



**The Royal College of Physicians and Surgeons of Canada**  
**Le Collège royal des médecins et chirurgiens du Canada**

# **General Information Concerning Accreditation of Residency Programs**

A reference guide for those involved in the conduct of postgraduate medical education programs in Canada and for those involved in their accreditation.

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# **GENERAL INFORMATION CONCERNING ACCREDITATION OF RESIDENCY PROGRAMS**

## **1. OBJECTIVES OF THE ACCREDITATION PROCESS**

The Royal College of Physicians and Surgeons of Canada is the national body that certifies specialists in all branches of medicine and surgery, except family medicine. One of the College's responsibilities is to survey and accredit residency programs conducted by the medical schools to ensure the ability of these programs to assist residents in acquiring the knowledge and expertise necessary for specialty or subspecialty practice. The "General Standards of Accreditation", published as a separate document, provides Canada-wide standards by which residency programs are accredited.

The College surveys and evaluates all residency programs in Canada in each of its recognized specialties and subspecialties. The accreditation process has as its major objectives:

- a. to improve the quality of postgraduate medical education;
- b. to provide a means for objective assessment of residency programs;
- c. to provide guidance to universities in the development of new residency programs; and
- d. to assist program directors in reviewing the conduct and educational quality of their programs.

To achieve these objectives, essential elements in each aspect of a program have been identified which must reach established accreditation standards before the program can be accredited. The accreditation process examines each program using information obtained through the use of questionnaires and an on-site visit made by a team of surveyors experienced in postgraduate medical education and familiar with the standards of the College.

The accreditation process recognizes the potential for restriction by regulations which are too rigid and promotes the free communication that exists between the College, the medical schools, and the professional associations of specialists and residents as a good safeguard against undue rigidity. All residents must have the opportunity to reach their full potential and innovation is encouraged in achieving this goal.

## **2. ORGANIZATION OF THE COLLEGE WITH RESPECT TO ACCREDITATION**

### **2.1 The Accreditation Committee**

Responsibility for accrediting Canadian residency programs is delegated by the Council of the College to the Accreditation Committee. This Committee is composed of a chair and at least 16 members appointed by the Executive Committee on recommendations from various sources. All members are appointed for a two-year term that is renewable to a maximum of three terms. There are two voting representatives from the Association of Faculties of Medicine of Canada (AFMC), one voting representative from the Federation of Medical Regulatory Authorities of Canada (FMRAC), and one voting representative from each of the resident associations, the Canadian Association of Internes and Residents (CAIR), and the Fédération des médecins résidents du Québec (FMRQ). These representatives are selected by the organizations they represent. In addition, there are several permanent observers, one each from the College of Family Physicians of Canada (CFPC), the Collège des médecins du Québec (CMQ), the Federation of Medical Regulatory Authorities of Canada, the Association of Canadian Academic Healthcare Organizations (ACAHO), the Canadian Resident Matching Service (CaRMS), and one observer from each resident association. There are also two observers from the Accreditation Council for Graduate Medical Education (ACGME), from the USA.

The role of the Accreditation Committee is:

- a. to recommend to the Education Committee, policies, standards, and criteria relating to the accreditation of residency programs;
- b. to assess applications for accreditation of new residency programs or for modification of accredited programs;

- c. to arrange periodic review and assessment of accredited residency programs through on-site surveys and internal reviews;
- d. to determine the category of accreditation granted to each residency program;
- e. to develop, maintain and disseminate its policies and procedures.

## **2.2 Specialty Committees**

The Accreditation Committee is assisted in its work by the specialty committee of each of the specialties and subspecialties recognized by the College. Specialty committees are appointed by the Committee on Specialties. They advise the College in matters relating to their specialty or subspecialty. The role of a specialty committee in the accreditation process is:

- a. to develop and review periodically the specific standards of accreditation for programs in the specialty or subspecialty;
- b. to develop and review periodically the specialty-specific portions of the pre-survey questionnaire, which is used to obtain information on programs applying for accreditation and on programs to be surveyed or otherwise reviewed;
- c. to review all applications for accreditation of new programs and advise the Accreditation Committee on the category of accreditation to be granted;
- d. prior to a survey, to review pre-survey documents and provide comments and suggestions to assist the on-site surveyor(s);
- e. to review reports of mandated internal and external reviews and regular surveys and advise the Accreditation Committee on the category of accreditation to be granted; and
- f. as requested by the Accreditation Committee, to nominate individuals from the specialty or subspecialty to conduct external reviews of specific programs and to participate in regular surveys.

