



General Standards of Accreditation for Areas of Focused Competence Programs

Version 1.1

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Introduction

The *General Standards of Accreditation for Areas of Focused Competence (AFC) Programs* are a national set of standards maintained by the Royal College of Physicians and Surgeons of Canada for the evaluation and accreditation of AFC programs. The standards provide high, uniform expectations for the design and delivery of AFC education, with the aim of ensuring that AFC programs adequately prepare trainees to meet the health care needs of their patient population(s) upon completion of training.

The *General Standards of Accreditation for Areas of Focused Competence Programs* include requirements applicable to AFC programs and learning sites, and have been written in alignment with a standards organization framework that aims to provide clarity of expectations, while maintaining flexibility for innovation.

Standards Organization Framework

LEVEL		DESCRIPTION
Domain	- - - -	Domains were defined by the Future of Medical Education in Canada-Postgraduate (FMEC-PG) Accreditation Implementation Committee to introduce common organizational terminology, to increase 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.
Mandatory & Exemplary Indicators	- - - -	<p>An indicator is a specific expectation used to evaluate compliance with a requirement (i.e., to demonstrate that the requirement is in place).</p> <p>The indicators in these standards are mandatory, i.e. they must be met to achieve full compliance with a requirement. Indicators may have one or more sources of evidence, not all of which will be collected through the onsite accreditation visit (e.g., external data, documentation within the program portfolio, etc.).</p> <p>Exemplary indicators provide improvement objectives beyond the mandatory expectations and may be used to introduce indicators that will become mandatory over time. There are no exemplary indicators in the <i>General Standards of Accreditation for AFC Programs</i> at this time.</p>

STANDARDS

DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the AFC program, which support and provide structure to meet the general and discipline-specific standards of accreditation for AFC programs.

STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the AFC program, teachers and trainees.

Element 1.1: The AFC program director effectively leads the AFC program.

Requirement(s)	Indicator(s)
1.1.1: The AFC program director has appropriate time and support to oversee and advance the AFC program.	1.1.1.1: The AFC program director has adequate protected time to oversee and advance the AFC program, consistent with postgraduate office guidelines, and in consideration of the size and complexity of the AFC program. 1.1.1.2: The Faculty of Medicine, postgraduate office, and the academic lead(s) of the discipline, or equivalent, provide the AFC program director with sufficient support, autonomy, and resources for effective operation of the AFC program. 1.1.1.3: Administrative support is organized and adequate to support the AFC program director, the AFC program, and trainees.
1.1.2: The AFC program director provides effective leadership for the AFC program.	1.1.2.1: The AFC program director fosters an environment that empowers members of the AFC program committee, trainees, teachers, and others as required, to identify needs and implement changes. 1.1.2.2: The AFC program director effectively communicates with AFC program stakeholders, including trainees, teachers, and members of the AFC program committee. 1.1.2.3: The AFC program director protects the rights and confidentiality of AFC trainees and teachers.

Element 1.2: There is an effective and functional AFC program committee to support the AFC program director in planning, organizing, evaluating, and advancing the AFC program.

Requirement(s)	Indicator(s)
1.2.1: The AFC program committee is composed of	1.2.1.1: Major academic and clinical components and relevant learning sites are represented on the AFC program committee.

appropriate key AFC program stakeholders.

1.2.1.2: There is an effective, fair, and transparent process for trainees to select their representatives on the AFC program committee(s).

1.2.1.3: The AFC program committee includes appropriate input from individuals involved in trainee wellness and safety program/plans.

1.2.2: The AFC program committee has and fulfills a clear mandate to manage and evaluate key functions of the AFC program.

1.2.2.1: There are clearly written terms of reference that address the composition, mandate, roles, and responsibilities of each member; accountability structures; decision-making processes; appropriate lines of communication; and meeting procedures.

1.2.2.2: The terms of reference are reviewed on a regular basis, at least once per accreditation cycle.

1.2.2.3: The mandate of the AFC program committee includes planning and organizing the AFC program including selection of candidates into the AFC program, educational design, policy and process development, safety, trainee wellness, assessment of trainee progress and continuous improvement.

