



The College of  
Family Physicians  
of Canada

Le Collège des  
médecins de famille  
du Canada

## **General Guidelines for the Accreditation of Postgraduate Training**

## Preamble

As jurisdictions from other countries have approached the College of Family Physicians of Canada, seeking reciprocity of credentials, or recognition of training, it has become increasingly important that our College develops a rigorous and fair system for doing so. This system must also take into account the inevitable differences of context that exist in different countries and health care systems, and yet still ensure that physicians who have trained as family physicians elsewhere have been provided with all that is necessary for independent practice in Canada. It was clear that simply using the accreditation guidelines which our own training programs adhere to would not be appropriate, based as they are in the Canadian context. The guidelines developed by the World Health Organization and the World Federation for Medical Education for the accreditation for basic medical education were intended to be adaptable to postgraduate medical education. Our document has made minor changes in terminology in order to adapt those guidelines to the accreditation of family medicine postgraduate education. The use of this document, together with the CFPC adaption for Family Medicine of the WFME Postgraduate Medical Education Global Standards for Quality Improvement, is intended to provide the basis for a detailed examination of postgraduate programs in different countries.

## **1. Fundamental requirements of an accreditation system**

The basic requirement is that the accreditation system must be trustworthy and recognized by all: by the medical schools, training programs, students, the profession, the health care system and the public. Trust must be based on the academic competence, efficiency and fairness of the system. These characteristics of the system must be known by the users and consequently the system must possess a high degree of transparency.

## **2. The legal framework**

The accreditation system must operate within a legal framework. The system must be pursuant to either a governmental law or decree; the statutory instrument will most probably be rules and regulations approved by government. The legal framework must secure the autonomy of the accreditation system and ensure the independence of its quality assessment from government, the medical schools, training programs and the profession.

The legal framework must authorize the accrediting body to set standards, conduct periodic evaluations and confer, deny and withdraw accreditation of postgraduate programs in family medicine. The framework must lay down the size and composition of the accreditation committee or council and must allow the committee or council to decide on the by-laws specifying the procedure for accreditation, including the appointment of review or site-visit teams. Furthermore, the legal framework should include rules regarding declaration of conflict of interest and regarding the handling of complaints.

## **3. Organizational structure**

The accreditation body or agency must have an accreditation board, committee or council, and an administrative staff or unit. For specified tasks, such as external evaluations, a review or site-visit team must be appointed by the accreditation committee or council.

The accreditation committee or council should have a limited number of members (e.g. 9–15 members). The members must be highly esteemed and respected within the profession, and preferably of international standing. A large majority of the members must have an educational background in family medicine.

All main groups of stakeholders must be represented in the accreditation committee or council. It is suggested that about one third of the members of the accreditation committee or council should be drawn from the academic staff, the management and full-time senior staff of family medicine training programs and could be nominated by those programs; about one third of the members should be drawn from the medical profession, including physicians in hospitals, community clinics and general practice, and could be nominated by professional associations;

about one third of the members should be drawn from other main stakeholders, including governmental authorities in charge of medical education or of the health care system, regulatory bodies, students, related health professions, the public, etc.

A review or site-visit team should have 3–5 members, most members with a background in family medicine or medical education. If possible, at least one member should have knowledge of the country or region and its language. Preferably, at least one member should be an expert from another country.

#### **4. Standards or criteria**

The standards or criteria must be predetermined, agreed upon and made public. The criteria to be used as the basis for the accrediting process – for the self-evaluation, external evaluation, recommendations and final decision on accreditation – must be the WFME global standards for quality improvement in postgraduate medical education, with the necessary national and/or regional specifications or a comparable set of standards.

#### **5. The process of accreditation**

The process of accreditation must include the following stages:

- a self-evaluation;
- an external evaluation based on the report of the self-evaluation and a site visit;
- a final report by the review or site-visit team after the external evaluation, containing recommendations regarding the decision on accreditation;
- the decision on accreditation.

The medical school or relevant authority should be informed about the proposed members of the review or site-visit team and should be given the opportunity to draw attention to potential conflicts of interest.

