

Residency Accreditation Reform:

NEW DIRECTIONS FOR THE 21ST CENTURY

Canadian Residency Accreditation Consortium (CanRAC)

December, 2016

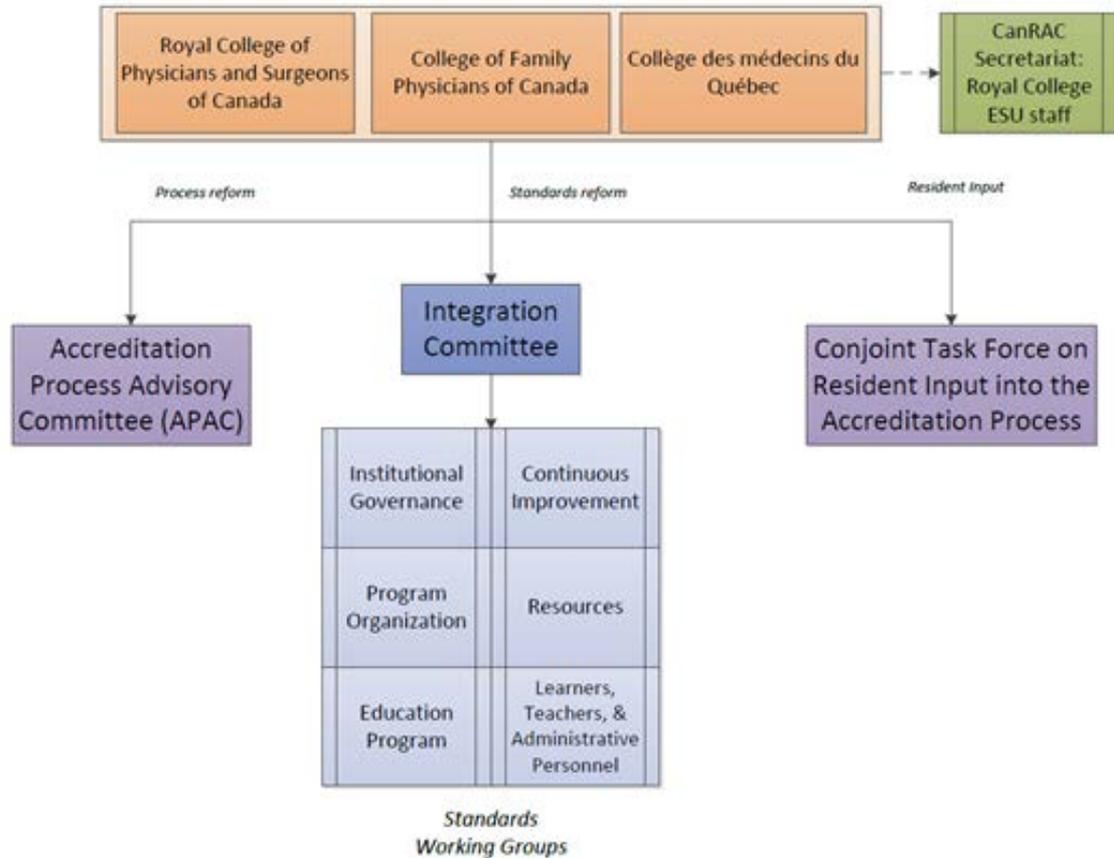


Welcome & Introductions

CanRAC members participating today:

- Dr. Ric Almond, Executive Director, Academic Family Medicine, College of Family Physicians of Canada (CFPC),
- Dr. Chris Watling, Associate Dean, Postgraduate Medical Education, Schulich School of Medicine and Dentistry, Western University
- Sarah Taber, Associate Director, Education Strategy & Accreditation, Royal College of Physicians and Surgeons of Canada

What is the CanRAC?



