



Standards of Accreditation for Surgical Foundations Programs

The *Standards of Accreditation for Surgical Foundations Programs* are a national set of standards maintained by the Royal College of Physicians and Surgeons of Canada (Royal College) for the evaluation and accreditation of Surgical Foundations programs. The standards are designed to ensure Surgical Foundations programs adequately prepare residents for advanced surgical training in the primary surgical disciplines¹.

This document integrates expectations that are specific to Surgical Foundations programs with expectations set out in the *CanERA General Standards of Accreditation for Residency Programs* (General Standards), which are maintained conjointly by the Royal College, College of Family Physicians of Canada (CFPC), and Collège des médecins du Québec (CMQ). Please note that some of the General Standards are not applicable to Surgical Foundations programs and as such, there are instances where the numbering does not align with the General Standards, nor with the standards of accreditation for the primary surgical disciplines. In certain instances, modifications may have been made to a general indicator to address a discipline-specific need. These modified indicators are identified as such and take precedence over the general indicator.

An accredited Surgical Foundations program is required for all universities wishing to have an accredited program in one or more of the nine primary surgical disciplines. Overall, responsibility for residents in all years of training rests with the primary surgical program. However, during the first two stages (Transition to Discipline and Foundations), it is shared with the Surgical Foundations program. Collaboration will be essential to meet these standards, with some responsibilities overlapping between the Surgical Foundations program and the primary surgical programs.

The standards are intended to be read in conjunction with the discipline-specific suite of documents that address the national standards for training.

¹ Cardiac Surgery, General Surgery, Neurosurgery, Obstetrics and Gynecology, Orthopedic Surgery, Otolaryngology – Head and Neck Surgery, Plastic Surgery, Urology, and Vascular Surgery.

Standards Organization Framework

Level	Description
Domain	Domains, defined by the Future of Medical Education in Canada- Postgraduate (FMEC-PG) Accreditation Implementation Committee, introduce common organizational terminology to facilitate alignment of accreditation standards across the medical education continuum.
Standard	The overarching outcome to be achieved through the fulfillment of the associated requirements.
Element	A category of the requirements associated with the overarching standard.
Requirement	A measurable component of a standard.
Mandatory and exemplary indicators	<p>A specific expectation used to evaluate compliance with a requirement (i.e., to demonstrate that the requirement is in place).</p> <p>Mandatory indicators must be met to achieve full compliance with a requirement.</p> <p>Exemplary indicators provide objectives beyond the mandatory expectations and may be used to introduce indicators that will become mandatory over time.</p> <p>Indicators may have one or more sources of evidence, not all of which will be collected through the onsite accreditation review (e.g., evidence may be collected via the CanAMS institution/program profile).</p>

348A_PO

DOMAIN: PROGRAM ORGANIZATION

348A_PO_1

STANDARD 1 [SF modified]: There is an appropriate organizational structure, with leadership and program administrative personnel to support the Surgical Foundations program, teachers, and residents effectively.

348A_PO_1.1

Element 1.1 [SF modified]: The program director leads the Surgical Foundations program effectively.

348A_PO_1.1.1

Requirement 1.1.1 [SF modified]: The program director is available to oversee and advance the Surgical Foundations program.

348A_PO_1.1.1.1

Indicator 1.1.1.1 [SF modified]: The program director has sufficient protected time to oversee and advance the Surgical Foundations program in accordance with the postgraduate office guidelines, and as appropriate for the size and complexity of the program.

348A_PO_1.1.1.2

Indicator 1.1.1.2: The program director is accessible and responsive to the input, needs, and concerns of residents.

348A_PO_1.1.1.3

Indicator 1.1.1.3 [SF modified]: The program director is accessible and responsive to the input, needs, and concerns of teachers and members of the Surgical Foundations program committee.

348A_PO_1.1.2

Requirement 1.1.2 [SF modified]: The program director has appropriate support to oversee and advance the Surgical Foundations program.

348A_PO_1.1.2.1

Indicator 1.1.2.1 [SF modified]: The faculty of medicine, postgraduate office, and academic leads of the disciplines provide the program director with

sufficient support, autonomy, and resources for effective operation of the Surgical Foundations program.

348A_PO_1.1.2.2

Indicator 1.1.2.2 [SF modified]: Administrative support is organized and adequate to support the program director, the Surgical Foundations program, and residents.

348A_PO_1.1.2.3

Indicator 1.1.2.3 [SF]: There is clear delineation of responsibilities between the program director and the primary surgical disciplines' program directors.

348A_PO_1.1.3

Requirement 1.1.3 [SF modified]: The program director provides effective leadership for the Surgical Foundations program.

348A_PO_1.1.3.1

Indicator 1.1.3.1 [SF modified]: The program director promotes a culture of inclusion that enables members of the Surgical Foundations program committee, residents, teachers, and others as required to identify needs and implement changes.

348A_PO_1.1.3.2

Indicator 1.1.3.2: The program director advocates for equitable, appropriate, and effective educational experiences.

348A_PO_1.1.3.3

Indicator 1.1.3.3 [SF modified]: The program director communicates with individuals involved in the Surgical Foundations program effectively.

348A_PO_1.1.3.4

Indicator 1.1.3.4: The program director anticipates and manages conflict effectively.

