures³:

1. Where the Chair of the Accreditation Committee has a conflict of interest (refer to the Conflict of Interest policy), the Chair of the Committee on Specialty Education will appoint the panel.

2. In this case, a conflict for the Chair of the Accreditation Committee would include but not be limited to if they were a faculty member in the university requesting the reconsideration, or a member of the survey team.

3. The panel's ruling on grounds for reconsideration has a bearing on whether or not the case will be given full consideration by the Accreditation Committee as a whole; it is not intended to function as a guarantee of any of the potential decisions or outcomes specified, following such consideration.



3.5.2.1. Members with a conflict of interest will follow the Royal College Conflict of Interest policy with respect to disclosure and recusal.

3.5.2.2. The Chair of the three-person panel will present the case for reconsideration to the members of the Accreditation Committee, along with a recommendation.

3.5.2.3. The committee will conduct a detailed review of the case for reconsideration, based on the information available to the Residency Accreditation Committee at the time of the original decision, to evaluate whether the criterion for procedural irregularity is met; no new information will be considered.

3.5.3. The following decisions are available to the Accreditation Committee:

- Uphold original decision: The Accreditation Committee finds that there has not been any substantive procedural irregularity in the original program review that affected the accreditation decision. The original decision of the subcommittee therefore stands. The decision of the Accreditation Committee in this matter is final and may not be further appealed.
- Amend original decision: The Accreditation Committee finds a substantive procedural irregularity in the original program review, and issues a new accreditation decision category to the program in question in light of the procedural irregularity identified. This decision changes the accreditation decision category assigned by the Residency Accreditation Committee but does not imply a substantive change in the content of the original program review⁴. The decision of the Accreditation Committee in this matter is final and may not be further appealed.
- Request that the Residency Accreditation Committee conduct a new program review⁵: The Accreditation Committee finds that there are procedural irregularities in the original program review, and asks that the Residency Accreditation Committee, in its capacity as the subcommittee of the Accreditation Committee with the most expertise in residency education accreditation, conduct a fresh program review in light of the irregularity(ies) identified. The Residency Accreditation Committee will be informed about the grounds of review, as well as the procedural irregularity identified by the Accreditation Committee; however, the Residency Accreditation Committee will not have access to the PG Dean's letter requesting reconsideration or be privy to the discussion at the Accreditation Committee. The Residency Accreditation Committee will assign new reviewers to review the program under consideration, and follow the Royal College policy on Conflict of Interest. Following the meeting of the Residency Accreditation Committee, the Accreditation Committee will be informed of its decision. The decision of the Residency Accreditation Committee in this matter will be final, and may not be further appealed.

4. This could apply, for example, in the case of misapplication of Royal College policies such as the awarding of the status of "Notice of Intent to Withdraw Accreditation" twice consecutively, or the awarding of a follow up by Progress Report when the program did not first meet the criteria for an Internal Review.

5 The new program review refers to the review conducted by the Residency Accreditation Committee itself, and does not indicate a new onsite review.



- 3.6. The outcome of the request for reconsideration will be communicated by the Accreditation Committee in writing to the PG Dean's office via a decision letter.

The Accreditation Committee will communicate the outcome of the request for reconsideration to the Residency Accreditation Committee; in the case of the latter two decision categories, the Res-AC may opt to conduct a quality improvement exercise.

Last updated: July 1, 2018 (Adopted from the previous Royal College Residency Accreditation Committee Policies and Procedures for Canadian Residency Education)

Appendix B: Appeal of CFPC Residency Accreditation Committee Decision on (Program) Accreditation Status

1. Introduction

This policy describes the process and procedures that will be followed to ensure a standardized mechanism in the event of an appeal of a College of Family Physicians of Canada's (CFPC) Residency Accreditation Committee (RAC) decision on **accreditation status**.

2. Scope

Based on the criteria and as per the procedure noted below, postgraduate deans, on behalf of each of their family medicine residency programs (core and enhanced skills), are granted the opportunity to make a single appeal of a decision only on any of the following **accreditation status** decisions made by the CFPC Residency Accreditation Committee:

- Accredited on Notice of Intent to Withdraw
- Withdrawal of Accreditation
- Denial of accreditation

3. Policy

An appeal must be based on the same information available to the RAC at the time of the program review at their committee meeting; changes or improvements in the program following the completion of these reviews will not be considered in the appeal.

4. Permitted Grounds for Appeal

The CFPC Residency Accreditation Committee will consider appeals based only on one or more of the following grounds:

- that there were procedural errors which resulted in substantial unfairness
- that the criteria for the decision about the accreditation status of a program were misapplied by the RAC
- that the RAC failed to adequately consider evidence presented to the survey visit team

Appendix B: Appeal of CFPC Residency Accreditation Committee Decision on (Program) Accreditation Status

5. Procedures

5.1. A written request for reconsideration of a decision of the CFPC Residency Accreditation Committee must be submitted by the postgraduate dean (hereafter referred to as “the Appellant”) to the CFPC Accreditation Department within 10 business days of the date of the letter transmitting the Residency Accreditation Committee’s decision (i.e. decision letter). Requests received after 10 business days will not be considered. To be considered complete, the request must a) clearly describe the reasons for the appeal, based on point 4. above; and b) must include a formal confirmation that the Appellant agrees to be bound by the appeals process (including the final decision). The Appeal will be managed by the CFPC Accreditation Department in a timely manner so that the process does not exceed a time period longer than five months from beginning to end.

5.1.1. The CFPC Accreditation Department will review the request for reconsideration to ensure the request is complete (i.e. contains all necessary documentation, rationale for the appeal).

5.1.2. If it is not, the CFPC Accreditation Department will confer with the Appellant to complete the necessary documentation for the request for reconsideration within 10 business days.

5.1.3. Upon receipt of a request for reconsideration, the CFPC Accreditation Department will promptly notify the RAC Chair and voting members of the RAC that there is a request for reconsideration of their decision.

5.2. The request for reconsideration, with all submitted supporting documentation, is sent to the voting members of the Residency Accreditation Committee for review and reconsideration within 10 business days of receipt of the complete request. The CFPC Accreditation Department will provide the Residency Accreditation Committee with the information which was available at the time of its decision along with the request for reconsideration from the Appellant, including the rationale for the request.

5.2.1. Within 20 business days of the materials being sent to the RAC, a discussion will be organized by teleconference. Upon review and discussion of the request for reconsideration and materials provided, the RAC will decide whether it will uphold its initial decision on accreditation status.

5.2.2. If the RAC does not uphold its initial decision and decides to change its decision on accreditation status, the Accreditation Department will

Appendix B: Appeal of CFPC Residency Accreditation Committee Decision on (Program) Accreditation Status

notify the Appellant in an updated decision letter within 10 business days of the teleconference.

- 5.2.3. If the RAC decides to uphold its initial decision on accreditation status, a communication containing the reasons for upholding its decision will be sent to the Appellant within 5 business days of the teleconference. The Appellant will be given 10 business days to decide whether he/she wishes to accept the RAC's reasons to uphold its decision or if he/she wishes to proceed with the appeal.
- 5.2.4. If the Appellant wishes to accept the RAC's decision to uphold its decision, the initial decision on accreditation status and follow-up will be upheld.
- 5.2.5. If the Appellant wishes to proceed with the appeal, the appeal is then sent to the **Ad Hoc Residency Accreditation Appeals Committee** within 10 business days of the Appellant's decision to proceed with the appeal. *See below for the Terms of Reference and Membership of this Committee*
- 5.3. The Ad Hoc Residency Accreditation Appeals Committee will review the same written materials that were submitted to the CFPC Residency Accreditation Committee. The Appeals Committee will meet with the chair of the accreditation survey visit and the chair of the RAC within 20 business days of the Appellant's decision to proceed with the appeal to ensure that it understands the basis for the RAC's decision and understands what is being presented by the Appellant. The Appellant will also meet with the Appeals Committee within 20 business days of their decision to proceed with the appeal to make oral submissions to support their appeal.
- 5.4. Within 10 business days, the Ad Hoc Residency Accreditation Appeals Committee will make a final decision on whether or not any change in the accreditation status of the program is required and, if so, which status it will be granted, and will describe the grounds for this decision. This decision will then be promptly communicated in writing to the CFPC Accreditation Department who will promptly notify a) the Chair and voting members of the Residency Accreditation Committee and, b) the Appellant in an updated decision letter.