Outline

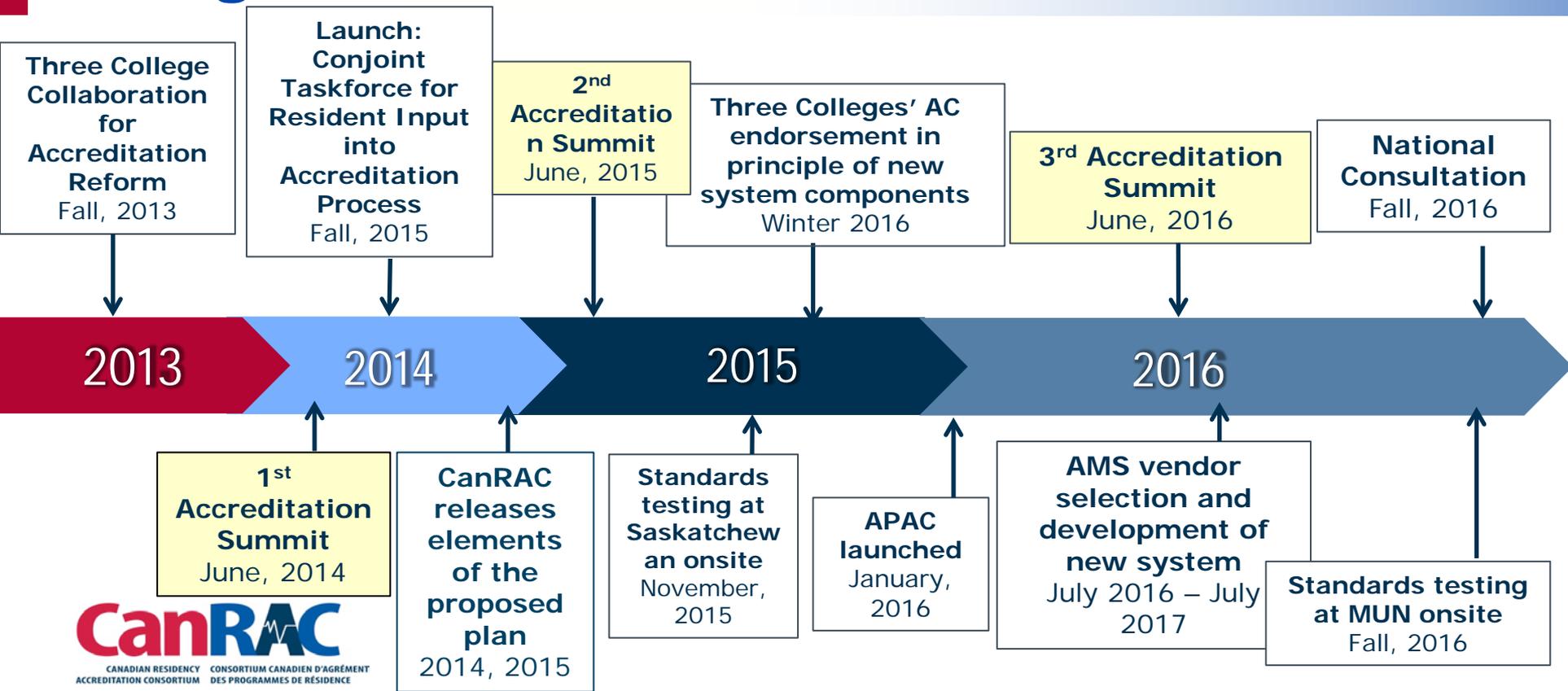
- ❑ Accreditation Reform Overview
- ❑ Large Group Discussion and Q&A
 - ❑ Panel members with the audience



Background: Initiation of change process

- No system-wide review in many years
- Joint Accreditation Taskforce 2011-2012
 - Interviews with PG Deans
 - Challenges identified & Recommendations made for a reformed system
 - 50% of PG Deans called for transformative change
- Future of Medical Education in Canada – Postgraduate (FMED-PC) project recommendation #10
 - Alignment of Canadian medical education accreditation processes across the continuum

Progress to date: 2013-2016



Why change the system?

- Proposed reform elements were built on stakeholder feedback, and aim to:
 - Create new general standards that **provide clarity**, reflect updated **CanMEDS Framework**, and **support transition to CBME practices**.
 - **Reduce burden of work**, promote continuous evaluation and quality improvement, and integrate innovative practices.
 - **Digitize the accreditation system**.