348A_PO_1.1.3.5

Indicator 1.1.3.5: The program director respects the diversity and protects the rights and confidentiality of residents and teachers.

348A_PO_1.1.3.6

Indicator 1.1.3.6: The program director demonstrates active participation in professional development in medical education.

348A_PO_1.1.3.7

Indicator 1.1.3.7 [Exemplary] [SF modified]: *The program director demonstrates and/or facilitates commitment to educational scholarship and innovation.*

348A_PO_1.1.3.8

Indicator 1.1.3.8 [SF modified]: The program director or delegate attends at least one Surgical Foundations Advisory committee meeting per year in person or remotely.

348A_PO_1.2

Element 1.2 [SF modified]: There is an effective and functional Surgical Foundations program committee structure to support the program director in planning, organizing, evaluating, and advancing the Surgical Foundations program.

348A_PO_1.2.1

Requirement 1.2.1 [SF modified]: The Surgical Foundations program committee structure is composed of appropriate individuals in the Surgical Foundations program.

348A_PO_1.2.1.1

Indicator 1.2.1.1 [SF modified]: Major academic and clinical components and relevant learning sites are represented on the Surgical Foundations program committee.

348A_PO_1.2.1.2

Indicator 1.2.1.2 [SF modified]: There is an effective, fair, and transparent process for residents to select their representatives on the Surgical Foundations program committee.

348A_PO_1.2.1.3

Indicator 1.2.1.3 [SF modified]: There is an effective process for individuals involved in resident wellness and safety programs/plans to provide input to the Surgical Foundations program committee.

348A_PO_1.2.1.4

Indicator 1.2.1.4 [Exemplary] [SF modified]: *There is an effective process for individuals responsible for the quality of care and patient safety at learning sites to provide input to the Surgical Foundations program committee.*

348A_PO_1.2.1.5

Indicator 1.2.1.5 [SF]: The Surgical Foundations program committee includes residents in Surgical Foundations with representation from at least two of the primary surgical discipline programs, at least one of whom is chosen by their peers.

348A_PO_1.2.1.6

Indicator 1.2.1.6 [SF]: The Surgical Foundations program committee is chaired by the program director.

348A_PO_1.2.1.7

Indicator 1.2.1.7 [SF]: The Surgical Foundations program committee includes the program directors of the primary surgical discipline programs participating in Surgical Foundations, or their delegates.

348A_PO_1.2.2

Requirement 1.2.2 [SF modified]: The Surgical Foundations program committee has a clear mandate to manage and evaluate key functions of the Surgical Foundations program.

348A_PO_1.2.2.1

Indicator 1.2.2.1: There are clearly written terms of reference that address the composition, mandate, roles, and responsibilities of each member; accountability structures; decision-making processes; lines of communication; and meeting procedures.

348A_PO_1.2.2.2

Indicator 1.2.2.2 [SF modified]: The terms of reference for the Surgical Foundations program committee are regularly reviewed and refined as appropriate.

348A_PO_1.2.2.3

Indicator 1.2.2.3 [SF modified]: The mandate of the Surgical Foundations program committee includes planning and organizing the Surgical Foundations program, including educational design, policy and process development, safety,

resident wellness, assessment of resident progress, and continuous improvement, in collaboration with the primary surgical discipline programs.

348A_PO_1.2.2.4

Indicator 1.2.2.4 [SF modified]: The Surgical Foundations program committee documentation demonstrates how it fulfills its mandate effectively.

348A_PO_1.2.2.5

Indicator 1.2.2.5 [SF modified]: The Surgical Foundations program committee structure includes a competence committee, assessment committee, or equivalent body responsible for reviewing and making recommendations regarding residents' readiness for increasing professional responsibility, progress in achieving the national standards of Surgical Foundations and promotion to advanced surgical training in the primary surgical discipline.

348A_PO_1.2.2.6

Indicator 1.2.2.6 [SF]: The Surgical Foundations competence committee documentation demonstrates how it fulfills its mandate effectively.

348A_PO_1.2.3

Requirement 1.2.3 [SF modified]: There is an effective and transparent decision-making process that includes input from residents and others involved in the Surgical Foundations program.

348A_PO_1.2.3.1

Indicator 1.2.3.1 [SF modified]: Members of the Surgical Foundations program committee are actively involved in a collaborative decision-making process, including regular attendance at and active participation in committee meetings.

348A_PO_1.2.3.2

Indicator 1.2.3.2 [SF modified]: The Surgical Foundations program committee actively seeks feedback from individuals involved in the Surgical Foundations program, discusses issues, develops action plans, and follows up on identified issues.

348A_PO_1.2.3.3

Indicator 1.2.3.3 [SF modified]: There is a culture of respect for residents' opinions by the Surgical Foundations program committee.

348A_PO_1.2.3.4

Indicator 1.2.3.4 [SF modified]: Actions and decisions are communicated in a timely manner to the Surgical Foundations program’s residents, teachers, and administrative personnel, and to the academic leads of the primary surgical discipline programs, or equivalent, and others responsible for the delivery of the Surgical Foundations program, as appropriate.

348_PO_2

STANDARD 2 [SF modified]: All aspects of the Surgical Foundations program are collaboratively overseen by the program director and the Surgical Foundations program committee.