Appendix B: Appeal of CFPC Residency Accreditation Committee Decision on (Program) Accreditation Status

5.5. The decision by the ad hoc Residency Accreditation Appeals Committee is final and may not be further appealed.

5.6. Any costs associated with conducting an appeal (including but not limited to travel/accommodation/translation, etc.) will be the responsibility of the Appellant.

Last updated: July 1, 2018 (Adopted from the previously approved CFPC RAC Policies – approved by the CFPC Board of Directors November 2017)

Ad Hoc Residency Accreditation Appeals' Committee Terms of Reference

Purpose: The Ad Hoc Residency Accreditation Appeals Committee is established to be the final recourse available to universities to appeal a decision on **accreditation status**. It will hear and decide on cases of appeal by the Appellant.

Responsibilities

1. To review all materials pertinent to the decision made by the Residency Accreditation Committee (RAC) on the accreditation status of the university contested by the Appellant and to ensure that it understands the basis for the RAC's decision and understands what is being presented by the Appellant.
2. To hear and take into consideration an oral presentation made by the Appellant and the Chair of the RAC.
3. To make a decision on whether or not the accreditation status of a residency program needs to be changed and, if so, to what and why.

Type of Committee

Ad hoc Committee – to be established only when an appeal is received.

Accountability and Authority

The Ad Hoc Residency Accreditation Appeals Committee is accountable to the CFPC Board of Directors.

Committee Membership

Voting members:

- Chair – Chair of the CFPC National Board of Directors



Appendix B: Appeal of CFPC Residency Accreditation Committee Decision on (Program) Accreditation Status

- Three members of the College with significant accreditation experience (i.e. past members of the RAC, program directors or other experienced residency accreditation surveyors), not including the chair of the Residency Accreditation Committee or any individual involved in the original decision
- One resident from the Section of Residents

Term of Office

Ad Hoc

Support Staff

Support is to be provided by the Executive Office

Voting

The Voting Process for the Ad Hoc Residency Accreditation Appeals' Committee will comply with the Bourinot's Rules of Order as outlined in the CFPC By-Laws. Every Motion shall be decided by a majority of the votes cast, assuming – in order to conduct business - more than half the voting members are present (in person or in teleconference). In case of an equality of votes, the Chair of the meeting shall be entitled to a second or tie-breaking vote. If a vote is requested by email, all the members of the Committee who are eligible to vote must approve the motion.

Last updated: July 1, 2018 (Adopted from the previously approved CFPC RAC Policies – approved by the CFPC Board of Directors November 2017)

Introduction

This policy dictates the procedures that will be followed in the event of a request for reconsideration of a conjoint institution accreditation decision made by the residency accreditation committees of the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (Royal College), that includes voting membership from the Collège des médecins du Québec (CMQ).

1. Scope

Based on the principles and procedure noted below, Deans, on behalf of their institutions, are granted the opportunity to make a single request for reconsideration of a conjoint institution accreditation decision.

2. Principles

- This policy provides a mechanism for review of conjoint CanRAC institution accreditation decisions, both to ensure adherence to the policies and procedures that govern CanRAC accreditation of postgraduate medical education, as well as to enable initiation of quality improvement in processes, where indicated.
- The membership of the residency accreditation committees of the CFPC and the Royal College, with representation from the CMQ, is constituted in such a way as to ensure expertise in evaluation of compliance with the *General Standards of Accreditation for Institutions with Residency Programs*. Therefore, while the institution in question may disagree with the conjoint institution accreditation decision awarded, such disagreement does not, of itself, constitute grounds for reconsideration.
- Requests for reconsideration will only be considered on the grounds of procedural irregularity in the accreditation review which substantially affected the conjoint accreditation decision awarded to the institution in question. A procedural irregularity refers to a failure to comply with one or more policies and procedures governing CanRAC accreditation of institutions with residency programs, as stated in the *CanERA Policy Manual*. A procedural irregularity could occur immediately prior to, i.e., during the preparation for and key pre-accreditation review activities; during, i.e., with respect to the conduct of the onsite accreditation review; and/or, immediately following the accreditation review, i.e., during the creation and review of the institution accreditation review report. For example, missing documentation, or failure to properly implement the CanRAC Conflict of Interest policy.
- With the exception of information deemed to be missing from the original review due to a procedural error, the reconsideration process will be based on the same information available to the residency accreditation committees of the CFPC and the Royal College at the time of the

original accreditation decision. Changes or improvements made to the institution following the onsite accreditation review will not be considered.

- The reconsideration request will be adjudicated by the Ad hoc Conjoint Institution Decision Reconsideration Committee, an ad hoc committee for the reconsideration of conjoint institution accreditation decisions. The Terms of Reference for the Ad hoc Conjoint Institution Decision Reconsideration Committee are provided below.
- The decision of the Ad hoc Conjoint Institution Decision Reconsideration Committee is final and therefore not subject to further stages of reconsideration.
- Only the colleges implicated in the original accreditation review will be involved in the reconsideration process.¹
- The applicant shall be responsible for their own costs associated with the reconsideration request (for example, any cost arising from the optional travel associated with 3.2.3 or legal fees incurred by the applicant). All other costs associated with the adjudication of the reconsideration request will be covered jointly by the colleges implicated in the reconsideration request.
- Both the applicant and CanRAC may at their option choose to be represented by legal counsel.

3. Procedures

3.1. Submission of the request for reconsideration

3.1.1. The Dean must signal in writing (via an email to the CanRAC secretariat at accredadmin@royalcollege.ca) indicating that they intend to submit a formal reconsideration request on behalf of the institution, within ten (10) business days of the date of the letter communicating the final conjoint accreditation decision (i.e., accreditation status and follow-up). Should an indication of intent to submit a formal reconsideration request be received after ten (10) business days, it will not be considered.

3.1.2. A complete reconsideration request must be submitted (again, via email to the CanRAC secretariat at accredadmin@royalcollege.ca) by the Dean to the CanRAC secretariat (the Royal College) within sixty (60) business days of the date of the letter communicating the final conjoint accreditation decision (i.e., accreditation status and follow-up). To be considered complete, the reconsideration request must include:

- A description of the grounds for reconsideration of the conjoint institution accreditation decision – that is, a description of the procedural irregularity(ies) associated with the original decision
- All supporting materials that the applicant considers relevant to its request

1. The Royal College, CFPC and CMQ conjointly accredit PGME institutions in Québec. The Royal College and CPFC conjointly accredit PGME institutions in Canada outside of Québec.



- An indication of whether the applicant wishes to make oral submissions to the Ad hoc Committee, either in person or by teleconference
- An indication of whether the institution is planning to be represented by legal counsel.

3.1.3. The CanRAC secretariat will conduct an administrative check for completeness of the submission within ten (10) business days of the receipt of the request.

- If it is not complete, the applicant will be requested to complete the reconsideration request within ten (10) business days.
- If it is complete, the CanRAC secretariat will promptly notify the Chair of the Ad hoc Conjoint Institution Decision Reconsideration Committee of the reconsideration request.

3.2. Consideration by the Ad hoc Conjoint Institution Decision Reconsideration Committee

3.2.1. A meeting of the Ad hoc Conjoint Institution Decision Reconsideration Committee will take place within thirty (30) business days of the administrative check for completeness, provided that the reconsideration request is deemed to be complete. If the reconsideration request is not complete, then the thirty (30) business days shall be counted from the date of receipt of all information required for a complete request, as listed in 3.1.2.²

3.2.2. The committee will conduct a detailed review of the case for reconsideration, based on the information available to the CFPC and Royal College residency accreditation committees at the time of the original decision³, to evaluate whether the criterion for procedural irregularity is met.

3.2.3. If the applicant has elected to make an oral submission, the Committee meeting will typically proceed as follows (unless altered at the discretion of the Committee):

- No new supporting materials, beyond those included in the application for reconsideration, may be shared at the meeting unless the Committee gives permission.
- The applicant, or their legal counsel, will be invited to make their submissions at the beginning of the meeting or teleconference.
- The Chairs of the CFPC Residency Accreditation Committee and the Royal College Residency Accreditation Committee, or the CanRAC legal counsel (supporting the residency accreditation committee Chairs), may be invited to make the submissions

2. This meeting may be conducted via teleconference, if needed.

3. Information deemed to be missing from the original review due to a procedural error will be allowed into consideration; however, changes or improvements made to the institution following the onsite accreditation review will not be considered.



in order to provide context for the basis of the original accreditation decision being reconsidered.

