



## Programs Accreditation

New Accreditation	<input type="checkbox"/>
Re-Accreditation	<input type="checkbox"/>
Maintenance of Accreditation	<input type="checkbox"/>

Program Name:	Radiation Oncology		Program Type:	<input checked="" type="checkbox"/> Residency	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Diploma
Training Center:			City:		Date:	
Program Duration:	5 Year(s)	No. of Junior Years(s)	3 Year(s)	No. of Senior Years(s)		2 Years(s)
Fellows currently in training	R1	R2	R3	R4	R5	

A. ADMINISTRATIVE STRUCTURE					
There must be an Appropriate Administrative Structure for each Training Program					
Standard	Met	P. Met	Not Met	NA	Comments
<b>1. Program Director</b>					
1.1 Should be SCFHS Certified Radiation Oncology Consultant					
1.2 Sufficient time & support (less calls, incentives ... etc)					
1.3 Coordinating with Department Head, Academic Affairs or equivalent, & Local Supervisory Committee.					
1.4 The existence of a Private Office for the Program Director					
1.5 Appointment of Deputy Program Director					
<b>2. Residency Program Committee</b>					
2.1. Lead by the Program Director					
2.2. Representation from most Units & Major Components of the Training Program whenever feasible (Radiotherapy Medical Physics, Radiotherapists)					
2.3. At Least Two Radiation Oncology Consultants					
2.4. At least one Elected Resident					
2.5. At least meets Quarterly, Minutes Recorded					
2.6. Communicates to Department Staff & Residents					
2.7. Monitors, Supervises and Remediate all Training Program Related Matters					
2.8. Communicates Effectively with the Institution Academic and Training Affairs					



2.9. Communicates Effectively with the SCFHS					
2.10. Advocates for the Trainees and Trainers					
2.11. Ensures that all Training Requirements are Provided					
<b>3. Program Director &amp; Training Committee are Responsible for</b>					
3.1. Opportunities to Attain Competencies outlined in the SCFHS Curriculum					
3.2. Selection of Candidates					
3.3. Promotion of Residents					
3.3.1. Organize Remediation for Residents not meeting required level of Competence					
3.4. Appeal Mechanism					
3.5. Career Planning & Counselling					
3.6. Stress Counselling					
3.6.1. Residents are aware of services available & how to access them					
3.7. Ongoing review of the Program with Documentation					
3.7.1. Opinions of Residents used in review					
3.7.2. Appropriate Consultant / Resident Interaction, Open & Collegial Discussion and Respects Confidentiality					
3.7.3. Evaluate Consultants					
3.7.4. Provide Consultants with Honest/Timely Feedback					
3.7.5. Evaluate Learning Environment of each Component					
3.8. Ensuring Policies Governing Residents and Patient Safety are:					
3.8.1. Included in Educational Activities					
3.8.2. Implemented to Enhance Residents and Patients Safety					
<b>4. Designated Program Coordinator (Secretary)</b>					
4.1. Office Space					
4.2. Designated Computer and Office Tools					
<b>5. Training Consultants to Facilitate &amp; Supervise Residents Research &amp; Scholarly Activities</b>					

## B. GOALS & OBJECTIVES

There must be a clearly worded statement (provided by the Scientific Council) outlining the Goals of the Residency Program and the Educational Objectives of the Residents and Implemented by the Training Center.

Standard	Met	P. Met	Not Met	NA	Comments
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1. Statement of Overall Goals of Training					
2. Defined G&O for each CanMED Competency					
2.1 Functional & Reflected in Planning/Organization of Program					
2.2 Reflected in Assessment of Residents					
3. Rotation Specific G&O (Knowledge, Skills & Attitudes) using the CanMEDS Framework or Others.					
4. Residents & Consultants Receive Copy of the SCFHS Radiation Oncology Curriculum					
4.1 Goals and Objectives are used in Training, Learning & Assessment					
6. Curriculum Reviewed Every 4 years					

### C. STRUCTURE & ORGANIZATION OF THE PROGRAM

There must be an organized Program of Rotations and other Educational Experiences, both Mandatory and Elective, Designed (provided by the Scientific Council) to provide each Resident with the Opportunity to fulfil the Educational Objectives and Achieve required Competence in the Specialty or Sub-Specialty.