348A_PO_2.1

Element 2.1: Effective policies and processes to manage residency education are developed and maintained.

348A_PO_2.1.1

Requirement 2.1.1 [SF modified]: The Surgical Foundations program committee has well-defined, transparent, and effective policies and processes to manage residency education.

348A_PO_2.1.1.1

Indicator 2.1.1.1: There is an effective mechanism to review and adopt applicable institution and learning site policies and processes.

348A_PO_2.1.1.2

Indicator 2.1.1.2: There is an effective and transparent mechanism to collaboratively develop and adopt required program- and discipline-specific policies and processes.

348A_PO_2.1.1.3

Indicator 2.1.1.3 [SF modified]: There is an effective mechanism to disseminate the Surgical Foundations program’s policies and processes to residents, teachers, and program administrative personnel.

348A_PO_2.1.1.4

Indicator 2.1.1.4 [SF modified]: All individuals with responsibility in the Surgical Foundations program follow the institution’s policies and procedures

regarding ensuring appropriate identification and management of conflicts of interest.

348A_PO_2.2

Element 2.2 [SF modified]: The program director and Surgical Foundations committee communicate and collaborate with individuals involved in the Surgical Foundations program.

348A_PO_2.2.1

Requirement 2.2.1 [SF modified]: There are effective mechanisms to collaborate with the divisions/departments, other programs, and the postgraduate office.

348A_PO_2.2.1.1

Indicator 2.2.1.1 [SF modified]: There is effective communication between the Surgical Foundations program and the postgraduate office.

348A_PO_2.2.1.2

Indicator 2.2.1.2 [SF modified]: There are effective mechanisms for the Surgical Foundations program to share information and collaborate with the divisions/departments.

348A_PO_2.2.1.3

Indicator 2.2.1.3: There is collaboration with the faculty of medicine's undergraduate medical education program and with continuing professional development programs, including faculty development, as appropriate.

348A_PO_2.2.1.4

Indicator 2.2.1.4 [Exemplary]: *There is collaboration with other health professions to provide shared educational experiences for learners across the spectrum of health professions.*

348A_PO_2.2.1.5

Indicator 2.2.1.5 [SF]: The Surgical Foundations program committee communicates regularly with its members, including distribution of minutes to all participating surgical programs.

348A_PO_2.3

Element 2.3 [SF modified]: Learning sites are organized to meet the requirements of the Surgical Foundations program.

348A_PO_2.3.1

Requirement 2.3.1 [SF modified]: There is a well-defined, transparent, and effective process to select the Surgical Foundations program’s learning sites.

348A_PO_2.3.1.1

Indicator 2.3.1.1 [SF modified]: There is an effective process to select, organize, and review the Surgical Foundations program’s learning sites based on the required educational experiences.

348A_PO_2.3.1.2

Indicator 2.3.1.2 [SF modified]: Where learning sites are unable to provide all educational requirements, the Surgical Foundations program committee, in collaboration with the postgraduate office, recommends and helps establish inter-institution affiliation (IIA) agreement(s) to ensure residents acquire the necessary competencies.

348A_PO_2.3.2

Requirement 2.3.2: Each learning site has an effective organizational structure to facilitate education and communication.

348A_PO_2.3.2.1

Indicator 2.3.2.1 [SF modified]: There is effective communication and collaboration between the Surgical Foundations program committee and each learning site to ensure program policies and procedures are followed.

348A_EP

DOMAIN: EDUCATION PROGRAM

348A_EP_3

STANDARD 3 [SF modified]: Residents are prepared for advanced surgical training in the primary surgical discipline.

348A_EP_3.1

Element 3.1 [SF modified]: The Surgical Foundations program’s educational design is based on outcomes-based competencies and/or objectives that prepare residents for advanced surgical training in the primary surgical discipline.

348A_EP_3.1.1

Requirement 3.1.1 [SF modified]: Educational competencies and/or objectives are in place to ensure residents progressively meet all required standards for the Surgical Foundations program and address societal needs.

348A_EP_3.1.1.1

Indicator 3.1.1.1 [SF modified]: The competencies and/or objectives meet the specific requirements for Surgical Foundations, as outlined in the *Surgical Foundations Competencies* and the *Surgical Foundations Training Experiences*.

348A_EP_3.1.1.2

Indicator 3.1.1.2 [SF modified]: The competencies and/or objectives address each of the Roles in the CanMEDS framework specific to the Surgical Foundations program.

348A_EP_3.1.1.3

Indicator 3.1.1.3: The competencies and/or objectives articulate different expectations for residents by stage and/or level of training.

348A_EP_3.1.1.4

Indicator 3.1.1.4 [SF modified]: Community and societal needs are considered in the design of the Surgical Foundations program's competencies and/or objectives.

348A_EP_3.2

Element 3.2 [SF modified]: The Surgical Foundations program provides educational experiences designed to facilitate residents' attainment of the outcomes-based competencies and/or objectives.

348A_EP_3.2.1

Requirement 3.2.1: Educational experiences are guided by competencies and/or objectives and provide residents with opportunities for increasing professional responsibility at each stage or level of training.

348A_EP_3.2.1.1

Indicator 3.2.1.1 [SF modified]: The competencies and/or objectives are defined specifically for and/or are mapped to each educational experience.

