POSTGRADUATE EDUCATION COMMITTEE OF COFM

REVISED MARCH 2010

PGE Principles/Guidelines
POSTGRADUATE EDUCATION COMMITTEE OF COFM

OFF-SITE ACCREDITATION CHECKLIST

Approved January 2003
Revised August 2009

This Off-Site Accreditation Checklist provides a template for local use by the Postgraduate Medical Education (PGME) Offices in the accreditation of clinical practice sites for residents. The checklist is consistent with the conjoint A-Standards of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

Program Directors and Site Coordinators are responsible for communicating with each other to ensure all of the following essential aspects of site accreditation have been addressed. The PGME Offices and Program Directors hold ultimate responsibility for site accreditation.

Date of Review by Program Director:
Site:
Site Coordinator:
Program:
Hospital/Organization:
Affiliation Agreement with University:
Contract for Non-CAHO Hospital:

RCPSC A.1, UNIVERSITY STRUCTURE:

<table>
<thead>
<tr>
<th>Policy of Residency Education</th>
<th>(√)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credentials</td>
<td></td>
</tr>
<tr>
<td>Appointments</td>
<td></td>
</tr>
<tr>
<td>Supervision Policy</td>
<td></td>
</tr>
<tr>
<td>Evaluation Policy</td>
<td></td>
</tr>
<tr>
<td>Resident Training Committee (RTC)</td>
<td></td>
</tr>
<tr>
<td>Resident Representation on RTC</td>
<td></td>
</tr>
<tr>
<td>Goals and Objectives</td>
<td></td>
</tr>
<tr>
<td>Faculty Evaluation</td>
<td></td>
</tr>
<tr>
<td>Appeals Mechanism</td>
<td></td>
</tr>
<tr>
<td>Policy on Harassment / Intimidation</td>
<td></td>
</tr>
<tr>
<td>Faculty Development Opportunities</td>
<td></td>
</tr>
</tbody>
</table>
### RCPSC A.2, SITES FOR POSTGRADUATE MEDICAL EDUCATION:

<table>
<thead>
<tr>
<th>Policymakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision Policies</td>
</tr>
<tr>
<td>Quality Assurance / Improvement</td>
</tr>
<tr>
<td>Mortality Reviews</td>
</tr>
<tr>
<td>Patient Care Quality Reviews</td>
</tr>
<tr>
<td>Reviews of Use of Diagnostic Procedures</td>
</tr>
<tr>
<td>Policies to Address Resident Occupational Health &amp; Safety</td>
</tr>
<tr>
<td>Medical Records</td>
</tr>
</tbody>
</table>

### OTHER POLICIES:

<table>
<thead>
<tr>
<th>Policymakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAIRO-CAHO Contract Compliance</td>
</tr>
<tr>
<td>Policies to Monitor Call Schedules, Vacation/Other Leave, Parental Leave.</td>
</tr>
<tr>
<td>Physical Facilities and Communication Tools</td>
</tr>
</tbody>
</table>
POSTGRADUATE EDUCATION COMMITTEE OF COFM

SERVICE TO EDUCATION BALANCE PRINCIPLES

October 2002
Revised Dec. 21, 2009

Recognition of the appropriate balance between resident service and education lies in an understanding of the unique nature of postgraduate medical education. The following principles are used in the development and implementation of all Ontario Postgraduate COFM Policies.

- Clinical services provided by residents are an essential component of postgraduate medical education and health care delivery.
- Residents are both learners and service providers.
- It is important to strive for an appropriate balance to ensure that both educational and service roles are fulfilled.
- Learning occurs through service, and service through learning, as long as services are relevant to the educational objectives of each residency program.
- Service obligations must allow reasonable opportunities for learning activities such as academic half-days, access to educational resources and support for research and other educational activities.
- RCPSC CFPC B Standards and the PAIRO/CAHO Agreement support the Service to Education Balance.
- It is incumbent on all stakeholders including those from the academic programs, hospitals, and residents to collaborate to achieve and evaluate the service to education balance.