The development and monitoring of the content of the documents "Specific Standards of Accreditation for Residency Programs" in the specialty or subspecialty and the specialty-specific portions of the pre-survey questionnaire are a major responsibility of the respective specialty committees. Guidelines provided by the specialty committee are particularly important in evaluating the structure and organization of the program as well as the adequacy of resources, the academic content and the evaluation processes of the specialty or subspecialty. Such guidelines also assist faculty postgraduate medical education committees to determine the resources required to mount and sustain a residency program in the specialty or subspecialty.

The specialty committees are in a strong position to maintain surveillance over all residency programs in their specialty or subspecialty, thereby assisting the Accreditation Committee in maintaining national standards.

## **3. SPONSORSHIP OF RESIDENCY PROGRAMS**

The College will consider for accreditation only those residency programs that are sponsored by a medical school in a Canadian university. The College does not exert direct control over the internal arrangements of any educational institution; all such institutions are governed according to their respective laws and customs. Nevertheless, acceptance of responsibility for residency programs obliges the university to provide a suitable administrative framework in order to integrate the resources necessary to provide a complete educational program in the specialty or subspecialty.

The primary purpose of university sponsorship of residency education is to make available to each resident all of the resources of the university and its affiliated institutions. The academic and research resources of all faculties as well as clinical and other facilities are needed in order to provide variety and depth in residency education. University sponsorship of programs does not diminish the importance of hospitals and other teaching sites; rather, the process of

residency education is a joint venture of the university and its affiliated institutions. This requires an integrated university organization at the faculty level and for each program, coordinating optimal use of all teaching sites and experiences. An integrated program must provide optimal utilization of the resources of participating sites, with a clear definition of the role played by each. There must be central recruitment of residents to ensure an even standard of selection throughout the program and educational opportunities that are equal for all residents should be assured through appropriate rotations or other mechanisms.

### **3.1 Education Sites**

The faculty postgraduate medical education committee and the residency program committees are responsible for all sites used for residency education. The postgraduate dean will maintain an updated list of all education sites used by each program and will provide the College with a copy on request.

Sites are divided into two types:

#### **3.1.1 Sites for Mandatory or Long Rotations**

Sites used for mandatory or long rotations are defined as:

- sites to which all residents are or may be assigned;
- sites from which a resident must choose for a compulsory rotation; or
- any site to which a resident is assigned for six months or longer.

Sites in this category must ordinarily be offered in Canada to qualify as components of programs accredited by the College. All sites must demonstrate a commitment to education and quality patient care. The following requirements will assist universities in developing, maintaining and evaluating the quality of sites for mandatory or long rotations. It is the responsibility of the faculty postgraduate medical education committee and each residency program committee to:

- a. maintain and continuously update records of each site including the length of the rotation and the number of residents involved;
- b. maintain written agreements with each site;
- c. ensure that there are goals and objectives for each program using each site and that all sites comply with approved objectives and standards as appropriate;
- d. ensure that there is a supervisor, with an appointment acceptable to the university, responsible for completing evaluations for each resident;
- e. ensure that there is appropriate evaluation of each rotation by each program; and
- f. ensure that all sites are evaluated during the internal review of the program.

At the time of a survey, the role of the Accreditation Committee will be to ensure that the university has an appropriate system in place to maintain and evaluate the quality of the rotations in all sites in all programs. Sites will be visited at the time of a regular survey or external review conducted by the College if they represent a major component of a program, and strengths and weaknesses related to particular sites will be noted.

#### **3.1.2 Sites for Elective Rotations**

The following requirements will assist universities in developing, maintaining and evaluating the quality of sites for elective rotations. It is the responsibility of the faculty postgraduate medical education committee and each residency program committee to ensure that:

- a. the resident is enrolled in a recognized program at the time the elective is taken;
- b. the elective period is planned by the program director and the resident;
- c. there is a clearly identified elective supervisor;
- d. there are clearly defined and understood educational objectives;
- e. there is a well defined in-training evaluation system to include evaluation of the resident during the elective period. The evaluation system is based on the educational objectives of the elective and must be clearly understood beforehand by the resident, the elective supervisor, and the program director;
- f. the evaluation of elective experiences is considered in the internal review of the program.

#### **4. THE ACCREDITATION PROCESS**

The accreditation process is based on a system of regular surveys of the residency programs of each Canadian medical school on a six-year cycle. The primary purpose of a survey is to provide the Accreditation Committee and the specialty committees of the College with a first-hand evaluation of each accredited program and the extent to which it meets the standards of accreditation. The presence of experienced medical educators from other universities also provides occasion for an exchange of ideas.

