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Parent Policy: PGME Training Program Improvement Policy

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## PGME Training Program Improvement: Follow-up after Accreditation Review Procedure

<b>Office of Accountability:</b>	Faculty of Medicine & Dentistry (FoMD)
<b>Office of Administrative Responsibility:</b>	Postgraduate Medical Education (PGME)
<b>Approver:</b>	Dean’s Executive Council
<b>Classification:</b>	Continuous Improvement
<b>Scope:</b>	Residency Programs, Area of Focused Competence Programs

### Overview

In accordance with the institutional accreditation standards set by the Canadian Residency Accreditation Consortium (CanRAC), the PGME office, on behalf of the Dean of the Faculty of Medicine and Dentistry, is responsible for overseeing the continuous quality improvement of its residency programs and AFC fellowship programs (hereby referred to as training programs). The following standards in the General Standards of Accreditation for Institutions with Residency Programs apply:

- 8.2.1: There is a systematic process to internally review and improve residency programs.
- 8.2.2: A range of data and information is reviewed to evaluate and improve learning sites and residency programs.
- 8.2.3: Based on the data and information reviewed, faculty of medicine-wide and/or learning site-specific, strengths are identified and action is taken to address areas identified for improvement.

### Purpose

Following the principles outlined in the parent policy, this administrative procedure outlines PGME’s follow-up of its training programs after externally conducted accreditation reviews by the relevant accreditation college - either the Royal College of Physicians and Surgeons (RCPSC) or the College of Family Physicians of Canada (CFPC). This will also help various stakeholders - such as the accreditation on-site surveyors, training program directors, accreditation survey teams, the residency education accreditation colleges in Canada, and others - understand how PGME assists its training programs after these externally conducted accreditation reviews.

## **POLICY**

### **1. OVERVIEW**

- a. This process will outline the events that occur before and after the accreditation colleges conduct their accreditation reviews. The flowchart in Appendix A illustrates the process.
- b. If unforeseen circumstances arise that make it difficult to adhere to the process as described, the Associate or Assistant Dean, PGME, may adjust the process as necessary after considering the principles in the parent policy and consulting with the Vice-Dean, Education or Dean of FoMD.

### **2. PRIOR TO THE ACCREDITATION REVIEW**

- a. PGME (either the Assistant Dean of PGME or other designate), will meet with the training program directors to orient them to the accreditation review process.
- b. PGME will have discretion on how these meetings will be organized (for example, individually or as a group, the timing of the meeting(s), and any other details).

### **3. DURING THE ACCREDITATION REVIEW**

- a. PGME will work with the accreditation colleges to coordinate the review process.

### **4. AFTER THE ACCREDITATION REVIEW**

- a. After the accreditation review, PGME (either the Associate or Assistant Dean, or other designate) will typically meet with the training program directors, individually or as a group depending on the circumstance, to debrief them on the results and process.
- b. PGME will strive to identify common areas for improvement across training programs and advise training programs on how to address these where possible.
- c. To help training programs address areas for improvement, the Associate Dean, PGME, in consultation with the Vice-Dean Education or Dean of the FoMD, may enlist the assistance of any stakeholders, resources, and leaders needed with FoMD, the University of Alberta, Alberta Health Services, Covenant Health, Alberta Health, or any other individuals or organizations.
- d. Training programs must acknowledge PGME's role in the continuous quality improvement of their training programs and be receptive to PGME's feedback, guidance, and assistance.
- e. PGME's subsequent steps for each training program will depend on the type of follow-up the accreditation reviewers recommend to the accreditation college, as described below:
  - i. Follow-up at the next regular accreditation review: PGME will review any areas for improvement with the training program director, provide guidance, and regularly touch base with the training program (typically annually) to monitor progress until either the next mid-cycle internal review or the next accreditation review, whichever is due first.
  - ii. Follow-up with an action plan outcomes report (APOR):
    1. To provide the accreditation college with sufficient information for the APOR, PGME will typically organize a focused review of the training program and will use peer reviewers experienced in medical education, accreditation, or other relevant areas of experience as appropriate.
    2. This internally organized, focused review will typically involve gathering information from training program stakeholders through meetings, questionnaires, and/or other tools or methods as required, focusing on the areas for improvement that the accreditation college is asking to be addressed



- in the APOR. The Associate or Assistant Dean, PGME, may select reviewers internal or external to the University of Alberta at their discretion.
3. PGME may use other means necessary to collect data as required to help determine if the areas for improvement have been addressed.
  4. PGME may consult with the relevant accreditation college to help clarify the information required.
- iii. Follow-up with an external review or follow-up with an external review with notice of intent to withdraw accreditation:
1. PGME will meet with the training program director, review the areas for improvement and guide the training program to address these areas for improvement prior to the external review.
  2. PGME may involve other stakeholders for assistance. For example, PGME will typically involve FoMD's Office of Professionalism, the Chief Wellness Officer, or both for issues related to the learning environment.
  3. Typically, many meetings will be required to track the training program's progress and use whatever resources are necessary and attainable to effect improvements. If there seems to be a lack of progress at addressing the areas for improvement, the Associate Dean, PGME, will involve the Dean of FoMD or designate (if they are not already involved) for assistance.
- f. In situations where the accreditation college later decides on an accreditation status different from the onsite reviewers' recommendation, PGME will review this with the training program and plan subsequent steps as described above.

## DEFINITIONS

Definitions are listed in the sequence they occur in the document (i.e. not alphabetical).

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.	
<b>Area of Focused Competence or AFC Fellowship</b>	An Area of Focused Competence, or AFC, is a highly specialized discipline of specialty medicine that addresses a legitimate societal need but does not meet the Royal College criteria for a specialty, foundation program or subspecialty. An AFC fellowship is the fellowship training program that candidates undergo to obtain the AFC Diploma.
<b>Accreditation Colleges</b>	These include the Royal College of Physicians and Surgeons of Canada responsible for the accreditation of specialty and subspecialty residency programs and AFC Fellowship programs, and the College of Family Physicians of Canada responsible for the accreditation of Family Medicine and Family Medicine Enhanced Skills residency programs.
<b>Royal College of Physicians and Surgeons of Canada</b>	The Royal College of Physicians and Surgeons of Canada is the national professional association that oversees the medical education of specialists in Canada.
<b>College of Family Physicians of Canada</b>	The College of Family Physicians of Canada (CFPC) is the professional organization that establishes the standards for and accredits postgraduate family medicine training in Canada.
<b>Accreditation Reviews</b>	These are onsite or virtual reviews that the accreditation colleges conduct to determine how well training programs are meeting the accreditation requirements, in the spirit of continuous quality improvement. These are conducted by one or more accreditation reviewers who recommend an accreditation status after the review.
<b>Alberta Health Services</b>	Alberta Health Services is the health authority responsible for planning and delivering a variety of health services in Alberta.
<b>Covenant Health</b>	Working in cooperation with Alberta Health Services, Covenant Health is a Catholic health care provider that provides a variety of services including acute care, continuing care, assisted living, hospice, and rehabilitation.
<b>Alberta Health</b>	Alberta Health is the Alberta government's ministry responsible for setting policy, legislation and standards for the health system in Alberta and allocating health funding.

**Appendix A: Process for Program Improvement after an Accreditation Review**

