General Standards of Accreditation for Institutions with Residency Programs

Version 2.0

Last updated: July 2020

Acknowledgements

The Canadian Residency Accreditation Consortium (CanRAC) would like to thank all those who contributed to the development of the *General Standards of Accreditation for Residency Programs*. These standards are the product of a fruitful and rewarding collaboration between diverse groups of individuals, committees, departments, and stakeholders, all of whom were integral to the successful development of the standards. In regards to this iteration of the standards (Version 2.0), we wish to make special acknowledgement of the contributions made by members of the conjoint residency Accreditation Standards Improvement Committee. In addition, we would like to thank all those who provided us with valuable feedback during the national consultation process.

Document Citation:

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

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Introduction

The *General Standards of Accreditation for Institutions with Residency Programs* are a national set of standards maintained conjointly by the Royal College, College of Family Physicians of Canada (CFPC), and Collège des médecins du Québec (CMQ) for the accreditation of institutions with residency programs. The aim of the standards is to ensure residency programs are supported to adequately prepare residents to meet the health care needs of the population(s) they serve, during and upon completion of training.

The standards include requirements applicable to faculties of medicine, postgraduate offices, and learning sites[1], and have been written in alignment with a standards organization framework which aims to provide clarity of expectations, while maintaining flexibility for innovation.

CanRAC Statement on Equity, Diversity and Inclusion

The three CanRAC colleges have collectively embarked on a process to recognize and address issues related to equity, diversity and inclusion through the PGME accreditation standards. The primary objective of this work is ensuring that learning, and ultimately, care environments are inclusive, psychologically and culturally safe, and free from systemic bias.

As an important part of these efforts, CanRAC understands that it must examine and help address systemic racism, which creates inequities in health and wellbeing, health care and social outcomes. Although the experiences of Black and Indigenous Peoples in Canada are distinct, both groups have experienced the severe and ongoing effects of colonial practices and of racism. While there are currently no expectations specific to the health of Indigenous, Black, and other vulnerable peoples and groups at the level of the CanERA general standards, some faculties and programs have begun implementing measures to address health inequities and advance cultural safety and anti-racist practice during residency training.

For example, all three Colleges are committed to fulfilling the Truth and Reconciliation Commission's Calls to Action), particularly those that focus on ensuring health care providers nurture and demonstrate cultural safety in medical education and practice. Recognizing that any proposed changes to the CanERA general standards must be driven by Indigenous Peoples and informed by extensive consultation with distinct Indigenous communities, CanRAC will rely on Indigenous partners and those with the historical, social, and cultural expertise to put forward recommendations that will result in meaningful change for Indigenous communities.

Furthermore, the Colleges are committed to the integration of an anti-racism lens into medical education, research and clinical care. Our shared commitment to support self-determination will influence the health system and medical education to address the ongoing health

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[1] The *General Standards of Accreditation for Residency Programs* and the specific standards of accreditation for each discipline also include standards applicable to learning sites.

inequities and racism faced Black and Indigenous Peoples, as well as other marginalized populations.

To address the inequities experienced by all marginalized peoples and groups, this important work will continue to be developed by the CFPC, CMQ and Royal College. The three Colleges will actively explore how accreditation standards and processes can most appropriately and effectively define, evaluate, and implement clear expectations in postgraduate medical education. Ultimately, this will lead to improved therapeutic relationships and a culturally safe, anti-racist approach to medical care.

Standards Organization Framework

Level	Description
Domain	Domains, defined by the Future of Medical Education in Canada-Postgraduate (FMEC-PG) Accreditation Implementation Committee, introduce common organizational terminology to facilitate 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 and exemplary indicators	A specific expectation used to evaluate compliance with a requirement (i.e. to demonstrate that the requirement is in place). Mandatory indicators must be met to achieve full compliance with a requirement. Exemplary indicators provide objectives beyond the mandatory expectations and may be used to introduce indicators that will become mandatory over time. Indicators may have one or more sources of evidence, not all of which will be collected through the onsite accreditation review (e.g. evidence may be collected via the institution/program profile in the CanAMS).

Standards

DOMAIN: INSTITUTIONAL GOVERNANCE

The *Institutional Governance* domain focuses on the oversight and governance of residency programs.

STANDARD 1: There is effective leadership for residency education.

Element 1.1: There is a mission for residency education.