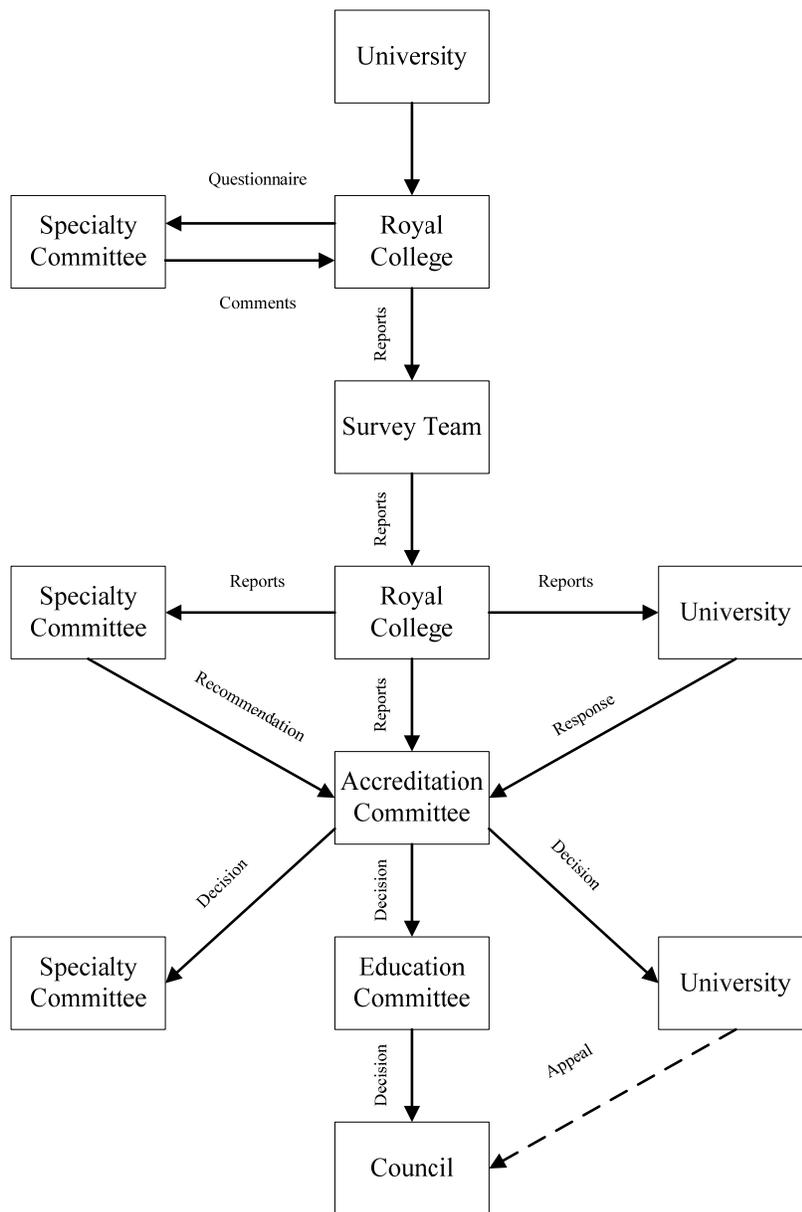
##### **4.1 Regular Surveys**

There are a number of checks and balances in the survey and accreditation of residency programs with respect to the accuracy of information and the process of deliberations and decision-making (Fig. 1). In brief:

- the medical school provides the pre-survey information;
- the specialty committee reviews the documentation and provides comments prior to the survey;
- the surveyor examines the program in interviews with the program director, teaching staff, residents, and with the residency program committee. In addition, the surveyor tours the facilities and reviews the resources available to the program;
- the surveyors, as a team, recommend an accreditation status for each program;
- the surveyor meets with the program director prior to the departure of the survey team to relay the recommended accreditation status for the program;
- the surveyor submits a written report;
- the program responds to the report via the postgraduate dean;
- the specialty committee comments on the survey report and agrees or disagrees with the recommended category of accreditation;
- the Accreditation Committee reviews the pre-survey documentation, the survey report, the response from the program and the specialty committee recommendation;
- the dean and postgraduate dean of the medical school meet with the Accreditation Committee before a decision is reached.

The Accreditation Committee bases its decision on all available information.

At the time of a regular survey, all of the residency programs sponsored by the university which have residents enrolled at the time of the survey are reviewed (Refer to Section 7, *Inactive Programs* for policies regarding inactive programs). Before the visit, questionnaires are completed for each residency program by the program director. A team of surveyors is appointed by the Accreditation Committee, with each surveyor having the responsibility of reviewing the pre-survey documentation on three or four programs and conducting the on-site review of these programs. The pre-survey documentation is also sent to the appropriate specialty committee who are asked to assess the resources available in the program.



**Figure 1: Accreditation process**

The accreditation process involves many individuals from various medical schools across the country. The College makes every effort to avoid a situation of actual or perceived conflict of interest. Members of the Accreditation Committee, specialty committees and surveyors are requested to declare any potential conflict that may be perceived to positively or negatively influence an opinion expressed.

