

Policy Name:	Internal Review and Continuous Quality Improvement of Residency Programs / AFC Programs / Institution
Application/ Scope:	PGME Residency Programs
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BACKGROUND

At the University of Manitoba, Postgraduate Medical Education occurs within accredited programs in one of the nationally-recognized disciplines associated with the Max Rady College of Medicine. Each program is overseen by the Program Director and the Residency Program Committee. The Max Rady College of Medicine provides the infrastructure and governance framework to support postgraduate education through the activities and mandate of the Postgraduate Medical Education (PGME) Office (Institution) and the Associate Dean, PGME. Accordingly, it is the PGME Office and the Associate Dean, PGME who are responsible for compliance with the accreditation standards pertaining to all postgraduate programs and the PGME Office.

The process of accreditation of postgraduate programs and the PGME Office and the learning sites is dynamic and cyclical with external on-site visits by representatives of the nationally-recognized disciplines, including residents, at the completion of each accreditation cycle. However, the process is continuous and ongoing and requires that much of the important effort to ensure quality improvement occurs internally within the PGME Office through the work of the PGME Executive Committee, the PGME Continuous Quality Improvement Committee (PGME CQI Committee), the PGME Internal Review Subcommittee, postgraduate programs and all PGME stakeholders. Ultimately, it is postgraduate training that will be the beneficiary of this important process.

The Postgraduate Medical Education Internal Review and Continuous Quality Improvement (CQI) process at the Max Rady College of Medicine is responsible for the following:

- Internal Review and CQI of Programs under the CanERA General Standards of Accreditation for Institutions with Residency Programs
 - PGME Office (Institution) and the learning sites / learning environment
- Internal Review and CQI of Residency Programs under the CanERA General and Discipline-Specific Standards of Accreditation for Residency Programs
 - RCPSC Residency Programs
 - CFPC Family Medicine Core Program

- CFPC Family Medicine Enhanced-Skills Programs
- Internal Review and CQI of RCPSC AFC Programs
- Internal Review and CQI of Post-Doctoral Residency Programs
 - Clinical Biochemistry Residency Program
 - Clinical Microbiology Residency Program
 - Genetic & Genomic Diagnostics
- Internal Review and CQI of the Clinical Health Psychology Residency Program

DEFINITIONS

Academic Lead for the Discipline – means the Department Head/Chief or Section/Division Head/Chief

Accreditation – A form of program evaluation, whereby information on the structure, process and outcomes of an educational program and the educational environment at an institution is evaluated against defined educational standards by an independent organization

Action Plan Outcomes Report (APOR) – a written response from the program and/or the Institution (PGME Office) to indicate how areas for improvement (AFI) have been addressed

Active Residency Program – a specialty program that has residents enrolled in the home program at the time of an on-site accreditation visit

AFI – refers to Areas for Improvement for Residency Programs, the PGME Office (Institution) and the learning sites

CACB – Canadian Academy of Clinical Biochemistry

CanAMS – Canadian Accreditation Management System: the digital accreditation management system, a fundamental component of CanERA.

CanERA – means Canadian Excellence in Residency Accreditation and refers to the system of residency education accreditation developed by CanRAC

CanMEDS/CanMEDS-FM – the RCPSC and CFPC frameworks describing the seven (7) physician roles: 1. Family Medicine Expert; 2. Communicator; 3. Collaborator; 4. Leader; 5. Health Advocate; 6. Scholar; 7. Professional

CanRAC – is the Canadian Residency Accreditation Consortium, comprised of the three medical residency education accrediting colleges in Canada: Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC) and Collège des médecins du Québec (CMQ)

CCM – Canadian College of Microbiologists

Chief Medical Officer (CMO) – is the physician who is the professional Lead of all physicians at a hospital. The CMO is responsible for managing clinical operations, liaising between administration and medical staff and ensuring that patients receive the highest standard of medical care. Another term for CMO is Hospital/Site Coordinator

CFPC – College of Family Physicians of Canada

CPA – Canadian Psychological Association

CPD – Continuing Professional Development

CQI – Continuous Quality Improvement

Hidden Curriculum – refers to a set of influences that function at the level of organizational structure and culture, affecting the nature of learning, professional interactions, and clinical practice

Home Residency Program – the Residency Program in which the Resident is based

Hospital/Site Coordinator – see Chief Medical Officer (CMO)

Inactive Residency Program – a Home Residency Program in which there are no residents enrolled at the time of the onsite accreditation visit

Indicators – refers to specific expectations used to evaluate compliance with accreditation requirements

LEA – Learning Environment Assessment

LPI – refers to Leading Practices and/or Innovations

OEFD – Office of Educational and Faculty Development

OTR – Objectives of Training Requirements (RCPSC)