Reference: Royal College of Physicians and Surgeons of Canada and Canadian College of Family Physicians General Standards Applicable to All Residency Programs June 2006. (http://rcpsc.medical.org/residency/accreditation/genstandardsB_e.pdf)
POSTGRADUATE EDUCATION COMMITTEE OF COFM

RESOLUTION OF RESIDENT CONFLICT WITH ATTENDING PHYSICIAN OR SUPERVISOR ON AN ISSUE OF PATIENT CARE

May 10, 2002
Revised Aug. 2009

(See also College of Physicians and Surgeons of Ontario Professional Responsibilities in Postgraduate Medical Education. http://www.cpso.on.ca/policies/policies/default.aspx?ID=1846)

Purpose

This document provides a provincial guideline to resolve situations where a resident experiences conflict with his/her attending physician\(^1\) or supervisor\(^2\) on an issue of patient care.

It is recognized that it may be very appropriate for two professional individuals to disagree on a medical issue. Most disagreements do not require the initiation of this process. Individual universities may also consider additional conflict resolution measures or processes.

Process

Each resident must be provided with the contact information for each site coordinator involved in their program. This should be readily available via the Resident Handbook or the internet.

When there is a conflict or disagreement between the postgraduate medical learner and the attending physician or supervisor, the premise is that the issue will be dealt with as close to the source as possible thereby limiting the number of people involved. The conflict can be handled either through the academic or hospital/site protocol, with the understanding that all involved parties will keep each other informed.

Examples of disagreements include, but are not limited to:

(a) Perceived concerns regarding quality of care.
(b) Perceived inappropriate professional behaviour.
(c) Perceived inadequate supervision.
(d) Perceived inadequate or unsatisfactory teaching.

\(^{1}\) Attending Physician: is the physician who has final responsibility and is accountable for the medical care of a patient.

\(^{2}\) Supervisor: are clinical teachers who are delegated by their respective training programs to guide, observe and assess the educational activities of the learners. The supervisor of a learner involved in the care of a patient may or may not be the most responsible physician for that patient.
Procedure for Academic Route of Resolution of Resident/Supervisor Disagreement:

1. Ideally the resident and supervisor have a face-to-face discussion about the concern.
2. The resident consults with the site coordinator about the issue.
3. The site coordinator will speak with the MRP/supervisor to inform him/her of the concern.
4. The site coordinator will arrange a joint meeting with the resident and attending physician/supervisor to reach a resolution.
5. If the resident does not believe that the issue has been resolved, she/he should approach the university program director.
6. If the issue still remains unresolved, the resident should approach the Associate Dean, Postgraduate Medicine.

In cases where immediate resolution is required, the resident will immediately contact the site coordinator for direction.

Recognizing that disagreements/conflicts occur, there is an expectation that a collegial, “no-fault” environment is in place. Regardless of the outcome of the immediate intervention and/or resolution, there shall be no repercussions to the resident for lodging a complaint made in good faith. The site coordinator will provide a follow-up written report of the incident to the university program director (academic), and/or the service chief (hospital/site), when appropriate.
Definitions

Cross-coverage is defined as taking “call” for a service outside of the resident’s current assigned/designated educational rotation.

Multi-site coverage is defined as taking “call” for a service over multiple sites, and potentially city/community-wide.

Background

Cross coverage and multi-site coverage may be required due to service requirements or for urgent/emergent reasons (e.g. staff illness). When implemented, cross and multi-site coverage must be pedagogically sound, relevant to the educational program, maintain service to education principles and consistent with the guidelines of the RCSPC and/or CFPC.