The chair of the survey team has the responsibility of reviewing the operation of the postgraduate division of the faculty and the relationships and communications between the faculty and the teaching institutions involved in postgraduate education. A representative appointed by the Association of Canadian Academic Healthcare Organizations (ACAHO) and a representative from the Federation of Medical Regulatory Authorities of Canada (FMRAC) are assigned to the survey team and assist the chair in this task. A resident surveyor, appointed by the Canadian Association of Internes and Residents or the Fédération des médecins résidents du Québec also accompanies the survey team. Surveys are conducted conjointly with the Collège des médecins du Québec in Québec and, concurrently, although not conjointly, with the College of Family Physicians of Canada.

Following the survey, a report on each program is prepared and sent to:

- the dean and to the postgraduate dean for distribution to the program directors, who are asked to respond to the report; and
- the specialty committees, who are asked to make recommendations to the Accreditation Committee.

It is the Accreditation Committee that makes the final decision regarding the category of accreditation to be accorded to each program.

The dean and postgraduate dean are invited to attend the Accreditation Committee meeting at which the survey reports, the program responses, and the recommendations of the respective specialty committee are considered. Following the meeting, decisions regarding each program are communicated to the principal, dean, postgraduate dean, program director, the chair of the specialty committee, and surveyors.

## **4.2 External Reviews**

In addition to the regularly scheduled surveys, the Accreditation Committee may, from time to time, request that an external review of a residency program be conducted when there are serious concerns regarding the ability of the program to meet the standards of accreditation or when circumstances indicate that an on-site program review is warranted. Two experienced surveyors are appointed by the Accreditation Committee to visit the program and provide a report on how the program has addressed the concerns and to assess if the program is meeting the standards of the discipline. In cases where the identified weaknesses in a program are not specialty-specific, it is not necessary that a surveyor be a specialist in the discipline concerned. A resident representative may also be included on the survey.

Prior to the review, a questionnaire is completed by the program director and circulated to the specialty committee for comment. The external review report, when completed, is sent to the university for comment and to the specialty committee for a recommendation to the Accreditation Committee. The decision of the Accreditation Committee regarding the category of accreditation to be accorded is transmitted to the dean, postgraduate dean, program director, the chair of the specialty committee, and surveyors.

## **4.3 Internal Reviews**

### **4.3.1 University Internal Reviews of Residency Programs**

Direct responsibility for the quality of university postgraduate residency programs rests with the faculty postgraduate medical education committee and the program directors. The internal review, which is considered to be an integral component of the accreditation process, should be conducted at least two years prior to the regular College visit. It is intended as a mechanism to assist the university in maintaining the quality of its residency programs and to provide the postgraduate medical education committee and program directors with valuable information about the strengths and weaknesses of their programs. This in turn enables the medical school to take corrective measures before the next College survey. It is recommended that repeat internal reviews be conducted on programs with serious identified weaknesses.

The objectives of the university internal review are:

- a. to assess the strengths and weaknesses of each program; and
- b. to consider and evaluate all residency education sites, including elective experiences.

The internal review team for each program should include:

- a. a member of the postgraduate medical education committee, preferably a program director from another program;
- b. a faculty member from another discipline who is experienced in postgraduate medical education; and

- c. a resident from another discipline who is chosen by the resident group at the university.

The review team should have available all documentation regarding the program, including the previous survey report(s) and the basic factual information from the College pre-survey questionnaire, which should be updated and maintained in each program office. A series of interviews must take place with the program director, teaching staff, residents, and with the residency program committee. Visits to individual sites should take place as appropriate. All residency education sites and elective experiences should be reviewed by the internal review team. There should be a careful assessment of the quality of the program, based on the general and specific standards of accreditation as outlined by the College.

The written report of the internal review should include the strengths and weaknesses of the program and specific recommendations for continued development and improvements. This report should be submitted to the postgraduate dean, the chair of the department, the program director, and members of the residency program committee. The report should then be circulated to the members of the faculty postgraduate medical education committee and discussed at a meeting of that committee that is attended by appropriate representatives of the program under review.

Internal review reports are deemed to be internal documents of the university. However, reports of the internal review of all programs are to be provided to the survey team chair prior to the regular College survey to enable the chair to assess the efficacy of the internal review process. With the exception of those programs for which internal reviews have been mandated by the Accreditation Committee, internal review reports are not available for review by the surveyors at the time of a survey and are not used by the College in making decisions regarding the accreditation status of individual programs.

