

General Standards of Accreditation for Residency Programs

CENTRAL FAMILY MEDICINE

Version 3.0

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Standards

DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the residency program.

STANDARD 1: There is an appropriate organizational structure, with leadership and program administrative personnel to support the residency program, teachers, and residents effectively.

Element 1.1: The program director leads the residency program effectively.

Requirement(s)	Indicator(s)
1.1.1: The program director is available to oversee and advance the residency program.	1.1.1.1: The program director has sufficient protected time to oversee and advance the residency program in accordance with the postgraduate office guidelines, and as appropriate for the size and complexity of the program. 1.1.1.2 (Modified): The program director is accessible and responsive to the input, needs, and concerns of residents directly or through the appropriate channels. 1.1.1.3 (Modified): The program director is accessible and responsive to the input, needs, and concerns of teachers and members of the residency program committee directly or through the appropriate channels. 001_1.1.1.4: The family medicine program director is accessible and responsive to the needs and concerns of all site directors and the enhanced skills program director. 001_1.1.1.5: The enhanced skills program director and the site directors have a reporting responsibility to the family medicine program director.
1.1.2: The program director has appropriate support to oversee and advance the residency program.	1.1.2.1: The faculty of medicine, postgraduate office, and academic lead of the discipline provide the program director with sufficient support, autonomy, and resources for the effective operation of the residency program. 1.1.2.2: Administrative support is organized and adequate to support the program director, the residency program, and residents.

	001_1.1.2.3: There is a deliberate process in place that effectively supports individuals transitioning into program and site leadership roles.
1.1.3: The program director provides effective leadership for the residency program.	1.1.3.1: The program director promotes a culture of inclusion that enables members of the residency program committee, residents, teachers, and others as required to identify needs and implement changes. 1.1.3.2: The program director advocates for equitable, appropriate, and effective educational experiences. 1.1.3.3: The program director communicates with individuals involved in the residency program effectively. 1.1.3.4: The program director anticipates and manages conflict effectively. 001_ 1.1.3.5: The program director protects the rights and confidentiality of residents and teachers. 1.1.3.6 (Modified): The program director respects the diversity of residents and teachers and fosters leadership for change in medical education. 1.1.3.7: The program director demonstrates active participation in professional development in medical education. <i>1.1.3.8 [Exemplary]: The program director demonstrates a commitment to and facilitates educational scholarship and innovation.</i>

Element 1.2: There is an effective and functional residency program committee structure to support the program director in planning, organizing, evaluating, and advancing the residency program.

Requirement(s)	Indicator(s)
1.2.1: The residency program committee structure is composed of appropriate individuals involved in the residency program.	1.2.1.1 (Modified): Major academic, clinical, and administrative components, including relevant administrative learning sites, are represented on the residency program committees (Family medicine RPC and Site RPCs). 1.2.1.2 (Modified): There is an effective, fair, and transparent process for residents to select their representatives on the residency program committee ensuring adequate input from all sites. 1.2.1.3: There is an effective process for individuals involved in resident wellness and safety program/plans to provide input to the residency program committee.

1.2.1.4 [Exemplary]: There is an effective process for individuals responsible for the quality of care and patient safety at learning sites to provide input to the residency program committee.

001_1.2.1.5 [Exemplary]: In meeting its social accountability mandate, the residency program committee seeks input from community collaborating parties and experts including those from Indigenous, rural, and vulnerable population groups.

1.2.2: The residency program committee has a clear mandate to manage and evaluate the key functions of the residency program.

1.2.2.1: There are clearly written terms of reference that address the composition, mandate, roles, and responsibilities of each member; accountability structures; decision-making processes; lines of communication; and meeting procedures.

1.2.2.2: The terms of reference for the residency program committee are regularly reviewed and refined, as appropriate.

1.2.2.3 (Modified): The mandate of the residency program committee is to oversee planning and organizing the core residency program, including selection of residents, educational design, policy and process development, safety, resident wellness, assessment of resident progress, and continuous improvement.