- Ad hoc Committee members may at any time ask any question of the applicant, counsel for the applicant, or representatives or counsel for CanRAC for further clarification.
- Following submissions and questions, the committee shall retire and deliberate on its decision.

3.2.4. Following the meeting to consider the reconsideration request, the Ad hoc Conjoint Institution Decision Reconsideration committee will determine which of the available outcomes (detailed in section 3.3 below) applies, based on the following considerations:

- The nature of the procedural irregularity identified
- The documentation submitted
- Any oral submissions made by or on behalf of the applicant and the Chairs of the CFPC and Royal College residency accreditation committees

3.2.5. Decisions will be made by majority vote (i.e., 50% plus one).

3.2.6. The Ad hoc Conjoint Institution Decision Reconsideration committee will communicate its decision to the applicant in writing within five (5) business days of the meeting.

3.3. Decisions available to the Ad hoc Conjoint Institution Decision Reconsideration Committee

1. Uphold original accreditation decision: The Ad hoc Conjoint Institution Decision Reconsideration Committee finds that there has not been any substantive procedural irregularity in the original institution review that affected the original accreditation decision. The original conjoint institution accreditation decision therefore stands.
2. Amend original accreditation decision: The Ad hoc Conjoint Institution Decision Reconsideration Committee finds a substantive procedural irregularity in the original conjoint institution accreditation review, and issues a new accreditation decision category to the institution in question, in light of the procedural irregularity identified. This decision changes the accreditation decision category assigned jointly by the residency accreditation committees of the CFPC and Royal College but does not imply a substantive change in the content of the original institution review.⁴
3. Request a new institution accreditation review by the residency accreditation committees of the CFPC and Royal College: The Ad hoc Conjoint Institution Decision Reconsideration Committee finds that there are procedural irregularities in the original institution review, and asks that the residency accreditation committees of the CFPC and Royal College, in their capacity as the content experts in residency education accreditation, conduct a fresh

4. This could apply, for example, in the case of misapplication of CanRAC policies such as the awarding of the status of "Notice of Intent to Withdraw Accreditation" twice consecutively, or if one or more "Principles for Institution Accreditation Decision-Making" as listed in section 7.2 of the *CanERA Policy Manual* are not followed.



review of the available information, in light of the irregularity(ies) identified and in accordance with CanRAC policies. The following procedures will apply to this review:

- In the notice provided pursuant to section 3.2.6 of this policy, the Ad hoc Conjoint Institution Decision Reconsideration Committee will inform the Dean's office of its finding, i.e., there are grounds for reconsideration, and provide information regarding the next steps and timeline involved in the reconsideration of the conjoint institution decision by the residency accreditation committees of the CFPC and the Royal College.
 - The reconsideration request will be considered by the residency accreditation committees of the CFPC and Royal College at the next scheduled conjoint meeting.
 - The CanRAC Conflict of Interest policy will be followed.
 - The residency accreditation committees of the CFPC and Royal College will be informed about the grounds for reconsideration, as well as the procedural irregularity identified by the Ad hoc Conjoint Institution Decision Reconsideration Committee.
 - The residency accreditation committees of the CFPC and Royal College will have access to all information necessary to conduct a complete review of the institution in question; in particular, information pertaining to the procedural irregularity identified (for example, inaccuracies or missing information in the original accreditation review report). However, the residency accreditation committees will not have access to the Dean's submission requesting reconsideration, nor be privy to the discussion at the Ad hoc Committee, to prevent potential admission of new information into consideration.
 - The residency accreditation committees of the CFPC and Royal College will assign new reviewers to review the institution under consideration.
 - Determination of the final accreditation decision is based on the policies/guidelines governing the institution review, as detailed in the *CanERA Policy Manual*.
 - Following the meeting of the residency accreditation committees of the CFPC and Royal College, the Ad hoc Conjoint Institution Decision Reconsideration Committee will be informed of the outcome of the reconsideration in writing. The decision of the residency accreditation committees of the CFPC and Royal College in this matter will be final, and therefore not subject to further stages of reconsideration.
4. Request a new conjoint onsite institution accreditation review: The Ad hoc Conjoint Institution Decision Reconsideration Committee finds that the procedural irregularities identified in the original institution review are such that they cannot be addressed via reconsideration at the residency accreditation committee level, and asks that a new



conjoint institution accreditation visit be conducted. The following procedures will apply to this review:

- In the notice provided pursuant to section 3.2.8 of this policy, the Ad hoc Conjoint Institution Decision Reconsideration Committee will inform the Dean's office of its finding, i.e., there are grounds for reconsideration, and provide information regarding the next steps and timeline involved in the organization of a second onsite accreditation review, and subsequently, review by the residency accreditation committees of the CFPC and the Royal College.
- The conjoint onsite institution accreditation review, as well as determination of the final accreditation decision by the residency accreditation committees of the CFPC and Royal College will be conducted in accordance with the policies and procedures detailed in the *CanERA Policy Manual*. Following the meeting of the residency accreditation committees of the CFPC and Royal College, the Ad hoc Conjoint Institution Decision Reconsideration Committee will be informed of the outcome of the reconsideration in writing. The decision of the residency accreditation committees of the CFPC and Royal College in this matter will be final, and therefore not subject to further stages of reconsideration.

Ad hoc Conjoint Institution Decision Reconsideration Committee – Terms of Reference

Purpose

The Ad hoc Conjoint Institution Decision Reconsideration Committee is an ad hoc committee constituted for the reconsideration of conjoint institution accreditation decisions. It is the final recourse available to institutions to request a reconsideration of a conjoint institution accreditation decision of the residency accreditation committees of the CFPC and the Royal College, with representation from the CMQ.

Responsibilities

- Review and evaluate all materials pertinent to the request for reconsideration of a conjoint institution accreditation decision
- Consider the oral submission made by the applicant, if applicable
- Consider the oral submission by the Chairs of the residency accreditation committees of the CFPC and the Royal College, if applicable.
- Determine an outcome based on the evidence submitted, and in accordance with the decision options listed in section 3 (Procedures) of the policy above.
- Communicate with the applicant regarding the outcome of the reconsideration request.

Composition

For reconsideration requests from institutions within Québec, voting members of this committee will include:

- Representatives of the three CanRAC colleges, nominated by a body in the governance structure that is not directly implicated in the original accreditation review or decision:



- One (1) Fellow of the Royal College⁵
- One (1) member of the CFPC⁶
- One (1) member of the CMQ⁷
- One (1) representative from the Fédération des médecins résidents du Québec (FMRQ)⁸
- One (1) Dean nominated by Chair of the Board of Directors of the Association of Faculties of Medicine of Canada (AFMC)

The Chair will be randomly selected from the representatives of the three colleges. Fluency in French is a requirement for reconsideration requests for the three Francophone institutions.

For reconsideration requests from institutions outside of Québec, voting members of this committee will include:

- Representatives of the CFPC and the Royal College, nominated by a body in the governance structure that is not directly implicated in the original accreditation review or decision:
 - One (1) Fellow of the Royal College⁹
 - One (1) member of the CFPC¹⁰
- One (1) representative from the Resident Doctors of Canada (RDoC)¹¹
- One (1) representative of the Federation of Medical Regulatory Authorities of Canada (FMRAC)¹²
- One (1) Dean nominated by Chair of the Board of Directors of the AFMC

The Chair will be randomly selected from the representatives of the two colleges involved.

Key competencies and characteristics:

Membership of the ad hoc committee is constituted in such a way as to ensure:

- Expertise in CanERA (Canadian Excellence in Residency Accreditation), the system of residency education accreditation developed and administered by CanRAC
- Equal representation from the applicable CanRAC colleges
- Representation from the applicable resident organization
- Representation from the applicable medical regulatory authority
- Impartiality in the reconsideration process; therefore, members of the ad hoc committee must not have any involvement in the original accreditation decision awarded. The principles of the CanRAC Conflict of Interest policy (*CanERA Policy Manual*) will be adhered to when determining membership of the ad hoc committee.

Meetings

The committee will be convened on an ad hoc basis, as required.