Requirement(s)	Indicator(s)
1.1.1: There is a mission identifying the faculty of medicine's overarching purpose in residency education.	**1.1.1.1:** The mission articulates the faculty of medicine's role in residency education and other parts of the continuum of medical education, within its relationship with the university. **1.1.1.2:** The mission explicitly addresses the faculty of medicine's role in ensuring its residency programs address the societal health needs of the population(s) they serve. **1.1.1.3:** The mission is shared with all residency education stakeholders.

Element 1.2: There is effective senior leadership to oversee residency education.

Requirement(s)	Indicator(s)
1.2.1: There is a postgraduate dean with authority and responsibility for all aspects of residency education.	**1.2.1.1:** The postgraduate dean is accountable to the dean of the faculty of medicine. **1.2.1.2:** The postgraduate dean is responsible for overseeing residency education as outlined in the standards for accreditation.

	1.2.1.3: There is a job description for the postgraduate dean, which outlines the mandate, expectations, protected time, supports, resources, reporting, and accountability for their role in oversight of residency programs.
	1.2.1.4: There is an effective process to conduct a regular and formal review of the postgraduate dean's performance, which includes multiple sources of feedback.
1.2.2: The postgraduate dean provides effective leadership for residency education.	**1.2.2.1:** The postgraduate dean fosters an environment which empowers members of the postgraduate education committee, program directors, residents, teachers, and others, as required, to identify needs and implement changes.
	1.2.2.2: The postgraduate dean advocates for equitable and appropriate resources to allow delivery of effective education experiences.
	1.2.2.3: The postgraduate dean advocates for, fosters, and nurtures collaborative relationships with residency education stakeholders.
	1.2.2.4: The postgraduate dean anticipates and manages conflict effectively.
	1.2.2.5: The postgraduate dean respects the diversity and protects the rights and confidentiality of residents, teachers, and program directors.
	1.2.2.6: The postgraduate dean demonstrates active participation in professional development in medical education.
	1.2.2.7: The postgraduate dean demonstrates effective leadership in collaborating with other partners (e.g. learning sites) in the delivery of clinical care.
	1.2.2.8 [Exemplary]: The postgraduate dean demonstrates commitment to and facilitates educational scholarship and innovation to advance residency education.
1.2.3: The postgraduate dean has appropriate time and support to oversee residency education.	**1.2.3.1:** The postgraduate dean is supported by the faculty of medicine to oversee residency education effectively.
	1.2.3.2: The postgraduate dean has adequate protected time.
	1.2.3.3: The postgraduate administrative support is organized and adequate to support the postgraduate dean, residency programs, and residents, as appropriate.
	1.2.3.4: The postgraduate dean and postgraduate administrative personnel have access to adequate space and information technology to oversee residency education effectively.

1.2.4: The postgraduate dean is involved in the appointment and continuous professional development of each program director.	1.2.4.1: There is a standardized job description for program directors that outlines the mandate, expectations, supports, resources, protected time, reporting and accountability for the role.
	1.2.4.2: There is a collaborative process between the academic lead of the discipline and the postgraduate dean for the appointment of each program director.
	1.2.4.3: Each program director meets the required credentials as set by the college(s) in the specific standards of accreditation for the discipline.
	1.2.4.4: The postgraduate dean contributes to the orientation, mentorship, and continuous professional development of program directors.
	1.2.4.5: There is an effective process using multiple sources of feedback, for regular and formal review of each program director's performance, conducted collaboratively between the academic lead of the discipline and the postgraduate office.

Element 1.3: There is an effective postgraduate education committee structure, overseen by the postgraduate dean, to facilitate the governance and oversight of all residency programs.

Requirement(s)	Indicator(s)
1.3.1: The postgraduate education committee structure is composed of appropriate residency education stakeholders.	1.3.1.1: The postgraduate education committee is a forum for input from all residency programs.
	1.3.1.2: There is effective representation from residents, program directors, learning sites, and postgraduate administrative personnel on the postgraduate education committee.
	1.3.1.3 [Exemplary]: There is effective representation from the public on the postgraduate education committee.
1.3.2: The postgraduate education committee fulfils its responsibilities regarding residency education.	1.3.2.1: The postgraduate education committee has clearly written terms of reference that address its composition, mandate, roles and responsibilities, and meeting process.
	1.3.2.2: The terms of reference for the postgraduate education committee are reviewed on a regular basis, and are refined as appropriate.
	1.3.2.3: The postgraduate education committee is accountable for supporting the postgraduate dean in planning, organizing, and evaluating all aspects of residency education.
	1.3.2.4: The meeting frequency of the postgraduate education committee is sufficient for the committee to fulfill its mandate.

STANDARD 2: Residency programs are collaboratively overseen and supported by the postgraduate dean and postgraduate education committee.