1.2.2.4: The residency program committee documentation describes how it fulfills its mandate effectively.

1.2.2.5 (Modified): The residency program committee structure includes a competence committee, assessment committee, or equivalent body responsible for reviewing each residents' achievements and overall progression to determine readiness for increasing professional responsibility, promotion, readiness for examination, and transition to practice.

1.2.3: There is an effective and transparent decision-making process that includes input from residents and others involved in the residency program.

1.2.3.1 (Modified): Members of the residency program committee are actively involved in a collaborative decision-making process, including regular attendance at and active participation in committee meetings where appropriate.

1.2.3.2: The residency program committee actively seeks feedback from individuals involved in the residency program, discusses issues, develops action plans, and follows up on identified issues.

1.2.3.3: There is a culture of respect for residents' opinions by the residency program committee.

1.2.3.4: Actions and decisions are communicated in a timely manner to the residency program's residents, teachers, and administrative personnel, and to the academic lead of the discipline and others responsible for the delivery of the residency program, as appropriate.

STANDARD 2: All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.

Element 2.1: Effective policies and processes to manage residency education are developed and maintained.

Requirement(s)	Indicator(s)
2.1.1: The residency program committee has well-defined, transparent, and effective policies and processes to manage residency education.	2.1.1.1: There is an effective mechanism to review and adopt applicable institution and learning site policies and processes.
	2.1.1.2: There is an effective and transparent mechanism to collaboratively develop and adopt required program and discipline-specific policies and processes.
	2.1.1.3: There is an effective mechanism to disseminate the residency program's policies and processes to residents, teachers, and administrative personnel.
	2.1.1.4: All individuals with responsibility in the residency program follow the institution's policies and procedures regarding ensuring appropriate identification and management of conflicts of interest.

Element 2.2: The program director and residency program committee communicate and collaborate with individuals involved in the residency program.

Requirement(s)	Indicator(s)
2.2.1: There are effective mechanisms to collaborate with the division/department, other programs, and the postgraduate office.	2.2.1.1: There is effective communication between the residency program and the postgraduate office.
	2.2.1.2: There are effective mechanisms for the residency program to share information and collaborate with the division/department.
	2.2.1.3: There is collaboration with the faculty of medicine's undergraduate medical education program and with continuing professional development programs, including faculty development, as appropriate.
	2.2.1.4 (Modified): There is collaboration with other health professions to provide shared educational experiences for learners across the spectrum of health professions.

Element 2.3: Learning sites are organized to meet the requirements of the discipline.

Requirement(s)	Indicator(s)
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2.3.1: There is a well-defined, transparent, and effective process to select the residency program's learning sites.	2.3.1.1: There is an effective process to select, organize, and review the residency program's learning sites based on the required educational experiences. 2.3.1.2: Where learning sites are unable to provide all educational requirements, the residency program committee, in collaboration with the postgraduate office, recommends and helps establish inter-institution affiliation (IIA) agreement(s) to ensure residents acquire the necessary competencies.
2.3.2: Each learning site has an effective organizational structure to facilitate education and communication.	2.3.2.1 (Modified): Each administrative learning site has a site director and appropriate administrative support responsible to the residency program committee. 2.3.2.2 (Modified): There is effective communication and collaboration between the residency program committee and the site directors for each administrative learning site to ensure program policies and procedures are followed.

DOMAIN: EDUCATION PROGRAM

The *Education Program* domain includes standards focused on the planning, design, and delivery of the residency program.

NOTE: Time-based residency programs are planned and organized around educational objectives linked to required experiences, whereas Competency Based Medical Education (CBME) residency programs are planned and organized around competencies required for practice. The Education Program domain standards have been written to accommodate both.

STANDARD 3: Residents are prepared for independent practice.

Element 3.1: The residency program's educational design is based on outcomes-based competencies and/or objectives that prepare residents to meet the needs of the population(s) they will serve in independent practice.

