PostGrad Accreditation 2020

NEWSFLASH

The Accreditation Questionnaires (AQs) for all Royal College Programs and Family Medicine Hospital Sites are due on October 15th, 2019.

ISSUE 3 - September 2019

IN THIS ISSUE

FROM THE ASSOCIATE DEAN
FAQs
POLICY SPOTLIGHT
TIMELINE REVIEW
RESOURCES

MESSAGE FROM THE PGME ASSOCIATE DEAN

As programs embark on their final cycle of innovation and updates leading up to accreditation next fall, we thought this would be a good time to consolidate some of the questions we have received into one FAQ document. We have enjoyed working closely with programs over the summer to bring the program questionnaires toward completion and in doing so have identified a number of areas of common concern that are reflected in the FAQ. Thanks to those who have brought questions forward as you have highlighted areas requiring attention for us and helped us formulate responses from which we hope all programs can benefit. Hopefully you found that by bringing your questions forward you got an answer first!

We will continue to collate queries at every step of the way and turn these around to help all programs develop their documents and plans for accreditation, so keep the questions coming. As we head into the fall, please accept my heartfelt thanks for the hard work that has been done over the summer and for the dedication you all bring to running excellent residency programs here at the University of Toronto.

Need more info? If you have any questions, do not hesitate to contact me: adpgme@utoronto.ca

or our **Accreditation team**: pgmecoordinator@utoronto.ca

Glen Bandiera, MD, FRCPC, MEd
Associate Dean, Postgraduate Medical Education

FREQUENTLY ASKED QUESTIONS (FAQS)

The following Accreditation Questionnaire (AQ) FAQs are divided into three categories:
1) Committees, 2) Specific accreditation standards, and 3) AQ document formatting

Committees

Q. Do we need to have a Competence Committee if our program is a traditional time based program (i.e. non-CBD) or a Family Medicine program?

As per the new accreditation standards, all programs are required to have a competence committee (or equivalent) that actively makes promotion decisions for trainees whether they are promoting them by CBD stage of training, PGY level or some other metric.

For traditional time based programs, if your RPC (or a subset of your RPC) currently reviews assessments and makes promotion decisions, we suggest formalizing this as a subcommittee of your RPC and having a separate meeting agenda for this group. This subcommittee can have their own terms of reference (TOR) or be captured as a subcommittee with a description of purpose and reporting structure in the RPC main terms of reference.

For further information on competence committees, please see the PGME Guidelines for Competence Committees on our website at: http://cbme.postmd.utoronto.ca/wp-content/uploads/2019/02/PGME_Guidelines_Competence_Committee.pdf

Q. What should we do if our subcommittees do not have minutes or agendas?

Moving forward we ask that you develop agendas and minutes for all RPC subcommittees.

- Start now, do not engineer agendas of past meetings
- Explain in the narrative portion of your answer how this subcommittee functions, and how agendas will be created moving forward
- Add the Terms of Reference (TOR) for subcommittees to the RPC TOR

Accreditation Standards

Q. What is the hidden curriculum and how do we reflect on it in our program?

The standards booklet defines the hidden curriculum as "a set of influences that function at the level of organizational structure and culture, affecting the nature of learning, professional interactions, and clinical practice". This encompasses all of the learning and teaching that occurs in training that is outside the formal curriculum. It can manifest in different ways (positive and negative) in each program and each learning site and it changes over time. As such, describing strategies to uncover and reflect on the hidden curriculum in your program is a larger topic than we can cover in this FAQ document.

PGME is working with some programs now to pilot test ways to teach about and reflect on the impact of the hidden curriculum. We will be holding workshops for program directors and program administrators this winter to share what we have learned from these pilots.

Q. Is each program required to have their own Resident Wellness Guidelines?

PGME is currently developing a central wellness guideline that will be applicable to all programs. In addition, many programs have their own thoughtful approaches, systems and processes in place to support resident wellness concerns specific to their trainees. Each program will need to explicitly review

their wellness structure and determine if they need to either a) develop their own policy aligned with the central policy to cover specialty specific issues or b) adopt the central wellness policy as their only need.

In order to determine which option best suits your program and to help you think about and explore what your program may be doing locally, the PGME Wellness Office has developed a document of guiding questions and examples of wellness processes.

These questions and sample responses have been created based on feedback from program directors to highlight some of the activities your program may already be engaged in that would be considered part of your wellness program. The questions and responses are quite detailed and by no means are programs expected to have all of these activities and initiatives in place. This document is meant to be a useful resource available for programs to help you determine your program's wellness policy needs.