PGME – means Postgraduate Medical Education and refers to the Office of Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It represents postgraduate medical education at the University of Manitoba through residency, fellowship, Areas of Focused Competence, postdoctoral and other training programs. The programs which PGME oversees are those accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Psychological Association (CPA), the Canadian Academy of Clinical Biochemistry (CACB), the Canadian College of Microbiology (CCM) and the Canadian College of Medical Geneticists (CCMG). Applicable to all of its training programs, PGME develops and administers policies and governs through the PGME committees. The PGME Office is overseen by the Associate Dean, PGME, Max Rady College of Medicine

PGME Ad Hoc Accreditation Working Group – a working group created to support specific, individual Residency Programs to address and follow up on issues identified through the accreditation process

PGME Committee for Education Support and Remediation (PGME-CESaR) – is responsible for reviewing and approving all major decisions related to resident progression and promotion by the Residency Program Committee, Resident Progress Committee and by Program Directors, especially those related to possible Remediation, Probation, Suspension and Dismissal/Withdrawal from the Residency Program. The PGME-CESaR deals with issues of a clinical, academic or professional nature

PGME Continuous Quality Improvement (CQI) Committee – refers to the Committee which serves as an advisory body regarding provision of detailed qualitative formative accreditation evaluation data and to assist in the formulation of action plans, in order to facilitate CQI of the Residency Programs, AFC Programs, the PGME Office (Institution) and the PGME learning sites

PGME Internal Review Subcommittee – the function of this subcommittee is to review documents relevant to the Internal Review process and to provide feedback, clarification and suggestions to reviewers and Program Directors of Residency and AFC Programs

Post-Doctoral (Postdoctoral) Residency Program – non-Royal College/College of Family Physicians of Canada/Clinical Health Psychology Residency Programs within PGME. Examples of such Residency Programs include:

- Clinical Biochemistry
- Clinical Microbiology
- Genetic and Genomic Diagnostics

PSQ – Pre-survey Questionnaire

RCPSC – Royal College of Physicians and Surgeons of Canada

Shared Health – is the organization that delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations

Specialty/Subspecialty Training Requirements (STR) – refers to the RCPSC document that outlines the required duration, content and sequence of training in time-based RCPSC Residency Programs. A trainee who has successfully completed the STR should be able to demonstrate all of the competencies described in the OTR Document

UGME – Undergraduate Medical Education

WRHA – Winnipeg Regional Health Authority

1. PURPOSE

- 1.1 Provide oversight and guidance to the Max Rady College of Medicine PGME Internal Review and CQI process for accreditation of specialty (RCPSC) and Family Medicine (CFPC) Residency Programs to continuously identify, monitor, and address issues affecting residency program quality
- 1.2 Provide oversight and guidance to the Max Rady College of Medicine PGME Internal Review and CQI process for accreditation of RCPSC AFC Programs
- 1.3 Provide oversight and guidance to the Max Rady College of Medicine PGME Internal Review and CQI process for accreditation of the PGME Office (Institution) and the learning sites
- 1.4 Provide oversight and guidance to the Max Rady College of Medicine PGME Internal Review and CQI process for accreditation of Post-Doctoral Residency Programs
- 1.5 Provide oversight and guidance to the Max Rady College of Medicine PGME Internal Review and CQI process for accreditation of the Clinical Health Psychology Residency Program

2. POLICY STATEMENTS – GENERAL

- 2.1 Direct responsibility for the quality of the University of Manitoba PGME Programs, the PGME Office (Institution) and the learning sites and compliance with the accreditation standards of the nationally-recognized disciplines rests with the Associate Dean, PGME, the PGME Executive Committee and the Program Directors
- 2.2 The PGME CQI Committee, a subcommittee of the PGME Executive Committee is responsible for overseeing the University of Manitoba Internal Review and Continuous

Quality Improvement (CQI) process (see Appendix 1: PGME CQI Committee Terms of Reference)

- 2.2.1 The PGME Internal Review Subcommittee is responsible for providing assistance to the PGME CQI Committee with respect to pertinent accreditation document review and advice with respect to Internal Review of the Residency and AFC Programs (see Appendix 2: PGME Internal Review Subcommittee Terms of Reference)
- 2.3 PGME Program Directors must participate in the Internal Review and CQI process as PGME Program reviewers (continuing professional development)
- 2.4 Resident representatives from PARIM will participate in the PGME Internal Review and CQI process as PGME Program co-reviewers as part of their CanMEDS Professional, Scholar and Leader roles
- 2.5 All documents pertaining to the PGME Internal Review and CQI process are internal documents of University of Manitoba and permission for their release to representatives of respective nationally-recognized disciplines must be approved by the Assistant Dean, PGME Accreditation or the Associate Dean, PGME
 - 2.5.1 Except for those Residency Programs for which Internal Reviews have been mandated by the Royal College Accreditation Committee, the College of Family Physicians of Canada (CFPC) Residency Accreditation Committee or at the discretion of the Program Director, Internal Review reports are not available for review by the surveyors at the time of a survey and are not used by the RCPSC or CFPC in making decisions regarding the accreditation status of individual programs
 - 2.5.2 Internal Review Reports of all Residency Programs are to be provided to the accreditation survey team Chair prior to the regular College survey to enable the Chair to assess the efficacy of the Internal Review process