Element 2.1: There are effective policies and processes to govern residency education.

Requirement(s)	Indicator(s)
2.1.1: The postgraduate education committee has well-defined, transparent, and functional policies and processes to oversee residency education.	**2.1.1.1:** Development and adoption of policies and processes occurs in a collaborative and transparent manner. **2.1.1.2:** The appropriate identification and management of conflicts of interests for all individuals with responsibility in residency programs are addressed within applicable central policies and procedures. **2.1.1.3:** There is an effective mechanism to disseminate the institution's policies and processes to residents, teachers, and administrative personnel. **2.1.1.4:** The postgraduate dean and postgraduate education committee regularly review and make necessary changes to their policies and processes.

Element 2.2: The postgraduate dean and the postgraduate education committee advocate for the resources and support needed for the functioning of quality residency programs.

Requirement(s)	Indicator(s)
2.2.1: The postgraduate dean and postgraduate education committee facilitate residency programs in meeting the specific standards for the discipline and in achieving the faculty of medicine mission, including its social accountability mandate.	**2.2.1.1:** The postgraduate dean and postgraduate education committee support residency programs in integrating the mission in the context of the discipline. **2.2.1.2:** The postgraduate dean and postgraduate education committee support residency programs in meeting the specific standards for the discipline. **2.2.1.3:** The postgraduate dean and postgraduate education committee identify social accountability as a priority and help build capacity within individual residency programs to meet the needs of the population(s) served. **2.2.1.4:** Where the postgraduate dean and postgraduate education committee are involved in the allocation of residency positions for individual programs, such allocation occurs in a fair and transparent manner, and with consideration of the needs of the population(s) served.

Requirement(s)	Indicator(s)
2.2.2: There are adequate resources and support to allow residency programs to meet accreditation standards.	**2.2.2.1:** There is an effective process to identify resource needs and advocate for equitable allocation of resources for each residency program. **2.2.2.2:** There are written guidelines to ensure support for the program director, including administrative support and remuneration, which provide flexibility to accommodate the variation in the size and complexity of residency programs. **2.2.2.3:** Residency programs have access to legal services, as appropriate. **2.2.2.4:** Residency programs have access to technology, such as videoconferencing and simulation facilities, and associated support staff. **2.2.2.5**: Residency programs have access to central support for scholarly activities, including research, as appropriate.
2.2.3: A confidential system of resident and teacher information management is maintained.	**2.2.3.1:** There is an effective central policy for information management that addresses access, confidentiality, and information retention. **2.2.3.2:** There are up-to-date and confidential files for all residents and teachers, with procedures and practices to safeguard privacy and confidentiality.

Element 2.3: The postgraduate dean and postgraduate education committee communicate and collaborate with residency education stakeholders.

Requirement(s)	Indicator(s)
2.3.1: The postgraduate dean and postgraduate education committee maintain effective working relationships with all residency education stakeholders.	**2.3.1.1:** There is timely and effective communication with the program directors, residency program committees, and administrative personnel. **2.3.1.2:** There is effective communication and collaboration with the undergraduate, continuing professional development, and faculty development offices to promote optimal delivery of residency programs and effective transition along the educational continuum. **2.3.1.3:** There is effective communication and collaboration with learning sites, other health professionals, and government, as appropriate, regarding the design and improvement of residency education. **2.3.1.4:** There is effective communication with the certifying colleges and the medical regulatory authority(ies), as appropriate.

STANDARD 3: All learning sites contribute to resident learning and the achievement of accreditation standards for residency education.

Element 3.1: Formal relationships are established with all learning sites that contribute to residency education.

Requirement(s)	Indicator(s)
3.1.1: Each learning site's role in delivering residency education is clearly articulated.	**3.1.1.1:** Effective, formal relationships, including affiliation agreements, as appropriate, are in place with all learning sites that contribute to and actively support residency education.
	3.1.1.2: Formal relationships with all learning sites are regularly reviewed.
	3.1.1.3: The postgraduate dean and postgraduate education committee provide support for and facilitate the review of learning sites.

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

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

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

Element 4.1: The safety and wellness of patients and residents are actively promoted.

Requirement(s)	Indicator(s)
4.1.1: Residents are appropriately supervised.	**4.1.1.1:** There are effective central policies or guidelines regarding supervision that consider discipline- and program-specific contexts, and allow for program-specific additions and/or variations, as appropriate.
	4.1.1.2: Residency programs are supported to identify and remediate inadequate supervision.
	4.1.1.3: Teachers, residents, and learning site staff (e.g. site coordinators, site directors) are aware of the process to report concerns regarding resident supervision.