Requirement(s)	Indicator(s)
3.1.1: Educational competencies and/or objectives are in place that ensure residents progressively meet all required standards for	3.1.1.1 (Modified): The competencies are designed to meet the goals of training defined in the Program Goals and Guiding Principles. 3.1.1.2 (Modified): The competencies address each of the roles in the CanMEDS-FM Framework.

the discipline and address societal needs.

3.1.1.3 (Modified): The competencies articulate different expectations for the resident during training.

3.1.1.4 (Modified): Local and regional community and societal needs are considered in the design of the residency program.

001_3.1.1.5 [Exemplary]: *The Indigenous context is considered in the design of the residency program's competencies.*

Element 3.2: The residency program provides educational experiences designed to facilitate residents' attainment of the outcomes-based competencies and/or objectives.

Requirement(s)	Indicator(s)
3.2.1: Educational experiences are guided by competencies and/or objectives and provide residents with opportunities for increasing professional responsibility at each stage or level of training.	3.2.1.1: The educational experiences are defined specifically for and/or are mapped to the competencies and/or objectives.
	3.2.1.2 (Modified): The educational experiences are chosen at both the program and administrative site level to ensure residents meet the family medicine goals of training.
	3.2.1.3: The educational experiences are appropriate for residents' stage or level of training and support residents' achievement of increasing professional responsibility to the level of independent practice.
	001_3.2.1.4: The educational experiences provide opportunities for the development of competence in continuity of care.
	001_3.2.1.5: The educational experiences provide opportunities for the development of competence in comprehensive care.
	001_3.2.1.6: The educational experiences are centred in family medicine.
	001_3.2.1.7: The educational experiences ensure there is continuity of education.
	001_3.2.1.8: The educational experiences provide opportunities for the development of community-adaptive competence.
	001_3.2.1.9: The educational experiences provide opportunities for the development of competence in the care of rural, Indigenous, and underserved populations.
	001_3.2.1.10: The educational experiences provide training in rural environments.
3.2.2: The residency program uses a comprehensive	3.2.2.1: There is a clear curriculum plan that describes the educational experiences for residents.

curriculum plan, which is specific to the discipline, and addresses all the CanMEDS-FM Roles.

3.2.2.2 (Modified): The curriculum plan incorporates all program educational objectives.

3.2.2.3 (Modified): The curriculum plan addresses expert instruction and experiential learning opportunities for each of the CanMEDS-FM Roles with a variety of suitable learning activities.

3.2.2.4: The curriculum plan includes training in continuous improvement, with emphasis on improving systems of patient care, including patient safety, with opportunities for residents to apply their training in a project or clinical setting.

3.2.2.5: The curriculum plan includes educational programming to develop skills around physician wellness at various stages of the physician life cycle.

3.2.2.6: The curriculum plan includes fatigue risk management, specifically education addressing the risks posed by physician impairment to the practice setting, and the individual and organizational supports available to manage the risk.

001_3.2.2.7: There is a curriculum plan that describes the experiences that ensure residents have the opportunity to meet the goals of training.

001_3.2.2.8: The curriculum plan for family medicine requires a minimum of 24 months of training.

001_3.2.2.9: The curriculum plan provides opportunities for residents to undertake quality improvement initiatives, including using practice-based data.

3.2.3: The educational design allows residents to identify and address individual learning objectives.

3.2.3.1 (Modified): Individual residents' educational experiences are tailored to accommodate their learning needs and future career aspirations, while meeting the goals of training for family medicine.

3.2.3.2: The residency program fosters a culture of reflective practice and lifelong learning among its residents.

3.2.4: Residents' clinical responsibilities are assigned in a way that supports the progressive acquisition of competencies and/or objectives, as outlined in the CanMEDS-FM Roles.

3.2.4.1: Residents' clinical responsibilities are assigned based on level or stage of training and their individual level of competence.