3. POLICY STATEMENTS - INTERNAL REVIEW AND CONTINUOUS QUALITY IMPROVEMENT OF THE PGME OFFICE (INSTITUTION) AND THE PGME TRAINING SITES

- 3.1 The *CanERA General Standards of Accreditation for Institutions with Residency Programs* will be used to guide Internal Review and Improvement of the PGME Office to ensure the following:
 - 3.1.1 There is a process to review and improve the postgraduate structure and governance, involving an eight (8)-year continuous cycle with two (2)-year touchpoints and a formal Internal Review of the PGME Office and the PGME training sites conducted at the mid-point of the eight (8)-year continuous cycle
 - 3.1.1.1 A range of data and information from multiple sources will be reviewed to inform evaluation and improvement of the postgraduate structure and governance, including, but not limited to the following:
 - Feedback from residents and AFC learners
 - Feedback from teaching faculty
 - Feedback from administrative personnel
 - Feedback from Residency and AFC Program Directors
 - Review by the Associate Dean, Accreditation and Quality Improvement

- Feedback from the Regular Accreditation Review(s) of the PGME Office (Institution) conducted conjointly by the RCPSC and CFPC

Feedback data and information will be reviewed by the PGME CQI Committee and will be shared with appropriate stakeholders, including the PGME Executive Committee, in a timely manner. The feedback will be used to acknowledge and to identify strengths and areas for improvement (AFI) which will direct implementation by the PGME CQI Committee, of timely action plans and regular two (2)-year touchpoints for review and further improvement of the postgraduate structure and governance (see Appendix 3: PGME CQI Committee CQI Process Map)

3.1.2 The PGME Internal Review and CQI process will include regular review and continuous quality improvement of learning sites, including quality improvement of the learning environment at those sites

3.1.2.1 A range of data and information from multiple sources to inform evaluation and improvement of the quality and safety of the learning environment at each learning site, including but not limited to the following:

- Feedback from residents
- Feedback from teaching faculty
- Feedback from Residency and AFC Program Directors
- Feedback from mid-cycle Internal Review Reports
- Feedback from Hospital Site Coordinators at the learning sites
- Feedback from Department Heads/Chairs
- Feedback from the Chair, PGME Distributed Education Committee
- Feedback from LEAs conducted by the Associate Dean, Professionalism and the Assistant Dean, Professionalism
- Feedback from WRHA/Shared Health Quality Improvement and Patient Safety Unit
- Feedback from the Regular Accreditation Review(s) of the PGME Office, the learning sites and the learning environment at each learning site conducted conjointly by the RCPSC and CFPC

Feedback data and information will be reviewed by the PGME CQI Committee and will be shared with appropriate stakeholders, including the PGME Executive Committee, in a timely manner. The feedback will be used to acknowledge and to identify strengths and areas for improvement (AFI) which will direct implementation of timely action plans and regular two (2)-year touchpoints for review and further improvement of the learning environment at each learning site during the accreditation cycle (see Appendix 3: PGME CQI Committee CQI Process Map)

4. PROCEDURES – INTERNAL REVIEW AND CONTINUOUS QUALITY IMPROVEMENT OF THE PGME OFFICE (INSTITUTION) AND THE PGME TRAINING SITES

4.1 The Associate Dean, Quality Improvement and Accreditation will review every two (2) years the postgraduate structure and governance with respect to, but not limited to the following:

- Role, leadership and performance of Associate Dean, PGME
- Role and performance of PGME Office personnel and team members
- Organization chart and reporting structure
- Committee and subcommittee structure, function and effectiveness
- Core Curriculum structure, function and effectiveness
- PGME policies and procedures
- PGME mission and vision
- Adequacy of resources for PGME and Residency/AFC Programs and learning sites
- Adequacy and effectiveness of PGME support of Residency/AFC Programs and stakeholders
- Effectiveness of PGME communication and collaboration with stakeholders (other health professionals, government, certifying colleges, regulatory bodies, etc.)

