PGME CURRICULUM GUIDELINES

Purpose

This document establishes institutional expectations for the design, implementation, and continuous improvement of curricula in postgraduate medical education (PGME). It provides a structured framework to ensure alignment between learning experiences, assessment, and competency development across all residency, AFC and fellowship programs.

Each program's curriculum in PGME is a dynamic, multilayered process that spans the full spectrum of educational activity — from high-level competency frameworks (CanMEDS, the Triple C Curriculum) to the design and delivery of specific learning experiences. These guidelines articulate the principles that govern both the design and the delivery of that curriculum, and incorporate relevant accreditation standards throughout.

Definition of Curriculum in PGME

In PGME, a curriculum is an integrated system that links:

- Learning experiences
- Assessment processes
- Competency development
- Program outcomes

Curricula are not limited to scheduled teaching activities. They include all structured and unstructured learning experiences that contribute to the development of competence — including clinical care, research, supervision, feedback, and the learning environment itself.

Guiding Principles

All PGME curricula must be designed and delivered according to the following principles.

Competency-Based Design

Curriculum must align with competency-based medical education (CBME). Progression reflects demonstrated competence rather than time alone.

Integration with Assessment

Curriculum and assessment are inseparable. In Royal College programs, learning experiences must align with Entrustable Professional Activities (EPAs), (CanMEDs roles mapped to) milestones, and Competence Committee decision-making processes. In family medicine programs, learning experiences must align with the CCC curriculum, CanMEDs roles and CC decision making processes.

Alignment with Population Needs

Curricula must support the development of physicians capable of meeting the health needs of the populations served, in alignment with institutional commitments to social accountability.

Equity and Inclusion

Curriculum design and delivery must:

- promote equitable access to learning opportunities
- mitigate bias and discrimination in educational experiences
- reflect diversity and inclusion in patient populations and learning contexts

Educational Continuity
Programs must ensure continuity of core learning experiences across all training contexts, including during disruptions or extraordinary events.

Transparency
Curriculum structure, expectations, and assessment processes must be clearly defined and communicated to trainees and faculty.

The PGME Curriculum Model
A curriculum operates as a closed-loop system. Population health needs drive curricular design; learning experiences feed assessment; assessment data informs progression decisions; outcomes are evaluated; and the resulting evidence is fed back into curricular design. The model below summarizes this loop.

CURRICULUM = LEARNING + ASSESSMENT + PROGRESSION + IMPROVEMENT

POPULATION HEALTH NEEDS *the starting point*
CURRICULUM *learning experiences, rotations, teaching*
ASSESSMENT *Field notes, EPAs, ITERs, WBAs, direct observation, reflection*
COMPETENCE COMMITTEE *progression decisions, longitudinal review*
OUTCOMES *competent physicians ready for practice*
CONTINUOUS IMPROVEMENT *data, feedback, program review*
↺ feeds back into curriculum

Core Components of PGME Curricula
Each program must maintain a clearly articulated curriculum that includes the following components.

Curriculum Structure
- Defined stages of training (for example, CBD stages of training).
- Clear mapping of all learning experiences to the competencies of the discipline, as defined by the RCPCS. (does Fam Med have competencies?)

Learning Experiences
- Clinical experiences/rotations.
- Academic half-days and formal teaching.
- Simulation and structured educational activities.

- Informal and workplace-based learning.
- Teaching Rounds (Grand Rounds, M+Ms, Journal Club, etc)
- Courses and conferences
- Research
- Teaching (junior learners)
- Advocacy experiences
- Formative exams

Assessment Integration

- **Each program has a well-defined system of assessment, that lists all tools and methods of assessment.**
- Alignment of learning experiences with assessment tools.
- Use of multiple assessment methods (direct observation, field notes, ITERs, simulation, reflection, exams etc).
- Regular review by the Competence Committee.

Learning Environment

- Safe, supportive, and inclusive clinical environments.
- Access to appropriate supervision and feedback.
- Opportunities for progressive responsibility.

Roles and Responsibilities

Accountability for curriculum is distributed across the program. The table below summarizes the responsibilities of each role within the system.

ROLE	ACCOUNTABILITIES
Program Director (PD)	• Designs, maintains, and continuously improves the curriculum. • Ensures alignment with accreditation standards and institutional policies. • Oversees implementation, evaluation, and integration with the Competence Committee.
Residency Program Committee (RPC)	• Reviews and approves curriculum structure and modifications. • Monitors effectiveness of curriculum delivery. • Ensures alignment with program's training requirements. • Ensures the decision-making process of the CC is well-designed and applied effectively.
Competence Committee (CC)	• Uses a program of assessment to evaluate trainee progression. • Identifies gaps in learning that inform curriculum adjustments. • Provides feedback that closes the loop into curriculum design.
PGME Office	• Provides oversight and guidance across programs. • Ensures alignment with institutional and accreditation standards. • Monitors aggregate trends and supports curriculum development. • Develops and updates templates in order to streamline all components and processes of the curriculum.
Faculty and Supervisors	• Deliver curriculum through clinical teaching and supervision. • Provide timely, meaningful, criterion-referenced feedback and coaching.

ROLE	ACCOUNTABILITIES
	• Support trainee development within the curriculum framework. • Participate in pedagogical Faculty development initiatives
Trainees	• Engage actively with all curriculum components. • Seek and respond to feedback. • Demonstrate progressive competence. • When required, provide feedback to the program and PGME to facilitate continuous improvement of the curriculum.

Curriculum and Assessment Alignment

Programs must ensure that:

- Each learning experience is linked to specific competencies and assessment tools.
- Assessment reflects real clinical performance, not proxy activity.
- Competence Committee decisions are informed by comprehensive, longitudinal and documented data.
- Trainees receive regular, criterion-referenced feedback on their progression.

Continuous Improvement

Curricula must be continuously evaluated and improved through trainee feedback, faculty feedback, assessment data (field notes, EPAs, ITERs, progression decisions), and internal and external program reviews.

The improvement cycle is:

DATA + FEEDBACK → ANALYSIS → ACTION → CURRICULAR CHANGE → REASSESS

Programs must identify strengths and gaps, implement targeted improvements, and document changes and outcomes.

Adaptation and Flexibility

Curricula must remain adaptable to changes in clinical practice, technological advancements, workforce needs, and extraordinary events. Programs must ensure that core competencies are maintained despite disruption, and that alternative learning strategies are implemented when needed.

Documentation and Transparency

Programs must maintain documentation that demonstrates:

- curriculum structure and mapping
- alignment with competencies and assessment tools
- assessment strategies
- continuous improvement processes

This documentation must be available for both internal and external accreditation processes.

Accreditation Alignment

This guideline aligns with:

- CanRAC General Standards of Accreditation for Residency Programs.
- Royal College and CFPC competency frameworks.
- Institutional PGME policies.

Programs are expected to demonstrate clear curriculum design, integration with assessment, data-informed improvement, and alignment with social accountability.

Key Principle

PGME curriculum is a dynamic, integrated system. Learning experiences, assessment, and progression decisions are aligned to develop competent physicians and to drive continuous program improvement.

History: Since the Onsite 2019 Accreditation visit
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