



# Specific Standards of Accreditation for Residency Programs in Psychiatry

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# INTRODUCTION

[Modified] The *Specific Standards of Accreditation for Residency Programs in Psychiatry* are a national set of standards maintained by the Royal College, for the evaluation and accreditation of Psychiatry residency programs. The standards aim to provide an interpretation of the *General Standards of Accreditation for Residency Programs* as they relate to the accreditation of residency programs in Psychiatry, and to ensure these programs adequately prepare residents to meet the health care needs of their patient population(s), upon completion of training.

The standards include requirements applicable to residency programs and learning sites<sup>1</sup> and have been written in alignment with a standards organization framework, which aims to provide clarity of expectations, while maintaining flexibility for innovation.

[Modified] These standards are intended to be read in conjunction with the *General Standards of Accreditation for Residency Programs*, as well as the discipline-specific documents for Psychiatry. In instances where the indicators reflected in the *General Standards of Accreditation for Residency Programs* have been modified within this document to reflect a discipline-specific expectation, the indicator as reflected in this document takes precedence.

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<sup>1</sup> Note: The *General Standards of Accreditation for Institutions with Residency Programs* also include standards applicable to learning sites.

# STANDARDS

## DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the residency program, which support and provide structure to meet the *General Standards of Accreditation for Residency Programs*. The Program Organization domain standards aim to:

- Ensure the organizational structure and personnel are appropriate to support the residency program, teachers, and residents;
- Define the high-level expectations of the program director and residency program committee(s); and
- Ensure the residency program and its structure are organized to meet and integrate the requirements for the education program; resources; learners, teachers and administrative personnel; and continuous improvement domains.

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

Refer to Standard 1 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

#### **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.**

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>1.2.1:</b> The residency program committee structure is composed of appropriate key residency program stakeholders.	<b>1.2.1.5:</b> The residency program committee structure includes a safety committee with resident representation. [B1] <sup>2</sup>

<sup>2</sup> The brackets in red font at the end of each indicator provide a reference to language in the previous specific standards of accreditation for the discipline, based upon which the indicator was developed. This reference is provided to assist in the transition to the new template.

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

Refer to Standard 2 and its various components within the *General Standards of Accreditation for Residency Programs*.

### **DOMAIN: EDUCATION PROGRAM**

The *Education Program* domain includes standards focused on the planning, design, and delivery of the residency program, with the overarching outcome to ensure that the residency program prepares residents to be competent to begin independent practice.

*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 in the General Standards of Accreditation for Residency Programs have been written to accommodate both.*

## STANDARD 3: Residents are prepared for independent practice.

Refer to Standard 3 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

**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)
<b>3.1.1:</b> Educational competencies and/or objectives are in place to ensure residents progressively meet all required standards for the discipline and address societal needs.	<b>3.1.1.1 (modified)</b> <sup>3</sup> : The educational objectives meet the specialty-specific requirements for Psychiatry, as outlined in the Objectives of Training and the Specialty Training Requirements in Psychiatry. [B2]

<sup>3</sup> “(modified)” is used to identify where an indicator from the General Standards of Accreditation for Residency Programs has been included, with minor discipline-specific modification(s).

**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)
<p><b>3.2.1:</b> The residency program's competencies and/or objectives are used to guide the educational experiences while providing residents with opportunities for increasing professional responsibility at each stage or level of training.</p>	<p><b>3.2.1.2 (modified):</b> The educational experiences meet the speciality-specific requirements as outlined in the Objectives of Training and the Specialty Training Requirements in Psychiatry.<sup>4</sup> [B3]</p> <p><b>3.2.1.3 (modified):</b> The educational experiences and supervision are appropriate for residents' stage or level of training, and support residents' achievement of increasing professional responsibility specific to Psychiatry. [B3]</p> <p><b>3.2.1.5:</b> The educational experiences include the opportunity for each resident to assume the role of a senior resident. [B3]</p> <p><b>3.2.1.6:</b> The educational experiences include a selective block of training in which the content choice reflects societal needs determined regionally or nationally.<sup>5</sup> [B3]</p> <p><b>3.2.1.7:</b> The educational experiences include opportunities for community-based learning experience outside the academic learning centre. [B3]</p> <p><b>3.2.1.8:</b> The longitudinal educational experiences, whether core, selective, and/or elective, are carefully scheduled, apportioned, and approved, so as to ensure residents are not removed from their distinct rotational experience for more than one day per week.<sup>6</sup> [B3]</p> <p><b>3.2.1.9:</b> The integration of longitudinal and distinct block rotation educational experiences does not leave residents' experience fragmented, limiting adequate exposure or limiting the integration of knowledge, skill, teaching, or mentorship. [B3]</p> <p><b>3.2.1.10:</b> The educational experiences include opportunities for inpatient experience dedicated to the psychiatric care of children and adolescents, and the elderly.<sup>7</sup> [B3a]</p> <p><b>3.2.1.11:</b> The educational experiences include opportunities for shared/collaborative care with family physicians, specialist physicians, and other mental health professionals. [B3a]</p>

<sup>4</sup> In instances where more than one block of training is taken in Psychiatry during PGY1, there is documentation of these experiences, including the specific goals and objectives, and an explanation of the contributions to the core experience, if relevant. [B6]

<sup>5</sup> These may change over time, but the intent is to fulfil the responsibility of the specialty and its practitioners to meet such needs.

