

ACCREDITATION FOLLOW-UP

Accreditation Preliminary Reports AFI Summary Counts

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Preliminary Accreditation Reports Residency Programs

- **56** with follow-up in 8 years at next regular review (RR)
- **13** with follow-up in 2 years by Action Plan Outcome Reports (APORs)
- **5** with follow-up in 2 years by External Reviews
- **2** with follow-up in 2 years on Notice of Intent to Withdraw



Preliminary Accreditation Reports Programs

- Preliminary program reports were received in December 2020
- Final reports with narrative will be available in February 2021
- Most common Areas for Improvement (AFIs) across all residency programs are listed in this presentation (>10 cited)
- AFC programs have been excluded from this count. There was only one AFI recorded amongst all three AFC programs reviewed



Requirement 1.1.2: The program director has appropriate support to oversee and advance the residency program. (Cited in 11 programs)

- 5 for follow-up in 2 years
- 6 for follow-up at next Regular Review
- Most Common Indicator (cited in 9 programs):

Indicator 1.1.2.1 - The faculty of medicine, postgraduate office, and academic lead of the discipline provide the program director with sufficient support, autonomy, and resources for effective operation of the residency program.



Requirement 2.1.1: The residency program committee has well-defined, transparent, and functional policies and processes to manage residency education. (Cited in 11 Programs)

- 8 for follow-up in 2 years
- 3 for follow-up at next Regular Review
- Most Common Indicator (7 Programs):

Indicator 2.1.1.5: The residency program committee regularly reviews and makes necessary changes to policies and processes.



Requirement 3.1.1: Educational competencies and/or objectives are in place to ensure residents progressively meet all required standards for the discipline and address societal needs. (Cited in 18 programs)

- 2 for follow-up in 2 years
- 16 for follow-up at next Regular Review
- Most Common Indicator (13 Programs):

Indicator 3.1.1.3: The competencies and/or objectives articulate different expectations for the resident by stage or level of training.

- 11 of these 13 programs have not started CBD



Requirement 3.2.1: The residency program's competencies and/or objectives are used to guide the educational experiences while providing residents with opportunities for increasing professional responsibility at each stage or level of training. (Cited in 12 Programs)

- 3 for follow-up in 2 years
- 9 for follow-up at next Regular Review
- Distribution across Indicators



Requirement 3.2.4: Residents' clinical responsibilities are assigned in a way that supports the progressive acquisition of competencies and/or objectives, as outlined in the CanMEDS/CanMEDS-FM Roles. (Cited in 11 Programs)

- 3 for follow-up in 2 years
- 8 for follow-up at next Regular Review
- Most Common Indicator (Cited in 6 Programs):

Indicator 3.2.4.5: Residents' clinical responsibilities do not interfere with their ability to participate in mandatory academic activities.



Requirement 3.4.1: The residency program has a planned, defined and implemented system of assessment. (Cited in 22 Programs)

- 5 for follow-up in 2 years
- 17 for follow-up at next Regular Review
- 15 of these programs are not in CBD
- 75% of Programs in the Department of Obs/Gyn, 40% of Programs in the Department of Medicine
- Most Common Indicator (Cited in 12 Programs):

Indicator 3.4.1.3 - The system of assessment clearly identifies the level of performance expected of residents based on level or stage of training.



Requirement 3.4.2: There is a mechanism in place to engage residents in regular discussions for review of their performance and progression. (Cited in 12 Programs)

- 5 for follow-up in 2 years
- 7 for follow-up at next Regular Review
- Most Common Indicator (Cited in 7 Programs):

Indicator 3.4.2.3 - There is appropriate documentation of residents' progress toward attainment of competencies, which is available to the residents in a timely manner.

- 5 of these 7 programs have not started CBD



Requirement 5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness. (9 Programs)

- **All 9 programs are marked for follow-up in 2 years**
- Most Common Indicator (6 Programs cited per Indicator):

Indicator 5.1.3.1: There is a positive learning environment for all involved in the residency program.

Indicator 5.1.3.3: The processes regarding identification, reporting and follow-up of resident mistreatment applied effectively.



Requirement 7.1.1: Teachers are regularly assessed and supported in their development. (Cited in 14 Programs)

- 5 for follow-up in 2 years
- 9 for follow-up at next Regular Review
- Even mix of small, medium and large programs cited
- Most Common Indicator (Cited in 12 Programs):

Indicator 7.1.1.1: There is an effective process for the assessment of teachers involved in the residency program, aligned with applicable central processes, that balances timely feedback with preserving resident confidentiality.



Requirement 9.1.1: There is a process to review and improve the residency program. (21 Programs)

- 6 for follow-up in 2 years
- 15 for follow-up at next Regular Review
- 30% of programs in the Department of Medicine and 40% of programs in the Department of Surgery have this weakness
- Most Common Indicator (Cited in 11 Programs):

Indicator 9.1.1.1: There is an evaluation of each of the residency program's educational experiences, including the review of related competencies and/or objectives.



Questions/Discussion



Thank You.