#### **4.3.2 Internal Reviews Mandated by the Accreditation Committee**

When an internal review of a program is mandated by the Accreditation Committee, the internal review should be conducted in the same manner as a Royal College survey. For mandated internal reviews, the postgraduate dean should provide the review team with a copy of the report from the residents in the program as described below. Internal review reports are to be submitted to the Accreditation Committee by the postgraduate dean. These reports must include:

- a. a narrative report that addresses each of the “General Standards of Accreditation”. The format must follow that used in regular surveys. The report must include a summary identifying the strengths and weaknesses of the program. The internal review report must *not* include a recommendation on the accreditation status for the program;
- b. basic factual information on the program as provided in the College pre-survey questionnaire; and
- c. a separate written report from the residents in the program, prepared by the resident representative(s) on the residency program committee commenting on:
  - i. strengths of the program,
  - ii. weaknesses previously identified in the program and the residents’ perception of how well these have been dealt with,
  - iii. any other significant changes in the program since the last review.

### **5. APPLICATION FOR ACCREDITATION OF NEW PROGRAMS**

Applications for new residency programs in a specialty or subspecialty recognized by the College must be made through one of the medical schools in Canada. Agreement to sponsor the program obliges the faculty to ensure that the application meets the general requirements of the College for accreditation of a program in the specialty or subspecialty and is compatible with the standards of the university, that the resources of staff and facilities can be provided, and that

the full participation of affiliated education sites is assured. This overall commitment to graduate medical education must be extended to each new residency program as it is developed.

The medical school requesting accreditation of a residency program must apply by means of a questionnaire supplied by the College. To be accredited, a program must comply with the “General Standards of Accreditation” and the “Specific Standards of Accreditation” for the specialty or subspecialty. The application must demonstrate the capability of the program to provide a complete educational program in the specialty or subspecialty. Applications are considered by the appropriate specialty committee and by the Accreditation Committee. Accreditation is granted on the basis of an assessment of the resources to be provided within the program as a whole and the manner in which these resources will be utilized for residency education.

The completed application must be signed by the program director and submitted to the office of the postgraduate dean for the approval of the faculty postgraduate medical education committee. A covering letter from the postgraduate dean indicating that the faculty approves and supports this program plus covering letters from the chief executive officers of the major teaching institutions or education sites indicating support of the program, must accompany the completed application.

Application forms for accreditation of residency programs may be obtained from the Educational Standards Unit of the College.

## **6. CATEGORIES OF ACCREDITATION**

Each program considered by the Accreditation Committee is granted an accreditation status or category of accreditation as outlined below. In order to maintain the integrity of the university-sponsored integrated program, the Accreditation Committee does not separately accredit individual components of a program; rather the category of accreditation applies to the program as a whole.

### **6.1 New Approval**

An acceptable application for accreditation of a program is granted new approval. Within two years of a resident being enrolled, an internal review of the program by the faculty postgraduate medical education committee is expected to take place. In consultation with the Educational Standards Unit, this review may be delayed until such time as the first resident(s) enrolled in the program reaches the specialty-specific portion of the program, i.e. beyond a basic clinical year or core surgery, to allow assessment of the educational aspects unique to the program.

### **6.2 Approval**

Programs that are considered to meet the general and specific standards of accreditation and which have no major weaknesses identified requiring follow-up by the College before the next scheduled regular survey are granted approval. It is expected that prior to the next survey, the university will ensure the correction of any weaknesses noted.

### **6.3 Provisional Approval**

When a program is considered to have major weaknesses that require formal follow-up before the next scheduled survey, it is granted provisional approval. This category of accreditation applies to the program as a whole. Serious weaknesses in one major component of a program will result in a provisional approval for the entire program. It then becomes the responsibility of the program and the university to correct the weaknesses in that component or to remove it from the program.

The Accreditation Committee may mandate follow-up of a program with provisional approval by means of an internal review of the program or by means of an external review. An external review will be designated when, in the opinion of the Accreditation Committee, one or more of the following criteria for an external review are met:

- a. weaknesses are specialty-specific and best evaluated by a reviewer from the discipline;

- b. weaknesses have been persistent;
- c. weaknesses are strongly influenced by non-educational issues and can best be evaluated by a reviewer from outside the university.

#### **6.4 Notice of Intent to Withdraw Accreditation**

When major and/or continuing weaknesses have been identified which bring into question the ongoing accreditation of the program, notice of intent to withdraw accreditation will be given. Residents in the program or already contracted to enter the program, as well as all applicants to the program, *must* be advised immediately by the program director of the status of the program. Within two years of such notice being given, an external review will be conducted. At that time, the program will be required to show cause why accreditation should not be withdrawn.