1.2.2.4: Meeting frequency is sufficient for the committee to fulfil its mandate.

1.2.2.5: The AFC program committee structure includes a competence committee (or equivalent) responsible for reviewing trainees' readiness for increasing professional responsibility and transition to independent practice in the discipline.

1.2.3: There is an effective and transparent decision-making process that includes input from trainees and other AFC program stakeholders.

1.2.3.1: All members of the AFC program committee are actively involved in a collaborative decision-making process.

1.2.3.2: Actions and decisions are communicated in a timely manner to the AFC program's trainees, teachers, and administrative personnel, and with the academic lead(s) of the discipline, or equivalent, as appropriate.

1.2.3.3: Policy and process development, adoption, and dissemination is transparent, effective, and collaborative.

1.2.3.4: There is a mechanism to review and adopt central policies and relevant learning site(s) policies, as well as to develop required AFC program-specific policies or components, as appropriate.

1.2.3.5: There are effective mechanisms to collaborate with the division/department, other programs, and institution.

DOMAIN: EDUCATION PROGRAM

The *Education Program* domain includes standards focused on the planning, design, and delivery of the AFC program, with the overarching outcome to ensure that the AFC program prepares trainees to be competent for practice in the discipline.

STANDARD 2: Trainees are prepared for independent practice in the AFC discipline.

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Element 2.1: The AFC program is designed to facilitate trainees' attainment of the required competencies.

Requirement(s)	Indicator(s)
<p>2.1.1: The AFC program's design and delivery is based on the standards of training for the AFC discipline.</p>	<p>2.1.1.1: The competencies are mapped to each educational experience, as required by the Competency Training Requirements for the AFC discipline.</p> <p>2.1.1.2: The AFC program incorporates all required competencies contextual to the AFC discipline for the relevant CanMEDS roles.</p> <p>2.1.1.3: The AFC program includes expert instruction and experiential learning opportunities.</p> <p>2.1.1.4: The educational experiences are appropriate for trainees' level of training and support trainees' achievement of increasing professional responsibility and transition to independent practice in the discipline.</p> <p>2.1.1.5: Teachers and trainees are aware of the competencies for each experience and assessment.</p>
<p>2.1.2: The educational design allows trainees to identify and address individual learning objectives.</p>	<p>2.1.2.1: Individual trainees' educational experiences are tailored to accommodate their learning needs and future career aspirations, while meeting the national standards and societal needs for their discipline.</p> <p>2.1.2.2: Teachers align their teaching appropriately with trainees' individual learning needs and objectives.</p> <p>2.1.2.3: The AFC program fosters a culture of reflective practice and life-long learning among its trainees.</p> <p>2.1.2.4: Trainees' clinical responsibilities do not interfere with their participation in mandatory academic activities.</p>

Element 2.2: There is an effective, organized system of trainee assessment.

Requirement(s)	Indicator(s)
<p>2.2.1: The AFC program has a planned, defined and implemented system of assessment.</p>	<p>2.2.1.1: The system of assessment is aligned with the required competencies as outlined in the Competency Portfolio for the AFC discipline.</p> <p>2.2.1.2: The system of assessment clearly identifies the level of performance expected of trainees.</p> <p>2.2.1.3: The system of assessment includes identification and use of appropriate assessment tools tailored to the experiences and competencies being assessed.</p>
<p>2.2.2: There is a mechanism in place to engage trainees in a regular discussion for review of their performance, including timely support for trainees not attaining the required competencies as</p>	<p>2.2.2.1: Teachers are aware of the expectations for trainee performance and use these expectations in their assessment of trainees.</p> <p>2.2.2.2: The competence committee (or equivalent) regularly reviews trainees' readiness for increasing professional responsibility and transition to independent practice in the discipline, based on demonstrated achievement of expected competencies.</p>

expected.

2.2.2.3: The competence committee (or equivalent) makes a summative assessment regarding each trainee's readiness for practice within the AFC discipline, based on the completion of the Competency Portfolio for the AFC discipline.

2.2.2.4: Trainees are aware of the processes for assessment and decisions around completion of training.