Q. How can we explain informal mentorship programs in the accreditation questionnaire?

Access to a mentorship program is an exemplary criterion and not a requirement. If your program has a mentorship program, please describe it. If you do not have a formal mentorship program you can indicate "Not applicable" in the relevant section of the AQ.

AQ Document Formatting

Q. Why is the numbering in my AQ different than the numbering in the tip sheet?

The tip sheet was developed using the generic questions, common across all programs. The specialty specific questions for Royal College or Family Medicine programs are embedded throughout your version of the blank accreditation questionnaire as these are unique to each program.

Q. Is there a specific format that needs to be followed for faculty scholarship activity and Resident scholarship activity lists?

To minimize the workload required to complete this task, the format of these lists can vary based on the program's preference. This information can be collected from pre-existing program/departmental documents including: annual reports, internal reviews, resident CV's etc., in which case it is easiest to continue with the format found in the original source document. Regardless of your selected format, be sure to organize the lists in a clear and consistent manner.

Royal College programs are required to include scholarship lists that go back to their last accreditation visit in 2013. All Royal College programs should outline contributions for the last 8 years.

Family Medicine sites and Enhanced Skills programs are required to provide 2 years of information for their resident and faculty scholarship lists.

Q. How do I fill out the "Distribution of Residents" table at the beginning of my AQ?

The 'Distribution of Residents and Fellows' table is located in the 'Program Information' section of your AQ. When completing this table, please provide information that is representative of an average month in your program. For example, you could show the distribution of residents enrolled in your program at the time of completing the questionnaire.

Q. We are a small program and the same members of our RPC make up most of the RPC subcommittees as well. How should this be reflected in the organizational chart?

The important thing is to explain how the structure works in your program; large or small. Your organizational chart may show that the subcommittees of the RPC are made up of mostly (if not all)

of the same members. Show how all of the pieces (e.g. PD, Associate PD, Program Administrator, Site Coordinators, RPC, RPC Subcommittees, other) work in conjunction to ensure that the major functions of the program are managed.

Q. My program is in CBD how do I get a copy of my curriculum plan and rotation plans to include as attachments in the AQ?

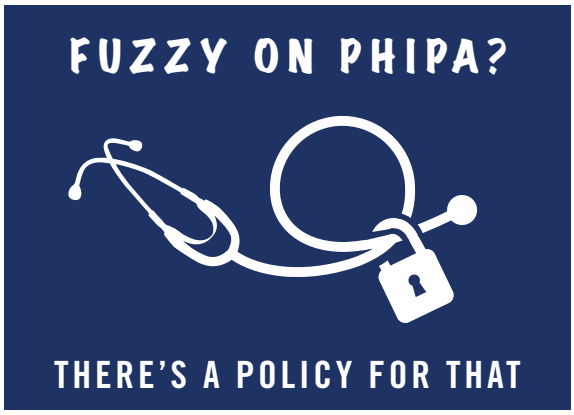
For programs that have officially launched in Competency By Design (CBD), the tip sheet asks you include your curriculum map/learner schedule and rotation plans as attachments. These documents would have been developed as part of your transition to CBD. If you do not have the most recent versions of these documents, please contact the PGME CBD Team at cbme.pgme@utoronto.ca or the Accreditation Team at pgmecoordinator@utoronto.ca to request them.

Q. My program is in CBD and uses Elentra for our EPA assessment tools. How do I export the EPAs so that I can submit these as part of our assessment tools document?

For most of our programs that have officially launched in Competency By Design (CBD), your EPA assessment tools match the ones that have been created by your specialty committee. You do not need to submit copies of EPAs that are the same as the ones developed by your specialty committee. Instead you can indicate that you are using the EPAs developed by the specialty committee, as outlined in your curriculum plan and that you have attached one sample EPA to show how the tools look in the online Elentra platform. You do need to attach copies of any other program specific assessments that are being used in your program (e.g. ITARs, MSF tools).

To obtain a sample of one of your program's EPAs please contact the PGME CBD Team at cbme.pgme@utoronto.ca.

