



Policy Name:	Internal Reviews of Residency Programs
Application/ Scope:	PGME Residency Programs
Approved (Date):	PGME Executive Committee, Sept. 17, 2013; Dean’s Council Oct. 8, 2013
Review Date:	Dec. 10, 2015
Revised (Date):	
Approved By:	Faculty Executive Council Dec. 10, 2013

BACKGROUND

The process of accreditation of specialty Residency Programs by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the Family Medicine Residency Program by the College of Family Physicians of Canada (CFPC) involves a six-year cycle of events. This includes University of Manitoba Internal Reviews of Residency Programs, occurring during the second and fifth year of the accreditation cycle. It is intended as a mechanism to assist the University of Manitoba in maintaining the quality of the Residency Programs and to provide the Faculty of Medicine PGME Executive Committee and the Residency Program Directors with valuable information about the strengths and weaknesses of their Residency Programs. This in turn enables the University of Manitoba Faculty of Medicine PGME program to take corrective measures before the next College survey.

The objectives of the University of Manitoba PGME Internal Review process are the following:

- To assess the strengths and weaknesses of each Residency Program
- To consider and evaluate all residency education sites, including elective experiences

DEFINITIONS

CFPC – College of Family Physicians of Canada

RCPSC – Royal College of Physicians and Surgeons of Canada

IRC – refers to the Internal Review Committee, a subcommittee of the Faculty of Medicine PGME Executive Committee, responsible for overseeing the Internal Review process, including the Pre-Survey Questionnaires as an integral part of the accreditation cycle for RCPSC and CFPC Residency Programs.

Accreditation Committee – refers to the committees of the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) responsible for overseeing the accreditation of Residency Programs/Educational sites in Canada.

PGME – Postgraduate Medical Education

1. PURPOSE

- 1.1 Provide oversight and guidance to the University of Manitoba Internal Review process for accreditation of specialty (RCPSC) and Family Medicine (CFPC) Residency Programs

2. STATEMENT OF POLICY

- 2.1 Direct responsibility for the quality of the University of Manitoba PGME Residency Programs rests with the Faculty of Medicine PGME Executive Committee and the Residency Program Directors.
- 2.2 The Internal Review is an integral part of the accreditation process and will occur as follows:
 - 2.2.1 Mid-way between external accreditation visits by the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC), at least two years prior to the regular RCPSC/CFPC visit
 - 2.2.2 As a follow up requirement from an external review
 - 2.2.3 By specific request, mandated by the CFPC/.RCPSC following New Program Approval or other circumstances, and will be conducted in the same manner as a College Survey
- 2.3 Repeat Internal Reviews will be conducted on Residency Programs with serious identified weaknesses
- 2.4 All Program Directors will participate as an internal reviewer for at least one other Residency Program. For new Program Directors, this role of internal reviewer is particularly beneficial as they prepare for accreditation
- 2.5 All residents must be allowed the opportunity to participate in an Internal Review as part of the CanMEDS Scholar and Manager roles.
- 2.6 No formal recommendation of status will be made by the review team.
- 2.7 Internal Review reports are deemed to be internal documents of the University of Manitoba. However, reports of the Internal Review of all Residency Programs are to be provided to the accreditation survey team Chair prior to the regular College survey to enable the Chair to assess the efficacy of the Internal Review process.
- 2.8 Except for those Residency Programs for which Internal Reviews have been mandated by the Royal College Accreditation Committee, or at the discretion of the Program Director, internal review reports are not available for review by the surveyors at the time of a survey and are not used by the RCPSC or CFPC in making decisions regarding the accreditation status of individual programs.