Principles of Geographic Cross-Site Coverage

Cross coverage and multi-site coverage must:

- have educational merit – objectives, evaluation and feedback – for each resident in his/her program consistent with the guidelines of the RCPSC and/or CFPC;
- have an appropriate service to education balance;
- ensure that patient and resident safety is a consistent priority;
- be relevant to the educational program;
- be supported by appropriate hospital infrastructure and policies (e.g. each site has similar policies regarding when a resident needs to be present);
- be appropriately supervised by the most responsible physician;
- have appropriate:
  - handover,
  - documentation,
  - transfer of information, and
  - review of cases;
• be at a level of responsibility commensurate with the resident's level of training and experience;

• not compromise other objectives of the resident's current rotation.
Guidelines set out by the Royal College of Physician and Surgeons of Canada and the College of Family Physicians of Canada govern the length of residency training for each program. Residents are expected to fulfill the time requirements as well as meeting the goals and objectives of training.

It is understood for those residents who maintain a current level of appointment in a residency program that a resident:

1. will return to a residency program following a leave of absence; and
2. is still registered with the program, notwithstanding his/her inactivity, hence s/he is still expected to maintain a standard of conduct in keeping with the standards of the residency program, the university and the medical profession at large.

Failure to meet these two obligations may result in the withdrawal of a resident’s appointment in the program.

It is anticipated that the required training time missed or rotations missed will be made up with equivalent time in the residency on the resident’s return to the program. Normally all residents will be required to complete all mandatory and elective components of the program. Exemptions from the time requirements fall within the jurisdiction of the RCPSC and the CPFC, and may be granted by the RCPSC and CFPC upon recommendation by the Post-Graduate Dean. Normally residents will return to the program at the same level as when the leave was taken.

RETURNING TO THE PROGRAM
The resident will provide a written medical certificate from his/her treating physician indicating the resident’s capability and fitness to return to the program from a medical leave. The Program Director or the Postgraduate Medical Education Office may wish to request an additional independent medical opinion to ensure the resident’s capability to resume his/her residency program.

The Program Director, in discussion with the returning resident, should determine:

1. the appropriate residency level to which the resident might return following the leave (depending upon the length of leave this would normally at the same level as at the time of leave); and
2. the necessary educational experiences for the resident to complete the residency requirements and objectives.

If a modified program is required, it must be submitted to and approved by the Program Residency Training Committee and the Postgraduate Medical Education Office.

(II) UNPAID LEAVES

1. EDUCATIONAL LEAVES
   A resident may request an educational leave on the basis that the time away from the residency program is relevant to his/her current program. This must have the support of the resident’s Program Director, and the approval of the Postgraduate Dean or designate.

   The maximum educational leave period is usually one year. Leaves beyond one year will be assessed by the Program Director, and the Postgraduate Dean or designate. Refer to the PAIRO/CAHO Collective Agreement for details.

2. COMPASSIONATE LEAVE
   A resident may request a leave because of a personal family situation or career uncertainty. These leaves will be considered on an individual basis by the Program Director in consultation with the Postgraduate Dean or designate.

   The maximum compassionate leave period is normally six months.

3. ADDITIONAL PARENTAL LEAVE
   The Program Director, in discussion with the returning resident, should determine:

   1. the appropriate residency level to which the learner might return following the leave; and
   2. the necessary educational experiences for the resident to complete the residency requirements and objectives.

   The Postgraduate Dean or designate should be informed of the decision. Refer to the PAIRO/CAHO Collective Agreement for details.
Preamble

While in most instances residency training programs will be full-time, a part-time residency program may be necessary or desirable to accommodate family or personal responsibilities, illness, disability or job sharing with a spouse for childcare. It is further understood that residents need to take responsibility for completing their residency training program in a reasonable length of time.

Logistical considerations that may be encountered establishing part-time residency programs include:

- Scheduling problems for rotations,
- Incomplete or inconsistent educational experiences,
- Lack of peer group support,
- Devolved responsibility to others in the training program,
- Service needs not met,
- Financial implications,
- Lack of commitment of learner, or
- Loss of appreciation of continuity of disease process.