Standard	Met	P. Met	Not Met	NA	Comments
1. Provides all components in the SCFHS Radiation Oncology Curriculum (Including the Master Rota, where all Residents are having their Planned Rotations for the entire 5-years Residency Program at the first Block of their Residency)					
2. Residents are Appropriately Supervised (Direct and In-Direct Supervision according to their Training Level)					
3. Each Resident assumes Senior Role at the Senior Level, with clear Graduating Responsibilities from R1 to R5					
4. Service Demands Do Not Interfere with the Academic Program					
5. Residents have Equal Opportunities to Meet Educational Needs					
6. Opportunity for Electives and Rotations in other Accredited Centers as needed					
7. Teaching and Learning in Environment Free of Intimidation, Harassment, Abuse and Promotes Residents Safety					
8. Collaboration with other Programs for Residents who need expertise in the Specialty					
9. The Center should be committed to what is stated in the duties and rights of the residents document that is issued by the SCFHS					



D. RESOURCES					
There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the SCFHS specialty training requirements.					
Standard	Met	P. Met	Not Met	NA	Comments
1. Adequate Number of SCFHS Certified Consultants for Training & Supervision for each Rotation, $\geq 2$ Consultants in each Training Site					
2. Total of $\geq 8$ SCFHS Certified Radiation Oncology Consultants for each Individual Training Program					
3. Residents to Radiation Oncology Consultants Ratio is 1:1 at all Radiation Oncology Rotations					
4. Appropriate Number & Variety of Patients					
5. Clinical Services and Resources are Organized to Promote Education					
5.1 Teaching Staff are dedicated and committed toward Patient Care and Training					
5.2 Multidisciplinary Based Training					
5.3 Integration of Emergency, Acute and Ambulatory Care Experience					
5.4 Knowledge, Skills & Attitudes relating to Age, Gender, Culture, Ethnicity					
5.5 Knowledge to Identify, Prevent and Handle Adverse Events					
6. Educational Activities	Grand Rounds 1-2/month				
	Morbidity & Mortality 1-2/2 months				
	Journal Club 1-2/2 months				
	Protected Academic Half-Day 1/ week				
	Radiation Therapy Physics Teaching Course				
	Radiobiology Teaching Course				
	Opportunity to Participate at Conferences, and Workshops				
	Dedicated Targets Delineation Training				



	Dedicated Treatment Planning Review Training					
	Radiation Therapy Plans QA Review 1/week					
	Regular Multi-Disciplinary Tumor Board Meetings for all					
<b>7. Radiation Oncology</b>	Cancer Sites					
<b>8. Medical Specialties</b>	General Internal Medicine					
	Medical Oncology					
	Malignant Hematology					
<b>9. Pediatric Oncology</b>						
<b>10. Thyroid (Radioactive Iodine Ablation)</b>						
<b>11. Surgical Oncology</b>	Colorectal Surgery					
	Head & Neck Surgery					
	Breast Surgery					
	Thoracic Surgery					
	Urology					
	Neurosurgery					
	Gyne-Oncology					
<b>12. Radiology</b>						
<b>13. Nuclear Medicine</b>						
<b>14. Pathology</b>						
<b>15. Emergency Medicine</b>						
<b>16. Palliative Care</b>						
<b>17. Access to Computers/On-Line References/Health Information Management, Imaging Review Accessible 24/7</b>						
<b>18. Physical &amp; Technical Radiation Oncology Resources meet the SCFHS Standards of Accreditation</b>						
18.1 Adequate Space for Daily Duties						
18.2 Adequate On Call Rooms (Males & Females)						
18.3 Access to Technical Resources for Clinical Duties						
18.4 Facilities for Direct Observation of Clinical Skills						
18.5 Private Meeting Rooms for Confidential Discussions						
18.6 Access to Conformal Radiotherapy						
18.7 Access to Intensity Modulated Radiotherapy						

18.8 Access to Image Guided Radiotherapy					
18.9 Access to Stereotactic Radiosurgery					
18.10 Access to Electron Radiotherapy					
18.11 Access to Orthovoltage Radiotherapy					
18.12 Access to Gyne Intra-Cavitary Brachytherapy					
18.13 Access to Radiotherapy Medical Physics					
18.14 Access to Radiotherapy Treatment Planning					
<b>19. Supporting Facilities &amp; Services</b>					
19.1 Support from ICU as needed					
19.2 Consultative, Diagnostic Imaging & Lab Services					

### E. CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The clinical, academic and scholarly content of the program must be appropriate for a postgraduate education and adequately prepare residents to fulfil all needed competencies. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.