3.2.4.2: Residents' clinical responsibilities, including on-call duties, provide opportunities for progressive experiential learning, in accordance with all CanMEDS-FM Roles.

3.2.4.3 (Modified): Residents are assigned to clinical, educational, and other experiences in an equitable manner, such that all residents have opportunities to meet their educational needs and to achieve the expected competencies and/or objectives of the residency program.

	3.2.4.4: Residents’ clinical responsibilities do not interfere with their ability to participate in mandatory academic activities. 001_3.2.4.5: Residents’ clinical educational experiences are organized to facilitate responsibility for continuity of care. 001_3.2.4.6: Residents have access to information regarding progress toward their attainment of competencies in a timely manner.
3.2.5: The educational environment supports and promotes resident learning in an atmosphere of scholarly inquiry.	3.2.5.1 (Modified): Residents have access to, and mentorship for, a variety of scholarly opportunities, including research and quality improvement. 3.2.5.2: Residents have protected time to participate in scholarly activities, including research as appropriate. 3.2.5.3: Residents have protected time to participate in professional development to augment their learning and/or to present their scholarly work. 001_3.2.5.4: Resident scholarly activity includes support for the development of their competency as teachers.

Element 3.3: Teachers facilitate residents’ attainment of competencies and/or objectives.

Requirement(s)	Indicator(s)
3.3.1: Resident learning needs, stage or level of training, and other relevant factors are used to guide all teaching to support resident attainment of competencies and/or objectives.	3.3.1.1: Teachers use experience-specific competencies and/or objectives to guide educational interactions with residents. 3.3.1.2: Teachers align their teaching appropriately with residents’ stage or level of training, and individual learning needs and objectives. 3.3.1.3: Teachers contribute to the promotion and maintenance of a positive learning environment. 3.3.1.4: Residents’ feedback to teachers facilitates the adjustment of teaching approaches and learner assignments, as appropriate, to maximize the educational experiences. 001_3.3.1.5: An identified teacher works longitudinally with the resident to assist them in reflecting on progress toward achieving competence for independent practice as described in the competency-coach definition in the FTA Framework.

Element 3.4: There is an effective, organized system of resident assessment.

Requirement(s)	Indicator(s)
3.4.1: The residency program has a planned, defined, and	3.4.1.1: The system of assessment is based on residents’ attainment of experience-specific competencies and/or objectives.

implemented system of assessment.

3.4.1.2: The system of assessment clearly identifies the methods by which residents are assessed for each educational experience.

3.4.1.3 (Modified): The system of assessment clearly identifies the level of performance expected of residents based on level or stage of training; for family medicine, at minimum, this applies to the promotion and completion of training.

3.4.1.4: The system of assessment includes identification and use of appropriate assessment tools tailored to the residency program's educational experiences, with an emphasis on direct observation where appropriate.

3.4.1.5 (Modified): The system of assessment ensures that for completion of training, residents are assessed on achievement of the CFPC's assessment objectives.

3.4.1.6: The system of assessment is based on multiple assessments of residents' competencies during the various educational experiences and over time, by multiple assessors, in multiple contexts.

3.4.1.7: Teachers are aware of the expectations for resident performance based on level or stage of training and use these expectations in their assessments of residents.

001_3.4.1.8: The system of assessment is designed around a process of continuous reflective assessment, with a focus on guided periodic review of progress.

001_3.4.1.9: The system of assessment is implemented at all administrative learning sites.

3.4.2: There is a mechanism in place to engage residents in regular discussions for review of their performance and progression.

3.4.2.1: Residents receive regular, timely, meaningful, in-person feedback on their performance.

3.4.2.2: The program director and/or an appropriate delegate meet(s) regularly with residents to discuss and review their performance and progress.

3.4.2.3: Residents' progress toward the attainment of competencies is documented in a secure, individual portfolio.

3.4.2.4: Residents are aware of the processes for assessment and decisions around promotion and completion of training.

3.4.2.5: The residency program fosters an environment where formative feedback is actively used by residents to guide their learning.