POLICY SPOTLIGHT



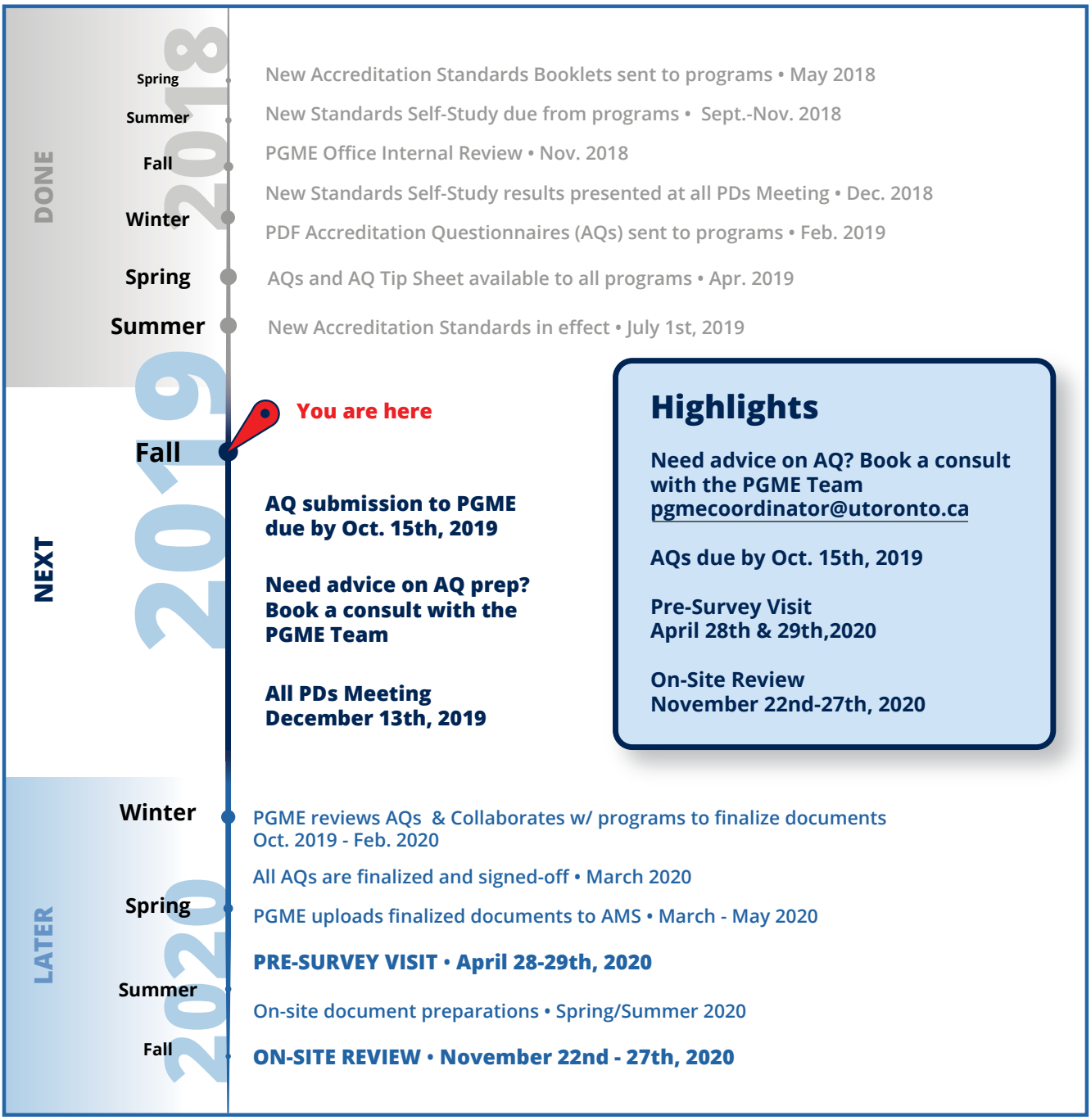
Did you know there is a **Statement on Protection of Personal Health Information (PHI)** which applies to all undergraduate and postgraduate trainees in the Faculty of Medicine?

PHI is information about the health or health care of an **identifiable** individual. The Faculty of Medicine's Statement on Protection of Personal Health Information outlines requirements for use of (PHI) including hard copy or digital information.

Once PHI is no longer required by the learner to provide patient care, access should no longer be made available within that institution. Any breach of information or privacy, theft or loss of any device containing PHI must be reported immediately to both the educational authority and to the institutional HIC Privacy Officer.

To review the Statement, please access this document through the weblink on the PGME policies and guidelines section here (pdf).

TIMELINE REVIEW



QUESTIONS?

For all accreditation related matters and questions, please email : pgmecoordinator@utoronto.ca

Resources

Accreditation Website

Accreditation Standards

Post MD Education
500 University Avenue, Suite 602,
Toronto, Ontario M5G 1V7 (University & Dundas)
Phone: 416-978-6976 Fax: 416-978-7144

http://pg.postmd.utoronto.ca