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Parent Policy: PGME Training Program Improvement Policy

PGME Training Program Improvement: Internal Review Procedure

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

Overview

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

8.2.1: There is a systematic process to internally review and improve residency programs.

8.2.2: A range of data and information is reviewed to evaluate and improve learning sites and residency programs.

8.2.3: Based on the data and information reviewed, faculty of medicine-wide and/or learning site-specific, strengths are identified and action is taken to address areas identified for improvement.

8.3.1: The postgraduate dean and postgraduate education committee support the program evaluation and continuous improvement processes of residency programs.

Purpose

Following the principles outlined in the parent policy, this administrative procedure outlines PGME's quality improvement process relating to the internal reviews of its accredited training programs.

PROCEDURE

1. OVERVIEW

- a. An overview of the process is illustrated in Appendix A



- b. The Assistant Dean, PGME, who is typically the IRC Chair of the Internal Reviews Committee (IRC), will oversee the Internal Review process as delegated by the Associate Dean, PGME.
- c. All PGME's accredited training programs will undergo an internal review at approximately the midpoint of the regular accreditation cycle. At their discretion, the Associate Dean or IRC Chair can decide to forgo an internal review of a program if it has undergone, or will undergo, an accreditation review within approximately 2 years of the midpoint of the accreditation cycle when an internal review would typically occur.
- d. If unforeseen circumstances should arise that make it difficult to adhere to the process as described, the Associate or Assistant Dean, PGME may, at their discretion, adjust the process as necessary after considering the principles in the parent policy and consulting with the Vice-Dean, Education, or Dean of FoMD.

2. CONDUCT OF THE INTERNAL REVIEW

- a. Individual training programs must submit a request for their desired month and day for the review. While the IRC Chair will make an effort to accommodate individual program's requests, the ultimate decision on the timing of the internal review will be at the discretion of the IRC Chair.
- b. The IRC Chair will assemble a review team. This will typically consist of an IRC faculty member, a program director, and a resident volunteer. While the review team will usually consist of members internal to the University of Alberta as described, the Associate Dean or IRC Chair, at their discretion, may select other individuals, including members external to the University of Alberta, for the review team.
- c. The review team members must declare any potential conflict of interest to the IRC Chair who will have the discretion to replace the member(s) if the conflict of interest cannot be adequately managed.
- d. The review will strive to be conducted in a manner similar to an accreditation review.
- e. The program under review will enter data into the CanAMS platform. The IRC Chair will have the discretion to allow other platforms, if necessary.
- f. Access to the CanAMS entry and background information (including the last survey report, program response, specialty specific documents, and other data at the discretion of the IRC Chair) are made available to the review team prior to the review.
- g. The review will strive to follow a schedule template similar to the reviews conducted by the accreditation colleges during accreditation reviews, and usually lasts $\frac{3}{4}$ day to 2 days depending on program size.

3. AFTER THE INITIAL REVIEW HAS BEEN CONDUCTED

- a. The review team will generate an internal report similar to the report produced by the accreditation colleges during accreditation reviews.
- b. The IRC will meet at a frequency to allow for timely discussion of reviewed training programs.
- c. An IRC member of the review team or the IRC Chair will typically present the internal review report to the IRC and it will be discussed on camera.
- d. Suggested strengths, Areas for Focused Improvement (AFI), and Leading Practice Innovations (LPI), will typically be discussed, in reference to the CanERA standards, and a mock accreditation status will usually be determined by consensus vote for each program.
- e. The report will be finalized by the IRC Chair or designate and sent to the Program Director.