	3.4.2.6 (Modified): Residents and teachers have shared responsibility for recording residents' learning and achievement of competencies and/or objectives at each level or stage of training. 001_3.4.2.7: Residents have access to information regarding progress toward their attainment of competencies in a timely manner. 001_3.4.2.8: Periodic reviews of resident performance are used to guide development of learning plans and adapt educational experiences to meet a resident's educational needs.
3.4.3: There is a well-articulated process for decision-making regarding resident progression, including the decision on satisfactory completion of training.	3.4.3.1 (Modified): The competence committee, assessment committee, or equivalent body regularly reviews residents' achievements and overall progression, to determine readiness for increasing professional responsibility, promotion, and transition to practice based on the program's system of assessment. 3.4.3.2 (Modified): The competence committee, assessment committee, or equivalent body makes a summative assessment regarding residents' readiness for certification and independent practice, as appropriate and using the process set out in the CRAFT document. Indicator 3.4.3.3 is not applicable. 3.4.3.4: The competence committee, assessment committee, or equivalent body is able to access resident assessment data in a way that supports its recommendations and decision-making about resident progress in alignment with assessment guidelines. 3.4.3.5 [Exemplary]: <i>The competence committee, assessment committee, or equivalent body uses advanced assessment methodologies such as data visualization, reporting, and analytical tools to inform recommendations and decisions, as appropriate, on resident progress.</i>
3.4.4: The system of assessment allows for timely identification of and support for residents who are not attaining the required competencies or objectives as expected.	3.4.4.1: Residents are informed in a timely manner of any concerns regarding their performance and/or progression. 3.4.4.2: Residents who are not progressing as expected are provided with the required support and opportunity to improve their performance, as appropriate. 3.4.4.3: Any resident requiring formal remediation and/or additional educational experiences is provided with: • a documented plan detailing objectives of the formal remediation and their rationale; • the educational experiences scheduled to allow the resident to achieve these objectives; • the assessment methods to be employed;

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- the potential outcomes and consequences;
 - the methods by which a final decision will be made as to whether the resident has successfully completed a period of formal remediation; and
 - the appeal process.
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DOMAIN: RESOURCES

The *Resources* domain includes standards focused on ensuring resources are sufficient for the delivery of the education program, and ultimately to ensure that residents are prepared for independent practice.

STANDARD 4: The delivery and administration of the residency program are supported by appropriate resources.

Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with the educational experiences needed to acquire all competencies and/or objectives.

Requirement(s)	Indicator(s)
4.1.1: The patient population is adequate to ensure that residents experience the breadth of the discipline.	4.1.1.1: The residency program provides access to a sufficient volume and variety of patients appropriate to the discipline. 4.1.1.2 (Modified): The residency program provides access to diverse patient populations and environments that align with the community and societal needs for the discipline, which includes but not limited to rural, Indigenous, and underserved populations.
4.1.2: Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.	4.1.2.1: The residency program has access to the variety of learning sites specific to the scope of practice of the discipline. 4.1.2.2 (Modified): The residency program has access to appropriate consultative services to meet the standards for the discipline. 4.1.2.3 (Modified): The residency program has access to appropriate diagnostic services and laboratory services to meet both residents' competencies and/or objectives for the delivery of quality care.

4.1.2.4: Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.

001_4.1.2.5: Residents have educational experiences in environments with variable resources.

001_4.1.2.6: [Exemplary] *Residents have experience in a Patient's Medical Home learning environment.*

4.1.3: The residency program has the necessary financial, physical, and technical resources.

4.1.3.1 (Modified): There are adequate financial resources for the residency program to meet the standards for the discipline.

4.1.3.2: There is adequate space for the residency program to meet educational requirements.

4.1.3.3: There are adequate technical resources for the residency program to meet the specific requirements for the discipline.

4.1.3.4: Residents have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, and patient records.