2.2.2.5: Trainees and teachers have shared responsibility for recording trainees' learning and achievement of competencies for the discipline as they progress through the AFC program.

2.2.2.6: Trainees who are not progressing as expected are informed in a timely manner and are provided with the required support and opportunity to improve their performance, including provision of a formal remediation plan.

DOMAIN: RESOURCES

The *Resources* domain includes standards focused on ensuring that the AFC program's clinical, physical, technical, financial, and human resources are sufficient for the delivery of the education program and, ultimately, to prepare trainees for practice in the discipline.

STANDARD 3: The delivery and administration of the AFC program is supported by appropriate resources.

Element 3.1: The AFC program has the clinical, physical, technical, and financial resources to provide all trainees with the educational experiences needed to acquire all competencies.

Requirement(s)	Indicator(s)
3.1.1: The patient population is adequate to ensure that trainees attain required competencies.	3.1.1.1: The AFC program provides access to the volume and diversity of patients appropriate to the AFC discipline consistently for all trainees.
3.1.2: Clinical and consultative services and facilities are effectively organized and adequate to ensure that trainees attain the required competencies.	3.1.2.1: The AFC program has access to appropriate clinical, consultative and diagnostic services to meet both trainees' competency requirements and the delivery of quality care.
	3.1.2.2: There is an effective process to identify, organize and review the AFC program's learning sites based on the required educational experiences, and in accordance with the central policies for learning site agreements.
	3.1.2.3: The roles of the learning site and its teachers are clearly defined.
	3.1.2.4: Where the faculty of medicine's learning sites are unable to provide all educational requirements, the AFC program committee, in collaboration with the postgraduate office, recommends and helps establish inter-institution affiliation (IIA) agreement(s) to ensure trainees acquire the necessary competencies.

3.1.3: The AFC program has the necessary financial, physical, and technical resources.

3.1.3.1: There are adequate technical resources, including space for didactic instruction, for the AFC program to meet the general and discipline-specific standards of accreditation.

3.1.3.2: Trainees have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, and patient records.

3.1.3.3: The AFC program director, AFC program committee, and administrative personnel have access to adequate space and information technology to carry out their duties.

3.1.3.4: There are adequate financial resources for the AFC program to meet the general and discipline-specific standards of accreditation.

3.1.4: There is appropriate liaison with other programs and teaching services to ensure that trainees experience the breadth of the discipline.

3.1.4.1: There is coordination with other programs to share educational resources and provide educational experiences to trainees, ensuring educational experiences are non-competitive between trainees and residents.

Element 3.2: The AFC program has the appropriate human resources to provide all trainees with the required educational experiences.

Requirement(s)

Indicator(s)

3.2.1: Teachers appropriately implement the curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.

3.2.1.1: The number, credentials, competencies, and scope of practice of the teachers are adequate to provide the breadth and depth of the discipline, including required clinical teaching, academic teaching, appropriate research, and assessment and feedback to trainees.

3.2.1.2: The number, credentials, competencies, and scope of practice of the teachers are sufficient to supervise trainees in all learning environments, including when trainees are on-call.

3.2.1.3: There is a designated individual who facilitates the involvement of trainees in scholarly activities, including research, as appropriate.

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

The *Learners, Teachers, and Administrative Personnel* domain includes standards focused on safety, wellness, and support for learners and teachers.

STANDARD 4: Safety and wellness are promoted throughout the learning environment.

Element 4.1: The safety and wellness of patients and trainees is

promoted.