5. This member will be appointed by the Royal College Accreditation Committee.

6. This member will be appointed by the CFPC Board of Directors.

7. This member will be appointed by the CMQ Board of Directors.

8. This member will be appointed by the FMRQ.

9. This member will be appointed by the Royal College Accreditation Committee.

10. This member will be appointed by the CFPC Board of Directors.

11. This member will be appointed by RDoC.

12. This member will be appointed by FMRAC.



Secretariat

As detailed in the CanRAC Memorandum of Understanding, the Royal College serves as secretariat for CanRAC for the purposes of the collaboration, including, but not limited to, provision of administrative support and drafting of discussion materials. For the purposes of reconsideration requests arising from conjoint institution accreditation decisions, in its capacity as CanRAC secretariat, the Royal College will perform the responsibilities outlined in this policy, including coordination of the receipt and dissemination of materials pertaining to the reconsideration request, and other administrative and logistical functions, as appropriate.

Last updated: July 2020 (editorial update)



In order to avoid conflicts of interest, or perceived conflicts, the guidelines below are followed by the below organizations in the conduct of accreditation committee deliberations and on-site accreditation visits and reviews.

1. The below signed will not participate in a site visit, in deliberations, or in a vote regarding any of the following Faculties of Medicine/programs:
 - a. A Faculty of Medicine/program with which he or she is or has been recently (within five years) connected as a student, faculty member, administrative officer, staff member, or agent; or is considering applying for a faculty member position or was denied promotion or dismissed from the University.
 - b. A Faculty of Medicine/program which has cooperative or contractual arrangements with the Faculty of Medicine/program of the below signed, which could create a conflict of interest.
 - c. A Faculty of Medicine/program which has engaged the below signed to act as a consultant on behalf of the Faculty of Medicine/program within the past five years.
 - d. A Faculty of Medicine/program in which the below signed has any financial, political, professional or other interest that may conflict with the interests of the organization/committee.
2. Where the below signed is a current member of the Organization's Residency Accreditation Committee he/she will disclose consultation on accreditation matters to any Faculty of Medicine/program (other than his/her own) subject to the organization/committee's accreditation.
3. The below signed will disclose any other potential conflict of interest to be discussed with the organization/committee's secretariat or Chair who will determine whether there is a conflict.
4. Definition:

Consultation: The provision of advice on such matters as program development or evaluation, organizational structure or design, and institutional management or financing.
5. Discretion Statement: Whenever in these guidelines a term is not expressly defined, the definition of such term and its potential for creating a conflict of interest shall be at the sole discretion of the organization/committee's secretariat/coordinator or Chair, or, upon the secretariat/coordinator or Chair's determination, at the sole discretion of the organization/committee.

I have read the DECLARATION OF POTENTIAL CONFLICT OF INTEREST FOR PARTICIPATION IN RESIDENCY EDUCATION ACCREDITATION. I understand it and I agree to be bound by its terms.

Please identify the role(s) you will be fulfilling (check all that apply):

- CFPC Residency Accreditation Committee member
- Member of the CMQ Comité des études médicales et de l'agrément (CÉMA)
- Royal College Residency Accreditation Committee member
- CanRAC surveyor (Royal College/CFPC/CMQ)

Name (Please print)

Signature

Date

Last updated: July 1, 2018

Appendix E: Confidentiality Agreement for Participation in Medical Education Accreditation

(CACME/CACMS/CFPC/CMQ/Royal College)

[UNIVERSITY NAME] _____

*** For on-site surveys only*

Whereas the university being visited is required to ensure the confidentiality of the personal information that it collects and holds;

Whereas I may have access to such information in the course of this on-site accreditation visit or program review;

I, the undersigned, (first and last name): _____
(Please print)

Undertake to safeguard the confidentiality of any personal information to which I may have access in the course of this on-site accreditation visit or program review.

Specifically, I undertake:

1. to access only the information necessary to the performance of my duties;
2. to use this information only in the course of my duties;
3. not to make permanent copies of, disclose, discuss, describe, distribute or disseminate, in any manner whatsoever, either orally, electronically or in written form, any personal/confidential information to which I may have access in the course of my duties unless duly authorized to do so;
4. not to keep or compile on a permanent basis any personal/confidential information;
5. to adhere to specified guidelines provided by the organization/committee about when to shred and/or delete said personal/confidential information

SIGNED AT _____, this _____

Name: _____ Title: _____

Signature: _____

Last updated: July 1, 2018

The Royal College accredits only those programs that provide opportunities for residents to meet all of the educational requirements of the relevant discipline and does not accredit components of a program. Nevertheless, the Royal College recognizes that, while an institution may have the resources required to support a partial, but not complete, residency program, there may be compelling reasons for that institution to be involved in residency education in a particular discipline (e.g., regional need for physicians). In addition, institutions with adequate resources to support a complete residency program may have compelling reasons for residents in that program to complete a portion of their training at another educational site affiliated with a different university. Accordingly, the accreditation process accommodates several forms of inter-institution residency programs, provided the following requirements are met.¹

General guidelines that apply to all types of inter-institution agreements:

- All inter-institution affiliation agreements (IIAs) must be up-to-date and in writing, signed by both/all postgraduate deans involved in the program, when provided to the Office of Specialty Education (OSE) prior to either a regular onsite accreditation review or an external review; and,
- All inter-institution affiliations must be initiated and kept up-to-date by the sponsoring or home institution.

Types of Inter-Institution Residency Programs: Accreditation Requirements

a. Program Completion Agreements

Definition: This type of inter-institution affiliation is required when an institution has sufficient resources to provide most of the required components of a residency program, but lacks the resources to provide one or more essential elements as defined by the discipline-specific standards of accreditation.²

Requirements:

- The program at the home institution **must** be accredited by the Royal College. The program at the receiving institution must also be accredited by the Royal College. The home institution must enter into a written IIA with an accredited program (“receiving” institution).
- The IIA must specify that the receiving program will receive residents and provide them with those program components that are not available in the sponsoring program.
- In accordance with the CanERA general standards of accreditation, the home institution **must** have a program director and Residency Program Committee (RPC). This RPC must include representation from the receiving institution as a mandatory component of training.

¹ The exchange of residents between two accredited programs does not require special permission from the Royal College.

² Note that this type of affiliation does not apply to institutions or programs that can offer all mandatory components of a program but wish to send residents to another institution for an elective component of the program. This type of affiliation must be less than 50% of the total requirements for the residency programs and usually applies when 1 or 2 rotations are completed at the “receiving” institution.



- There must be clear and effective communication between the RPC and the receiving institution.
- The agreement must include the details of the program components to be provided to the home program's residents, including the length of the rotation(s), if applicable.
- Administrative arrangements for the resident rotations/educational experiences and assessment must be arranged by the home program (regardless of funding arrangements). Assessments conducted at the receiving institution for the given program component(s) must be provided to the home institution as part of the residents' file.
- The home institution remains responsible for the endorsement of the residents' certificates of completion of training (i.e. Final In-Training Evaluation Form, FITER).
- With respect to accreditation, the institution with the home program has ultimate responsibility for demonstrating that all aspects of the program comply with the applicable standards of accreditation. The component(s) of the program taken at the receiving institution will be considered within the context of the home program.

Implications: Accreditation of the home program is **contingent** upon maintenance of the IIA unless, at the time of review, the program can demonstrate that it can offer all required aspects of the discipline as required by discipline-specific standards of accreditation.

b. Satellite Program Agreements

Definition: This type of IIA is required for programs with a home/satellite relationship, where residents complete a significant portion³ of residency training in one institution without an accredited program in the discipline (known as the institution satellite); however, residents complete/fulfill their training objectives at a second institution, with a complete accredited program (known as the home institution).

Requirements:

- The institutions of **both** the home and satellite programs **must** be recognized by the Royal College. Recognized institutions include the 17 currently recognized Faculties/Schools of Medicine in Canada and those international institutions that have undergone a successful Royal College institutional review (i.e. with "Recognized Institution" status).
- The program at the home institution **must** be accredited by the Royal College and **must** be in good standing.⁴ The program located at the satellite institution is not independently accredited by the Royal College, but is rather considered part of the accredited program at the home location.
- The Faculties/Schools of Medicine of the home and satellite institutions **must** enter into an IIA, specifying the terms of the program, including the relationship between the two institutions for integrated processes such as resident selection, teaching and assessment, and remediation.
- The home institution **must** be responsible for the endorsement of the residents' certificates of completion of training (i.e. Final In-Training Evaluation Form, FITER).
- In accordance with the general standards, the home institution **must** have a program director and Residency Program Committee (RPC). In addition, the satellite institution's

³ No more than 60% of the residency training requirements.