4.1.3.5 (Modified): The program director, site directors, residency program committee, and administrative personnel have access to adequate space, information technology, and financial support to carry out their duties.

001_4.1.3.6: There are adequate technical resources to support and encourage distance/online learning and communication.

001_4.1.3.7: There is an effective process for program leaders to identify, advocate for, and plan for resources needed by the residency program and its learning sites.

Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.

Requirement(s)	Indicator(s)
4.2.1: Teachers appropriately implement the residency curriculum, supervise and assess residents, and contribute to the program.	4.2.1.1: The number, credentials, competencies, and scope of practice of the teachers are adequate to provide the breadth and depth of the discipline, including required clinical teaching, academic teaching, assessment, and feedback to residents.
	4.2.1.2: The number, credentials, competencies, and scope of practice of the teachers are sufficient to supervise residents in all clinical environments, including when residents are on-call and when providing care to patients, as part of the residency program, outside of a learning site.

4.2.1.3: There are sufficient competent individual supervisors to support a variety of resident scholarly activities, including research as appropriate.

4.2.1.4: There is a designated individual who facilitates the involvement of residents in scholarly activities, including research as appropriate, and who reports to the residency program committee.

001_4.2.1.5: There is coordination with other residency programs to ensure that appropriate teaching and assessment for family medicine residents are provided.

001_4.2.1.6: For the core family medicine program, all family physician teachers and leaders who have a major responsibility in the teaching and assessment of residents hold (or are pursuing) Certification in the College of Family Physicians of Canada (CCFP) or hold (or are pursuing) a specialist certificate in family medicine from the Collège des Médecins du Québec (CMQ).

001_4.2.1.7: All physician teachers who have responsibility for the core teaching and assessment of residents hold an academic university appointment.

001_4.2.1.8: The family medicine program director and all individuals in leadership positions in the department hold (or are pursuing) certification and are in good standing with the CFPC or with the CMQ.

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

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

STANDARD 5: Safety and wellness are promoted throughout the learning environment.

Element 5.1: The physical, psychological, cultural, and professional safety and wellness of patients and residents are actively promoted.

Requirement(s)	Indicator(s)
5.1.1: Residents are appropriately supervised.	5.1.1.1: Residents and teachers follow institution policies and any program-specific policies regarding the supervision of residents, including ensuring the physical presence of the

	appropriate supervisor, when mandated, during acts or procedures performed by the resident, and ensuring supervision is appropriate for the level or stage of training. 5.1.1.2: Teachers are available for consultation regarding decisions related to patient care in a timely manner. 5.1.1.3: Teachers follow the policies and processes for disclosure of resident involvement in patient care, and for patient consent for such participation.
5.1.2: Residency education occurs in a physically, psychologically, culturally, and professionally safe learning environment.	5.1.2.1: Safety is actively promoted throughout the learning environment for all those involved in the residency program. 5.1.2.2: Well-defined, transparent, and effective policies and processes are in place addressing residents' physical safety. 5.1.2.3: Well-defined, transparent, and effective policies and processes are in place addressing residents' psychological safety. 5.1.2.4: Well-defined, transparent, and effective policies and processes are in place addressing residents' cultural safety. 5.1.2.5: Well-defined, transparent, and effective policies and processes are in place addressing residents' professional safety. 5.1.2.6: Policies and processes regarding resident safety consider discipline, program, resident, and culturally specific contexts. 5.1.2.7: Policies and processes regarding resident safety effectively address both situations and perceptions of lack of resident safety and provide multiple avenues of access for effective reporting and management. 5.1.2.8: Concerns with the safety of the learning environment are appropriately identified and remediated. 5.1.2.9: Residents are supported and encouraged to exercise discretion and judgment regarding their personal safety, including fatigue. 5.1.2.10: Residents and teachers are aware of the process to follow if they perceive safety issues. 001_5.1.2.11: Administrators at all teaching sites are well aware of the process to follow when they or their residents perceive safety issues.
5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness.	5.1.3.1: There is a positive learning environment for all involved in the residency program. 5.1.3.2: Residents are aware of and able to access confidential wellness services that can support physical, psychological, cultural, and/or professional resident wellness concerns.