348A_EP_3.2.1.2

Indicator 3.2.1.2 [SF modified]: The educational experiences meet the specific requirements for Surgical Foundations, as outlined in the *Surgical Foundations Competencies* and the *Surgical Foundations Training Experiences*.

348A_EP_3.2.1.3

Indicator 3.2.1.3 [SF modified]: The educational experiences are appropriate for residents' stage or level of training and support residents' achievement of increasing professional responsibility, specific to Surgical Foundations.

348A_EP_3.2.1.4

Indicator 3.2.1.4 [SF]: The Surgical Foundations program has clearly outlined which competencies and/or objectives will be achieved during specific clinical experiences and which will be achieved through participation in the structured academic curriculum of Surgical Foundations.

348A_EP_3.2.1.5

Indicator 3.2.1.5 [SF]: The educational experiences allow residents to attain the required level of competency to transition to advanced surgical training in the primary surgical discipline.

348A_EP_3.2.1.6

Indicator 3.2.1.6 [SF]: The educational experiences include simulation training as it applies to the competencies and/or objectives of training for Surgical Foundations.

348A_EP_3.2.1.7

Indicator 3.2.1.7 [SF]: The educational experiences are planned and provided in collaboration with the primary surgical discipline program.

348A_EP_3.2.2

Requirement 3.2.2 [SF modified]: The Surgical Foundations program uses a comprehensive curriculum plan, which is specific to the Surgical Foundations program, and addresses all the CanMEDS Roles.

348A_EP_3.2.2.1

Indicator 3.2.2.1: There is a clear curriculum plan that describes the educational experiences for residents.

348A_EP_3.2.2.2

Indicator 3.2.2.2 [SF modified]: The curriculum plan incorporates all required educational objectives or key and enabling competencies of Surgical Foundations.

348A_EP_3.2.2.3

Indicator 3.2.2.3 [SF modified]: The curriculum plan addresses expert instruction and experiential learning opportunities for each of the CanMEDS Roles with a variety of suitable learning activities.

348A_EP_3.2.2.4

Indicator 3.2.2.4: The curriculum plan includes training in continuous improvement, with emphasis on improving systems of patient care, including patient safety, with opportunities for residents to apply their training in a project or clinical setting.

348A_EP_3.2.2.5

Indicator 3.2.2.5: The curriculum plan includes educational programming to develop skills around physician wellness at various stages of the physician life cycle.

348A_EP_3.2.2.6

Indicator 3.2.2.6: The curriculum plan includes fatigue risk management, specifically education addressing the risks posed by physician impairment to the practice setting, and the individual and organizational supports available to manage the risk.

348A_EP_3.2.2.7

Indicator 3.2.2.7 [Exemplary] [SF]: *The Surgical Foundations program incorporates the Surgical Foundations Pathway to Competence in its curriculum plan.*

348A_EP_3.2.2.8

Indicator 3.2.2.8 [SF]: The curriculum plan includes dedicated formal educational time for residents.

348A_EP_3.2.3

Requirement 3.2.3: The educational design allows residents to identify and address individual learning objectives.

348A_EP_3.2.3.1

Indicator 3.2.3.1 [SF modified]: Individual residents' educational experiences are tailored to accommodate their learning needs.

348A_EP_3.2.3.2

Indicator 3.2.3.2 [SF modified]: The Surgical Foundations program fosters a culture of reflective practice and lifelong learning among its residents.

348A_EP_3.2.4

Requirement 3.2.4 [SF modified]: Residents' clinical responsibilities are assigned in a way that supports the progressive acquisition of competencies and/or objectives, as outlined in the CanMEDS Roles.

348A_EP_3.2.4.1

Indicator 3.2.4.1 [SF modified]: Residents' clinical responsibilities are assigned based on level or stage of training and their individual level of competence, specific to Surgical Foundations.

348A_EP_3.2.4.2

Indicator 3.2.4.2 [SF modified]: Residents' clinical responsibilities, including on-call duties, provide opportunities for progressive experiential learning.

348A_EP_3.2.4.3

Indicator 3.2.4.3 [SF modified]: Residents are assigned to educational experiences in an equitable manner, such that all residents have opportunities to meet their educational needs and to achieve the expected competencies of the Surgical Foundations program.

348A_EP_3.2.4.4

Indicator 3.2.4.4: Residents' clinical responsibilities do not interfere with their ability to participate in mandatory academic activities.

348A_EP_3.2.5

Requirement 3.2.5: The educational environment supports and promotes resident learning in an atmosphere of scholarly inquiry.

348A_EP_3.2.5.1

Indicator 3.2.5.1 [SF modified]: In collaboration with the primary program, residents have access to, and mentorship for, a variety of scholarly opportunities, including research as appropriate.

348A_EP_3.2.5.2

Indicator 3.2.5.2 [SF modified]: In collaboration with the primary program, residents have protected time to participate in scholarly activities, including research as appropriate.

348A_EP_3.2.5.3

Indicator 3.2.5.3 [SF modified]: In collaboration with the primary program, residents have protected time to participate in conferences to augment their learning and/or to present their scholarly work.

348A_EP_3.3

Element 3.3: Teachers facilitate residents' attainment of competencies and/or objectives.