4.1.1 The Associate Dean, Quality Improvement and Accreditation will report the findings of the PGME governance review to the Associate Dean, PGME, Assistant Dean, PGME Accreditation and the PGME CQI Committee for discussion and development of action plans

4.2 The Associate Dean, PGME will schedule an Internal Review with external expertise of the PGME Office at the mid-point of the accreditation cycle, as follows:

4.2.1 The Internal Review will be scheduled over two (2) full days and will include but will not be limited to the following:

- Review of PGME governance, policies and procedures and other documents
- Access and review of Indicators and supporting documents on CanAMS
- Review of previous PGME (Institution) AFI from Regular Accreditation Review(s) of the PGME Office and the learning sites conducted jointly by the RCPSC and CFPC, and the manner in which they have been addressed
- Meetings with PGME stakeholders, including
 - Dean, Max Rady College of Medicine
 - Associate Dean, PGME
 - Associate Dean, PGME Student Affairs and Wellness
 - Associate Dean, Professionalism; Assistant Dean, Professionalism
 - Associate Dean, UGME
 - Associate Dean, Quality Improvement and Accreditation
 - Assistant Dean, PGME Accreditation

- Associate Dean, Brandon Satellite Program
- Co-Chairs, PGME Academic Curriculum Committee
- Vice-Dean, Indigenous, Rady Faculty of Health Sciences
- Vice-Dean, Academic Affairs, Rady Faculty of Health Sciences
- Chair, PGME Committee for Education Support and Remediation (PGME-CESaR)
- Business Manager, PGME, IMG, PGME Student Affairs/ Wellness, Professionalism and CIP
- PGME Team Lead
- PGME Administrative Team members
- Director, Office of Educational and Faculty Development
- Department Chairs/Heads
- Residency and AFC Program Directors
- PGME subcommittee Chairs/members
- Representative from WRHA/Shared Health Quality Improvement and Patient Safety Unit
- Hospital Site Coordinators of major learning sites
- Representatives from Shared Health and the Ministry of Health
- Representatives from PARIM

4.2.2 The Internal Review team members will include the following:

- Two (2) Associate Deans, PGME from other Canadian Universities

4.2.3 The Internal Review team will complete an Internal Review Report for submission to the Associate Dean, PGME and to the PGME CQI Committee for review and discussion. The report will include strengths and AFIs pertaining to the PGME Office

4.2.4 The Internal Review Report will be shared with the Dean, Max Rady College of Medicine

4.2.5 The PGME CQI Committee will assist in addressing the AFI through implementation of timely action plans that will be shared with the Associate Dean, PGME and the PGME Executive Committee

4.2.6 The PGME CQI Committee will provide regular monitoring and follow-up with respect to success in addressing the AFI identified during the Internal Review and will provide regular progress reports to the PGME Executive Committee

4.3 The PGME Office will conduct annual surveys of PGME stakeholders in order to address any concerns and to provide CQI of the PGME Office and the learning sites, including the learning environment of the learning sites, as follows:

- Resident Exit Survey
- Teaching Faculty Survey

- Residency and AFC Program Director Survey
 - Program Administrator Survey
 - Department Heads Survey
- 4.3.1 Feedback from the surveys will be collected and collated and reviewed by the PGME CQI Committee and the annual reports will be presented by the Associate Dean, PGME to the PGME Executive Committee for discussion and dissemination to stakeholders
- 4.3.2 Any issues raised in the annual reports will be addressed through discussion at the PGME CQI Committee and the recommendations and timely action plans will be decided
- 4.4 With respect to ongoing PGME Office (Institution) and learning site review and improvement, the following apply:
- 4.4.1 The PGME Office through the PGME CQI Committee will formulate any timely action plans as necessary to address all AFI and will review and recommend revisions as necessary to the APOR
- 4.4.2 The Assistant Dean, PGME Accreditation will present the completed APOR as necessary for discussion and approval at PGME Executive Committee prior to uploading on CanAMS and submission at two (2)-year touchpoints
- 4.4.3 The Assistant Dean, PGME Accreditation will provide the PGME Executive Committee reports on a semi-annual basis with respect to the outcomes of the review and actions taken for CQI of the PGME Office and the learning sites
- 4.5 With respect to review of the learning environment at each learning site, the following apply:
- 4.5.1 Information from the annual Resident Exit Survey, Teaching Faculty Survey, Program Administrator Survey, Program Director Survey and Department Heads Survey will be reviewed by the Associate Dean, PGME and the PGME CQI Committee with respect to issues impacting the learning environment at the learning sites
- 4.5.1.1 Information from the surveys pertaining to the learning environment at the learning sites will be shared with Residency Program Directors, Department Heads, and the Dean, Max Rady College of Medicine. It will be presented and discussed at PGME Executive Committee meeting(s) to determine the most appropriate course of action required for issues of concern. Possible actions might include one or more of the following:
- Removal of the resident(s) from the learning site(s) for issues related to resident safety or patient safety
 - Involvement of the Associate Dean, Professionalism, the Assistant Dean, Professionalism and the Office of Professionalism for potential breaches of professionalism, intimidation or harassment
 - Involvement of the Director, Equity, Diversity and Inclusion
 - Involvement of the Office of Human Rights and Conflict Management
 - Involvement of OEFD
 - Involvement of the Hospital Site Coordinator(s) at the learning site(s)