5.1.3.3: The institution's policies and processes regarding resident absences and educational accommodation are applied effectively.

5.1.3.4 (Modified): The program works with PGME and the university to effectively receive, respond to, and adjudicate incidents of discrimination, harassment, and other forms of mistreatment.

5.1.3.5: Residents are supported and encouraged to exercise discretion and judgment regarding their personal wellness.

001_5.1.3.6: Residents have access to and are aware of confidential support services to manage stress (e.g., financial, psychological, etc.) and illness.

001_5.1.3.7: Residents are supported through all phases of their assessment, including when in difficulty, during remediation, and during probation.

001_5.1.3.8 [Exemplary]: *There is a resilience and wellness committee structure where residents take a leadership role.*

STANDARD 6: Residents are treated fairly and supported adequately throughout the progression of their residency program.

Element 6.1: The progression of residents through the residency program is supported, fair, and transparent.

Requirement(s)	Indicator(s)
6.1.1: There are well-defined, transparent, and effective formal processes for the selection and progression of residents.	6.1.1.1: Processes for resident selection, promotion, remediation, dismissal, and appeals are applied effectively, transparently, and in alignment with applicable institution policies.
	6.1.1.2: The residency program encourages and recognizes resident leadership.
6.1.2: Guidance is available to facilitate resident achievement and success.	6.1.2.1: The residency program provides formal, timely career planning and counselling to residents throughout their progress through the residency program.
	001_6.1.2.2: Residents have access to a faculty adviser/competency coach.

STANDARD 7: Teachers deliver and support all aspects of the residency program effectively.

Element 7.1: Teachers are assessed, recognized, and supported in their development as positive role models for residents in the residency program.

Requirement(s)	Indicator(s)
7.1.1: Teachers are regularly assessed and supported in their development.	7.1.1.1: There is an effective process for the assessment of teachers involved in the residency program, aligned with applicable institution processes, that balances timely feedback with preserving resident confidentiality. 7.1.1.2: The system of teacher assessment ensures recognition of excellence in teaching and is used to address performance concerns. 7.1.1.3: Resident input is a component of the system of teacher assessment. 7.1.1.4: Faculty development for teaching that is relevant and accessible to teachers is offered on a regular basis. 7.1.1.5: There is an effective process to identify, document, and address unprofessional behaviour by teachers. 7.1.1.6: The residency program identifies and addresses priorities for faculty development within residency training. 001_7.1.1.7: Faculty development programs include a component in Indigenous health. 001_7.1.1.8 [Exemplary]: The <u>Fundamental Teaching Activities framework</u> is used in the faculty development process. 001_7.1.1.9 [Exemplary]: There is multi-source feedback for teachers. 001_7.1.1.10 [Exemplary]: There is a faculty development program that supports teachers in receiving feedback. 001_7.1.1.11 [Exemplary]: There is defined support for teachers regarding resident assessment as well as resident remediation processes. 001_7.1.1.12 [Exemplary]: Faculty development programs are informed by teacher assessments.
7.1.2: Teachers in the residency program are effective role models for residents.	7.1.2.1: Teachers exercise the dual responsibility of providing high quality and ethical patient care, and excellent supervision and teaching.

7.1.2.2 (Modified): Teachers contribute to academic activities of the residency program and institution, which may include, but are not limited to lectures, workshops, examination preparation, and internal reviews.

7.1.2.3: Teachers are supported and recognized for their contributions outside the residency program, including peer reviews, medical licensing authorities, exam boards, specialty committees, accreditation committees, specialty societies, and government medical advisory boards.

7.1.2.4: Teachers contribute to scholarship on an ongoing basis.

001_7.1.2.5: The residency program promotes and supports resiliency and well-being for their teachers.