348A_EP_3.3.1

Requirement 3.3.1: Resident learning needs, stage or level of training, and other relevant factors are used to guide all teaching to support resident attainment of competencies and/or objectives.

348A_EP_3.3.1.1

Indicator 3.3.1.1: Teachers use experience-specific competencies and/or objectives to guide educational interactions with residents.

348A_EP_3.3.1.2

Indicator 3.3.1.2: Teachers align their teaching appropriately with residents' stage or level of training, and individual learning needs and objectives.

348A_EP_3.3.1.3

Indicator 3.3.1.3: Teachers contribute to the promotion and maintenance of a positive learning environment.

348A_EP_3.3.1.4

Indicator 3.3.1.4: Residents' feedback to teachers facilitates the adjustment of teaching approaches and learner assignment, as appropriate, to maximize the educational experiences.

348A_EP_3.4

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

348A_EP_3.4.1

Requirement 3.4.1 [SF modified]: The Surgical Foundations program has a planned, defined, and implemented system of assessment.

348A_EP_3.4.1.1

Indicator 3.4.1.1: The system of assessment is based on residents' attainment of experience-specific competencies and/or objectives.

348A_EP_3.4.1.2

Indicator 3.4.1.2: The system of assessment clearly identifies the methods by which residents are assessed for each educational experience.

348A_EP_3.4.1.3

Indicator 3.4.1.3: The system of assessment clearly identifies the level of performance expected of residents based on level or stage of training.

348A_EP_3.4.1.4

Indicator 3.4.1.4 [SF modified]: The system of assessment includes identification and use of appropriate assessment tools tailored to the Surgical Foundations program's educational experiences, with an emphasis on direct observation where appropriate.

348A_EP_3.4.1.5

Indicator 3.4.1.5 [SF modified]: The system of assessment meets the requirements within the specific standards for the program.

348A_EP_3.4.1.6

Indicator 3.4.1.6: The system of assessment is based on multiple assessments of residents' competencies during the various educational experiences and over time, by multiple assessors, in multiple contexts.

348A_EP_3.4.1.7

Indicator 3.4.1.7: Teachers are aware of the expectations for resident performance based on level or stage of training and use these expectations in their assessments of residents.

348A_EP_3.4.2

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

348A_EP_3.4.2.1

Indicator 3.4.2.1: Residents receive regular, timely, meaningful, in-person feedback on their performance.

348A_EP_3.4.2.2

Indicator 3.4.2.2: The program director and/or an appropriate delegate meet(s) regularly with residents to discuss and review their performance and progress.

348A_EP_3.4.2.3

Indicator 3.4.2.3: Residents' progress toward the attainment of competencies is documented in a secure, individual portfolio.

348A_EP_3.4.2.4

Indicator 3.4.2.4 [SF modified]: Residents are aware of the processes for assessment and decisions around promotion and completion of Surgical Foundations requirements.

348A_EP_3.4.2.5

Indicator 3.4.2.5 [SF modified]: The Surgical Foundations program fosters an environment where formative feedback is actively used by residents to guide their learning.

348A_EP_3.4.2.6

Indicator 3.4.2.6: Residents and teachers have shared responsibility for recording residents' learning and achievement of competencies and/or objectives at each level or stage of training.

348A_EP_3.4.3

Requirement 3.4.3 [SF modified]: There is a well-articulated process for decision-making regarding resident progression, including progression to advanced surgical training in the primary surgical discipline.

348A_EP_3.4.3.1

Indicator 3.4.3.1 [SF modified]: The Surgical Foundations competence committee, assessment committee, or equivalent body regularly reviews (at least twice a year, or once per stage, whichever is more frequent) residents' readiness for increasing professional responsibility, promotion, and transition to advanced surgical training in the primary surgical discipline, based on the program's system of assessment.

348A_EP_3.4.3.2

Indicator 3.4.3.2 [SF]: The Surgical Foundations competence committee collaborates with the primary surgical disciplines' competence committees in the assessment of residents enrolled in Surgical Foundations.

348A_EP_3.4.3.3

Indicator 3.4.3.3 [SF]: The program director and the respective primary surgical discipline program directors share assessment information, and collaborate in developing and using various assessment strategies, providing regular feedback, informing residents of any serious deficiencies, and providing opportunities for residents to correct their performance.

348A_EP_3.4.3.4

Indicator 3.4.3.4 [SF modified]: The program director provides the Royal College with the required summative documents for examination eligibility.

348A_EP_3.4.3.5

Indicator 3.4.3.5: The Surgical Foundations competence committee, assessment committee, or equivalent body is able to access resident assessment data in a way that supports its recommendations and decision-making about resident progress in alignment with assessment guidelines.

348A_EP_3.4.3.6

Indicator 3.4.3.6 [Exemplary] [SF modified]: *The Surgical Foundations competence committee, assessment committee, or equivalent body uses diverse assessment methodologies such as data visualization, reporting, and analytical tools to inform recommendations and decisions, as appropriate, on resident progress.*

348A_EP_3.4.3.7

Indicator 3.4.3.7 [Exemplary] [SF]: *The Surgical Foundations competence committee's recommendations regarding learning status are consistent with the Royal College's guidelines for Competence by Design.*

348A_EP_3.4.4

Requirement 3.4.4 [SF modified]: The system of assessment allows for timely identification of and support for residents who are not attaining the required competencies as expected.