3. PROCEDURES

- 3.1 The PGME Office will maintain a listing of all mandated Internal and External Reviews by date and will update the PGME Executive Committee and the Internal Review Committee of the listing, annually or as required.
- 3.2 The Faculty PGME Internal Review Committee (IRC) is a Subcommittee of the Faculty of Medicine PGME Executive Committee and will be responsible for overseeing the University of Manitoba PGME Internal Review process. The IRC shall meet as subject to the call of the Chair.
 - 3.2.1 The IRC will consist of the following members:
 - 3.2.1.1 Chair – appointed by the Associate Dean, PGME
 - 3.2.1.2 Faculty Lead, PGME Core Curriculum
 - 3.2.1.3 Chair, Basic Clinical Year (BCY) Subcommittee
 - 3.2.1.4 Faculty Lead, PGME
 - 3.2.1.5 Chairpersons of the PGME Residency Program Committees of Surgery, Internal Medicine, Pediatrics and Family Medicine
 - 3.2.1.6 Five (5) Residency Program Directors from primary Residency Programs appointed by the Associate Dean, PGME
 - 3.2.1.7 Consultant(s) from the Department of Medical Education
 - 3.2.1.8 Two (2) residents appointed by the Professional Association of Residents and Interns of Manitoba (PARIM)
 - 3.2.1.9 Other members as necessary invited by the Chair
 - 3.2.2 The Internal Review Committee will oversee and implement the Internal Review process, as follows:
 - 3.2.2.1 Develop and distribute the **master schedule** of all Internal Reviews of Residency Programs in accordance with the accreditation cycle timelines and annually review and update the schedule using the information received from the PGME Office.
 - 3.2.2.2 Program Directors and the Provincial Association of Residents and Interns of Manitoba (PARIM) will be advised of the dates and programs requiring Internal Reviewers and asked for their time and assistance.
 - 3.2.2.3 The Faculty PGME Office will assist the IRC in selecting members of the Internal Review teams and in the review and distribution of pertinent accreditation documents to team members as described in 3.3.

3.2.2.4 Select Survey team members for the Residency Program Internal Reviews

3.2.2.5 Review pre-survey documentation and provide Residency Program Directors and Site Directors with any revisions for consideration

3.2.2.6 Review documentation, including the following:

3.2.2.6.1 Residency Program/Site Pre-Survey Questionnaires

3.2.2.6.2 Internal Review Reports

3.2.2.6.3 Residency program/Site Director's Response to the report

3.2.2.6.4 Specialty-specific documents (for RCPSC Residency Programs)

3.2.2.6.5 Previous internal and external reports

3.2.2.7 Provide recommendations for additional strengths or weaknesses of the Residency Program/Site as they pertain to the Residency Program's compliance with accreditation standards, as well as recommendations for follow-up action. The recommendations will be submitted to the Associate Dean, PGME and to the Faculty of Medicine PGME Executive Committee according to the timelines of the accreditation cycle.

3.3 The Faculty PGME Office will assist the Internal Review Committee in reviewing the pre-survey documentation and providing the Residency Program/Site Directors with any revisions for consideration. Pertinent reference documents include the following:

3.3.1 Program/Site Pre-Survey Questionnaires

3.3.2 Internal Review Schedule

3.3.3 General Standards of Accreditation Booklet (B Standards)

3.3.4 Specialty-Specific Documents as follows:

3.3.4.1 Objectives of Training

3.3.4.2 Specialty Training Requirements

3.3.4.3 Specific Standards of Accreditation

3.3.5 Internal Review Report Template for completion and submission to the Faculty PGME Office

3.4 The **Residency Program under review** is responsible for the provision of documents to the Associate Dean, PGME at least two weeks prior to the internal review, for distribution

from the Associate Dean's Office to the internal reviewers at least one week prior to the review. Documentation includes:

- 3.4.1 The Pre Survey Questionnaires Part I (B Standards) and II (B Standard Resources)
 - 3.4.2 Residency Program Committee minutes – most recent, two years
 - 3.4.3 Overall and rotation specific goals and objectives
 - 3.4.4 Residency Program- specific safety policy
 - 3.4.5 Other documents as requested to be reviewed on site – e.g. resident files and evaluations
- 3.5 The **Internal Review Team** for each Residency Program should include the following members:
- 3.5.1 A member of the postgraduate medical education committee, preferably a program director from another program;
 - 3.5.2 a faculty member from another discipline who is experienced in postgraduate medical education; and
 - 3.5.3 One (1) resident from another Residency Program appointed by PARIM
- 3.6 One member of the Team, designated by the Associate Dean, will act as the review team chair and be responsible for coordinating the completion of a written report to be submitted to the postgraduate office.
- 3.7 Under certain circumstances, the Team members may vary at the discretion of the Associate Dean or on the advice of the CFPC/RCPSC including the invitation of external expertise.
- 3.8 The Associate Dean, PGME will ensure there is no conflict of interest in the selection of the team, avoiding personal relationships, personal disagreements, reporting relationships.
- 3.9 The itinerary template generally used for an internal review will include the following series of interviews. May also include other individuals as requested by the review team and/or site visits as required. Larger programs with distributed sites may require a modified schedule of more than one day.