⁴ Programs in good standing are considered to be those with the accreditation status of "Accredited Program", regardless of follow-up. Programs with the accreditation status of "Accredited Program on Notice of Intent to Withdraw Accreditation" are not considered to be in good standing.



portion of the program **must** be overseen by an associate program director and a RPC or subcommittee. This RPC must include representation from the home institution.

- With respect to accreditation, the institution with the home program has ultimate responsibility for demonstrating that all aspects of the program comply with the applicable standards of accreditation. As such, the accreditation status of the home program is dependent on the quality of all components of the residency program, including those at the satellite institution.
 - During the regular accreditation review of the home program, all satellite components of the program will be reviewed; travel and expenses for surveyors to visit the satellite component(s) of the program will be borne by the two institutions and not by CanRAC.
 - The satellite institution must collaborate with the home institution in the accreditation process, and also in the follow-up of the accreditation decision.
 - For the mid-cycle internal review, the satellite institution must conduct its own internal review of the component of the program that includes all aspects of the program at that institution. This internal review must include representation from the home institution(s) and the final report must also be shared with the home institution(s).

Implications: Recognition of a satellite institution's component of the program as credit for training towards the Royal College examination and certification is contingent upon maintenance of the IIA with the home institution. Accreditation of the program at the home institution is not contingent upon maintenance of the agreement.

c. Offsite Location Agreements

Definition: This type of IIA is required when an institution has a complete accredited residency program in a particular discipline, but wishes to have its residents rotate to another educational site, for a mandatory core component of the program, affiliated with a different institution⁵ that does not have an accredited program in that discipline, for a portion of their training⁶.

Requirements:

- The program at the home institution **must** be accredited by the Royal College. There is no program located at the receiving educational site that is independently accredited by the Royal College; rather, the educational site is considered part of the accredited program at the home location.
- The program at the home institution must enter into an IIA agreement, specifying the offsite location at the receiving university that will receive residents and provide them with the desired training.
- In accordance with the CanERA general standards of accreditation, the home institution **must** have a program director and Residency Program Committee (RPC). This RPC should include representation from the receiving educational site. There must be clear and effective communication between the RPC and the receiving institution.
- Administrative arrangements for the resident rotations and assessments must be made by the sponsoring program (regardless of funding arrangements).

⁵ This institution does not have to be recognized by the Royal College, but must be an academic institution. Educational sites not affiliated with a university may still be used as an educational site, but must be addressed by an institutional affiliation agreement via the home institution.

⁶ The maximum amount allowable under this type of IIA is 20% of the program components at one offsite location and is required for a mandatory rotation not an elective.



- Administrative arrangements for the resident rotations/educational experiences and assessment must be arranged by the home program (regardless of funding arrangements).
- Assessments conducted at the receiving institution for the given program component(s) must be provided to the home institution as part of the residents' file.
- The home school remains responsible for the endorsement of the residents' certificates of completion of training (i.e. Final In-Training Evaluation Form, FITER).
- With respect to accreditation, the home institution has ultimate responsibility for demonstrating that the rotation(s) or educational experience(s) at the offsite location complies with the applicable standards of accreditation.

Implications: Accreditation of the program at the initiating institution is not contingent upon maintenance of this type of inter-institution affiliation, provided residents no longer rotate to the offsite location for the rotation(s) or experience(s). Recognition of the rotation(s) or experience(s) at the offsite location as credit for training towards the Royal College examination and certification is contingent upon maintenance of the IIA.

d. Conjoint/ Network Residency Program Agreements (programme réseau)

Definition: This type of IIA is required when two or more institutions collaborate to offer a single residency program in a particular discipline. Accreditation of a conjoint program implies that a complete program in the discipline is not available at any of the sponsoring institutions, or that it makes most sense from the perspective of exposure to clinical and educational experiences for the institution to collaborate to offer a complete learning experience to the residents. The integration of two (or more) medical schools in the delivery of a residency program must have positive advantages for residents and must not be for the purpose of redistributing services.

Requirements:

- The two (or more) institutions must enter into a written IIA agreement, specifying the terms of the conjoint program⁷.
- The conjoint/network program is considered a single program and **must** be accredited by the Royal College.
- There **must** be a single RPC for the conjoint program, with representation from each of the institution involved in the conjoint program.
- For the purposes of the Royal College, the conjoint program **must** be overseen by a single residency program director who is accountable for the residency program; the **home** institution is considered to be that where the single program director is affiliated.
 - How the program is operationalized in practice is at the discretion of the institutions involved in the program. For example, it is acceptable to have associate or co-program directors and residency program committees (and subcommittees) at each of the sites. There must be clear and effective communication between the RPC and each of the networked sites.
- The RPC, via the **home** institution, is responsible all aspects of the program, including resident assessment, and the endorsement of the residents' certificates of completion of training (i.e. Final In-Training Evaluation Form, FITER).
- With respect to accreditation, the **home** institution has ultimate responsibility for demonstrating that all aspects of the program comply with the applicable standards of

⁷ Both faculties/schools of medicine must be recognized by the Royal College.



accreditation. As such, the accreditation status of the network program is dependent on the quality of all components of the residency program. As such, the educational components at all sites participating in the conjoint or network program will be reviewed.

- During the regular accreditation review of the program, all components of the program will be reviewed; travel and expenses for surveyors to visit the necessary component(s) of the program will be borne by the institutions and not by the Royal College.
- For the mid-cycle internal review, an internal review of the conjoint/network program **must** be conducted that includes all aspects of the program.

Implications: Accreditation of the conjoint program is **contingent** upon maintenance of the IIA.

12.2. Review Process

All IIA agreements at a **home** institution are reviewed and updated at the time of the institution's regular accreditation review. In addition, all aspects of the review of any program with an IIA agreement, including meetings with residents, faculty and the RPC, must reflect the IIA, to ensure a complete evaluation of the program.

Between regular accreditation reviews, any additions, removals or amendments to IIAs must be approved by the Royal College Residency Accreditation Committee (Res-AC).⁸ Requests are reviewed according to the following process:

- Receipt of the Request by the Office of Specialty Education (OSE)
Applications for the amendment, removal or addition of an IIA agreement must be submitted using the appropriate form, to the OSE, through the postgraduate dean at the institution. Upon receipt of an application, the Royal College will send an acknowledgement letter to the requesting postgraduate office.
- Review of the Request by the Specialty Committee
Once the submission has been received and acknowledged by OSE, the documentation is circulated to the voting members of the relevant Specialty Committee for their comments and recommendation. These recommendations are collated by the chair of the Specialty Committee and provided to the OSE.
- Final Decision by the Residency Accreditation Committee
The Res-AC will consider the request for addition, removal or amendment of the IIA agreement at its next meeting and, in doing so, will take into account the recommendation of the Specialty Committee. Following the meeting, the OSE will send a decision letter to the postgraduate dean of the university, informing them of the Res-AC's decision regarding the IIA agreement and any implications for the accreditation of the program.

Last updated: July 1, 2018 (Adopted from the previous Royal College Accreditation Committee Policies and Procedures Document for Canadian Residency Education) [Editorial updates made September 1, 2019]

⁸ Inter-institution affiliation agreement forms are available from the Educational Standards Unit of the Royal College at accredadmin@royalcollege.ca.

Guiding principles for development of new and/or modification of existing specific standards of accreditation include¹:

1. Standards of accreditation for each discipline must align with the standards organization framework used to develop the General Standards of Accreditation for Residency Programs.
2. Standards of accreditation for each discipline must not modify any of the standards, elements, or requirements within the General Standards of Accreditation for Residency Programs.
3. The standards of accreditation for each discipline cannot remove indicators found within the General Standards of Accreditation for Residency Programs (“general indicators”).
4. The standards of accreditation for each discipline allow for the addition of discipline-specific indicators.
5. Standards of accreditation for each discipline allow for the modification of general indicators, to include discipline-specific language, provided that the modification does not change the original intent of the general indicator.
6. Standards of accreditation allow for the modification of exemplary general indicators, making the exemplary general indicator mandatory for a discipline; however, general indicators that are mandatory cannot be made exemplary.