#### **6.5 Withdrawal of Accreditation**

A decision to withdraw accreditation of a program becomes effective immediately unless there are residents enrolled in the program in which case it becomes effective at the end of the academic year in which the decision is taken. No credit will be given by the College for training taken in a program once the accreditation of the program has been withdrawn. A request to reinstate the accreditation of such a program will not be considered by the Accreditation Committee for at least one year following the date of the decision of the Accreditation Committee. In those cases where accreditation has been withdrawn from a program with "Approval" or "New Approval" only because the program has been inactive, the one-year waiting period may be waived (Refer to Section 7 - *Inactive Programs*).

Accreditation will be immediately withdrawn from a program that becomes inactive following a notice of intent to withdraw accreditation.

A school may voluntarily withdraw a program but may not reapply for accreditation for at least one year from the date of withdrawal.

### **7. INACTIVE PROGRAMS**

A thorough evaluation of a program cannot be completed without appropriate input from residents or fellows whose educational objectives are compatible with those of the program. For this reason, when a program is scheduled for a regular survey, an external review, or a College mandated internal review, and it is determined that there will be no residents or persons pursuing the same course of training enrolled in the program at the time the review is scheduled to take place, the program will not be reviewed. The program will be designated as inactive.

The university must inform the College when a resident is accepted into an inactive program.

The policy for reactivated programs is:

- Programs not surveyed at the time of the regular survey will be reviewed by a mandated internal review within 18 months of reactivation unless the next regular survey is within this time.
  - \* The internal review may be delayed until such time as the resident or fellow has completed one year of the specialty-specific portion of a program with a basic clinical year or a core surgery component. The university must contact the Educational Standards Unit at the College to request deferral of the mandated internal review.
- Programs which become inactive and reactivated between surveys will require a follow-up review within 18 months of reactivation, unless the next regular survey is within this time. The type of follow-up required is as follows:
  - \* Programs with a status of approval should have a university internal review.
  - \* Programs with a status of new approval will require a mandated internal review.

- \* Programs with a status of provisional approval with an internal review will require a mandated internal review.
- \* Programs with a status of provisional approval with an external review will require an external review.
- Accreditation will be immediately withdrawn from a program that becomes inactive following a notice of intent to withdraw accreditation.
- Programs which are continuously inactive across two regular surveys will lose their accreditation.

The university must inform the College when a resident is accepted into an inactive program. While the follow-up of the reactivated program is expected to take place within 18 months, it may be delayed until the first resident enrolled has experienced enough of the specialty-specific content of the program to allow a meaningful review. In specialties with a basic clinical year or core surgery, this may be two or three years.

## **8. CHANGES TO ACCREDITED PROGRAMS**

The College must be informed if there are major changes in an accredited program or if major changes in the circumstances of an accredited program threaten the educational quality of the program. The Accreditation Committee will monitor the situation and may, if it is deemed necessary, require a reassessment of the accreditation status of the program.

This reassessment of the program will be in the form of a mandated internal review or an external review of the program; the criteria, process and format of which is indicated in sections 4.2 and 4.3.2 of this document.