- Involvement of representative(s) from the WRHA/Shared Health Quality Improvement and Patient Safety Unit
 - Involvement of the Rady Faculty of Health Sciences Legal Office
- 4.5.1.2 The Associate Dean, PGME will closely monitor the outcome of actions taken to address the learning environment issues and might take further action as necessary
- 4.5.1.3 The Associate Dean, PGME will closely communicate with the appropriate individuals at the learning site(s) under scrutiny in order to make certain that the concern(s) have been completely addressed
- 4.5.2 The Office of Professionalism under the guidance of the Associate Dean, Professionalism and the Assistant Dean, Professionalism will conduct LEAs of all Residency Programs using the CanERA General Standards of Accreditation for Residency Programs as a guide for the review, at least once during the accreditation cycle. The LEAs focus on the CanERA standards that are specific to the learning environment. LEAs include survey of residents and faculty of identified standards, interviews with residents, Program Directors and Department or Section Head. Survey results and a written summary are shared with the Dean, Max Rady College of Medicine, Associate Dean, PGME, the PGME CQI Committee, Residency Program Directors, teaching faculty, Department Heads and PARIM
- 4.5.2.1 The information from the LEAs will be used by the PGME CQI Committee to formulate timely action plans to address any areas of concern as outlined in 4.5.1.1
- 4.5.2.2 Residency Programs/learning sites in which more serious concerns have been identified will require more urgent actions as outlined in 4.5.1.1
- 4.5.2.3 The Associate Dean, PGME will closely monitor the outcome of actions taken to address the learning environment issues in the Residency Program(s) and at the learning site(s) and might take further action as necessary
- 4.5.2.4 The Associate Dean, PGME will closely communicate with the appropriate individuals at the learning site(s) under scrutiny in order to make certain that the concern(s) have been completely addressed
- 4.5.3 Residency Programs/learning sites in which learning environment issues have been identified as a result of the surveys/LEAs will undergo follow-up review by the PGME CQI Committee at two (2)-year touchpoints or at the discretion of the Associate Dean, Professionalism and the Associate Dean, PGME (see Appendix 3: PGME CQI Committee CQI Process Map)

5. POLICY STATEMENTS – INTERNAL REVIEW AND CONTINUOUS QUALITY IMPROVEMENT OF RCPSC RESIDENCY/AFC PROGRAMS AND CFPC RESIDENCY PROGRAMS

- 5.1 The *CanERA General and Discipline-Specific Standards of Accreditation for Residency Programs* will be used to guide Internal Review and CQI of RCPSC specialty and subspecialty Residency Programs and aligned *Standards for Accreditation of RCPSC AFC Programs*

- 5.2 The *CanERA Standards of Accreditation for Residency Programs in Family Medicine* (Red Book) will be used to guide Internal Review and CQI of CFPC Core Family Medicine and Family Medicine Enhanced-Skills Programs
- 5.3 The process of accreditation of specialty and subspecialty Residency and AFC Programs by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the Family Medicine Residency Program by the College of Family Physicians of Canada (CFPC) involves an eight-year continuous cycle of events. This includes the following:
- Formal University of Manitoba PGME Internal Reviews of Residency and AFC Programs will occur at least once (mid-point) per regular accreditation cycle
 - Regular reviews to address identified areas for improvement (AFI) of Residency and AFC Programs will occur at two (2)-year touchpoints during the accreditation cycle
- 5.4 The Internal Review and CQI process will assist the University of Manitoba, the Associate Dean, PGME and the PGME Executive Committee with respect to the following:
- Maintaining the quality of the Residency Programs and on how well they are preparing residents for independent practice
 - Providing Residency Program Directors and other stakeholders valuable information about the strengths and AFI of the Residency and AFC Programs, including common areas across Residency Programs
- 5.5 A range of data and information from multiple sources will be reviewed at the PGME CQI Committee to inform evaluation and CQI of the Residency and AFC Programs and each learning site, including but not limited to the following:
- Feedback from residents
 - Feedback from teaching faculty
 - Feedback from administrative personnel
 - Feedback from Program Directors
 - Feedback from Regular Accreditation Review(s) conducted conjointly by the RCPSC and CFPC
- 5.6 Feedback data and information will be reviewed by the PGME CQI Committee and will be shared with appropriate stakeholders, including the PGME Executive Committee, in a timely manner. The feedback will be used to acknowledge and to identify strengths and AFI which will direct implementation of timely action plans and regular two (2)-year touchpoints for review by the PGME CQI Committee and for further improvement during the accreditation cycle
- 5.7 Possible action plans to address one or more of the identified AFI might include but are not limited to one or more of the following:
- Action Plan Outcomes Report
 - Follow-up Internal Review
 - Establishment of an Ad Hoc Accreditation Working Group
 - Invitation of external expertise for review and recommendations

