Current State Updates (abridged)

1. Describe any new IPE standards, criteria or descriptors in your pre-licensure accreditation guidelines that relate to interprofessional education for collaborative patient-centred practice.

CAOT: New indicators approved in 2010 that relate to interprofessional education were implemented for academic programs.
CASN: The CASN Accreditation Advisory Committee is in the process of embedding IPE descriptors and key elements into an existing accreditation standard concerned with partnerships. These will need to be approved by the Board of Directors (Nov 2012).
CCAPP: Our new Standards were just approved and will be effective January 2013. There are a number of places in our document that refer to interprofessional education.
PEAC: The standards have been reviewed recently and do not change frequently. Each of the 6 domains has been edited to make suggestions for increasing emphasis on IPE.
RCPSC/CFPC: No new IPE standards since August 2011. IPE Standards have been incorporated at two levels: B Standard requires IPE in each residency/training program; A Standard requires IPE at the University Postgraduate administrative/institutional level. Specialty-specific standards for Family Medicine are being drafted in which reference to IPE and IPC are made, particularly for clinical teaching sites.

2. How were any new IPE standards, criteria or descriptors developed?

CAOT: The indicators were developed by a task force of the CAOT Academic Credentialing Council, reviewed by the Council and approved by the CAOT Board of Directors.
CASN: IPE has been included in the revised and formally adopted (November 2011) CASN position statement. A working group of the Accreditation Advisory Committee developed draft descriptors and key elements using the AIPHE document.
CCAPP: Developed by a Standards Committee and from feedback from extensive circulation of the Standards to Stakeholders.
PEAC: The IPE liaison for PEAC (Lesley Bainbridge) has reviewed the standards document and submitted the suggested changes to the Standards Development Working Group for PEAC.
RCPSC/CFPC: IPE standards have been incorporated as part of the CanMEDS-CanMEDS-FM competency framework adopted by both Colleges as well as in other relevant areas of both the A and B standards.
IPE standards come forward to the Accreditation Committees of the Colleges in various ways: The CanMEDS competency framework includes Interprofessional activity (education, teaching, learning and evaluation) as part of the Roles of Medical Expert, Collaborator, Communicator and Professional.

Teaching and Evaluation of the CanMEDS competencies is part of the underlying framework for postgraduate medical education and all programs must incorporate the CanMEDS roles into their programs. The General Standards require that CanMEDS be incorporated into the Goals and Objectives of the Program; the Clinical and Academic portion as well as Resident evaluation.

The Accreditation Committees review the requirements and develop appropriate wording to incorporate into the Standards – wording that will be flexible for all specialties, yet require specific education in IPE. The committee members developed “descriptors” or “evidence” for each of the new standards that are included in the 2011 accreditation documents.

3. Did you encounter any challenges during their development and if so, how did you address them?

CAOT: Not specific to interprofessional practice.
CASN: Still in process.
CCAPP: It was not a major problem, partly because of the extensive involvement AIPHE undertook in addressing all of the major players in Pharmacy through their Webcam seminar.
PEAC: The challenges may appear when the suggestions are reviewed and feasibility of testing the evidence is examined. To date there are no specific challenges to report.
RCPSC/CFPC: Accreditation standards must be adaptable to meet the needs of varied training programs. The postgraduate training programs are governed by a university postgraduate PGME office but the programs are developed and delivered by specialty. The term of office of the program directors is usually 4-5 years or 1 accreditation survey cycle. Thus faculty development and mentoring regarding accreditation standards is challenging with high turnover and limited “senior” peers. Hence on-going dialogue with the programs and faculty development for the program directors is critical.

4. (a) Have the IPE standards, criteria or descriptors been applied yet?

CAOT: Yes.
CASN: No
CCAPP: No, any university applying for accreditation or up for renewal as of January 2013 will be reviewed using these Standards.
PEAC: There are some criteria that relate to IPE that were applied but there is attention to IPE in the self-study reports and the on-site visits that is outside of the new criteria.
RCPSC/CFPC: The RCPSC, the CanMEDS competency framework that includes IPE has been in place for about 10 years. All programs are required to demonstrate how they meet the CanMEDS competencies. Specific descriptors have been developed for the CanMEDS roles. The CFPC adopted and adapted the CanMEDS-FM standards to make them specific to Family Medicine training about 2 years ago. The plan is to have the new accreditation standards in place for 2013.

(b) What was used for evidence that IPE standards had been met?

CAOT: Curriculum reflects practice trends and conceptual frameworks that address the importance of interprofessional practice, curriculum provides opportunities for student participation in interprofessional education activities and learning resources are available and accessible to students for interprofessional education.
CCAPP: We provided examples of evidence under each standard which we will be looking for.
PEAC: Primarily evidence of student involvement with other professions and in specific learning objectives. Evidence at the organizational level, in faculty development, and resource allocation is still fledgling.
RCPSC/CFPC: Copies of curriculum that includes sessions on IPE (e.g. the various CanMEDS competencies); discussions with residents on what they have been taught/learned re IPE; discussions with faculty on what they are teaching and how they are incorporating IPE into the interactions with residents; discussions with the program director on how the various CanMEDS roles are incorporated into the program; review of resident evaluation files to see if professionals from other disciplines are involved in the evaluation of the residents; documentation of learners and staff from other health professions invited and attended teaching rounds, such as academic half-day and grand rounds; CanMEDS format for ITER indicating specific evaluation of residents in collaborator and communicator roles and for the Postgraduate Office, discussion on what policies or activities have been developed to promote and foster IPE between programs and within the university.

5. How do you evaluate the impact of new IPE standards, criteria or descriptors on academic programs?

CAOT: A formal review will be undertaken by the Academic Credentialing Council.
CCAPP: Work in progress.
PEAC: Still an emerging area.
RCPSC/CFPC: The Accreditation Committees of the two Colleges have a process whereby questionnaires will be sent to stakeholders to access the quality and appropriateness of relevant standards. This process has been approved in principle. Stakeholders, such as program directors, postgraduate deans, surveyors, specialty committees (Royal College only), will be asked to comment on the Standards. For the CFPC, this will be part of the assessment of the implementation of the new Triple C curriculum. Feedback from this process will inform the Accreditation Committees on the applicability and appropriateness of the Standards and help to develop examples of “evidence” for how programs are meeting the standards.

6. **Describe how the addition of new IPE standards, criteria or descriptors may have made the accreditation process more onerous and how that was addressed.**

CAOT: Comments have not been received that the addition of IPE indicators are onerous.
CCAPP: Not there yet.
PEAC: Because programs are paying attention to IPE, despite work still to do to make the criteria and evidence more explicit, the increased attention to IPE seems not to be a burden. This may change if more weight is given to the IPE criteria over time.
RCPSC/CFPC: It can makes accreditation lengthier, e.g. more information needs to be described and obtained, additional questions on the pre-survey questionnaire asking how programs are teaching and evaluating IPE and additional time for the program directors to prepare. Additional time is required for program reviewers (surveyors) to review documents (curriculum, goals and objectives, evaluations) and add specific questions to the interviews. Additional time may be required to write the report. Additional time may be required for specific faculty development related to IPE with other professions arranged by university. Additional time may be required to build relationships with directors of other health professions graduate programs such as dietetic interns, clinical health psychologists, hospital pharmacists (all considered interns/residents) to integrate IPE culture of learning about, with and from each other.