The accrediting process should also allow the administrative unit of the accreditation agency and the appointed review or site-visit team to request clarification of and supplementary information to the self-evaluation report before the site visit.

Furthermore, the medical school or relevant authority should be provided with the external review or site-visit team's written draft report, including the recommendations, in order to correct errors of fact before the report and recommendations are submitted to the accreditation committee.

## **6. Main elements in the process of accreditation**

### ***Self-evaluation.***

The purpose of the self-evaluation is to elicit the institution's description and analysis of itself and its program in relation to the predetermined standards and criteria. Besides being the basis for the accreditation process, the self-evaluation should be recognized as an important planning instrument to enable the institution to achieve insight into its strengths and weaknesses and to identify areas for quality improvement of its program.

The self-evaluation must be comprehensive and cover all areas included in the WFME standards:

- mission and objectives
- educational program
- assessment of students
- students (issues other than assessment, including selection, number, etc.)
- academic staff/faculty
- educational resources
- program evaluation
- governance and administration
- continuous renewal.

The self-evaluation must be precise and based on evidence. All types of material or data can be used, existing as well as new.

The institution must decide how the work should be organized. Producing the self-evaluation report could be organized by an existing committee or an appointed working group.

However, representatives of all disciplines/departments, of the different types of academic and administrative staff and of the different groups of students must be involved.

The accreditation agency should support the medical schools by issuing instructions regarding the structure and content of the self-evaluation report.

### ***Site visit***

The purposes of the site visit are to provide an external validation of the conclusions of the self-evaluation regarding fulfillment of the standards and, if necessary, to acquire supplementary information.

The duration of site visits is normally two to five days and must be at least two days. Information is gathered during the site visit by means of a variety of methods: collection of documents and statistics (e.g. study guide, reading lists and statistical material on pass/failure at exams); individual interviews (with dean, department heads, etc.) and group interviews (at meetings with the committee or group responsible for the self-evaluation, curriculum committee, students, etc.); and by direct observation (at visits to facilities, departments and classrooms).

The site-visit should end with feedback from the review or site-visit team to the medical school. The members of the team should briefly present their preliminary findings and impressions to an audience, including the leadership, decided by the institution. The accreditation agency should support the program by issuing directions for setting up the program for a site visit.

### ***The final report***

The review or site-visit team must clearly in its final report state the fulfillment or lack of fulfillment of the specific standards or criteria and must briefly give an account of the evidence supporting the evaluations. The report must conclude with recommendations concerning the accreditation committee or council regarding the decision on accreditation. Rarely, specific circumstances of a training program may render it impossible to meet one or more standards. For example, the program may have no jurisdiction over student admissions. In such cases, the external evaluators must be provided with adequate explanations in order to understand and if appropriate, to “condone” such matters.

## **7. Decisions on accreditation**

Decisions on accreditation must be based solely on the fulfillment or lack of fulfillment of the criteria or standards. Accreditation must be valid for a fixed period of time. The duration of full accreditation (e.g. 5–12 years) must be decided in general. Categories of accreditation decisions:

- Full accreditation for the maximum period must be conferred if all criteria or standards are fulfilled.
- Conditional accreditation, meaning that accreditation is conferred for the entire period stated but with conditions, to be reviewed after a shorter period to check fulfillment of the conditions.
- Conditional accreditation can be used in cases where a few criteria or standards are only partly fulfilled or in cases where more criteria or standards are not fulfilled. The seriousness of the problem is to be reflected in the specification of conditions.
- Denial or withdrawal of accreditation must be the decision, if many criteria or standards are not fulfilled, signifying severe deficiency in the quality of the program that cannot be remedied within a few years.

## **8. Public announcement of decisions on accreditation**

The decisions on accreditation of medical programs must be made public. Publication of the reports providing the basis for the decisions, or a summary of the reports, should also be considered.

## **9. Benefits of accreditation according to the WHO–WFME guidelines**

WHO and WFME do not accredit medical schools.

International information about accreditation will be provided. The system of accreditation will be noted in the new World Wide Web-based WHO “Health Academic Institution Database” – in the general introduction to the country in question – and the accreditation status of the individual medical school will be stated.

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