This policy statement refers only to the educational implications of part-time residency training. It recognizes the desirability and hopefully facilitates the development of part-time residency programs in Ontario. However, the financial, salary and contractual implications fall within the jurisdiction of the PAIRO/CAHO Collective Agreement.

Part-time residency training may be available for a portion of training and occasionally for all of a program. Development of part-time residency programs will be determined on an individual basis.

Principles

1. Part-time residency training should be made available in all training programs in Ontario.

2. In all cases the regulations of the applicable national college regarding part-time residency will apply. For RCPSC programs, these are outlined in Section 6 of “Policies and Procedures for Certification and Fellowship”, February 2002. For
CFPC programs, the “CFPC Policy on Part-Time or Shared Residency Training Schedules” applies [http://www.cfpc.ca/English/cfpc/education/examinations/family%20medicine/default.asp?s=1#cfpc](http://www.cfpc.ca/English/cfpc/education/examinations/family%20medicine/default.asp?s=1#cfpc).

Residents and program directors should ensure that proposed part-time residency programs are acceptable to the applicable national college prior to commencement of a part-time residency.

There may be obligatory full-time rotations mandated as part of the overall residency program since clinical education must include a period of on-call experience.

**Conditions for Acceptability of Part-time Residency**

1. Applicants must be acceptable to a program as defined by the regular admission requirements.

2. The reason for part-time residency must be acceptable to the residency program director, the residency program committee.
   
   2.1 Prior approval of the Postgraduate Dean must be obtained for all residents commencing part-time residency training.

3. The training program designed for a part-time resident must include all components of the residency program. The curriculum will be designed by the program director in consultation with the resident prior to the start of the program and the resident will have a copy prior to commencing the program. The resident will be in agreement with the proposed curriculum.

5. The program director will certify that the supervision and assessment is equivalent to that of the other residents in the program and the educational experience is equivalent in all other respects to the normal full-time training program.

6. All part-time residents shall be registered as residents in training but will receive credit only for the fraction of training for which they are registered.

7. Approval of the appropriate accrediting national college must be obtained in advance for the part-time component of the residency program.

8. Part-time residency training may continue for a learner if satisfactory progress is made throughout the program. Residents may be required to undertake a period of full-time training if progress as a part-time resident is considered to be unsatisfactory by the residency program committee at any time.
Retired Postgraduate Education Policies and Guidelines
POSTGRADUATE EDUCATION COMMITTEE OF COFM

Dec. 9, 1999
Retired May 28, 2009

EDUCATIONAL PRINCIPLES

RE: THE ROLE OF RESIDENTS DURING MEDIVAC/AMBULANCE TRANSPORTS

1. In many programs, participation in patient transport is a valuable learning experience for residents.

2. There must be clear educational objectives underlying the resident's participation in patient transport.

3. Residents must have appropriate training with demonstrated competency in the circumstances relevant to the transport experience.

4. Communication and supervision between the resident and his/her designated supervising physician must be available at all times.

5. Resident well-being should be considered in all transports.

Note: On occasion residents/fellows may be confronted with a situation for which they are not sufficiently trained. It is expected that they, like other physicians, will deal with such situations as practicing professionals to the best of their ability.
POSTGRADUATE EDUCATION COMMITTEE OF COFM

Approved June 22, 2000
Revised November 2003
Retired October 22, 2009

PRINCIPLES RE: SUPERVISION OF POSTGRADUATE MEDICAL LEARNERS

Postgraduate learners are not independent practitioners or specialists. They are doctors who hold a degree in Medicine and are continuing in specialist education, including family medicine. Their progression to competency and independent practice proceeds in a graded fashion while provided supervision in their clinical work.

Learner Definitions, roles and responsibilities of the most responsible physician (MRP), the supervisor and the learner are clearly outlined in the College of Physicians and Surgeons of Ontario Professional Responsibilities in Postgraduate Medical Education. (http://www.cpso.on.ca/policies/policies/default.aspx?ID=1846) These are applicable throughout Ontario.

