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

Requirement(s)	Indicator(s)	Examples of Actions
9.1.1: There is a process to 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.	- Annual retreat - RPC rotation reviews - Resident rotation evaluations
	9.1.1.2: There is an evaluation of the learning environment.	- Review of Low Performance Flags - Resident annual reviews - Regular meetings with PD
	9.1.1.3: The process includes reflection on the potential impact of the hidden curriculum on the residency program.	Hidden curriculum scale The hidden curriculum is an informal syllabus of culture, organizational structure and process that affect learners' development, professionalism, and attitudes. E.g., A learner observes an attending's attitude while interacting with a patient
	9.1.1.4: Residents' achievements of competencies and/or objectives are reviewed.	Competency Committee with feedback to RPC and individual residents In the context of CBD, the following data can be reviewed: - for each resident and each EPA, the total number of observations vs the number of observations of achievement - for each resident and each EPA, are residents typically achieving the required number of observations? More? Less? - which EPAs are most residents easily achieving? Are there EPAs that most residents have difficulty achieving? - clinical experiences (rotations) at which EPAs are being observed and achieved - when are EPAs being achieved, e.g. are they being achieved within the typical amount of time allotted for completion of the stage of training to which these EPAs are associated For ITERS: - does it seem faculty use the entire range of scores? - use of narrative comments?

	9.1.1.5: The resources available to the residency program are reviewed.	Annual program retreats
		
		Consider "resources" as a standing item on RPC agenda
		
		    o SWOT analysis
		    o resident rotation feedback: Are there too many learners on a rotation? Do residents think there are adequate numbers of cases to learn from on a rotation?
		    o resident survey: adequacy of call rooms, computer and wifi access, office space
		    o resident survey: sufficient research opportunities, or availability of research mentors
		    o RPC: consideration of new teaching modalities such as simulation - does a plan need to be developed for obtaining space and funding resources?

	9.1.1.6: Residents' assessment data are reviewed.	Competency Committee with feedback to RPC and individual residents
		    o can use some of same modalities listed for 9.1.1.4
		    o ITER or EPA assessments: delay from time of request to time of completion
		    o RPC: review of adequacy and relevance of assessment tools the program uses. Are additional tools required? Are there newly developed tools that could be implemented?

	9.1.1.7: The feedback provided to teachers in the residency program is reviewed.	High/Low teacher evaluation flags need to be regularly reviewed by program
		
		Should be process whereby evaluations are reviewed with individual teachers as part of their annual performance review with Dept/Div Head
		
		    o all teachers should be evaluated by learners. Percentage of completion of these evaluations by residents.
		    o process in place for using the evaluation data. Who gets reports?
		    o if a teacher flagged for poor performance - process in place to provide faculty development, and monitor outcome of intervention
		    o process in place for recognizing achievement of outstanding performance?

	9.1.1.8: The residency program's leadership at the various learning sites is assessed.	Annual PD/PA/Site leads review through PGME Annual Program Retreat Rotation evaluations

|		
		- could use resident rotation evaluations as a measure of leadership effectiveness on that rotation. Use this as a component of regular review of rotation leadership. - could use data from 9.1.1.7. i.e. are the leaders at these sites also outstanding teachers? - process in place for regular review of performance and feedback from PD and Department/Division Head?
	9.1.1.9: The residency program's policies and processes for residency education are reviewed.	All program policies, processes, and committees should have regular review (at least on annual basis) by the RPC Annual Program Review
9.1.2: A range of data and information is reviewed to inform evaluation and improvement of the residency program and its components.	**9.1.2.1:** Information from multiple sources, including feedback from residents, teachers, administrative personnel, and others as appropriate, is regularly reviewed.	Evidence that multiple sources, and the data collected from those sources, are being used for CQI. This indicator will already be met if this data is used in whole or in part to meet indicators for 9.1.1 - Annual program review - Rotation and teacher evaluations - Regular PD meetings with trainees - Regular PD meetings with Pas - Matters raised at RPC meetings
	9.1.2.2: Information identified by the postgraduate office's internal review process and any data centrally collected by the postgraduate office are accessed.	All programs undergo at least one internal review for each RC accreditation cycle. Report issued with programs with follow up meetings with accreditation team - evidence that internal review reports are reflected on by the PD and RPC, with generation of action items as necessary - PGME resident exit survey data - evidence that data in this report is reflected on by the PD and RPC, with generation of action items as necessary
	9.1.2.3: Mechanisms for feedback take place in an open, collegial atmosphere.	survey of faculty and residents. Are they aware of CQI measures that are being done? Are they aware of what feedback processes exist, and what measures are being obtained? Are they aware of action items that have resulted from evaluation of the feedback data? Do they think their opinions are being adequately solicited or heard? Do they believe issues that require improvement are being identified in a timely manner, and that solutions to these issues take into account the views of all stakeholders? A culture of open, transparent communication and collaboration is emphasized throughout program