4.1.2: Patient safety is promoted throughout residency programs and learning sites.	**4.1.2.1:** The review of safety policies and guidelines is informed by data relating to patient safety incidents involving residents and all individuals involved in resident teaching.
	4.1.2.2: Residency programs are provided with resources and expertise to facilitate the incorporation of patient safety in residency programs.
	4.1.2.3: Reporting of resident performance and/or status to the medical regulatory authority when such reporting is required is systematic, timely, and transparent.
	4.1.2.4: The postgraduate office has effective mechanisms to support residency programs to provide educational curricula in quality improvement and patient safety.
4.1.3: Residency education occurs in a safe learning environment.	**4.1.3.1:** Safety is actively promoted throughout the learning environment for all those involved in residency education.
	4.1.3.2: Effective central policies and processes are in place addressing residents' physical, psychological, and professional safety, including but not limited to: - After-hours consultation - Complaints and allegations of malpractice - Fatigue risk management - Hazardous materials - Infectious agents - Ionizing radiation - Patient encounters (including house calls) - Patient transfers (e.g., Medevac) - Safe disclosure of patient safety incidents - Travel - Violence, including sexual and gender-based violence.
	4.1.3.3: Central policies and processes regarding resident safety consider discipline- and program-specific contexts and allow for program-specific additions and/or variations, as appropriate.
	4.1.3.4: Concerns with the safety of the learning environment are appropriately identified and remediated.
	4.1.3.5: There is an effective plan for management of resident involvement in extraordinary circumstances (e.g., mass casualty events and epidemics).
	4.1.3.6 [Exemplary]: *There are central resources available for residency programs and residents to help support, develop, and implement Fatigue Risk Management Plans (FRMP).*
4.1.4: Residency education occurs in a positive learning environment that promotes resident wellness.	**4.1.4.1:** There is a positive learning environment for all involved in residency education.
	4.1.4.2: Confidential resident wellness support is in place and accessible to address physical, psychological, and professional resident wellness concerns.
	4.1.4.3: Effective central policies and processes are in place regarding resident absences and educational accommodation.
	4.1.4.4: Central policies and guidelines regarding resident wellness consider discipline- and program-specific contexts and allow for program-specific additions and/or variations, as appropriate.

4.1.4.5: The postgraduate office has an effective process for reporting and addressing instances of mistreatment.

STANDARD 5: Residents are treated fairly and supported adequately throughout their progression through their residency program.

Element 5.1: All residents are treated fairly and supported in their academic progression.

Requirement(s)	Indicator(s)
5.1.1: There is fair and transparent oversight of the academic progression of residents.	**5.1.1.1:** The central policies and processes that address resident selection, assessment, formal remediation, and appeals are regularly reviewed, transparent, and effectively applied.
	5.1.1.2: Residents and teachers are involved in the development, approval, and implementation of formal remediation programs.
5.1.2: Support services are available to facilitate resident achievement and success.	**5.1.2.1:** Residents have access to confidential career counseling services.
5.1.3: Resident leadership is encouraged and promoted.	**5.1.3.1:** Residents are encouraged and provided with appropriate support to participate in positions of leadership.
	5.1.3.2: There are fair and transparent processes to select residents for leadership positions.

STANDARD 6: Teachers are valued and supported in the delivery of residency programs.

Element 6.1: Teachers are fairly assessed and supported in their development and career progression.

Requirement(s)	Indicator(s)
6.1.1: There is a process of systematic teacher assessment and feedback.	**6.1.1.1:** There is an effective process for the assessment of teachers involved in residency education.
	6.1.1.2: The process for the assessment of teachers includes resident input, balancing timely feedback with preserving resident confidentiality.
	6.1.1.3: The process for the assessment of teachers informs teacher recognition, continuous improvement of residency programs, and the assignment of residents to teachers.
	6.1.1.4: Concerns with teacher behaviour or performance are addressed in a fair and timely manner.
	6.1.1.5: Reporting of teacher performance and/or status to the medical regulatory authority, when such reporting is required, is systematic, timely, and appropriate.