- f. For training programs which receive a mock accreditation status of external review or notice of intent to withdraw, the IRC Chair and/or the Associate Dean will typically organize one or more follow-up meetings with the Program Director to discuss the internal review findings. The IRC Chair and/or Associate Dean will usually organize one or more meetings with other constituents of the program, such as the residents or others as necessary, to better understand the nature of any areas for improvement.
- g. The IRC Chair and/or Associate Dean may ask others to help with program improvement. This may include individuals or organizations within the Faculty of Medicine and Dentistry, University of Alberta, Alberta Health Services, Alberta Health, Covenant Health, or other individuals or organizations at the discretion of the Associate Dean or IRC Chair. PGME will typically involve FoMD’s Office of Professionalism, the Chief Wellness Officer, or both for significant issues related to a program’s learning environment.
- h. Training programs must acknowledge PGME’s role in the continuous quality improvement of their training programs and be receptive to PGME’s feedback, guidance, and assistance.
- i. After the first internal review, another internal review may be conducted at the discretion of the IRC Chair or Associate Postgraduate Dean.
- j. PGME will identify common areas for improvement across training programs and advise training programs on how to address these where possible.

4. FOLLOW-UP OF INTERNAL REVIEW RESULTS AND PROGRAM PROGRESS

- a. Each reviewed program will be required to provide a report of progress, at least annually, on how it is addressing the identified AFIs and whether there are any new issues arising.
- b. The IRC Chair may follow-up with training programs in other ways to obtain more information. For example, the IRC Chair or designated IRC members may gather more information from program stakeholders through meetings, questionnaires, and/or other tools or methods as required.
- c. For training programs that received a mock accreditation status of external review or external review with notice of intent to withdraw, the Associate Dean and/or the IRC Chair will typically have many meetings with the program director to discuss progress. The frequency of the meetings will depend on the estimated time required to effect change, the nature of the issues, the number of other stakeholders required, and any other factors as determined by the Associate Dean and/or IRC Chair. Any resources that are needed and attainable will be used to effect improvement. If program improvement appears stalled, then the Associate Dean will ask the Dean of FoMD, or designate (if they are not already involved), for assistance and advice.

DEFINITIONS

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

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.	
Canadian Residency Accreditation Consortium or CanRAC	The Canadian Residency Accreditation Consortium is composed of the three 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).
CanAMS	This is an electronic platform where documents can be uploaded for accreditation reviews. These documents can be kept confidential during internal program reviews.
General Standards of Accreditation for Institutions with Residency Programs	The General Standards of Accreditation for Institutions with Residency Programs are national standards that apply to the accreditation of institutions with residency programs. These standards are maintained by the Canadian Residency Accreditation Consortium which includes the Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC), and Collège des médecins du Québec (CMQ). The standards apply to faculties of medicine, postgraduate offices, and learning sites, written to provide a framework which aims to provide clarity of expectations, while maintaining flexibility for innovation.
Internal review	An internally organized evaluation conducted by the postgraduate medical education office on behalf of the Faculty of Medicine and Dentistry to identify strengths of, and areas for improvement for, the residency programs and/or institution.
Accreditation Colleges	Accreditation colleges include the Royal College of Physicians and Surgeons of Canada (RCPSC) which accredits specialty (including AFC fellowship) training programs, and the College of Family Physicians of Canada (CFPC) which accredits Family Medicine residency programs.
Alberta Health Services	Alberta Health Services is the health authority responsible for planning and delivering a variety of health services in Alberta.
Alberta Health	Alberta Health is the Alberta government's ministry responsible for setting policy, legislation and standards for the health system in Alberta and allocating health funding.
Covenant Health	Working in cooperation with Alberta Health Services, Covenant Health is a Catholic health care provider that provides a variety of services including acute care, continuing care, assisted living, hospice, and rehabilitation.
Office of Professionalism	Embedded in the Faculty of Medicine and Dentistry, the Office of Professionalism is responsible for promoting professionalism, identifying educational resources, providing advice when having crucial conversations around professionalism, and helping stakeholders navigate the system when trying to address lapses in professionalism.
Chief Wellness Officer	Embedded in the Faculty of Medicine and Dentistry, the Chief Wellness Officer is responsible for fostering a health promoting work and learning environment across the academy.

Appendix A: Process for Program Improvement after an Internal Review