Last updated: May 2019

¹ In the context of Royal College discipline recognition, a small subset of disciplines have been labeled “special programs”, in that they do not meet any of the other categories of discipline recognition set out by the Royal College’s Committee on Specialties; these programs are Surgical Foundations and the Clinician Investigator Program. Surgical Foundations and Clinician Investigator programs have unique features that necessitate adjustments to the standards of accreditation applicable to these programs. Of particular note, these programs have a single discipline specific document which outlines discipline specific expectations, while also integrating applicable expectations set out in the General Standards of Accreditation for Residency Programs; this is in contrast to other residency programs which must meet all expectations set out in the General Standards of Accreditation for Residency Programs.

The Conjoint Task Force for Resident Input into the Accreditation Process, constituted under the aegis of CanRAC in 2015, recommended the following principles to govern continuous resident input into the accreditation system. It recommended that the mechanisms for resident input:

A. Protect residents

- Information cannot harm or identify any individual resident.
 - Only aggregate data will be used; and,
 - Protections will be in place for small programs (e.g. signals would be based on multiple inputs, rolling averages).
- Confidential and safe for residents to provide feedback, with minimal risk of retribution for residents.
 - The continuous quality improvement and non-punitive philosophies must be emphasized.

B. Are pragmatic

- Mechanisms cannot be too onerous (resulting in survey burnout).
- Mechanisms must focus on high yield questions, linked to standards.
- There must be recognition of and value for the time spent providing input (i.e. protected time to complete resident survey(s) is provided).

C. Provide equal opportunity for input

- Data will be collected frequently throughout the accreditation cycle, to ensure all residents have the opportunity to provide input on their experience of the learning environment.
- Residents need the equal opportunity to be heard, regardless of the size of the program
 - (*Note: this principle needs to be considered carefully in the context of anonymity, and whether there are opportunities to integrate input from other sources, e.g. graduates*).

D. Include both quantitative and qualitative information

- Feedback cannot be solely quantitative in nature; the narrative components are essential and must be included.

E. Must be kept separate from the credentialing arms of the Colleges, including data and their management processes

- Need to ensure residents trust the process for handling and ownership of their feedback.
 - Need to have clear guidelines regarding ownership, access and sharing of data.
- Resident feedback must inform the Accreditation and continuous improvement processes and be provided in some manner to those who can effect change.

F. Utilize multiple sources of feedback

- Collection of feedback from multiple stakeholders, e.g. faculty, administrative personnel, graduates, etc., with parallel questions to ensure comparability.
 - Enables triangulated feedback on issues; and,

- Provides the potential means for programs of all sizes to receive regular feedback, while ensuring protection of resident (and other stakeholder) anonymity.
- G. Follow a fair and transparent process
 - There must be integrity in the process to ensure that stakeholders will accept involvement (e.g. when concerns are raised).
- H. Support Continuous Improvement
 - Data/information collected is for continuous improvement of residency programs/institutions, will not to be used in a punitive way.
 - Focus is on ensuring programs have robust processes in place to deal with issues that arise.
 - Capability for sharing of some aggregate data/results:
 - With Universities – Enabling postgraduate deans, providing information to support continuous improvement activities at the University level.
 - Nationally – Providing information to support benchmarking and continuous improvement at the national level.
 - Rebranding of resident input into the accreditation process to change perception; (e.g. provision of resident input is a normal part of residents’ role of providing input into the program for continuous improvement.)

Last updated: July 1, 2018

Introduction

Surgical Foundations programs provide a common curriculum and clinical training in the fundamental skills of surgery for residents in the majority of surgical specialties, concurrent with training in the surgical specialty. In the context of Royal College discipline recognition, Surgical Foundations programs are deemed “special programs”, with unique features that necessitate adjustments to the standards and processes of accreditation generally applied to residency education.

1. Scope

This policy dictates principles and procedures for the accreditation of Surgical Foundations programs, including specific implications for the accreditation of the nine surgical specialties that require Surgical Foundations, namely Cardiac Surgery, General Surgery, Neurosurgery, Obstetrics and Gynecology, Orthopedic Surgery, Otolaryngology – Head and Neck Surgery, Plastic Surgery, Urology, and Vascular Surgery.¹ This policy takes into account the unique features of Surgical Foundations as a ‘special program’ by allowing for amendments to the model of accreditation generally applied to residency education.

2. Accreditation status

For the purpose of accreditation, Surgical Foundations programs are treated as discrete residency programs. That is, Surgical Foundations programs receive their own accreditation status, including required follow-up, separate and distinct from the primary surgical specialty program(s), and based on the areas for improvement identified. Due to its foundational nature, the accreditation status of Surgical Foundations may have an impact on the accreditation status of other surgical programs at the same institution, in accordance with the policy outlined below. Accreditation of any one surgical program at an institution which relies on the Surgical Foundations curriculum is contingent upon maintenance of an accredited Surgical Foundations program at that institution.

3. Accreditation standards

Surgical Foundations programs are accredited based on the [Standards of Accreditation for Surgical Foundations](#) and associated national standards requirements specific to Surgical Foundations programs, which are developed by the Royal College’s Surgical Foundations Advisory Committee (SFAC), in addition to the CanERA General Standards of Accreditation for residency programs. Responsibility for demonstrating that Surgical Foundations programs comply with the applicable accreditation standards is shared between the Surgical Foundations program and the primary surgical specialty program(s), with oversight from the institution.

Overall, responsibility for residents in all years of training rests with the primary specialty surgical program; however, for the first two stages of training (Transition to Discipline and Foundations), that responsibility is shared with the Surgical Foundations program. It is

1. An institution wishing to have an accredited program in one of these primary specialties must also have an accredited Surgical Foundations program.

recognized that to meet the standards, some responsibilities will lie with Surgical Foundations, while others will lie with the primary surgical specialty program, and in many instances there will be overlap and therefore a need for coordination between both programs.

4. Surgical Foundations Advisory Committee

The Surgical Foundations Advisory Committee (SFAC), with voting representation from each region of Canada, acts as a steward for the foundational, horizontal curriculum known as Surgical Foundations. The role of the SFAC in the accreditation process is to develop discipline-specific standards and to provide consultative input to surveyors and the Residency Accreditation Committee for each accreditation activity (application or accreditation review) of a Surgical Foundations program. Input provided by the SFAC is of particular importance in evaluating the structure and organization of the Surgical Foundations program, the relationship between Surgical Foundations and the primary surgical programs that incorporate Surgical Foundations, as well as the quality of the program as it relates to the requirements outlined in the Education Program and Resources domains of the accreditation standards.

In addition, the SFAC is asked to regularly review the accreditation status of all Surgical Foundations programs, with the aim of identifying systemic issues, maintaining national standards, and providing support to programs in continuous quality improvement.²

5. Procedures relating to accreditation reviews

5.1. Preparation for regular accreditation reviews

5.1.1. Surgical Foundations programs have access to a unique program profile on CanAMS, which is submitted at the same time as other program profiles at the institution.³

5.1.2. The SFAC's consultative input takes place in accordance with the process outlined for specialty committees in section 6.1.3 of the CanERA Policy Manual.

5.2. Onsite accreditation review

5.2.1. The schedule for the Surgical Foundations program accreditation review is based on review of documents (e.g., resident assessments, minutes of the committees) and meetings/interviews with key stakeholders, including but not limited to current residents, the Surgical Foundations program director, administrative personnel, the Surgical Foundations committee, the Surgical Foundations Competence Committee, and others if applicable.

5.2.2. The review of Surgical Foundations is conducted by all surveyors assigned to the review of one or more surgical programs that require Surgical Foundations. In addition, in alignment with the practice for the accreditation review of other residency programs, one surveyor will be designated as the lead, responsible for the overall review and submission of the report.

5.2.3. In recognition of its foundational nature, the Surgical Foundations program accreditation review is conducted in two stages.

5.2.3.1. The first stage is a review conducted on the morning of the first day of the onsite accreditation review. While no accreditation status is recommended at this stage, an overview of this review is provided to the survey team at the end of the first day such that this information can inform the team's review

2. This review is an important part of Specialty Committees' reports to the Committee on Specialties in the discipline review process.

3. For further information about program profile instrument submission, refer to section 6.1.2 in the CanERA Policy Manual for the Accreditation of Canadian Residency Programs and Institutions with Residency Programs (CanERA Policy Manual).

and recommendation for all surgical programs that require Surgical Foundations.