## **9. REVIEW OF ACCREDITATION COMMITTEE DECISIONS**

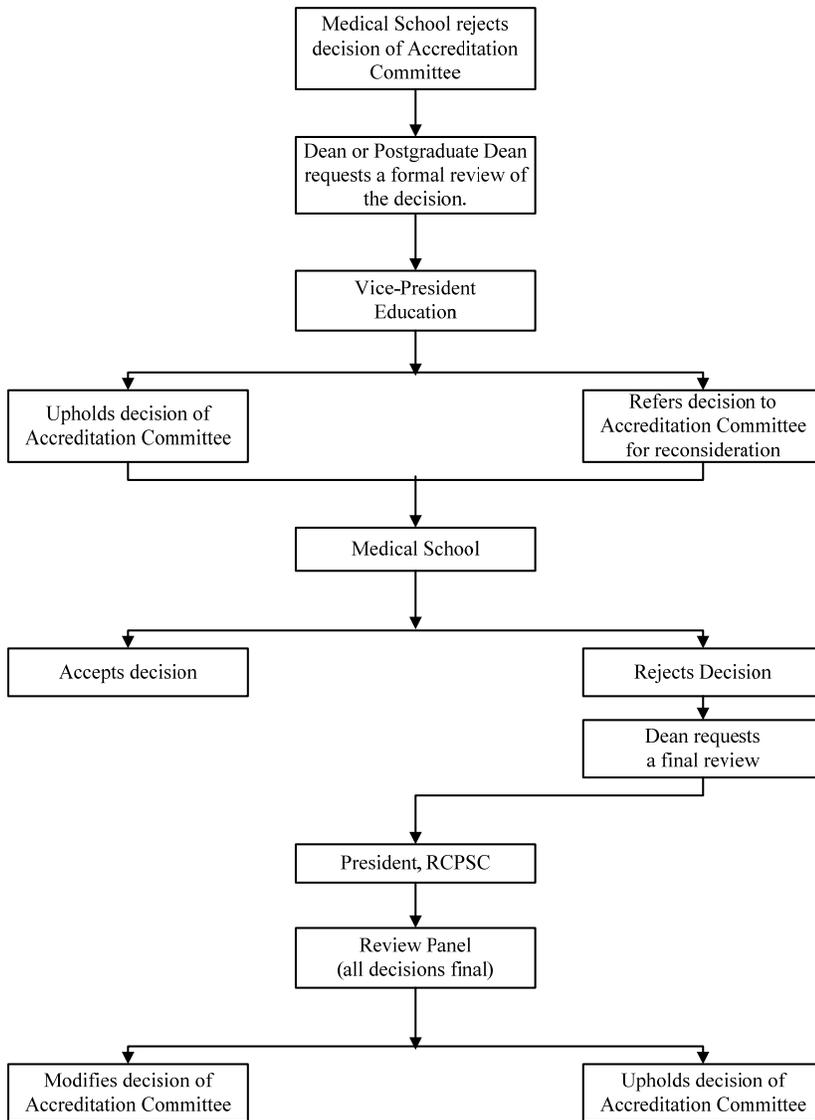
Despite the checks and balances in the accreditation process, there may be occasions when medical school faculty feel that a decision taken by the Accreditation Committee is unfair or in error. Most often, this view is based upon a concern that facts were not obtained or were misinterpreted by the survey team, that inordinate weight was placed on some areas of weakness in a program by the survey team or Accreditation Committee, that the accreditation standards were misinterpreted or misapplied, or that the Committee was unusually harsh in its decision.

A review mechanism (Fig. 2) is available if the faculty of a medical school feels strongly that a decision is incorrect or unjust. It must be emphasized that a review of a decision of the Accreditation Committee must be based upon information available at the time of the survey. Changes or improvements in the program following the survey cannot be considered in the review.

Postgraduate deans are urged to discuss concerns with the Director of Education prior to requesting a formal review of a Committee decision. Should a medical school wish a review of an Accreditation Committee decision, the request must be submitted within 60 days of the date of the letter transmitting the decision of the Accreditation Committee to the school.

The Vice-President of Education conducts the initial review, and will be provided with the information which was available to the survey team and the Accreditation Committee as well as the reasons given by the medical school for requesting the review. Where the Vice-President of Education has a conflict of interest, (e.g., because of being a faculty member in the medical school requesting the review or having been involved in the survey or Accreditation Committee decision) the Director of Education will appoint another member of the Education Committee to act as reviewer. If the Vice-President of Education refers the decision back to the Accreditation Committee, the Committee will review the program at its next regularly scheduled meeting. All relevant material will be reviewed in depth by a panel of three members of the Accreditation Committee who will present their findings to the Committee for discussion and decision. The reconsidered decision will be transmitted to the dean of the medical school. If the Vice-President of Education does not consider that there are grounds for a review by the Accreditation Committee, the dean of the medical school will be so informed.

If the medical school faculty wishes to appeal this decision, or does not accept the reconsidered decision of the Accreditation Committee, the dean may direct a letter to the President of the College requesting a final review. A review panel of three persons, at least two of whom are Council members, will be appointed by the Executive Committee to act on behalf of the Council of the College. One member will be a specialist in the discipline of the program under review, and at least one member will be experienced in the accreditation process. No member of the panel shall be a member of the Accreditation Committee, have acted in the survey under review, or be a faculty member of the medical school involved. The panel will be provided with information identical to that provided to the Vice-President of Education and the Accreditation Committee. The panel will base its decision on the information available at the time of the survey. Changes or improvements in the program following the survey cannot be considered in the review. The review panel may uphold the decision of the Accreditation Committee or may modify the decision of the Committee. The decision of the review panel is final.



**Figure 2: Process of review of Accreditation Committee decisions**

## **10. INTER-UNIVERSITY RESIDENCY PROGRAMS**

The College accredits only those programs that are able to provide opportunities for residents to meet all of the educational requirements of the specialty or subspecialty concerned. Some medical schools have adequate resources and expertise to support a partial program but insufficient resources to support a full residency program. However, there are sometimes compelling reasons, such as regional physician resource requirements or the support of undergraduate medical education, for these medical schools to be involved in residency education in a particular specialty or subspecialty. The accreditation of inter-university programs attempts to address this need.

Inter-university affiliations must be reviewed and updated at the time of the regular survey of the sponsoring university.