What's changing? What's not?

Old System	Proposed System
✓ Systematic rigorous process	✓ Systematic rigorous process
✓ Peer review	✓ Peer review
✗ Too much paperwork	✓ Digital platform
✗ High stakes, "snap-shot in time" site visit	✓ Continuous cycle of accreditation
✗ Lack of focus on QI outcomes	✓ Increased focus on outcomes, competency-based programs
✗ Inappropriate categories of accreditation	✓ Revised categories
✗ Resident input not optimized	✓ Robust system for resident involvement
✗ Idiosyncratic nature of decision-making	✓ Clearer standards, standardized and reproducible decisions
✗ High stakes, punitive	✓ Emphasis on continuous improvement



#1, #2. New standards and robust evaluation framework

- The new proposed general standards will:
 - Provide greater clarity, without being overly prescriptive.
 - Reflect the new content of the CanMEDS 2015 Framework.
 - Support the transition to competency-based medical education.
 - Place greater emphasis on the learning environment.

Standards Domain	Definition	Institution Level	Program Level	Example Markers & Evidence
Institutional Governance	Standards that relate to the overall oversight of medical education at the institutional level and governance of the educational mission.	✓		e.g. support for education (promotion policies)
Program Organization	Structural and functional standards related to the administration of the education program.		✓	e.g. PD protected time (interviews w/ PD, others)
Education Program	Standards related to the design of the education program, its goals/objectives, the specific content required in the academic curriculum., and the assessment of learners and their readiness for practice (assessment and achievement of competencies).		✓	e.g. comprehensive plan for teaching and assessment (curriculum map or blueprint)
Resources	Standards include those dedicated to sufficiency of ALL resources (both education program specific and broader resource issues).		✓	e.g. patient/ procedural volumes (eLog, ePortfolio)
Learners, Teachers & Administrative Personnel	Standards relevant to the people most directly involved in the delivery of residency education, namely teachers, learners, and administrative personnel.	✓	✓	e.g. learning environment that protects patient, resident and faculty safety (learner survey)
Continuous Improvement	Standards relate to ensuring the program/ institution has effective continuous improvement mechanisms and processes	✓	✓	e.g. institution & program involvement in CQI

Example - Domain: Program Organisation

Standard: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the residency program, teachers and residents.

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

Requirement 1.1.1: The program director is available to oversee and advance the residency program.

Indicator 1.1.1.1 : The faculty of medicine and the academic lead of the discipline provide the program director with sufficient support, autonomy and required resources for effective operation of the residency program.

Indicator 1.1.1.2 : Administrative support is organized and adequate to support the program director, the residency program and residents. [Link to Resources domain]

Indicator 1.1.1.3 : The program director and residency program committee(s) have access to resources and data/information to support the monitoring of resident performance, residency program review, and continuous improvement. [Link to Resources and CI domain]

Indicator 1.1.1.4 [Exemplary]: The program director and residency program committee(s) use an e-portfolio (or equivalent) to support the monitoring of resident performance, residency program review, and continuous improvement.

Requirement Compliance Scale

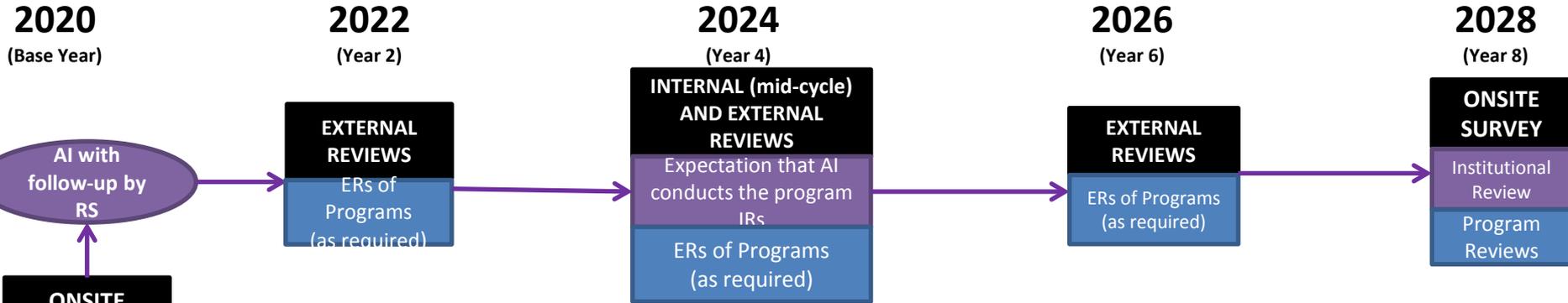
Score	0 Non-compliance	1 Partial compliance	2 Full compliance	3 Exemplary compliance
Description	No mandatory indicators met	Some of the mandatory indicators met	All mandatory indicators met	All mandatory indicators met and an exemplary indicator met



