

PGME Program Improvement and CQI Oversight Policy

Approval Authority: Postgraduate Medical Education Committee

Established On: 2022 11 03

Amendments:

Category:

1.0 POLICY STATEMENT

NOSM University is committed to developing innovative models of education that lead to well-trained health professionals, meeting the health care needs of Northern Ontario. To meet NOSM U's strategic objectives as well as to excel in accordance with [General Standards of Accreditation for Institutions with Residency Programs](#), it is imperative to engage in continuous quality improvement processes that measure and inspire success.

2.0 SCOPE

This policy applies collectively to the Postgraduate Medical Education unit and the Institution(s) in which we operate, including all Postgraduate Medical Education NOSM U Residency programs and streams.

3.0 DEFINITIONS

For the purposes of this policy:

Continuous Improvement: The systematic approach to making changes involving cycles of change (i.e., Plan, Do, Study, Act) that lead to improved quality and outcomes. It is used as an internal tool for monitoring and decision-making (e.g., What are the strengths and weaknesses of the residency program? How can we improve our system of assessment?).

[General Standards of Accreditation for Institutions with Residency Programs:](#) The General Standards of Accreditation for Institutions with Residency Programs are national standards that apply to the accreditation of institutions with residency programs. These standards are maintained by the Canadian Residency Accreditation Consortium which includes the Royal

College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC), and Collège des Médecins du Québec (CMQ). The standards apply to faculties of medicine, postgraduate offices, and learning sites, written to provide a framework which aims to provide clarity of expectations, while maintaining flexibility for innovation.

Royal College of Physicians and Surgeons of Canada (RCPSC): The Royal College of Physicians and Surgeons of Canada is the national professional association that oversees the medical education of specialists in Canada.

College of Family Physicians of Canada (CFPC): The College of Family Physicians of Canada (CFPC) is the professional organization that establishes the standards for and accredits postgraduate family medicine and enhanced skills training in Canada.

Area for Improvement (AFIs): Any requirement where not all mandatory indicators are met.

There are two categories of AFI:

- AFI-2Y: For follow-up in two years
- AFI-RR: For follow up at the next regular review (8 years). This does not imply the institution/program should wait eight years to resolve the AFI.

4.0 POLICY TERMS OR PROCEDURES

Continuous Quality Improvement is embedded in the day-to-day functions of PGME, NOSM University and residency programs. Each program is committed to fulfilling the roles and responsibilities as outlined in section 5.0 of this policy in order to help meet or exceed Institutional CQI expectations. Expectations are outlined in [General Standards of Accreditation for Institutions with Residency Programs](#) particularly:

STANDARD 8: There is continuous improvement of the postgraduate governance and structure, and of residency programs.

STANDARD 9: There is continuous improvement of the learning sites to improve the educational experience, ensuring the learning environment is appropriate, safe, and conducive to preparing residents for independent practice.

Residency programs must also commit to fulfilling the roles and responsibilities relating to CQI as set out in the [General Standards of Accreditation for Residency Programs](#) and [Standards of Accreditation for Residency Programs in Family Medicine](#);

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

Each residency has a program specific policy on the CQI process, tools and measures utilized to make program improvements.

5.0 ROLES AND RESPONSIBILITIES

The PGME Office and Accreditation and CQI Subcommittee:

- The PGME Office and Accreditation and CQI subcommittee have a responsibility to provide feedback, guidance and assistance in the continuous quality improvement of all residency programs.
- The PGME Office provides an online dashboard management system for tracking and reporting on accreditation activities.
- The PGME Office will provide electronic report templates to programs to obtain the progress of programs related to AFI's and general CQI activity
- Progress reports will be reviewed by the PGME Office and or committee and follow-up with programs will be provided by letter where necessary
- The PGME Office and Accreditation and CQI subcommittee will identify common areas for improvement across programs and advise programs on how to address these where possible, and function as a liaison to Offices outside of PGME for support and/or flagging of trends that require addressing at the institutional or learning site level.
- Any trends or issues that arise through the various reviews will be identified in the committee's report on CQI that occurs at minimum once per academic year. The final report is presented to PGMEC.

PGME Residency Programs:

- Programs accept and support that the PGME Office and Accreditation and QI Subcommittees have a defined role in continuous quality improvement oversight of all residency programs in the spirit of feedback, guidance, assistance and commitment to quality. Residency programs must also commit to fulfilling the roles and responsibilities relating to CQI as set out in the [General Standards of Accreditation for Residency Programs](#) and [Standards of Accreditation for Residency Programs in Family Medicine](#);
- With PGME's assistance, programs must establish a plan, establish measurable outcomes, and estimate a timeline for improvement related to identified Areas for Improvement (AFI's). The PGME Office and Accreditation and or Quality Improvement Subcommittee will recommend a follow-up interval and the manner in which such follow-up should occur. This will be communicated to the program in a letter, known as the post review transmittal letter, facilitated by the PGME Office.
- Programs must track their progress in addressing areas for improvement. It is recommended that programs use the provided online accreditation and QI program dashboard or an equivalent tool.
- Each program is responsible for engaging relevant stakeholders in addressing program AFI's and is expected to notify and support stakeholders with outcomes and CQI activities.
- If at any time programs need assistance with follow-up from reviews, they are encouraged to reach out to the PGME Office accreditation team

6.0 INTERPRETATION

Questions of interpretation or application of this policy or its procedures will be referred to the NOSM PGME Senior Director, that can be contacted via postgrad@nosm.ca

7.0 RELATED DOCUMENTS

- [NOSM PGME Internal Review Policy](#)

AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:

- a. Approving Authority: PGMEC
- b. Responsible Officer: ADPGE & HS
- c. Procedural Authority: Senior Director ADPGE & HS
- d. Procedural Officer: Senior Director ADPGE & HS

Review and Revision History

Review Period: 1 year or as required

Date for Next Review: 2023 11