<sup>6</sup> A resident must not spend fewer than 3 to 3½ days per week, exclusive of his/her academic half-day or day, if offered, on his/her primary rotation.

<sup>7</sup> These experiences do not necessarily have to occur on dedicated units.

**3.2.1.12:** The educational experiences include caring for patients with addictions, in collaboration with family physicians, specialist physicians, and other mental health professionals. [B3a]

**3.2.1.13:** The educational experiences include adequate opportunity for residents to provide consultations to referring physicians and to schools and community agencies. [B3c]

**3.2.2:** The residency program uses a comprehensive curriculum plan, which is specific to the discipline and addresses all of the CanMEDS/CanMEDS-FM Roles.

**3.2.2.7:** The curriculum plan requires that residents be provided with opportunities for collaborative/shared care with family physicians, specialist physicians, and other mental health professionals (Collaborator). [B5.3]

**3.2.2.8:** The curriculum plan includes the completion of a scholarly research, quality assurance, or educational project (Scholar). [B5.6]

**3.2.2.9:** The curriculum plan includes opportunities for residents to become sensitive to the consequences of the broad range of social factors relevant to psychiatric disorders (Professional). [B5.7]

**3.2.2.10:** The curriculum plan includes opportunities for residents to demonstrate, in relationships with patients, colleagues, and students, a professionalism that adheres to the principles respecting boundaries in all areas of interaction, including but not limited to sexual and financial matters (Professional). [B5.7]

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

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#### Requirement(s)

#### Indicator(s)

**3.4.1:** The residency program has a planned, defined and implemented system of assessment.

**3.4.1.8:** The system of assessment focuses on basic knowledge and skills for PGY2, and on in-depth foundational knowledge and skills for PGY3. [B5]

**3.4.1.9:** The system of assessment includes a process to ensure the successful completion of two *Structured Assessment of Clinical Encounter Reports* (STACERs) during the senior years of residency for each resident in the program. The STACERs include a summative component, and an examiner who is not currently a principal supervisor of the resident. [B6]

**3.4.1.10 (exemplary):** *The system of assessment includes a process to administer STACERs in Geriatric Psychiatry, Child and Adolescent Psychiatry, and two general adult STACERs in the junior years of residency.* [B6]

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

**3.4.2.7:** Assessment on any concurrent/longitudinal training requirement or arranged experience, including but not limited to psychotherapies, collaborative/shared care, addictions, or research, is documented separately in the form of a portfolio or log from the concurrent rotation experiences. [B6]

**3.4.2.8:** Discrete in-training Evaluation Reports (ITERs) are provided for each of the concurrent and longitudinal training experiences. [B6]

## **DOMAIN: RESOURCES**

The *Resources* domain includes standards focused on ensuring resources are sufficient for the delivery of the education program and to ultimately ensure that residents are prepared for independent practice. The Resources domain standards aim to ensure the adequacy of the residency program's clinical, physical, technical, human and financial resources.

*NOTE: In those cases where a university has sufficient resources to provide most of the training in Psychiatry but lacks one or more essential elements, the program may still be accredited, provided that formal arrangements have been made to send residents to another accredited residency program for periods of appropriate prescribed training. [B4]*

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

Refer to Standard 4 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

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

<b>Requirement(s)</b>	<b>Indicator(s)</b>
<b>4.1.1:</b> The patient population is adequate to ensure that residents experience the breadth of the discipline.	<b>4.1.1.3:</b> The diversity and volume of patients available to the residency program are sufficient to ensure opportunities consistent with the Objectives of Training in Psychiatry. [B4.2] <b>4.1.1.4:</b> The diversity and volume of patients available to the residency program are sufficient to support residents' acquisition of knowledge, skills, and attitudes relating to population aspects of age, gender, culture, and ethnicity, appropriate to Psychiatry. [B4]



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**4.1.2:** Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.