#3. Progressive accreditation cycle

- Eight (8) years between regular accreditation visits
 - Predictable two (2) year follow-ups
- Introduction of data collection from variety of sources to enhance evaluation of clinical learning environment
 - Aggregate data (e.g., surveys, aggregate learner data, etc.) intended to contextualize program quality and safety
 - Multiple sources of data including from graduates, residents, faculty teachers, others

Overview of Proposed Eight Year Accreditation Cycle: Positive Result of Base Year Institutional Review



LEGEND:

- AI = Accredited Institution**
- Rectangles = Accreditation Activity**
- Ovals = Accreditation Status**
- Purple = Institution Level**
- Blue = Program Level**
- ER = External Review**
- IR = Internal Review**

ONGOING DATA MONITORING: SURVEYS (graduates, residents, faculty) and MILESTONES → deviation from mean = trigger for accreditation activity (e.g., progress report, external review)
ROBUST PROCESS TO IDENTIFY SIGNIFICANT PROGRAM CHANGES → trigger for accreditation activity (e.g., progress report, application)

#4. Proposed AMS functionality

An Accreditation Management System (AMS)

equipped with:

Program portfolio



Self-Study Tool



Action Plan



Program Director's Program Portfolio

Portfolio Self-Study Action Plan

Policies & Processes

Committees

Basic Program Information

Data Monitoring

Upload Policy & Process Documents *Last updated*

- Safety 02/22/2016
- Supervision 01/01/2013
- Assessment ⚠️ __NA__
- Etc. ⚠️

⚠️ *Policy X has not been updated in some time.
*Policy Y has not been uploaded.



#5. Self-Study Tool



- Easy to use
- Directly linked to new standards
- Easy access to required **sources**:
 - “Evergreen” program profile (documents, policies, etc.)
 - Information/Data from external sources (e.g. faculty survey, aggregate data from ePortfolio or equivalent, such as “Time Stamps”).
- Facilitates **alignment** to new Continuous Improvement standards

#6. Onsite Visits: What will be new?

- All information **online**
- Flexibility in the **review schedule**
- **Interview guides** to facilitate surveyors' work
- **Tracers mapped to standards**
- Identify and facilitate sharing of innovative and **best practices** between programs



Using “Tracer Methodology” in Accreditation

“Do you have a policy?”



“Show me how it works”

TRACERS—KESSNER ET AL.

SPECIAL ARTICLE

ASSESSING HEALTH QUALITY—THE CASE FOR TRACERS

DAVID M. KESSNER, M.D., CAROLYN E. KALK, M.S., AND JAMES SINGER, B.A.



Example Tracer: Assessment

Program Profile & Self Evaluation

- Policy & procedures?
- Aligned with institutional policies?
- E-portfolio data
- Survey data



Onsite: Overall

- How is data collected?
- How is data processed?
- Progression?
- Summative evaluation?
- Different contexts?

Onsite: Competence Committee

- Frequency?
- Members and appointment?
- Documentation / minutes?

Onsite: Residents

- Fairness of process?
- Frequency of feedback?
- Awareness of policies and processes, i.e. appeals?