6. PROCEDURES – INTERNAL REVIEW AND CONTINUOUS QUALITY IMPROVEMENT OF RCPSC RESIDENCY/AFC PROGRAMS AND CFPC RESIDENCY PROGRAMS

6.1 With respect to formal Internal Reviews, the following apply:

- 6.1.1 The PGME Office will maintain a listing of all Internal and External Reviews by date and will update the PGME Executive Committee and the PGME CQI Committee of the listing, annually or as required
- 6.1.2 The PGME CQI Committee will develop and will distribute the master schedule of all Internal Reviews of active Residency and AFC Programs in accordance with the accreditation cycle timelines and will annually review and update the schedule using the information received from the PGME Office
- 6.1.3 Residency Program Directors and PARIM will be advised of the dates and Residency and AFC Programs requiring Internal Review surveyors and their time and assistance will be requested formally
- 6.1.4 The PGME Office will assist the PGME CQI Committee in selecting members of the Internal Review teams and in the distribution of pertinent accreditation documents to team members
- 6.1.5 The Internal Review Survey team for each Residency and AFC Program will include the following members:
 - One (1) Residency Program Director (not affiliated with the Residency/AFC Program under review)
 - Another physician with experience in PGME (not affiliated with the Residency Program under review)
 - One (1) resident appointed by PARIM (not affiliated with the Residency/AFC Program under review). Resident participation in the Internal Review of AFC Programs is at the discretion of the PGME CQI Committee
- 6.1.5.1 Under certain circumstances, the members of the Internal Review Survey team may vary at the discretion of the Associate Dean, PGME or on the advice of the CFPC/RCPSC including the invitation of external expertise
- 6.1.5.2 Issues of conflict of interest with the selection of the team will be managed by the Associate Dean, PGME in order to avoid personal relationships, personal disagreements and reporting relationships
- 6.1.6 One (1) member of the Internal Review Survey team will act as Internal Review team Chair and will be responsible for coordinating the completion of the Internal Review Report which will be submitted to the PGME CQI Committee
- 6.1.7 The Residency/AFC Program under review is responsible for the provision of documents to the Associate Dean, PGME at least two (2) weeks prior to the Internal Review, for distribution from the PGME Office to the members of the Internal Review Survey team at least one (1) week prior to the review. Documentation includes the following:
 - Residency/AFC Program/Site Indicators and supporting documents on CanAMS
 - Residency/AFC Program goals and objectives/Competencies/EPAs

- CanERA General and Discipline-Specific Standards of Accreditation and aligned Standards for Accreditation of RCPSC AFC Programs
 - OTR and STR for RCPSC Residency/AFC Program under review (if applicable)
- 6.1.8 Access to confidential documents, including RPC meeting minutes, resident files and assessments will be made available for review by members of the Internal Review Survey team at the time of the Internal Review
- 6.1.9 The PGME Internal Review Subcommittee will assist the programs in preparing documents prior to submission to the Associate Dean, PGME
- 6.1.10 The PGME Internal Review Subcommittee will assist the PGME CQI Committee in reviewing the pre-survey documentation and in providing advice to Residency/AFC Program Directors/Site Directors with respect to document revisions, as appropriate. The following documents will be reviewed:
- Residency/AFC Program/Site Indicators and supporting documents from CanAMS
 - Internal Review Reports
 - Residency/AFC Program Response to the Internal Review Report with respect to accuracy
 - Previous Internal Review and External Review Reports
 - Summary of APOR for any AFI
- 6.1.11 The itinerary template used to conduct of the Internal Review will be provided by the PGME CQI Committee. It includes a series of interviews with Residency Program stakeholders and others that may be relevant (larger Residency Programs with distributed sites might require a modified schedule) in the following order:
- Residency Program Director
 - Program Administrator
 - Surgical Foundation Director (if applicable)
 - Department Head/Division Chair
 - Residents/AFC learners, including offsite residents if possible
 - Faculty/Teaching Staff, including Program Director for first half of the meeting
 - Residency Program Committee/AFC Committee, including Program Director for first half of the meeting
 - Postgraduate Dean, PGME (optional participation in exit meeting)
- 6.1.12 The role of each Internal Review Survey team will include the following:
- Review of all Indicators and supporting documents on CanAMS
 - Conduct of a series of meetings/interviews with Residency/AFC Program Stakeholders
 - Review of all learning sites and elective experiences affiliated with the Residency/AFC Program by means of document review and interviews