**4.1.2.4:** The residency program has access to inpatient services to provide opportunities for treatment of general psychiatry patients across the lifespan. [B4.3a]

**4.1.2.5:** The residency program has access to clinical facilities for acute care psychiatry across the lifespan, including reciprocal consultation services with medical and surgical specialties and psychiatric emergency services onsite, or by arrangement with a nearby site. [B4.3a]

**4.1.2.6:** The residency program has access to organized ambulatory clinics or other ambulatory care facilities to provide opportunities for consultation and follow-up of general psychiatric patients; the clinics are organized in such a way as to allow the long-term follow-up of patients. [B4.3b]

**4.1.2.7:** The residency program has access to services organized to provide experience in the psychiatric complications of medical and surgical conditions. [B4.3a]

**4.1.2.8:** The residency program has access to clinical facilities to provide experience in the comprehensive continuing care and rehabilitation for long-term severely persistent mentally ill populations (SPMI). [B4.3a]

**4.1.2.9:** The residency program has access to child and adolescent, and adult and family clinics to provide residents with opportunities for long-term active treatment of emotional and behavioural problems and clinical care of children and adults with developmental delay. [B4.3a]

**4.1.2.10:** The residency program has access to emergency settings for development of expertise in the diagnosis and management of all types of emergencies involving Psychiatry. [B4.3d]

**4.1.2.11:** The residency program has access to facilities for supervised community-based learning experience in:

- community consultations;
- long-term active treatment of emotional and behavioural problems;
- the care of persons with developmental disabilities; and
- forensic psychiatry. [B4.3e]

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**4.1.3:** Diagnostic and laboratory services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.

**4.1.3.2:** The residency program has access to:

- facilities for training in the use of electroconvulsive therapy (ECT)
- laboratories, including but not limited to biochemical and genetic laboratories; and
- psychological testing, neuropsychological testing, electroencephalography (EEG), computed tomography (CT), and magnetic resonance imaging (MRI). [B4.3f]

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

**4.1.4.6:** The residency program has access to space for supervised experience in the psychotherapies. [B4.3a]

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**4.1.5:** There is appropriate liaison with other programs and teaching services to ensure that residents experience the breadth of the discipline.

**4.1.5.2:** The residency program has access to active clinical teaching services in family medicine, internal medicine, pediatrics, neurology, surgery, and diagnostic imaging, with available consultation and liaison. [B4.4.a]

**4.1.5.3 (exemplary):** *The residency program liaises closely with those subspecialty services of particular importance to Psychiatry, such as endocrinology and clinical pharmacology.* [B4.4.a]

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

Requirement(s)	Indicator(s)
<b>4.2.1:</b> The number, credentials, competencies, and duties of the teachers are appropriate to teach the residency curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.	<b>4.2.1.5:</b> There are a sufficient number of qualified teachers to supervise residents at all levels and in all aspects of Psychiatry using a biopsychosocial model to provide teaching in order to satisfy the following experiences: <ul style="list-style-type: none"><li>• addictions, including those with psychiatry comorbidity;</li><li>• adult psychiatry;</li><li>• child and adolescent psychiatry;</li><li>• collaborative care/shared care;</li><li>• community psychiatry;</li><li>• crisis intervention;</li><li>• developmental disabilities;</li><li>• electroconvulsive therapy (ECT);</li><li>• forensic psychiatry/psychiatry and the law;</li><li>• geriatric psychiatry;</li><li>• inpatient and outpatient psychiatry;</li><li>• long-term care/rehabilitation;</li><li>• pharmacotherapy;</li><li>• psychosomatic medicine/consultation – liaison psychiatry;</li><li>• psychotherapies; and</li><li>• research. [B4.1]</li></ul> <b>4.2.1.6:</b> The program director has Royal College certification in Psychiatry. [B1]
<b>[Additional requirement]</b> <b>4.2.2:</b> The residency program has access to appropriate health professionals to ensure that residents experience the breadth of the discipline.	<b>4.2.2.1:</b> The residency program has access to appropriate mental health professionals, including psychologists, psychiatric nurses, social workers, and occupational therapists. [B4.3f]

## **DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL**

The *Learners, Teachers, and Administrative Personnel* domain includes standards focused on supporting teachers, learners, and administrative personnel – “people services and supports”. The Learners, Teachers, and Administrative Personnel domain program standards aim to ensure:

- A safe and positive learning environment for all (i.e. residents, teachers, patients, and administrative personnel); and
- Value of and support for administrative personnel.

## **STANDARD 5: Safety and wellness is promoted throughout the learning environment.**

Refer to Standard 5 and its various components within the *General Standards of Accreditation for Residency Programs*.

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

Refer to Standard 6 and its various components within the *General Standards of Accreditation for Residency Programs*.

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

Refer to Standard 7 and its various components within the *General Standards of Accreditation for Residency Programs*.

## **STANDARD 8: Administrative personnel are valued and supported in the delivery of the residency program.**

Refer to Standard 8 and its various components within the *General Standards of Accreditation for Residency Programs*.

## **DOMAIN: CONTINUOUS IMPROVEMENT**

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

*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 (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.**

Refer to Standard 9 and its various components within the *General Standards of Accreditation for Residency Programs*.