348A_EP_3.4.4.1

Indicator 3.4.4.1: Residents are informed in a timely manner of any concerns regarding their performance and/or progression.

348A_EP_3.4.4.2

Indicator 3.4.4.2: Residents who are not progressing as expected are provided with the required support and opportunity to improve their performance, as appropriate.

348A_EP_3.4.4.3

Indicator 3.4.4.3 [SF modified]: The program director in collaboration with the respective primary surgical discipline program director, provide any resident requiring formal remediation and/or additional educational experiences with:

- a documented plan detailing objectives of the formal remediation and their rationale;
- the educational experiences scheduled to allow the resident to achieve these objectives;
- the assessment methods to be employed;
- the potential outcomes and consequences;
- the methods by which a final decision will be made as to whether the resident has successfully completed a period of formal remediation; and
- the appeal process.

348A_R

DOMAIN: RESOURCES

348A_R_4

STANDARD 4 [SF modified]: The delivery and administration of the Surgical Foundations program are supported by appropriate resources.

348A_R_4.1

Element 4.1 [SF modified]: The Surgical Foundations program has the clinical, physical, technical, and financial resources to provide all residents with the educational experiences needed to acquire all competencies.

348A_R_4.1.1

Requirement 4.1.1 [SF modified]: The patient population is adequate to ensure that residents experience the breadth of the Surgical Foundations program.

348A_R_4.1.1.1

Indicator 4.1.1.1 [SF modified]: The Surgical Foundations program provides access to a sufficient volume and variety of patients appropriate to the Surgical Foundations program.

348A_R_4.1.1.2

Indicator 4.1.1.2 [SF modified]: The Surgical Foundations program provides access to patient populations and environments that align with the community and societal needs for Surgical Foundations.

348A_R_4.1.2

Requirement 4.1.2 [SF modified]: Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the Surgical Foundations program.

348A_R_4.1.2.1

Indicator 4.1.2.1 [SF modified]: The Surgical Foundations program has access to the variety of learning sites specific to the scope and practice of Surgical Foundations.

348A_R_4.1.2.2

Indicator 4.1.2.2 [SF modified]: The Surgical Foundations program has access to appropriate consultative services to meet the *Standards of Accreditation for Surgical Foundations*.

348A_R_4.1.2.3

Indicator 4.1.2.3 [SF modified]: The Surgical Foundations program has access to appropriate diagnostic services and laboratory services to meet both residents' competency requirements and the delivery of quality care.

348A_R_4.1.2.4

Indicator 4.1.2.4: Resident training takes place in functionally inter- and intra-professional learning environments that prepare residents for collaborative practice.

348A_R_4.1.2.5

Indicator 4.1.2.5 [SF]: There is close liaison and collaboration between the program and each primary surgical discipline that requires Surgical Foundations.

348A_R_4.1.3

Requirement 4.1.3 [SF modified]: The Surgical Foundations program has the necessary financial, physical, and technical resources.

348A_R_4.1.3.1

Indicator 4.1.3.1 [SF modified]: There are adequate financial resources for the Surgical Foundations program to meet the *Standards of Accreditation for Surgical Foundations*.

348A_R_4.1.3.2

Indicator 4.1.3.2 [SF modified]: There is adequate space for the Surgical Foundations program to meet educational requirements.

348A_R_4.1.3.3

Indicator 4.1.3.3 [SF modified]: There are adequate technical resources for the Surgical Foundations program to meet the specific requirements for Surgical Foundations programs, including simulation facilities.

348A_R_4.1.3.4

Indicator 4.1.3.4: Residents have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, internet, and patient records.

348A_R_4.1.3.5

Indicator 4.1.3.5 [SF modified]: The program director, Surgical Foundations program committee, and program administrative personnel have access to adequate space, information technology, and financial support to carry out their duties.

348A_R_4.2

Element 4.2 [SF modified]: The Surgical Foundations program has the appropriate human resources to provide all residents with the required educational experiences.

348A_R_4.2.1

Requirement 4.2.1 [SF modified]: Teachers appropriately implement the Surgical Foundations curriculum, supervise and assess residents, and contribute to the program.

348A_R_4.2.1.1

Indicator 4.2.1.1 [SF modified]: The number, credentials, competencies, and scopes of practice of the teachers are adequate to provide the breadth and depth of teaching required for residents to achieve the competencies and learning objectives of the Surgical Foundations program, including required clinical teaching, academic teaching, assessment, and feedback to residents.

348A_R_4.2.1.2

Indicator 4.2.1.2 [SF modified]: The number, credentials, competencies, and scopes of practice of the teachers are sufficient to supervise residents in all clinical environments, including when residents are on-call and when providing care to patients, as part of the Surgical Foundations program, outside of a learning site.

348A_R_4.2.1.3

Indicator 4.2.1.3: There are sufficient competent individual supervisors to support a variety of resident scholarly activities, including research as appropriate.

348A_R_4.2.1.4

Indicator 4.2.1.4 [SF]: The program director has Royal College certification, or equivalent acceptable to the Royal College, in one of the nine surgical disciplines that require Surgical Foundations.

