



New developments in accreditation

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Dear Colleagues,

I have wanted for a long time to share with you some developments in the accreditation of family medicine (FM) residency programs. In a recent member survey, 80% of you recognized the importance of the role the CFPC plays in accrediting these programs.

First, a little bit of history. Dr Victor Johnston, the first Executive Director of the CFPC, saw the need for FM training standards even before the College was created in 1954. He wrote about this in the *Canadian Medical Association Journal* in 1952.¹ Canada's first 2 residency programs in FM were established in London, Ont, and Calgary, Alta, in 1966. By 1974 each of Canada's 16 medical schools at the time had a residency program and had received an accreditation visit. The purpose of an accreditation visit is to ensure that the standards set by the CFPC for the training of residents are being met. The visit is also an opportunity to provide a quality improvement lens for schools through an extensive peer-review process. Residents are required to have successfully completed their postgraduate training at an accredited medical school to be eligible to write the Certification examination and become fully certified family physicians.

Over the past 40 years, accreditation standards have changed to account for substantial evolution in the training of family physicians. The College standards moved from a program based primarily (80%) in non-FM hospital rotations to a requirement that more than 50% of clinical experience occur in FM settings. There has been collaboration with the Royal College of Physicians and Surgeons of Canada (RCPSC) regarding the generic accreditation standards that apply to all residency programs. We have also faced the challenges and opportunities of distributed learning. The latter is particularly important because FM programs, unlike RCPSC programs, are very large and are often distributed over wide geographic areas. This brings particular challenges in implementing common standards and ensuring that they are maintained. It affects the clinical experience in residency and the evaluation of residents. It also has implications for faculty development, the preparation of community preceptors, and the family practice and community hospital settings where residents learn and work.

The CFPC is responsible for the accreditation process and granting of accreditation status for FM residency, the RCPSC is responsible for accreditation of other


specialties, and the Collège des médecins du Québec is responsible for accreditation of programs located in Quebec. We do accreditation visits in a 6-year cycle and visit the programs together. A representative of the Federation of Medical Regulatory Authorities of Canada is a part of our accreditation team, as is a resident from Resident Doctors of Canada and a postgraduate dean. The visits are preceded by reviewing extensive documentation provided by each residency program.

Over the past few years, work has been done by all the partners to align processes where possible, introduce a continuous quality improvement component, find an easy-to-use platform to capture the data being collected and reviewed, and reduce the peaks and tensions related to the visits. An important stimulus for this has been the Canadian residency programs' move to competency-based medical education.

Some of the planned changes include the following:

- new accreditation standards with a greater emphasis on outcomes and iterative incorporation of competency-based elements;
- a reliable, reproducible framework for objective evaluation of the standards;
- a balanced accreditation cycle, moving away from purely "episodic" accreditation toward more "continuous" processes, supported by ongoing data monitoring and with follow-up occurring at predictable intervals;
- fully automated, data-driven processes with digital work flow; and
- enhanced support for volunteers and stakeholders, including a robust "surveyor pipeline" to recruit and train volunteers to conduct the peer-review process.

Another change being considered is a move to a longer cycle that would include activities at predictable intervals, such as data gathering and reporting from residents, graduates, and faculty, and program evaluation surveys.

Given the depth and breadth of this evolution, it is no surprise that the College now collaborates with other accrediting bodies in Canada, and is also being asked to share expertise and lessons learned with other nations interested in enhancing training standards for their medical professionals. The College plays an important role in upholding one of the most robust accreditation processes in the world. 

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Reference

1. Johnston WV. The accreditation of general practitioners. *Can Med Assoc J* 1952;67(5):452-4.

Cet article se trouve aussi en français à la page 359.