Requirement(s)	Indicator(s)
	6.1.1.6: Teachers and residents are aware of the process to report concerning behavior by teachers.
	6.1.1.7: Teachers are aware of and have access to an appeal process for decisions related to their assessments.
6.1.2: Teachers engage in and are supported in their development and career progression.	**6.1.2.1:** There is an effective policy for the appointment and promotion of teachers.
	6.1.2.2: There is a dedicated, accessible faculty development program.
	6.1.2.3: Faculty development programming is based on the identification of learning needs.
	6.1.2.4: Faculty development is used to support implementation of educational innovations effectively.
	6.1.2.5: Teachers have access to information or other resources to support education of residents regarding fatigue risk management.
	6.1.2.6: Teachers have access to support and advice related to managing educational and learning environment challenges.
	6.1.2.7 [Exemplary]: Teachers have protected time to access the resources to support their development and career progression.
6.1.3: Teachers are supported in their responsibility to serve as role models for residents.	**6.1.3.1:** Teachers are supported and recognized for their contributions to scholarship.
	6.1.3.2: Teachers are supported and recognized for their contributions to academic activities within their residency program and the institution, which may include, but are not limited to: lectures, workshops, examination preparation, and internal reviews.
	6.1.3.3: Teachers are supported and recognized for their contributions outside of the program, which may include, but are not limited to: peer reviews, medical licensing authorities, exam boards, specialty committees, accreditation committees, speciality societies, and government medical advisory boards.

STANDARD 7: Administrative personnel are valued and supported in the delivery of residency programs.

Element 7.1: There is support for the continuing professional development of administrative personnel involved in the administration of residency education.

Requirement(s)	Indicator(s)
7.1.1: There is an effective process for the professional development of administrative personnel involved in residency education.	**7.1.1.1** There are role descriptions that outline the knowledge, skills and expectations for postgraduate administrative personnel and residency program administrative personnel.
	7.1.1.2: There is a program of professional development for administrative personnel involved in residency education based on identification of their learning needs.

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7.1.1.3: There is a fair and transparent process for administrative personnel performance management, which may be formal or informal, consistent with any applicable university, health organization, or union contracts.

DOMAIN: CONTINUOUS IMPROVEMENT

The *Continuous Improvement* domain includes standards focused on ensuring a culture of continuous improvement is present throughout the faculty of medicine, the postgraduate office, residency programs, and learning sites.

Note: To reinforce and create clarity with respect to the expectations related to continuous improvement, the *Requirements* under each *Element* mimic the continuous improvement cycle (i.e., Plan, Do, Study, Act).

STANDARD 8: There is continuous improvement of the postgraduate governance and structure, and of residency programs.

Element 8.1: The postgraduate dean and postgraduate education committee continuously review and improve the quality of the postgraduate governance and structure.

Requirement(s)	Indicator(s)
8.1.1: There is a systematic process to regularly review and improve the postgraduate governance and structure.	**8.1.1.1:** There is an evaluation of the postgraduate governance and structure.
	8.1.1.2: There are assessments of the performance of leadership and postgraduate administrative personnel.
8.1.2: A range of data and information is reviewed to inform evaluation and improvement of the postgraduate governance and structure.	**8.1.2.1:** Feedback from multiple sources, including feedback from residents, teachers, administrative personnel, and program directors, as appropriate, is regularly reviewed.
	8.1.2.2: Mechanisms for feedback take place in an open, collegial atmosphere.
8.1.3: Based on the data and information reviewed, strengths are identified and action is taken to address areas identified for improvement.	**8.1.3.1:** Areas for improvement are used to identify and implement relevant and timely action plans.
	8.1.3.2: The postgraduate dean and postgraduate education committee share their identified strengths and areas for improvement (including associated action plans) with relevant residency education stakeholders in a timely manner.
	8.1.3.3: There is a clear and well-documented process to review the effectiveness of actions taken, and to take further action as required.

Element 8.2: The postgraduate dean and postgraduate education committee continuously identify, monitor, and address issues affecting residency program quality.

Requirement(s)	Indicator(s)
8.2.1: There is a systematic process to internally review and improve residency programs.	**8.2.1.1:** An internal review process is conducted for each residency program at least once per regular accreditation cycle.
	8.2.1.2: The internal review process evaluates how well each residency program is meeting all applicable standards of accreditation, including both the *General Standards of Accreditation for Residency Programs* and the specific standards of accreditation for the discipline.
	8.2.1.3: The internal review process includes effective mechanisms to follow through on areas for improvement identified for residency programs, and ensures actions are taken for improvement.
	8.2.1.4: The internal review process identifies common areas for improvement across residency programs.
	8.2.1.5: The internal review process reviews how well residency programs are preparing residents for independent practice.
8.2.2: A range of data and information is reviewed to evaluate and improve learning sites and residency programs.	**8.2.2.1:** Information from multiple sources, including feedback from residents, teachers, administrative personnel and program directors, as appropriate, is regularly reviewed.
	8.2.2.2: Mechanisms for feedback take place in an open, collegial atmosphere.
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.	**8.2.3.1:** Areas for improvement are used to develop and implement relevant and timely action plans for issues that are faculty of medicine-wide and/or learning site-specific.
	8.2.3.2: The postgraduate dean and postgraduate education committee share identified strengths and areas for improvement (including associated action plans) with residency program and learning site leadership, and other residency education stakeholders as appropriate, in a timely manner.
	8.2.3.3: There is a clear and well-documented process to evaluate the effectiveness of actions taken, and to take further action as required.