348A_LTA

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

348A_LTA_5

STANDARD 5: Safety and wellness are promoted throughout the learning environment.

348A_LTA_5.1

Element 5.1: The physical, psychological, cultural, and professional safety and wellness of patients and residents are actively promoted.

348A_LTA_5.1.1

Requirement 5.1.1: Residents are appropriately supervised.

348A_LTA_5.1.1.1

Indicator 5.1.1.1: Residents and teachers follow institution policies and any program-specific policies regarding the supervision of residents, including ensuring the physical presence of the appropriate supervisor, when mandated, during acts or procedures performed by the resident, and ensuring supervision is appropriate for the level or stage of training.

348A_LTA_5.1.1.2

Indicator 5.1.1.2: Teachers are available for consultation regarding decisions related to patient care in a timely manner.

348A_LTA_5.1.1.3

Indicator 5.1.1.3: Teachers follow the policies and processes for disclosure of resident involvement in patient care, and for patient consent for such participation.

348A_LTA_5.1.2

Requirement 5.1.2: Residency education occurs in a physically, psychologically, culturally, and professionally safe learning environment.

348A_LTA_5.1.2.1

Indicator 5.1.2.1 [SF modified]: Safety is actively promoted throughout the learning environment for all those involved in the Surgical Foundations program.

348A_LTA_5.1.2.2

Indicator 5.1.2.2 [SF modified]: Concerns with the safety of the learning environment are appropriately identified and remediated in collaboration with the primary surgical discipline program.

348A_LTA_5.1.2.3

Indicator 5.1.2.3: Residents are supported and encouraged to exercise discretion and judgment regarding their personal safety, including fatigue.

348A_LTA_5.1.2.4

Indicator 5.1.2.4: Residents and teachers are aware of the process to follow if they perceive safety issues.

348A_LTA_5.1.3

Requirement 5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness.

348A_LTA_5.1.3.1

Indicator 5.1.3.1 [SF modified]: There is a positive learning environment for all involved in the Surgical Foundations program.

348A_LTA_5.1.3.2

Indicator 5.1.3.2 [SF modified]: The Surgical Foundations program collaborates with the primary surgical discipline programs to ensure:

- residents are aware of and able to access confidential wellness services that can support physical, psychological, cultural, and/or professional resident wellness concerns; and
- the institution’s policies and processes regarding resident absences and educational accommodation are applied effectively.

348A_LTA_5.1.3.3

Indicator 5.1.3.3 [SF modified]: The mechanism to receive, respond to, and adjudicate incidents of discrimination, harassment, and other forms of mistreatment is applied effectively, in collaboration with the primary surgical discipline program.

348A_LTA_5.1.3.4

Indicator 5.1.3.4: Residents are supported and encouraged to exercise discretion and judgment regarding their personal wellness.

348A_LTA_6

STANDARD 6 [SF modified]: Residents are treated fairly and supported adequately throughout the progression of their Surgical Foundations program.

348A_LTA_6.1

Element 6.1 [SF modified]: The progression of residents through the Surgical Foundations program is supported, fair, and transparent.

348A_LTA_6.1.1

Requirement 6.1.1 [SF modified]: There are well-defined, transparent, and effective formal processes for the progression of residents.

348A_LTA_6.1.1.1

Indicator 6.1.1.1 [SF modified]: Processes for resident promotion, remediation, dismissal, and appeals are applied effectively, transparently, and in alignment with applicable institution policies.

348A_LTA_6.1.1.2

Indicator 6.1.1.2 [SF modified]: The Surgical Foundations program encourages and recognizes resident leadership.

348A_LTA_7

STANDARD 7: Teachers deliver and support all aspects of the Surgical Foundations program effectively.

348A_LTA_7.1

Element 7.1 (SF modified): Teachers are assessed, recognized, and supported in their development as positive role models for residents in the Surgical Foundations program.

348A_LTA_7.1.1

Requirement 7.1.1: Teachers are regularly assessed and supported in their development.

348A_LTA_7.1.1.1

Indicator 7.1.1.1 [SF modified]: There is an effective process for the assessment of teachers involved in the Surgical Foundations program, aligned with applicable institution processes, that balances timely feedback with preserving resident confidentiality.

348A_LTA_7.1.1.2

Indicator 7.1.1.2: The system of teacher assessment ensures recognition of excellence in teaching and is used to address performance concerns.

348A_LTA_7.1.1.3

Indicator 7.1.1.3: Resident input is a component of the system of teacher assessment.

348A_LTA_7.1.1.4

Indicator 7.1.1.4: Faculty development for teaching that is relevant and accessible to teachers is offered on a regular basis.

348A_LTA_7.1.1.5

Indicator 7.1.1.5: There is an effective process to identify, document, and address unprofessional behaviour by teachers.

348A_LTA_7.1.1.6

Indicator 7.1.1.6 [SF modified]: The Surgical Foundations program identifies and addresses priorities for faculty development within residency training.

348A_LTA_7.1.2

Requirement 7.1.2 [SF modified]: Teachers in the Surgical Foundations program are effective role models for residents.

348A_LTA_7.1.2.1

Indicator 7.1.2.1: Teachers exercise the dual responsibility of providing high quality and ethical patient care, and excellent supervision and teaching.