Requirement(s)	Indicator(s)
4.1.1: Trainees are appropriately supervised.	4.1.1.1: Trainees and teachers follow central and any program-specific policies regarding supervision of trainees, including ensuring the physical presence of the appropriate supervisor, when mandated, during acts or procedures performed by the trainee. 4.1.1.2: Teachers are available for consultation for decisions related to patient care, in a timely manner. 4.1.1.3: Teachers follow applicable policy(ies) for disclosure of trainee involvement in patient care, and for patient consent for such participation.
4.1.2: AFC education occurs in a safety-conscious learning environment.	4.1.2.1: Safety is actively promoted throughout the learning environment for all involved in the AFC program. 4.1.2.2: There is an (are) effective trainee safety policy(ies), aligned with central policy(ies) and modified, as appropriate, to reflect discipline-specific physical, psychological, and professional trainee safety concerns. 4.1.2.3: The policy regarding trainee safety effectively addresses both situations and perceptions of lack of trainee safety. 4.1.2.4: Concerns with the safety of the learning environment are appropriately identified and remediated. 4.1.2.5: Trainees and teachers are aware of the process to follow if they perceive safety issues.
4.1.3: AFC education occurs in a positive learning environment that promotes trainee wellness.	4.1.3.1: There is a positive learning environment for all involved in the AFC program. 4.1.3.2: Central trainee wellness policies are followed. 4.1.3.3: The processes regarding identification, reporting, and follow-up of trainee mistreatment are effectively applied. 4.1.3.4: Trainees have access to and are aware of confidential support services to manage stress (e.g., financial, psychological, etc.) and illness. 4.1.3.5: Trainees are supported and encouraged to exercise discretion and judgment regarding their personal safety and wellness, including fatigue.

STANDARD 5: Trainees are treated fairly throughout their progression through the AFC program.

Element 5.1: The progression of trainees through the AFC program is supported, fair, and transparent.

Requirement(s)	Indicator(s)
5.1.1: There are effective, clearly defined, transparent,	5.1.1.1: Processes for trainee selection are effectively applied, transparent, and aligned with applicable central policies.

formal processes for the selection and progression of trainees.

5.1.1.2: Processes for trainee progress, remediation, dismissal, and appeals are effectively applied, transparent, and aligned with applicable central policies.

STANDARD 6: Teachers effectively deliver and support all aspects of the AFC program.

Element 6.1: Teachers are assessed, recognized and supported in their development as positive role models for trainees in the AFC program.

Requirement(s)	Indicator(s)
6.1.1: Teachers are regularly assessed and supported.	6.1.1.1: There is an effective process for the assessment of teachers involved in the AFC program, aligned with applicable central processes, utilizing trainee input, and balancing timely feedback with preserving trainee confidentiality. 6.1.1.2: The system of teacher assessment ensures recognition of excellence in teaching and is used to identify, document, and address performance concerns, including unprofessional behaviour by teachers.
6.1.2: Teachers in the AFC program are effective role models for trainees.	6.1.2.1: Teachers exercise the dual responsibility of providing high-quality, ethical patient care and excellent supervision and teaching. 6.1.2.2: Teachers contribute to academic activities of the AFC program and institution. 6.1.2.3: Teachers provide trainees with career guidance and mentorship.

DOMAIN: CONTINUOUS IMPROVEMENT

The *Continuous Improvement* domain includes standards focused on ensuring a systematic approach to the evaluation and improvement of the AFC program.

STANDARD 7: There is continuous improvement of the educational experiences to improve the AFC program and ensure trainees are prepared for independent practice in the discipline.

Element 7.1: The AFC program committee reviews and improves the quality of the AFC program.

Requirement(s)	Indicator(s)
7.1.1: There is a systematic process to review and improve	7.1.1.1: There is effective, systematic evaluation of the AFC program and its components, which includes review of:

the AFC program.

- Each educational experience, including review of related competencies;
- The learning environment;
- Trainees' achievement of competencies;
- Clinical, physical, technical, teacher, and administrative personnel resources available;
- Trainees' assessment data and the feedback provided to teachers;
- Policies and processes; and
- Leadership at each learning site.

7.1.1.2: Mechanisms for feedback take place in an open and collegial atmosphere.

7.1.1.3: Strengths and areas for improvement are used to identify and implement relevant and timely action plans.

7.1.1.4: The AFC program director and AFC program committee share their action plans with trainees, teachers, administrative personnel and others, as appropriate.

7.1.1.5: There is a clear and well-documented process to review the effectiveness of actions taken, and take further action as required.