Element 8.3: The postgraduate dean and postgraduate education committee build capacity and facilitate residency programs to identify, monitor, and correct issues through continuous improvement.

Requirement(s)	Indicator(s)
8.3.1: The postgraduate dean and postgraduate education committee support the program evaluation and continuous improvement processes of residency programs.	**8.3.1.1:** The postgraduate dean and postgraduate education committee facilitate residency programs' access to data and reports prepared for the purposes of supporting continuous improvement processes. **8.3.1.2:** There is support provided by the postgraduate dean and postgraduate education committee to assist residency programs identified as having issues in addressing areas identified for improvement.

STANDARD 9: There is continuous improvement of the learning sites to improve the educational experience, ensuring the learning environment is appropriate, safe, and conducive to preparing residents for independent practice.

Element 9.1: There is a collaborative process to review and improve the quality of the learning environment.

Requirement(s)	Indicator(s)
9.1.1: There is a systematic process to regularly review and improve the learning environment in each learning site.	**9.1.1.1:** There is a process to regularly review the learning environment at each learning site with respect to the delivery of the clinical components of the residency program, including the quality of clinical care and resources, as it relates to residents' achievement of competencies. **9.1.1.2:** Review of the learning environment considers influences, positive or negative, resulting from the presence of the hidden curriculum. **9.1.1.3:** Learning sites with a formal affiliation agreement with the faculty of medicine are accredited in good standing by Accreditation Canada (or equivalent). **9.1.1.4:** Learning sites regularly review the safety of the learning environment for patients. **9.1.1.5:** Learning sites regularly review the safety (physical, psychological, and professional, as appropriate) of the learning environment for residents.

9.1.2: A range of data and information is reviewed to inform evaluation and improvement of the quality of the learning environment at each learning site.	**9.1.2.1:** Information from multiple sources, including feedback from residents, teachers, administrative personnel, and program directors, as appropriate, is regularly reviewed.
	9.1.2.2: There is an effective process for the learning site to access and review information/data identified by the postgraduate office's internal review process, and any data centrally collected by the postgraduate office and residency program, as appropriate.
	9.1.2.3: Mechanisms for feedback take place in an open, collegial atmosphere.
	9.1.2.4 [Exemplary]: *The process includes regular review of clinical outcomes (e.g., public health data) and patient feedback data.*
9.1.3: Based on the data and information reviewed, strengths are identified, and action is taken to address areas identified for improvement.	**9.1.3.1:** Areas for improvement are used to develop and implement relevant and timely action plans to improve the quality of the learning environment.
	9.1.3.2: The learning site-specific strengths and areas for improvement (including associated action plans) are shared with appropriate postgraduate and residency program leadership in a timely manner.
	9.1.3.3: There is a clear and well-documented process to review the effectiveness of actions taken, and to 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).
administrative personnel	Postgraduate and program administrative personnel, as defined below.
affiliation agreement	A legal contract that defines the roles and responsibilities of a learning site and institution in delivering residency education.
assessment	A process of gathering and analyzing information on competencies from multiple and diverse sources to measure a physician's competence or performance and compare it with defined criteria (Royal College of Physicians and Surgeons of Canada, 2012).
attestation	Verification of satisfactory completion of all necessary training, assessment, and credentialing requirements of an area of medical expertise. Attestation does not confer certification in a discipline. (Royal College of Physicians and Surgeons of Canada, 2012).
central	This term applies to policies, processes, guidelines, and/or services developed by the University, faculty of medicine, postgraduate office, and/or postgraduate education committee, and applied to more than one residency program.
certification	Formal recognition of satisfactory completion of all necessary training, assessment, and credentialing requirements of a discipline, indicating competence to practise independently (Royal College of Physicians and Surgeons of Canada, 2012).
CFPC	College of Family Physicians of Canada
CMQ	Collège des médecins du Québec
cultural safety	Cultural safety goes beyond cultural competence in improving Indigenous health; it analyzes power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health, care and health education. Culturally safe practices require critical thinking and self-reflection about power, privilege and racism in educational and clinical settings. It is the patient and student who define whether a culturally safe space is being created in a relationship. The Indigenous Health Writing Group of the Royal College (2019). Indigenous Health Primer. Ottawa: Royal College of Physicians and Surgeons of Canada.
competence	The array of abilities across multiple domains of competence or aspects of physician performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training or practice. Competence is multi-dimensional and dynamic; it changes with time, experience, and settings (Frank, et al., 2010).