348A_LTA_7.1.2.2

Indicator 7.1.2.2 [SF modified]: Teachers contribute to academic activities of the Surgical Foundations program and institution, including lectures, workshops, examination preparation, and internal reviews.

348A_LTA_7.1.2.3

Indicator 7.1.2.3: Teachers contribute to scholarship on an ongoing basis.

348A_LTA_8

STANDARD 8 [SF modified]: Program administrative personnel are valued and supported in the delivery of the Surgical Foundations program.

348A_LTA_8.1

Element 8.1 [SF modified]: There is support for the continuing professional development of Surgical Foundations program administrative personnel.

348A_LTA_8.1.1

Requirement 8.1.1 [SF modified]: There is an effective process for the selection and professional development of the Surgical Foundations program administrative personnel.

348A_LTA_8.1.1.1

Indicator 8.1.1.1 [SF modified]: There is a role description that outlines the knowledge, skills, and expectations for Surgical Foundations program administrative personnel.

348A_LTA_8.1.1.2

Indicator 8.1.1.2 [SF modified]: Surgical Foundations program administrative personnel receive professional development, provided by the institution and/or through the Surgical Foundations program, based on their individual learning needs.

348A_LTA_8.1.1.3

Indicator 8.1.1.3 [SF modified]: Surgical Foundations program administrative personnel receive formal and/or informal feedback on their performance in a fair and transparent manner, consistent with any applicable university, health organization, or union contracts.

348A_CI

DOMAIN: CONTINUOUS IMPROVEMENT

348A_CI_9

STANDARD 9 [SF modified]: There is continuous improvement of the educational experiences, to improve the Surgical Foundations program and ensure residents are prepared for advanced surgical training in the primary surgical discipline.

348A_CI_9.1

Element 9.1 [SF modified]: The Surgical Foundations program committee systematically reviews and improves the quality of the Surgical Foundations program.

348A_CI_9.1.1

Requirement 9.1.1 [SF modified]: There is a well-defined, systematic process to regularly review and improve the Surgical Foundations program.

348A_CI_9.1.1.1

Indicator 9.1.1.1 [SF modified]: There is an evaluation of each of the Surgical Foundations program's educational experiences, including the review of related competencies and/or objectives.

348A_CI_9.1.1.2

Indicator 9.1.1.2: There is an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum.

348A_CI_9.1.1.3

Indicator 9.1.1.3: Residents' achievements of competencies and/or objectives are reviewed.

348A_CI_9.1.1.4

Indicator 9.1.1.4 [SF modified]: The resources available to the Surgical Foundations program are reviewed.

348A_CI_9.1.1.5

Indicator 9.1.1.5: Residents' assessment data are reviewed.

348A_CI_9.1.1.6

Indicator 9.1.1.6 [SF modified]: The feedback provided to teachers in the Surgical Foundations program is reviewed.

348A_CI_9.1.1.7

Indicator 9.1.1.7 [SF modified]: The Surgical Foundations program's leadership at the various learning sites is reviewed.

348A_CI_9.1.1.8

Indicator 9.1.1.8 [SF modified]: The Surgical Foundations program's policies and processes for residency education are reviewed.

348A_CI_9.1.2

Requirement 9.1.2 [SF modified]: A range of data and information is used to inform the review and improvement of all aspects of the Surgical Foundations program and its components.

348A_CI_9.1.2.1

Indicator 9.1.2.1: The process to review and improve the Surgical Foundations program uses various sources of data and input, including feedback from residents, teachers, program directors, program administrative personnel, and others as appropriate.

348A_CI_9.1.2.2

Indicator 9.1.2.2: Information identified by the postgraduate office's internal review process and any data collected by the postgraduate office are used to support the review of the Surgical Foundations program.

348A_CI_9.1.2.3

Indicator 9.1.2.3: Mechanisms for feedback take place in an open collegial atmosphere.

348A_CI_9.1.2.4

Indicator 9.1.2.4 [Exemplary] [SF modified]: Resident e-portfolios (or equivalent tools) are used to support the review of the Surgical Foundations program and its continuous improvement.

348A_CI_9.1.2.5

Indicator 9.1.2.5 [Exemplary] [SF modified]: The educational program is aware of and considers innovations in Surgical Foundations in Canada and abroad.

348A_CI_9.1.2.6

Indicator 9.1.2.6 [Exemplary] [SF modified]: Feedback from recent graduates is regularly used to improve the Surgical Foundations program.

348A_CI_9.1.3

Requirement 9.1.3: Based on the data and information reviewed, strengths and areas for improvement are identified and addressed.

348A_CI_9.1.3.1

Indicator 9.1.3.1: Areas for improvement are used to develop and implement relevant and timely action plans to improve the quality of the Surgical Foundations program.

348A_CI_9.1.3.2

Indicator 9.1.3.2 [SF modified]: The program director and Surgical Foundations program committee share identified strengths and areas for improvement, including associated action plans, with residents, teachers, program administrative personnel, and others as appropriate, in a timely manner.

348A_CI_9.1.3.3

Indicator 9.1.3.3: There is a clear and well-documented process to review the effectiveness of actions taken to improve the quality of the Surgical Foundations program, and to take further action as required.