Glossary of Terms

Term	Description
Academic lead of the discipline	The individual responsible for a clinical department/division (e.g., department chair, division lead, etc.).
Administrative personnel	Individuals who support the AFC program director by performing administrative duties related to planning, directing, and coordinating the AFC program.
AFC program director	The individual responsible and accountable for the overall conduct and organization of the AFC program. The individual is accountable to the postgraduate dean and academic lead(s) of the discipline.
AFC program	An accredited AFC education program in one of Canada's nationally recognized disciplines, associated with a recognized Faculty of Medicine, overseen by an AFC program director and AFC program committee.
AFC program committee	The committee and subcommittees, as applicable, overseen by the AFC program director, that supports the AFC program director in the administration and coordination of the AFC program.
AFC program stakeholder	A person or organization with interest in and/or who is impacted by the AFC program.
Assessment	A process of gathering and analyzing information on achievement of competencies from multiple and diverse sources in order to measure a physician's competence or performance and compare it to defined criteria. ¹
Central	This term describes policies, processes, guidelines and/or services developed by the Faculty of Medicine, postgraduate office, and/or postgraduate education committee that apply to more than one AFC program.
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. ²
Competent	Possessing the required abilities in all domains (i.e., domains of competence, as defined below) in a certain

¹ The Royal College of Physicians and Surgeons of Canada (2012). Terminology in Medical Education Project: Draft Glossary of Terms. Retrieved October 14, 2016 from <http://www.royalcollege.ca/rcsite/education-strategy-accreditation/innovations-development/initiatives/terminology-medical-education-project-e>

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

	context at a defined stage of medical education or practice. ³
Continuous Improvement	The systematic approach to making changes involving cycles of change (i.e., Plan, Do, Study, Act) that lead to improved quality and outcomes, used as an internal tool for monitoring and decision-making.
Division/Department	A department, division or administrative unit around which clinical and academic services are arranged.
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). ⁴
Faculty of Medicine	A Faculty of Medicine, School of Medicine, or College of Medicine under the direction of a Canadian university/universities.
Independent practice	Practice in which physicians are licensed to be accountable for their own medical practice without supervision.
Institution	Encompasses the University, Faculty of Medicine, and postgraduate office.
Inter-institution affiliation (IIA) agreement	A formal agreement used in circumstances where a Faculty of Medicine requires trainees 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 of Physicians and Surgeons of Canada.
Learning environment	The diverse physical locations, contexts, and cultures in which trainees learn. ⁵
Learning site	A hospital, clinic or other facility which contributes to trainees' educational experiences.
Mistreatment	Unprofessional behaviour that may include intimidation, harassment, abuse, or inequitable treatment of learners.
Objective	An outcomes-based statement that describes what the trainee will be able to do upon completion of a learning experience.
Protected time	A designated period of time granted to an individual for the purposes of performing a task and/or participating in an activity.

³ Frank, JR., Snell, L., Ten Cate, O., Holmboe, ES., Carraccio, C., Swing, SR., et al. (2010). Competency-based medical education: theory to practice. *Medical Teacher*; 32(8):638-645.

⁴ The Royal College of Physicians and Surgeons of Canada (2012). Terminology in Medical Education Project: Draft Glossary of Terms. Retrieved October 14, 2016 from <http://www.royalcollege.ca/rcsite/education-strategy-accreditation/innovations-development/initiatives/terminology-medical-education-project-e>

⁵ Great Schools Partnership (2012). The Glossary of Education Reform. Retrieved October 14, 2016 from <http://edglossary.org/learning-environment/>

Resources	Includes educational, clinical, physical, technical, financial, and human (e.g., teachers and administrative personnel) resources required for delivery of a AFC program.
Royal College	The Royal College of Physicians and Surgeons of Canada.
Teacher	An individual with the responsibility for teaching trainees. Teacher is often used interchangeably with terms such as faculty member, supervisor, and/or preceptor.
Teaching	Includes formal and informal teaching of trainees.
Trainee	An individual registered in an accredited AFC program.
Wellness	A state of health, namely, a state of physical, mental, and social well-being, that goes beyond the absence of disease or infirmity. ⁶

⁶ World Health Organization (1948). WHO definition of health. Retrieved July 26, 2019 from <https://www.who.int/about/who-we-are/frequently-asked-questions>