- Assessment of the quality of the Residency/AFC Program, based on the CanERA General and Discipline-Specific Standards of Accreditation for Residency Programs and aligned Standards for Accreditation for AFC Programs under review
 - Completion of an Internal Review Report and submission to the PGME CQI Committee within three (3) weeks of the Internal Review, unless otherwise determined following discussion with the Associate Dean, PGME
 - An Internal Review Report template will be made available to the Internal Review Survey team from the PGME Office for completion of the formal Internal Review Report
- 6.1.13 Under extraordinary circumstances, such as during a pandemic where the safety of individuals involved in the Internal Review requires physical distancing, arrangements will be made for virtual Internal Reviews (see Appendix 4: PGME Virtual Internal Reviews)
- 6.1.14 The PGME Internal Review Subcommittee will review the Internal Review Report to provide the members of the Internal Review Survey team with any revisions for consideration. The Internal Review Report will comply with the following:
- Include a narrative that addresses each of the General and Discipline-Specific Standards
 - Include a summary of the strengths and AFI
 - Not include a recommended accreditation status of the Residency Program
- 6.1.15 The PGME Internal Review Subcommittee will provide recommendations to the PGME CQI Committee with respect to the following:
- Additional AFI of the Residency/AFC Program as they pertain to compliance with the CanERA General and Discipline-Specific Standards of Accreditation
- 6.1.16 The Assistant Dean, PGME Accreditation will discuss the recommendations submitted by the PGME Internal Review Subcommittee, for approval by the PGME CQI Committee and submission to the Residency/AFC Program Director and to the PGME Executive Committee, according to the timelines of the accreditation cycle
- 6.1.17 The Residency/AFC Program Director will discuss the final Internal Review Report with the RPC/AFC Program Committee and will complete and submit a Program Response document to the PGME CQI Committee with respect to the accuracy of information in the Internal Review Report within two (2) weeks of receiving the Internal Review Report
- 6.1.18 The Residency/AFC Program, with the assistance and oversight of the PGME CQI Committee will be required to address the AFI identified during the Internal Review (see Appendix 3: PGME CQI Committee CQI Process Map)
- 6.1.19 If an Internal Review identifies serious concerns regarding the Residency/AFC Program under review, then further actions taken by the PGME CQI Committee will include one (1) or more of the following:
- A follow-up formal Internal Review of the Residency/AFC Program
 - Establishment of an Ad Hoc Accreditation Working Group for more comprehensive oversight in order to address the AFI/concerns

- Invitation of external expertise for review and recommendations
- 6.2 With respect to ongoing Residency/AFC Program review and further improvement, the following apply:
- 6.2.1 The PGME Office, through the PGME CQI Committee will assist Residency/AFC Programs/Program Directors in formulating timely action plans to address all AFI (see Appendix 3: PGME CQI Committee CQI Process Map)
 - 6.2.2 The PGME CQI Committee will review and recommend revisions as necessary, to the APOR prior to uploading on CanAMS and submission by the PGME Office at two (2)-year touchpoints
 - 6.2.3 The PGME Office through the PGME CQI Committee will selectively monitor Residency/AFC Programs with respect to addressing AFI, compliance with General and Discipline-specific Standards of Accreditation and continuous improvement at two (2)-year touch- points
 - 6.2.4 The Assistant Dean, PGME Accreditation will report to the PGME Executive Committee on a semi-annual basis with respect to the outcomes of the review and actions taken for continuous improvement of the Residency/AFC Programs

7. POLICY STATEMENTS – INTERNAL REVIEW AND IMPROVEMENT OF POST-DOCTORAL RESIDENCY PROGRAMS

- 7.1 The Standards of Accreditation of the Canadian Academy of Clinical Biochemistry (CACB) will be used to guide Internal Review and CQI of the Clinical Biochemistry Residency **Program**
- 7.2 The Canadian College of Microbiologists (CCM) *Accreditation Standards for Postgraduate Fellowship Programs in Clinical Microbiology* will be used to guide Internal Review and CQI of the Clinical Microbiology Residency Program
- 7.3 The Canadian College of Medical Geneticists (CCMG) Accreditation Standards will be used to guide Internal Review and Improvement of the Genetic & Genomic Diagnostics Residency Program
- 7.4 The process of accreditation each of the Post-Doctoral Residency Programs involves a cycle of events. This includes the following:
 - Regular onsite reviews conducted by surveyors from the respective accreditation authorities to identify strengths and areas for improvement of the Post-Doctoral Residency Programs
 - Under extraordinary circumstances, such as during a pandemic where the safety of individuals involved in the Review requires physical distancing, arrangements will be made for virtual Internal Reviews (see Appendix 4: PGME Virtual Internal Reviews)
 - Regular Internal Review and Improvement overseen by the PGME CQI Committee to address identified areas for improvement of the Post-Doctoral Residency Programs
- 7.5 The Internal Review and CQI process will assist the University of Manitoba, the Associate Dean, PGME and the PGME Executive Committee with respect to the following:
 - Maintaining the quality of the Post-Doctoral Residency Programs