competency (competencies)	An observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes. As competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development (Frank, et al., 2010).
continuing professional development	An ongoing process of engaging in learning and development beyond initial training, which includes tracking and documenting the acquisition of skills, knowledge, and experiences.
continuous improvement	A systematic approach to making changes involving cycles of change (i.e., Plan, Do, Study, Act) that leads to improved quality and outcomes. It is used as a tool for monitoring and decision-making (e.g., What are the strengths and weaknesses of the residency program? How can we improve our system of assessment?).
dean	The senior faculty officer appointed to be responsible for the overall oversight of a faculty of medicine.
discipline	Specialty and/or subspecialty recognized by one of the certification colleges (Association of American Medical Colleges, 2012).
division/ department	An organizational unit around which clinical and academic services are arranged.
domain(s) of competence	Broad distinguishable areas of competence that together constitute a general descriptive framework for a profession (Association of American Medical Colleges, 2012).
educational accommodation	Recognizing that people have different needs and taking reasonable efforts to ensure equal access to residency education.
equitable	Used in the context of having and/or allocating resources, and refers to fair and impartial distribution of resources (Oxford University Press, n.d.).
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). This term is often used interchangeably with assessment (see above) when applied to individual physicians, but is not the preferred term (Royal College of Physicians and Surgeons of Canada, 2012).
faculty development	That broad range of activities institutions use to renew or assist teachers in their roles (Centra, 1978).
faculty of medicine	A faculty of medicine, school of medicine, or college of medicine under the direction of a Canadian university/universities.
fatigue risk management	A set of ongoing fatigue prevention practices, beliefs, and procedures integrated throughout all levels of an organization to monitor, assess, and minimize the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve (Fatigue Risk Management Task Force, 2018).

hidden curriculum	A set of influences that function at the level of organizational structure and culture, affecting the nature of learning, professional interactions, and clinical practice (Association of Faculties of Medicine of Canada, 2010).
independent practice	Practice in which physicians are licensed to be accountable for their own medical practice that is within their scope of practice and that normally takes place without direct supervision.
institution	Encompasses the University, faculty of medicine, and postgraduate office.
internal review	An internal evaluation conducted to identify strengths of, and areas for improvement for, the residency program and/or institution.
learning environment	The diverse physical locations, contexts, and cultures in which residents learn (Great School Partnership, 2012).
learning site	A hospital, clinic, or other facility where residents' educational experiences take place.
medical regulatory authority	An organization established by provincial or territorial legislation to regulate the practice of medicine and licensure.
mistreatment	Unprofessional behaviour involving intimidation, harassment, and/or abuse.
physical safety	Includes protection against biological risks, such as immunization, radiation protection, respiratory protection, exposure to body fluids; it also includes protection against risks associated with physical spaces, with care provided during home visits, travel and meetings with violent patients (University of Montreal, n.d.).
postgraduate administrative personnel	Individuals who support the postgraduate dean in coordination and administration related to the oversight of residency programs, including the postgraduate manager (or equivalent).
postgraduate dean	A senior faculty officer appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the faculty of medicine.
postgraduate education committee	The committee (and any subcommittees as applicable), overseen by the postgraduate dean, that facilitates the governance and oversight of all residency programs within a faculty of medicine.
postgraduate manager	Senior administrative personnel responsible for supporting the postgraduate dean and providing overall administrative oversight of the postgraduate office.
postgraduate office	An office under the direction of the faculty of medicine, with responsibility for residency programs.
program administrative personnel	Individuals who support the program director by performing administrative duties related to planning, directing, and coordinating the residency program.
professional safety	Includes protection from allegations of malpractice, insurance against medical malpractice suits, disclosure assistance, academic and