	9.1.2.4 [Exemplary]: A resident e-portfolio (or equivalent tool) is used to support residency program review and continuous improvement.	
	9.1.2.5 [Exemplary]: Education and practice innovations in the discipline in Canada and abroad are reviewed.	
	9.1.2.6 [Exemplary]: Patient feedback to improve the residency program is regularly collected/accessed.	
	9.1.2.7 [Exemplary]: Feedback from recent graduates is regularly collected/accessed to improve the residency program.	
9.1.3: Based on the data and information reviewed, strengths are identified, and action is taken to address areas identified for improvement.	**9.1.3.1:** Areas for improvement are used to develop and implement relevant and timely action plans.	o Evidence in the minutes of RPC that all of the above indicators are reviewed regularly, or are standing agenda items o Evidence in the RPC minutes that areas for improvement are clearly identified, with action plan created, and plan for follow-up identified o Creation of a CQI project team to deal with a specific issue, with defined terms of reference, deliverables, and outcome measures o Follow-up process in place with Accreditation team and PGME. Action plans for each AFI required with PGME follow-up
	9.1.3.2: The program director and residency program committees are the identified strengths and areas for improvement (including associated action plans) with residents, teachers, administrative personnel, and other as appropriate, in a timely manner.	
	9.1.3.3: There is a clear and well-documented process to evaluate the effectiveness of actions taken, and to take further action as required.	

There are many other opportunities to use the same data for multiple indicators, for example:
- low numbers of EPA completions (9.1.1.4) may indicate resource issues (9.1.1.5)
- resource issues may be "real", or may be due to inadequate or inefficient utilization. Therefore issues identified in 9.1.1.5 may be used to inform/evaluate performance of site leadership (indicator 9.1.1.8)

Example
Family Medicine
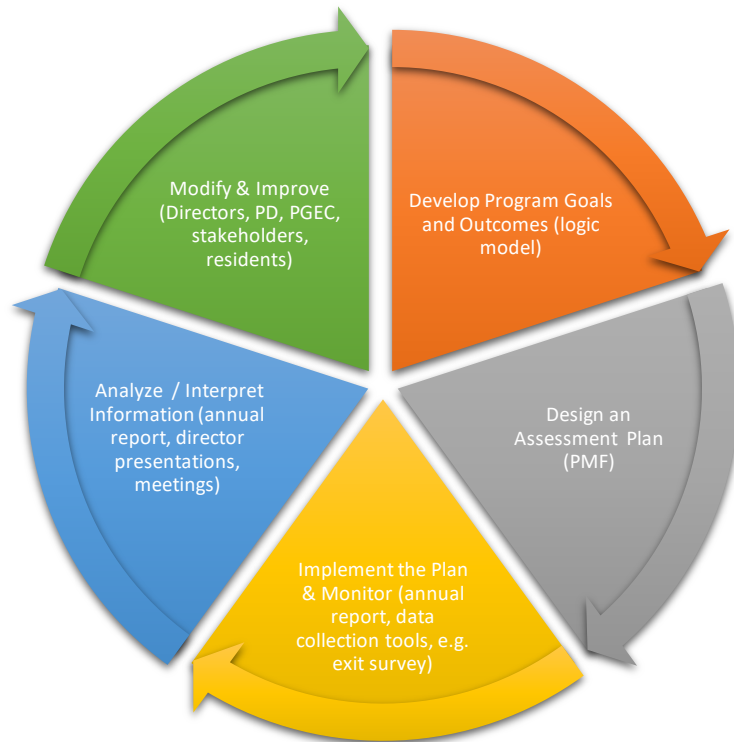
Family Medicine received a Learning Practices and Innovations (LPI) on standard 9 during the 2019 accreditation visit. They have developed and implemented a CQI process that consists of five fluid stages (see figure). They began by identifying their program goals and outcomes and developing a logic model. Each month, the program evaluation committee meets with the lead faculty of each of the program's portfolios to discuss issues, identify solutions, and identify the data they need to show that change has occurred. The committee creates an annual report summarizing the progress based on resident and faculty assessments and resident exit surveys, which is sent to the program director.

Resources:
- Program evaluation committee
- Project manager
- Research assistant (collects and helps analyze data)

References
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Heard, Jeanne K. MD, PhD; O'Sullivan, Patricia EdD; Smith, Christopher E. MD; Harper, Richard A. MD; Schexnayder, Stephen M. MD An Institutional System to Monitor and Improve the Quality of Residency Education, Academic Medicine: September 2004 - Volume 79 - Issue 9 - p 858-864

http://www.royalcollege.ca/rcsite/documents/cbd/teaching-quality-improvement-in-residency-education-e.pdf

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