- 5.2.3.2. During the week, other surgical specialty programs are reviewed, as scheduled.
- 5.2.3.3. The second stage of the Surgical Foundations review takes place at the end of the week of accreditation reviews, when all primary surgical programs at the institution have been reviewed. The purpose of this second stage is to allow for identification or further exploration of any themes that have come up during the week of surgical program reviews, and to enable triangulation of information.
- 5.2.3.4. In consultation with the institution, the Educational Standards Unit of the Royal College will determine the schedule of the two review days.
- 5.2.4. At the conclusion of the debrief and discussion at the second stage of review, a recommendation for an accreditation status for the Surgical Foundations program is made by consensus of the Surgical Foundations program review team. As with other program reviews, the full survey team then votes on the recommended accreditation status and follow-up for the program.

6. Procedures relating to accreditation decisions

- 6.1. In accordance with the procedures detailed in section 8 of the CanERA Policy Manual, an accreditation status and required follow-up is awarded to the Surgical Foundations program, based on an evaluation of the applicable program accreditation standards. The accreditation review report package for the Surgical Foundations program (see section 8.4 of the CanERA Policy Manual) will be shared with the other surgical programs at the same institution.
- 6.2. There are two possible statuses: Accredited Program; and, Accredited Program on Notice of Intent to Withdraw Accreditation. In addition, based on the areas for improvement identified, one of three possible follow-ups is awarded: next regular accreditation review; action plan outcomes report (APOR); and, external review.⁴ Implications specific to the range of possible accreditation statuses and follow ups are outlined below.
 - 6.2.1. Accredited program with follow-up by regular review: There is no impact on the accreditation status and of follow-up review of other surgical specialty programs at the same institution.
 - 6.2.2. Accredited program with follow-up by APOR: There is no impact on the accreditation status and review of other surgical specialty programs at the same institution.
 - 6.2.3. Accredited program with follow-up by External Review: There is no impact on the accreditation status and review of other surgical specialty programs at the same institution. The external review is scheduled to coincide with the review of any other surgical specialty program(s) with follow-up by external review, in accordance with the two-year follow-up intervals within the eight-year, continuous accreditation cycle. If there are no primary surgical specialty program(s) with follow-up by external review, the external review of Surgical Foundations will follow a one-day review schedule; if there are primary surgical specialty program(s) with follow-up by external review, the external review of the Surgical Foundations program will be organized in accordance with the two-stage structure outlined in 5.2 above. In both cases, there will be the addition of a meeting with the program directors of all primary specialty surgical programs that rely on Surgical Foundations.
 - 6.2.4. Accredited program on Notice of Intent to Withdraw Accreditation: There is no impact on the accreditation status and review of other surgical specialty programs at the same institution; however, the institution will be required to inform all

4. An overview of the accreditation status and follow-up options available to Surgical Foundations programs are detailed in section 8.3 of the CanERA Policy Manual.

current and prospective residents of this decision and potential future implications.⁵ This category of accreditation is not renewable and an external review is mandatory before any change from this category is made. The external review of the Surgical Foundations program will be organized as outlined in 6.2.3 above. In addition, at the time of the external review, the Surgical Foundations program will be required to show why accreditation should not be withdrawn.

6.2.5. Withdrawal of Accreditation: As outlined in section 7.3.5 of the CanERA Policy Manual, in the case of residency programs with residents actively enrolled, withdrawal of accreditation becomes effective at the end of the academic year in which the decision is taken. Residents actively enrolled in the institution's primary surgical programs, learners already contracted to enter the institution's primary surgical programs, as well as all applicants to these programs, must be advised immediately of the status of the Surgical Foundations program at the institution, and its implications for the primary surgical programs; the implications for residents will depend on their current status with and progress in the program.⁶ The onus remains on the institution to ensure residents requiring transfer are placed in another accredited program in their discipline in Canada.

6.3. The accreditation status granted to the Surgical Foundations program by the Royal College Residency Accreditation Committee is final; however, it may be appealed via a formal request for reconsideration as set out in Appendix A of the CanERA Policy Manual.

Last updated: February 2020

5. The Canadian Resident Matching Service (CaRMS) profile of Surgical Foundations as well as the primary surgical programs at the institution must indicate the accreditation status of the Surgical Foundations program. Residents currently in a primary surgical specialty program requiring Surgical Foundations, and those already contracted to enter these programs, must be advised immediately by the program director of the status of the Surgical Foundations program at the institution. In addition, applicants and potential applicants must be made aware of the accreditation status of the Surgical Foundations program, e.g. via the CaRMS program description, such that they are fully informed prior to making decisions or commitments regarding their residency program.

6. In the case of withdrawal of accreditation, the following will apply based on the status of residents and their progress in the program:

- No new residents may be enrolled in postgraduate year one of the primary surgical programs that require Surgical Foundations at that institution;
- Residents in postgraduate year one (PGY1) may complete their current academic year of training, but will require transfer to/accommodation by another institution to complete postgraduate year two (PGY2) of Surgical Foundations; and,
- Residents in their second (and subsequent) years of training will be allowed to complete their academic year and proceed to further surgical specialty training.

Appendix J: Policy on French Language Accreditation Reviews

Introduction

This policy outlines procedures applicable to French language accreditation reviews above and beyond what is codified in the body of the CanERA Policy Manual.

1. Scope

This policy applies to the documentation submitted through CanAMS for all accreditation reviews, including regular reviews, follow-ups by external review, follow-ups by action plan outcomes report (APOR), and applications for new program accreditation. The policy also addresses the review of documentation submitted through CanAMS within the context of residency accreditation committees and Royal College specialty committees. The policy is applicable to French residency institutions and programs in Canada as well as designated French Family Medicine sites. The languages covered are English and French, and, unless otherwise specified, the policy refers to the translation of documentation from French to English. Where information is identified as requiring translation, this translation is the responsibility of the applicable College(s).

2. Principles

The policy gives consideration to:

- Ensuring equity in the review of English and French programs and institutions (including designated French Family Medicine sites) by providing reviewers with a clear picture of the programs and institutions under review and the information necessary to make a sound recommendation.
- Balancing consistency of accreditation in both official languages with sound financial stewardship and the appropriate allocation of human and financial resources in the accreditation process.
- Recognizing that some information submitted in French is often comprehensible to non-French speakers.

3. Procedures

3.1. Regular reviews and external reviews

3.1.1. Institution instruments

- Responses provided within the **narrative** sections of the required institution instruments will be translated.
- Attached **documentation/evidence** or documentation provided via website hyperlinks will not be translated.

3.1.2. Royal College discipline residency program instruments

- Responses provided within the **narrative** sections of the required program instruments will be translated, with exception of the following if embedded directly within the instrument (i.e., not uploaded separately):

- Table detailing educational experiences by year/stage; and
- Learning site table, including distribution of residents by site.
- Attached **documentation/evidence** or documentation provided via website hyperlinks will not be translated.

3.1.3. Family Medicine residency program and site instruments

- Regular reviews:
 - Responses provided within the **narrative** sections of the required program and site instruments will not be translated.
 - Attached **documentation/evidence** or documentation provided via website hyperlinks will not be translated.
- External reviews:
 - Responses provided within the **narrative** sections of the required program instruments will be translated.
 - Attached **documentation/evidence** or documentation provided via website hyperlinks will not be translated.

3.2. APORs

3.2.1. Institution and program APORs

- Responses provided within the **narrative** sections of the required institution instruments will be translated.
- Attached **documentation/evidence** or documentation provided via website hyperlinks will not be translated..

3.3. New Residency Program Applications and Family Medicine Site and Enhanced Skills Category 1 Requests

3.3.1. Royal College discipline residency program applications for accreditation:

- Responses provided within the **narrative** sections of the program instruments will be translated, with the exception of the following if embedded directly within the instrument (i.e., not uploaded separately):
 - Table detailing educational experiences by year/stage; and
 - Learning site table, including distribution of residents by site.
- Attached **documentation/evidence** or documentation provided via website hyperlinks will not be translated.

3.3.2. New Family Medicine Site or Enhanced Skills Category 1 Requests (for existing accredited programs):

- Responses provided within the **narrative** sections of the required central program instruments and related site or enhanced skills category 1 program instruments will be translated.
- Attached **documentation/evidence** or documentation provided via website hyperlinks will not be translated.