Standard	Met	P. Met	Not Met	NA	Comments
<b>1. Medical Expert</b>					
1.1. Training program for medical expertise & decision making skills					
1.2. Teaching consultation to other professionals					
1.3. Structured academic curriculum< Teaching of basic and clinical sciences					
1.3.1 Academic half-day					
1.4. Issues of age, gender, culture, ethnicity					
<b>2. Communicator</b>					
2.1. Demonstrate adequate teaching and understanding of communication skills					
2.2. Report adverse events, write patient records & utilize electronic medical record					
2.3. Adhere to the Institutional Requirements for Referrals and Consultations					
<b>3. Collaborator</b>					

3.1. Ensure effective teaching & development of collaborative skills with inter-professional healthcare team including physicians & other health professionals					
3.2. Manage Conflict					
<b>4. Leader</b>					
4.1. Skills in management & administration					
4.2. Allocation of healthcare resources					
4.3. Teaching of management of practice & career					
4.4. Serve in administration & leadership roles					
4.5. Learn principles and practice of quality assurance					
<b>5. Health Advocate</b>					
5.1. Understand, respond, promote health needs of patients, communities & populations					
<b>6. Scholar</b>					
6.1. Teaching skills					
6.1.1 Feedback to resident on their teaching					
6.2. Critical appraisal of medical literature using knowledge of research methodology & biostatistics					
6.3. Promote self-assessment & self-directed learning					
6.4. Conduct a scholarly project					
6.5. Participation in at least one research project					
6.6. Opportunities to attend outside conferences					
<b>7. Professional</b>					
7.1 Teaching in Professional Conduct & Ethical Behaviour					
7.1.1 Deliver High Quality Care with Integrity, Honesty and Compassion					
7.1.2 Exhibit Professional, Intra-Professional, Inter-Professional & Inter-Personal Behaviours					
7.1.3 Practice Medicine in an Ethically Responsible Manner					
7.1.4 Analyse/reflect adverse events & strategize to prevent recurrence					
7.2 Bioethics					
7.3 Relevant Legal and Regulatory Framework					
7.4 Physicians Well-Being					

## F. EVALUATION OF RESIDENT PERFORMANCE

There must be a mechanism in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

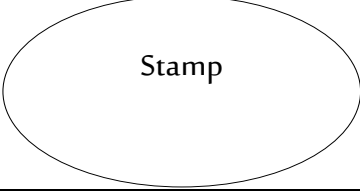
Standard	Met	P. Met	Not Met	NA	Comments
<b>1. Based on Goals &amp; Objectives</b>					
1.1 Clearly defines Methods of Evaluation					
<b>2. Evaluation compatible with characteristic being assessed</b>					
2.1 Knowledge					
2.2 Clinical skills by direct observation					
2.3 Attitudes and professionalism					
2.4 Communication abilities with patients & families, colleagues					
2.5 Written communications					
2.6 Collaborating abilities					
2.7 Teaching abilities					
2.8 Age, gender, culture & ethnicity issues					
<b>3. Honest, helpful, timely, documented feedback sessions</b>					
3.1 Ongoing informal feedback					
3.2 Face-to-Face meetings					
<b>4. Residents informed of serious concerns</b>					
<b>5. Provides document for successful completion of Program</b>					
<b>6. FITER Provided**</b>					

\*\*FITER: Final In Training Evaluation Report





Programs Accreditation Survey Agenda			
Time	Minutes	Agenda	Remarks
08:00 – 09:00	60	Meeting the program Director	
09:00 – 10:00	60	Documents Review (Part 1)	
10:00 – 11:00	60	Meeting with the Trainees (10 Junior and 10 Senior)	
11:00 – 11:40	40	Meeting with the faculty Trainers (5-10 Trainers)	
11:40 – 12:00	20	Meeting with the Head of Department	
12:00 – 12:45	45	Break	
12:45 – 13:30	45	Facility Tour	On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, pharmacy
13:30 – 15:00	90	Documents Review (Part 2) Surveyors Closed Meeting Preparing the Survey Report	
15:00 – 15:30	15	Exit De-Brief with the Program Director	

Program Director	
<b>Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	/ /20 - / /14
 <p>Stamp</p>	