Postgraduate Clinical Learners ("learners") are doctors who hold a degree in Medicine and are continuing in specialist education, including family medicine. They are members of the College of Physicians and Surgeons of Ontario and are bound by the legislation and policies governing this regulating body.

Most Responsible Physician is the physician who has final responsibility and is accountable for the medical care of a patient.

Supervisors are clinical teachers who are delegated by their respective training programs to guide, observe and assess the educational activities of the learners. The supervisor of a learner involved in the care of a patient may or may not be the most responsible physician for that patient.

There should be a mechanism to resolve disagreements between the Attending Physician and the Learner. (See "Resolution of Resident Disagreement with Attending Physician or Supervisor").

It is expected that the Learner and the Attending Physician will maintain a professional relationship at all times. It is further expected that the Learner and the Attending Physician will be cognizant of, and abide by, the standards and guidelines of the College of Physicians and Surgeons of Ontario, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the by-laws and regulations of the University.
Question: should we continue to use the word attending physician in these documents?

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<tr>
<th>RESPONSIBLE PHYSICIAN (&quot;Attending Physician&quot;)</th>
<th>POSTGRADUATE LEARNER (&quot;Learner&quot;)</th>
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<td>It is the Attending Physician’s responsibility to supervise the Learner to the appropriate to the Learner’s level of experience and competence.</td>
<td>It is the Learner’s responsibility to report sufficient information, in a timely fashion and appropriate to the circumstances, to his/her Attending Physician.</td>
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**Evaluation**

In order to determine the clinical competence and professional behaviour of the learner, ongoing evaluation must occur and be documented. The schools must have defined evaluation procedures in place.

**Validation**

The Attending Physician should discuss with the Learner, on a regular basis, the learner’s findings and their significance, the management plans for the patient, etc.

**Notification - General Principles**

The attending physician should be notified:

1. When a patient is admitted.
2. When there is significant change in the patient’s condition.
3. Prior to discharge.
4. Of any relevant requests made by the patient or relatives.
5. In emergency situations.

**Documentation**

Documentation is an essential component of the exchange of information that takes place. Documentation is separate from notification.

Additional References

**College of Physicians and Surgeons of Ontario Professional Responsibilities in Postgraduate Education**

**Royal College of Physicians and Surgeons of Canada**

The RCPSC states that universities should have policies in place to: ensure adequate supervision, notification of the attending physician regarding decisions in patient care and regarding the presence of the attending during procedures performed by the resident.

- Patient consent regarding resident involvement in their care and a mechanism for disclosure to the patient.
- Assurance of progressive competence and responsibility of the resident for graded independent performance.
Reference:
Standard A.I – University Structure, item 3.8; Standard B.3 – Structure and Organization of the Program, items (2) and (3).

Reference:
The College of Family Physicians of Canada – Standards for Accreditation of Residency Training Programs.

Reference:
CPSO - Professional Responsibilities in Postgraduate Medical Education.

The CPSO’s policy clarifies the roles and responsibilities of most responsible physicians, supervisors, and learners engaged in postgraduate medical education programs, thereby ensuring the safety and proper care of patients in situations where postgraduate clinical learners are being educated.

**Canadian Medical Protective Association**

CMPA does not have any specific guidelines or policies. CMPA has real case examples available through their Education Department.

**Ontario Health Insurance Program (OHIP)**

- A staff physician may claim for services rendered if the following requirements are met:
  - The most responsible physician must be present in the unit at the time and must be identified to the patient at the earliest possible moment.
  - No fees are to be charged for services provided by a resident prior to this notification taking place.
  - The most physician responsible must be personally identified to the patient. The physician’s relationship to the team is defined by the CTU Director.
  - The most responsible physician assumes full responsibility for the services rendered.
  - Specific requirements may vary with the service and examples are cited e.g. psychotherapy – it is appropriate for the staff physician to review the record of interview.