PROPOSED SCHEDULE	REQUIRED MEETINGS
START TIME / 45 min.	Document Review
30 minutes	Meet with Residency Program Director
60 minutes	Meet with Department Head
60 minutes	Meet with the Residents
60 minutes	Meet with Residency Training Program Committee & Faculty teachers <ul style="list-style-type: none"> • The Program Director attends the first half of the meeting and then is excused • The Department Head is excused for the whole meeting
30 minutes	Internal Reviewers meet
30 minutes	Exit meet with Program Director – optional but most plan for this

3.10 The role of each Internal Review Team includes the following:

3.10.1 Review of all pre-survey documentation, including previous survey report(s) and Pre-Survey Questionnaire from the College

3.10.2 Conduct a series of interviews as noted above

3.10.3 Review of all education sites and elective experiences

3.10.4 Assess the quality of the Residency program, based on the general and specific standards of accreditation as outlined by the RCPSC and the CFPC

3.10.5 Completion of a written report to be submitted to the Associate Dean in a timely manner, within three weeks of the review, unless otherwise discussed with the Associate Dean PGME.

3.10.5.1 The Internal Review Report will be circulated by the Associate Dean, PGME to the members of the Faculty PGME Executive Committee and presented by the Chair or Member of the Review Team at a FPGME Executive Committee meeting that is attended by appropriate representatives of the Residency Program under review.

3.10.5.2 The Internal Review Report should include the strengths and weaknesses of the Residency Program and specific recommendations for continued development and improvement.

3.11 When an Internal Review of a Residency Program is **mandated** by the Accreditation Committee of the RCPSC or CFPC then the review should be conducted in the same manner as a College survey, as follows:

3.11.1 The Internal Review Team may be selected by the Associate Dean, PGME or by the Internal Review Committee, depending on the timing of the mandated Internal Review in relation to the accreditation cycle. The Associate Dean, PGME will have the final prerogative in that regard.

3.11.2 Internal Review Reports are to be submitted to the Accreditation Committee of the College by the Associate Dean, PGME. The reports must comply with the following:

3.11.2.1 Include a narrative that addresses each of the general standards of accreditation

3.11.2.2 Include a summary of the strengths and weaknesses of the Residency Program

3.11.2.3 **Not** include a recommendation on the accreditation status for the Residency Program

3.11.2.4 Include basic factual information on the Residency Program as provided in the College Pre-Survey Questionnaire.

3.11.2.5 Include a separate written report from the residents in the Residency Program, prepared by the resident representative(s) on the Residency program Committee, including the following:

3.11.2.5.1 Strengths of the Residency Program

3.11.2.5.2 Weaknesses previously identified in the Residency Program and the residents' perception of how well these have been addressed

3.11.2.5.3 Any significant changes in the Residency Program since the last review

3.11.3 The Associate Dean, PGME should provide the Internal Review Team with a copy of the report from the residents in the Residency Program

3.12 The Program will be required to work towards on compliance with any standards or issues identified through the review.

POLICY CONTACT: Associate Dean, PGME

RELATED DOCUMENTS / REFERENCES

Royal College of Physicians and Surgeons, "General Information Concerning Accreditation of Residency Programs" , 2006

http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/genaccred_e.pdf

Queen's University, Postgraduate Medical Education Internal Review Policy

http://meds.queensu.ca/education/postgraduate/policies/internal_reviews

Northern Ontario School of Medicine, Internal Review of Postgraduate Program Policy, 2008

<http://www.nosm.ca/education/pgme/general.aspx?id=13215>