	professional record confidentiality, as well as reporting procedures where confidentiality is assured and there are no reprisals (University of Montreal, n.d.).
program director	The individual responsible and accountable for the overall conduct and organization of the residency program. The individual is accountable to the postgraduate dean and academic lead of the discipline.
protected time	A designated period of time granted to an individual for the purposes of performing a task and/or participating in an activity.
psychological safety	Includes prevention, protection and access to resources to counter the risks of psychological distress, alcohol or drug dependence, intimidation and harassment (University of Montreal, n.d.).
residency education stakeholder	A person or organization with an interest in and/or who is impacted by residency education.
residency program	An accredited residency education program in one of Canada's nationally recognized disciplines, associated with a recognized faculty of medicine, overseen by a program director and residency program committee.
residency program committee(s)	The committee (and subcommittees, as applicable), overseen by the program director, that supports the program director in the administration and coordination of the residency program.
resident	An individual registered in an accredited residency program following eligible undergraduate training leading to certification or attestation in a recognized discipline. In practice, for the purposes of accreditation, "resident" is defined as a learner following the full accredited residency program (Royal College of Physicians and Surgeons of Canada, 2012).
resource	Includes educational, clinical, technical, and financial materials, and people (e.g. teachers and administrative personnel) required for delivery of a residency program.
Royal College	Royal College of Physicians and Surgeons of Canada.
self-determination	Indigenous Peoples have the right to freely determine their political status and freely pursue their economic, social and cultural development. United Nations (2008). United Nations Declaration on the Rights of Indigenous Peoples. Article 3.
site coordinator	The coordinator/supervisor with responsibility for residents at a learning site.
social accountability	The direction of education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation. Priority health concerns are to be identified jointly by governments, health care organizations, health professionals, and the public (Boelen & Heck, 1995).
teacher	An individual responsible for teaching residents. Teacher is often used interchangeably with terms such as supervisor or preceptor.

wellness	A state of health, namely, a state of physical, mental, and social well-being, that goes beyond the absence of disease or infirmity (World Health Organization, n.d.).

References

Association of American Medical Colleges. (2012). *Draft Glossary of Competency-based education terms (unpublished).*

Association of Faculties of Medicine of Canada. (2010). The Future of Medical Education in Canada: A Collective Vision for MD Education. Retrieved April 2020, from https://www.afmc.ca/future-of-medical-education-in-canada/medical-doctor-project/collective-vision.php

Boelen, C., & Heck, J. (1995). *Defining and Measuring the Social Accountability of Medical Schools.* Retrieved April 2020, from World Health Organization: https://apps.who.int/iris/handle/10665/59441

Centra, J. A. (1978). Types of Faculty Development Programs. *Journal of Higher Education, 49*(2), 151-162.

Fatigue Risk Management Task Force. (2018). Fatigue Risk Management Toolkit. Retrieved April 2020, from https://residentdoctors.ca/wp-content/uploads/2018/11/Fatigue-Risk-Management-ToolkitEN.pdf

Frank, J. R., Snell, L., Cate, O. T., Holmboe, E. S., Carraccio, C., Swing, S. R., et al. (2010). Competency-based medical education: theory to practice. *Medical Teacher, 32*(8), 638-645.

Great School Partnership. (2012). *The Glossary of Education Reform*. Retrieved October 2016, from Great School Partnership: http://edglossary.org/learning-environment

Oxford University Press. (n.d.). *Oxford University Press website*. Retrieved October 14, 2016, from https://en.oxforddictionaries.com/definition/equitable. Accessed October 14, 2016.

Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress. Final report. Gouvernement du Québec; 2019. Available from: https://www.cerp.gouv.qc.ca/fileadmin/Fichiers_clients/Rapport/Final_report.pdf Accessed January 4, 2021.

Royal College of Physicians and Surgeons of Canada. (2012). *Terminology in Medical Education Project: Draft Glossary of Terms.* Retrieved April 2020, from Royal College of Physicians and Surgeons of Canada: http://www.royalcollege.ca/rcsite/documents/educational-strategy-accreditation/terminology-in-medical-education-working-glossary-october-2012.pdf

Truth and Reconciliation Commission of Canada. Truth and Reconciliation Commission of Canada: Calls to Action. Winnipeg, MB: Truth and Reconciliation Commission of

Canada; 2015. Available from: http://nctr.ca/assets/reports/Calls_to_Action_English2.pdf. Accessed January 4, 2021.

University of Montreal. (n.d.). *Resident Safety*. Retrieved April 2020, from University of Montreal website: https://medpostdoc.umontreal.ca/etudiants/reglement-et-politiques/guide-de-securite/

World Health Organization. (n.d.). *Constitution of WHO: Principles*. Retrieved April 2020, from World Health Organization website: https://www.who.int/about/who-we-are/constitution