#7. New Institutional Review process

- Mechanism established and leverage given to follow up on serious concerns at the institution level
 - Greater emphasis for program oversight and CQI at the institution level
 - Increased emphasis on evaluating the learning environment
 - *New standards*
 - *Concepts such as culture of patient safety and QI, resident wellness and fatigue risk management*

#8. Emphasis on Learning Environment

New standards with an emphasis on the learning environment (the Learners, Teachers & Administrators domain)

The Learning Environment

Aggregate Survey Data
(staff, teachers, residents, graduates, etc.)



Institution-level accreditation status (evaluated through institutional tracers, interviews)

Data monitoring
(e.g., ePortfolio or equivalent)

#9. New Accreditation Categories

Category	Follow-Up	Institution-level	Program-level
Accredited New Inst./Prog.	External Review	✓	✓
Accredited Inst./Prog.	Next Regular Survey	✓	✓
	APOR	✓	✓
	External Review	✓	✓
Notice of Intent to Withdraw	External Review	✓	✓
Withdrawal of Accreditation	New application	✓	✓

#9. Enhanced Decision-making Process



Recommended
Accreditation Decision

Decision-Assist Pathway Questions

- Holistic interpretation of results for surveyors

	CI	IG	LTA
Persistent issues present?	No	-	-
Too great an impact on education environment?	No	-	-
Too great an impact on integrity of institution?	No	-	-
Has the issue been identified in APOR?	Yes	-	-
Does the institution have a strong internal review process?	Yes	-	-

Recommended Decision

Accredited Inst. with Follow-up at next Regular Survey

#10. Evaluation and Research in new system

- Robust and thorough evaluation program throughout implementation
- Allows ongoing continuous improvement of the accreditation standards and process





What's Next Through 2016?

- Comprehensive national consultation process – *on now!*
 - Standards and detailed process components (Within 2016/2017)
- Preparation for final approvals via all three colleges' Accreditation Committees (2017) and phased implementation (2017 and beyond)



	July 2015	July 2016	July 2017	July 2018	July 2019	July 2020	July 2021	July 2022	July 2023	July 2024					
SEPTEMBER		Memorial						NOSM							
NOVEMBER	Saskatchewan	Ottawa	Alberta	Dalhousie		Western	Toronto	Manitoba	McMaster	Saskatchewan					
MARCH	Sherbrooke	Laval	Queen's	McGill		UBC	Montreal	Calgary	Sherbrooke	Ottawa					
	<p>1</p> <p>PROTOTYPE 1 Fall 2015–Spring 2017 “The Development Prototype”</p> <p>Winter/Summer 2016 AC approval: Balanced cycle, removal of IRs, and addition of Institution level status (seek endorsement of draft standards for national consultation)</p> <p>National Consultation</p> <p>June 2017 AC approval: New standards and processes</p>		<p>2</p> <p>PROTOTYPE 2 Summer 2017–Spring 2018 “Surveyor Experience Prototype”</p> <p>Provide AMS to Alberta and Queen’s survey teams (for prototype 2 testing)</p> <p>Provide AMS and new standards to Dalhousie and McGill</p>		<p>3</p> <p>PROTOTYPE 3 Summer 2018–Spring 2019 “New World Prototype”</p> <p>Preparation for full implementation</p>		<p>JULY 1, 2019: NEW STANDARDS AND PROCESSES APPLY TO ALL</p> <table border="1"> <tr> <td>NEW PROCESS FOR ALL Technology, cycle, categories, measurement framework</td> <td>NEW STANDARDS</td> <td>ONGOING DATA MONITORING Surveys (graduates, residents, faculty) and milestones</td> <td>PROGRESSIVE EXPECTATIONS</td> </tr> </table>					NEW PROCESS FOR ALL Technology, cycle, categories, measurement framework	NEW STANDARDS	ONGOING DATA MONITORING Surveys (graduates, residents, faculty) and milestones	PROGRESSIVE EXPECTATIONS
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- Large group discussion
- Q & A
- *Further questions can be directed to*
 - *info@canrac.ca*

National Consultation underway!

Survey released the week of December 5, 2016

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