3.4. Applicable to all institution, Royal College discipline program, and Family Medicine program accreditation reviews.

3.4.1. Decision letters will be drafted in English, with a French translation provided to institutions and programs.

3.4.2. Accreditation review reports, if drafted in French by the surveyor, will be translated to English. The final report, however, will be provided to institutions in French only, with the exception of designated French family medicine sites at designated English Universities, where the site report will be provided to the institution in French and English.

3.4.3. Parameters for assigning primary and secondary reviewers from the applicable residency accreditation committee(s):

3.4.3.1. Review of institutions:

- For institution regular reviews, external reviews, and APORs, at least one of the two reviewers will be bilingual.
- Additionally, other bilingual members of the committees (who are not in conflict) may be called upon to provide support regarding untranslated documentation both prior to and during the committee meeting.

3.4.3.2. Review of Royal College discipline programs:

- For residency programs with a recommendation of follow-up by regular accreditation review following a regular or external review, effort will be made to assign at least one bilingual reviewer whenever possible.
- For residency programs with a recommendation of follow-up other than by regular accreditation review following a regular or external review, at least one of the two reviewers will be bilingual.
- For APORs, at least one of the two reviewers will be bilingual.
- Additionally, other bilingual members of the committee (who are not in conflict) may be called upon to provide support regarding untranslated documentation both prior to and during the committee meeting.

3.4.3.3. Review of Family Medicine programs:

- The primary reviewer will always be bilingual, and the secondary reviewer will be bilingual whenever possible.
- Additionally, other bilingual members of the committee (who are not in conflict) may be called upon to provide support regarding untranslated documentation both prior to and during the committee meeting.

3.4.4. Review of untranslated materials by the relevant specialty committee for Royal College discipline programs:

- For the review of untranslated materials, a delegate model will be used.
- For Royal College discipline programs, the chair of the relevant specialty committee will assign one individual from the committee (or delegate) to review the French documentation and provide recommendations and commentary to the committee for consideration.

4. Table overview

Accreditation Review/Activity	Translation of Narrative Responses	Translation of Uploaded/Hyperlinked Documents
Institution Regular Accreditation Review	Yes	No
Royal College Discipline Program Regular Accreditation Review	Yes*	No
Family Medicine Program Regular Accreditation Review	No	No
Institution External Review	Yes	No
Royal College Discipline Program External Review	Yes	No
Family Medicine Program External Review	Yes	No
Institution and Program Action Plan Outcome Reports	Yes	No
New Program Application for Accreditation	Yes*	No
New Family Medicine Site or Category 1 Request (for an existing accredited program)	Yes**	No

*with the exception of the table detailing educational experiences by years/stage and the learning site table which includes the distribution of residents by site

*including the central program instrument

Last updated: February 2020

Appendix K: Glossary of Acronyms and Abbreviations

Acronym/Abbreviation	Full Name/Term
AFI	Area(s) for improvement
APOR	Action plan outcomes report
ASIC	Conjoint Residency Accreditation Standards Improvement Committee
CanAMS	Digital Accreditation Management System
CanERA	Canadian Excellence in Residency Accreditation
CanRAC	Canadian Residency Accreditation Consortium
CBD	Competence by design
CEMA	Committee on Medical Education and Accreditation (Comité des études médicales et de l'agrément)
CFPC	College of Family Physicians of Canada
CFPC RAC	CFPC Residency Accreditation Committee
CMQ	Collège des médecins du Québec
CQI	Continuous quality improvement
FMEC-PG	Future of Medical Education in Canada Postgraduate Project
FMRQ	Fédération des médecins résidents du Québec
OSE	Office of Specialty Education
PGME	Post-Graduate Medical Education
RDoC	Resident Doctors of Canada
Royal College	Royal College of Physicians and Surgeons
Royal College AC	Royal College Accreditation Committee
Royal College Res-AC	Royal College Residency Accreditation Committee

Last updated: July 1, 2019

Appendix L: Glossary of Terms

accreditation

The process of formal educational program or institutional review and improvement, based on standards set by an external organization. Source: The International Accreditation Outcomes Collaborators, 2017.

active program

An accredited residency program that has at least one resident enrolled (see “resident (current)”).

areas for improvement

Requirements rated as “Partially Meets” or “Does not Meet”.

assessment

A process of gathering and analyzing information on competencies from multiple and diverse sources to measure a physician’s competence or performance and compare it with defined criteria. ¹

CanAMS

The digital accreditation management system supporting and facilitating all CanERA accreditation activities.

competence

The array of abilities across multiple domains of competence or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training or practice. Competence is multi-dimensional and dynamic; it changes with time, experience, and settings. ²

competency (competencies)

An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development.

competent

Possessing the required abilities in all domains of competence in a certain context at a defined stage of medical education or practice. ²

current resident

Any resident (see definition of resident below) enrolled in a residency program on the date of the accreditation review (e.g., regular accreditation reviews, external review) who is following the academic curriculum and the standards set out by the discipline. Current residents include those on

Appendix L: Glossary of Terms

authorized leaves of absence from the program of less than six months (provided they maintain a contract with the university and full or educational license to practice).

discipline

Specialty and/or subspecialty recognized by one of the certification colleges.³

evaluation

A process of employing a set of procedures and tools to provide useful information about medical education programs and their components to decision-makers (RIME Handbook). This term is often used interchangeably with assessment when applied to individual physicians, but is not the preferred term.¹

faculty of medicine

A faculty of medicine, school of medicine, or college of medicine under the direction of a Canadian university/universities.

inactive program

An accredited residency program that does not have a resident (see “resident (current)”) enrolled in the program for longer than six months. A program with an accreditation category of Notice of Intent to Withdraw Accreditation cannot become inactive.

internal review

An internal evaluation conducted to identify strengths of, and areas for improvement for, the residency program and/or faculty of medicine.

institution

The office responsible for residency education within a faculty of medicine

inter-institution affiliation (IIA) agreement

A formal agreement used in circumstances where a Faculty of Medicine requires residents to complete a portion of their training under another recognized Faculty of Medicine, in alignment with policies and procedures for IIAs as set by the Royal College, CFPC, and/or CMQ.

intimidation and harassment

Behaviour that induces fear or involves aggressive pressure on an individual in an effort to affect his/her actions.

leading practice and/or innovations

A practice (method, procedure, etc.) that is noteworthy for the discipline, or residency education writ large; and/or is unique and innovative in nature.

Appendix L: Glossary of Terms

postgraduate medical education (PGME)

A period of formal structured education physicians receive after finishing medical school in preparation for practice and leading to certification or attestation of higher clinical competence, also known as “residency education” or “graduate medical education” (Royal College Medical Education Glossary).

program director

The individual responsible and accountable for the overall conduct and organization of the residency program. The individual is accountable to the postgraduate dean and academic lead of the discipline.

resident

An individual registered in an accredited residency program following eligible undergraduate training leading to certification or attestation in a recognized discipline. In practice, for the purposes of accreditation, “resident” is defined as a learner following the full accredited residency program.¹

residency program

An accredited residency education program in one of Canada’s nationally recognized disciplines, associated with a recognized faculty of medicine, overseen by a program director and residency program committee.

residency program committee (RPC)

The committee (and subcommittees, as applicable), overseen by the program director, that supports the program director in the administration and coordination of the residency program.

self-study

The self-evaluation of a residency program or institution against applicable accreditation standards to determine whether the residency program or institution has met, not met, or partially met requirements. CanAMS includes a self-study instrument to assist institutions and residency programs in conducting this self-evaluation.

surveyor

Volunteer peer reviewers who are trained to evaluate the residency programs and or institutions against the accreditation standards.

Last updated: May 2019

Appendix L: Glossary of Terms

¹ The Royal College of Physicians and Surgeons of Canada. Terminology in Medical Education Project: Draft Glossary of Terms. Ottawa, ON: Royal College of Physicians and Surgeons of Canada; 2012. Available from <http://www.royalcollege.ca/rcsite/documents/educational-strategy-accreditation/terminology-in-medical-education-working-glossary-october-2012.pdf>. Access 2016 Oct 14.

² Frank JR, Snell L, Cate OT, Holmboe ES, Carraccio C, Swing SR, et al.. *Competency-based medical education: theory to practice*. *Medical Teacher*; 32(8):638-645; 2010.

³ Association of American Medical Colleges. *Draft Glossary of Competency-Based Education Terms* (unpublished). Washington, DC: Association of Medical Colleges; 2012.