001_7.1.2.6: The residency program considers role-modelling and engagement in quality improvement when selecting clinical learning sites.

STANDARD 8: Program administrative personnel are valued and supported in the delivery of the residency program.

Element 8.1: There is support for the continuing professional development of program administrative personnel.

Requirement(s)	Indicator(s)
8.1.1: There is an effective process for the professional development of the program administrative personnel.	8.1.1.1: There is a role description that outlines the knowledge, skills, and expectations for program administrative personnel.
	8.1.1.2: Program administrative personnel receive professional development, provided by the institution and/or through the residency program, based on their individual learning needs.
	8.1.1.3: Program administrative personnel receive formal and/or informal feedback on their performance in a fair and transparent manner, consistent with any applicable university, health organization, or union contracts.
	001_8.1.1.4: The residency program promotes and supports or advocates for resiliency and well-being for their administrative personnel.
	001_8.1.1.5: Administrative personnel are supported and able to access resources when dealing with residents in distress.

DOMAIN: CONTINUOUS IMPROVEMENT

The *Continuous Improvement* domain includes standards focused on ensuring a culture of continuous improvement is present throughout the residency program.

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

STANDARD 9: There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.

Element 9.1: The residency program committee systematically reviews and improves the quality of the residency program.

Requirement(s)	Indicator(s)
9.1.1: There is a well-defined, systematic process to regularly review and improve the residency program.	9.1.1.1: There is an evaluation of each of the residency program's educational experiences, including the review of related competencies and/or objectives.
	9.1.1.2: There is an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum.
	9.1.1.3: Residents' achievements of competencies and/or objectives are reviewed.
	9.1.1.4: The resources available to the residency program are reviewed.
	9.1.1.5: Residents' assessment data are reviewed.
	9.1.1.6: The feedback provided to teachers in the residency program is reviewed.
	9.1.1.7 (Modified): The residency program's leadership at the various learning sites is assessed.
	9.1.1.8: The residency program's policies and processes for residency education are reviewed.
	001_9.1.1.9: Program evaluation includes a review of data and information collected from all family medicine and enhanced skills learning sites and streams of training.
	001_9.1.1.10: There is a plan for systematic regular review of all elements of the program.

9.1.2: A range of data and information is used to inform the review and improvement of all aspects of the residency program.	9.1.2.1 (Modified): The process to review and improve the residency program uses various sources of data and input including feedback from residents, teachers, the program director, site directors, administrative personnel, and others as appropriate. 9.1.2.2: Information identified by the postgraduate office's internal review process and any data collected by the postgraduate office are used to support the review of the residency program. 9.1.2.3: Mechanisms for feedback take place in an open, collegial atmosphere. <i>9.1.2.4 [Exemplary]: Resident e-portfolios (or equivalent tools) are used to support the review of the residency program and its continuous improvement.</i> <i>9.1.2.5 [Exemplary]: The educational program is aware of and considers innovations in the discipline in Canada and abroad.</i> <i>9.1.2.6 [Exemplary]: Patient feedback is regularly used to improve the residency program.</i> <i>9.1.2.7 [Exemplary]: Feedback from recent graduates is regularly used to improve the residency program.</i> <i>001_9.1.2.8 [Exemplary]: Community feedback to improve the residency program is regularly used.</i> <i>001_9.1.2.9 [Exemplary]: Programs regularly evaluate how effective they are in preparing the residents to meet the health care needs of the populations they serve.</i>
9.1.3: Based on the data and information reviewed, strengths and areas for improvement are identified and addressed.	9.1.3.1: Areas for improvement are used to develop and implement relevant and timely action plans to improve the quality of the residency program. 9.1.3.2: The program director and residency program committee share identified strengths and areas for improvement, including associated action plans, with residents, teachers, program administrative personnel, and others as appropriate, in a timely manner. 9.1.3.3 (Modified): There is a clear and well-documented process to review the effectiveness of actions taken as part of the continuous quality improvement process.