- Providing Post-Doctoral Residency Program Directors and other stakeholders valuable information about the strengths and areas for improvement, including common areas across Post-Doctoral Residency Programs

8. PROCEDURES – INTERNAL REVIEW AND IMPROVEMENT OF POST-DOCTORAL RESIDENCY PROGRAMS

- 8.1 The PGME Office, through the PGME CQI Committee will assist (upon request) the Post-Doctoral Residency Program Directors in formulating timely action plans to address all areas for improvement (see Appendix 3: PGME CQI Committee CQI process map)
 - 8.1.1 This will typically follow the same process as in Internal Reviews of Residency/AFC Programs
- 8.2 The Assistant Dean, PGME Accreditation will report to the PGME Executive Committee on a semi-annual basis with respect to the outcomes of the review and action plans taken for continuous improvement of the Post-Doctoral Residency Programs

9. POLICY STATEMENTS – INTERNAL REVIEW AND QUALITY IMPROVEMENT OF THE CLINICAL HEALTH PSYCHOLOGY RESIDENCY PROGRAM

- 9.1 The Clinical Psychological Association (CPA) Standards of Accreditation for Doctoral Programmes and Internships in Professional Psychology will be used to guide Internal Review and CQI of the Clinical Health Psychology Residency Program
- 9.2 The process of accreditation of the Clinical Health Psychology Residency Program involves a cycle of events. This includes the following:
 - Regular onsite reviews conducted by surveyors representing the CPA Accreditation Panel for Doctoral Programmes and Internships in Professional Psychology to identify strengths and areas for improvement of the Clinical Health Psychology Residency Program
 - Under extraordinary circumstances, such as during a pandemic where the safety of individuals involved in the Review requires physical distancing, arrangements will be made for virtual Internal Reviews (see Appendix 4: PGME Virtual Internal Reviews)
 - Regular Internal Review and CQI is overseen by the PGME CQI Committee, to address identified areas for improvement of the Clinical Health Psychology Residency Program
- 9.3 The action plans to address the areas for improvement of the Clinical Health Psychology Residency Program will be outlined and documented in the Annual Report submitted to the Accreditation Panel for Doctoral Programmes and Internships in Professional Psychology by the Clinical Health Psychology Program Director

10. PROCEDURES – INTERNAL REVIEW AND IMPROVEMENT OF THE CLINICAL HEALTH PSYCHOLOGY PROGRAM

- 10.1 The PGME Office, through the PGME CQI Committee will assist (upon request) the Clinical Health Psychology Residency Program Director in formulating timely action plans to address all areas for improvement (see Appendix 3: PGME CQI Committee CQI process map)

10.1.1 This will typically follow the same process as in Internal Reviews of Residency/AFC Programs

10.2 The PGME Office, through the PGME CQI Committee and PGME Internal Review Subcommittee will assist (upon request) the Clinical Health Psychology Residency Program Director in formally incorporating the action plans to address all areas for improvement in the Annual Report for submission to the CPA Accreditation Panel for Doctoral Programmes and Internships in Professional Psychology

10.3 The Assistant Dean, PGME Accreditation will report to the PGME Executive Committee on a semi-annual basis with respect to the outcomes of the reviews and action plans taken for continuous improvement of the Clinical Health Psychology Residency Program

POLICY CONTACT: Associate Dean, PGME

REFERENCES

Canadian Residency Accreditation Consortium (CanRAC)

<http://www.canrac.ca/canrac/about-e>

CanRAC. General Standards of Accreditation for Areas of Focused Competence Programs

<https://www.royalcollege.ca/rcsite/accreditation-pgme-programs/accreditation-areas-focussed-competence-afc-programs-e>

CanRAC. General Standards of Accreditation for Residency Programs. Ottawa, ON: CanRAC; 2020

<http://www.canrac.ca/canrac/canrac/documents/general-standards-accreditation-for-residency-programs-e.pdf>

Queen's University, Postgraduate Medical Education Internal Review Policy

<https://meds.queensu.ca/academics/postgraduate/current/policies/internal-reviews>

Royal College of Physicians and Surgeons of Canada – Accreditation of Residency Education

<http://www.royalcollege.ca/rcsite/accreditation-pgme-programs/accreditation-residency-programs-e>

University of Saskatchewan – Postgraduate Medicine Education Accreditation

<https://medicine.usask.ca/contacts/pgme-office.php#Accreditation>

University of Toronto - Internal Review Committee (IRC)

<https://pg.postmd.utoronto.ca/about-pgme/boards-committees/>

APPENDICES

Appendix 1: [PGME CQI Committee Terms of Reference](#)

Appendix 2: [PGME Internal Review Subcommittee Terms of Reference](#)

Appendix 3: [PGME CQI Committee CQI Process Map](#)

Appendix 4: [PGME Virtual Internal Reviews](#)