The following guidelines describe the administrative arrangements required between two or more medical schools to provide an integrated inter-university residency program that would be acceptable to the College for accreditation purposes. *It should be noted that the exchange of residents between two fully accredited programs does not require special permission from the College.*

### **10.1 Program Completion**

This type of arrangement applies to situations in which a medical school has sufficient resources to provide most of the components for a program (sponsoring program) but lacks resources for one or more essential elements. In order to be accredited, the sponsoring program must make arrangements with an accredited program (receiving program) to receive residents and provide them with those program components that are lacking. Regardless of funding arrangements, the administrative arrangements for the resident rotations and evaluations must be controlled by the sponsoring program.

*Accreditation of the sponsoring program is conditional upon maintaining the inter-university affiliation until such time as its own resources are sufficient to provide a full program in the specialty or subspecialty.*

A university that would like to remove an inter-university affiliation because it has obtained the appropriate educational resources must inform the College and apply to the Accreditation Committee to remove the inter-university affiliation for completion of training.

Inter-university agreement forms are available from the Educational Standards Unit of the College.

### **10.2 Off-Site Locations**

This type of inter-university agreement applies to situations in which a medical school with an accredited program in a specialty or subspecialty (sponsoring university) has sufficient resources to provide a full program in the specialty or subspecialty but wishes to rotate residents for part of their program to selected educational sites at another university centre where there is no accredited program in the specialty or subspecialty (receiving university). In developing the inter-university agreement, there must be clear and effective communication links between the residency program committee and the receiving university. Regardless of funding arrangements, the administrative arrangements for the resident rotations and evaluations must be controlled by the sponsoring program.

The accreditation of the sponsoring program is not conditional upon maintaining this type of inter-university affiliation.

Inter-university agreement forms are available from the Educational Standards Unit of the College.

### **10.3 Conjoint Residency Programs**

This type of arrangement applies to situations in which two or more medical schools wish to cooperate in the development of a residency program rather than attempt to provide a full program within the resources of one school.

While recognizing the need to accredit conjoint programs, the College emphasizes that the integration of two or more programs must have positive advantages for residents. The integration should not be simply for the purpose of

redistributing services. The physical dislocation necessary for a resident to complete the conjoint program should not interfere in any major way with the education process.

*Accreditation of a conjoint program implies that a complete program in the specialty or subspecialty is not available at only one school. Accreditation of a conjoint program is, therefore, conditional upon maintaining the inter-university affiliation.*

Inter-university agreement forms are available from the Educational Standards Unit of the College.

## **11. SUBSPECIALTIES ACCREDITED WITHOUT CERTIFICATION**

Accreditation without certification is a mechanism for recognizing subspecialties whereby programs are accredited but there is no examination and certification by the College for individuals completing these programs. Instead, the university is responsible for ensuring that these individuals, upon completion of the program, are capable of acting as subspecialist consultants. The accreditation process must, therefore, ensure that programs are capable of providing such assurance.

Programs accredited without certification are subject to the general and specific standards of accreditation, as are all programs accredited by the College. In addition, the following regulations also apply:

- a. Residents must have completed at least three years in an appropriate entry specialty prior to beginning the program. This is the minimum prerequisite; in some subspecialties, entry requirements may be more than three years. Please refer to the "Specific Standards of Accreditation" for individual subspecialties.
- b. Residents must be registered with the postgraduate office of the medical school and enrolled in a Royal College accredited program throughout the entire program. Retroactive credit will not be considered.
- c. For each resident deemed by the program director to have completed the program, the following information must be submitted to the College:
  - an "Attestation of Program Completion" form on university letterhead,
  - a Final In-Training Evaluation Report.
- d. Residents must attain certification by the Royal College of Physicians and Surgeons of Canada in an appropriate entry specialty before being deemed to have completed all of the requirements of the subspecialty.
- e. Residents who satisfactorily complete all of the requirements of the subspecialty will receive official recognition from the College.
- f. Residents who do not meet all of the requirements for successful completion of the subspecialty because they do not have Royal College certification in the primary specialty may receive recognition from the University, at its discretion.
- g. All programs accredited without certification must submit an annual report to the College providing information on program applicants, all individuals in the program, and graduates of the program. An annual report form will be sent out from the Educational Standards Unit of the College requesting this information for the current academic year.
- h. Programs must develop a comprehensive assessment plan including assessment criteria and methods, based on the objectives of the program. As there is no summative evaluation at a national level, it is particularly important that the evaluation of residents in the program be rigorous and well documented.
- i. An internal review of new programs accredited without certification will be conducted within two years of the granting of new approval, a report of which must be submitted to the Accreditation Committee for review.

**The information in this booklet is available on  
the College Web Site at**

**<http://rcpsc.medical.org>**

For further information regarding accreditation, please contact:

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