

Area of Focused Competence in Solid Organ Transplant

Justin Weinkauf M.D, FRCPC
Associate Professor, Department of Medicine,
University of Alberta



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

Chair RCPSC AFC Committee in
Solid Organ Transplantation

Disclosures

- I have no disclosures

Objectives

- To review the history and processes that led to the Area of Focused Competence (AFC)-diploma in Solid Organ Transplant (SOT)
 - Where/Why it originated
 - Definition
 - Why a AFC-diploma vs. Subspecialty
 - Components of Training
 - Assessment of Training
- Establishing the SOT diploma as an accredited training program
 - Process Required

History of AFC

- Proposal for the creation of new category of Royal College discipline recognition, driven by feedback from Fellows from the Core Competency Report was first presented to the Royal College Committee on Specialties (COS) in April 2009
- After embarking on a broad national consultation with Fellows and key stakeholders, the Royal College Council approved the Areas of Focused Competence (Diploma) Program on February 25, 2011

Where/Why AFC in SOT Originated

- 2010
 - Canadian Society of Transplant (CST) board proposed a mechanism by which transplant training could be recognized
 - A committee formed to evaluate logistics/possibilities
 - Chair- Jolanta Karpinski
 - Several meetings at CST and away from CST to determine what was the appropriate training
 - i.e. Specialty/Subspecialty/AFC-diploma/SIGMA

CST Committee for RCPCS Certification

Jolanta Karpinski - Chair	Renal Transplantation (Med)	Ottawa
Justin Weinkauff Co-Chair	Respirology and Lung Transplant (Med)	Edmonton
Patricia Birk	Pediatric Renal Transplant (Med)	Winnipeg
Tammy Keough-Ryan	Kidney and Pancreas Transplant (Med)	Halifax
Diane Hebert	Pediatric Renal Transplant (Med)	Toronto
Haissam Haddad	Heart Transplant (Med)	Ottawa
Bill Gourlay	Renal Transplant (Surg)	Vancouver
Mark Walsh	Abdominal Transplant esp Liver(Surg)	Halifax
Karen Doucette	Transplant ID	Edmonton
Peter Metrakos	Abdominal Transplant esp Liver(Surg)	Montreal
John Mullen	Heart Transplant (Surg)	Edmonton
Vince Bain	Hepatology/Liver transplant	Edmonton
Brian Clarke	Heart Transplant	Halifax/Calgary
Atul Humar	CST Board/Transplant ID	Edmonton/Toronto

Specialty vs. Subspecialty vs. AFC

- RCPSC recognized programs
 - Fundamentals Program
 - Specialty
 - Sub-Specialty
 - AFC
- RCPSC non-recognized
 - SIGMA

Area of Focused Competence (AFC)

- Areas of focused competence (diploma) [*AFC (diploma)*] is a highly specialized discipline of specialty medicine that addresses a legitimate societal need, but does not meet the Royal College criteria for a specialty, foundation program, or subspecialty, representing either:
 - Supplemental competencies that enhance the practice of physicians in an existing discipline
 - or*
 - A highly specific and narrow scope of practice that does not meet the criteria of a subspecialty
 - AFCs (diplomas) do not prepare a physician for practice, but rather recognize areas of supplemental or advanced training

	FUNDAMENTALS PROGRAM	SPECIALTY	SUBSPECIALTY	AREA OF FOCUSED COMPETENCE (DIPLOMA) PROGRAM	SPECIALIST INTEREST GROUP FOR MEDICAL ACTIVITY
DEFINITION	A fundamentals program is a primary core curriculum of fundamental competencies in a domain of medicine, and is the common training for several related disciplines to build upon. It is a post-MD discipline intended to prepare a physician for further advanced training and, in contrast to a primary specialty, does not normally prepare for practice or lead to certification in itself.	A specialty is an area of medicine with a broad-based body of knowledge that is relevant in both community and tertiary settings and is a foundation for additional competencies (such as subspecialties)	A subspecialty is an area of medicine with a more focused or advanced scope that builds upon the broad-based body of knowledge defined in a parent specialty.	An area of focused competence is a highly focused discipline of specialty medicine that addresses a legitimate societal need, but does not meet the criteria for a specialty, fundamentals program, or subspecialty. Typically, AFC (diploma) programs represent either a) <i>supplemental</i> competencies that enhance the practice of physicians in an existing discipline, or b) a <i>highly specific and narrow</i> scope of practice that does not meet the criteria of a subspecialty.	A special interest group for medical activity (SIGMA) is an emerging area of interest in specialty medicine or community of practice that addresses a legitimate societal need without a widespread role in healthcare. SIGMAs serve to provide a forum individuals with a common area of interest to come together to discuss the evolution of their discipline. This category is not considered a formally recognized discipline of the Royal College.

	FUNDAMENTALS PROGRAM	SPECIALTY	SUBSPECIALTY	AREA OF FOCUSED COMPETENCE (DIPLOMA) PROGRAM	SPECIALIST INTEREST GROUP FOR MEDICAL ACTIVITY
CRITERION 1 – EVIDENCE OF NEED	EVIDENCE OF NEED FOR CORE COMPETENCIES ACROSS A FAMILY OF DISCIPLINES	EVIDENCE OF NEED FOR SPECIALISTS/SUBSPECIALISTS		EVIDENCE OF NEED FOR PHYSICIANS WITH ADVANCED SKILLS OR A NARROW SCOPE OF PRACTICE	EVIDENCE OF NEED FOR A COMMUNITY OF PRACTICE THAT WOULD BENEFIT PATIENT CARE AND THE PROFESSION
Criterion 1 DESCRIPTOR	<ul style="list-style-type: none"> core competencies are applicable across multiple practice settings (tertiary, community, etc) as a base for further training well-defined and recognized educational need 	<ul style="list-style-type: none"> multiple applicable practice settings (tertiary, community, etc) to serve large populations 	<ul style="list-style-type: none"> focused practice profile to serve specific populations 	<ul style="list-style-type: none"> defined scope of practice and serving specific populations or narrow range of conditions 	<ul style="list-style-type: none"> emerging or proposed societal health need Royal College is positioned to facilitate addressing this need (would not be better served by a national specialty society (NSS) or non-governmental organization)
	<ul style="list-style-type: none"> positive contribution towards improving medical care and health outcomes 				

	FUNDAMENTALS PROGRAM	SPECIALTY	SUBSPECIALTY	AREA OF FOCUSED COMPETENCE (DIPLOMA) PROGRAM	SPECIALIST INTEREST GROUP FOR MEDICAL ACTIVITY
CRITERION 2 – DEFINED SCOPE	BROAD BASED, APPLICABLE BODY OF KNOWLEDGE		IN-DEPTH, APPLICABLE BODY OF KNOWLEDGE BEYOND SCOPE OF PRIMARY SPECIALTY OR SPECIALTIES		EMERGING BODY OF KNOWLEDGE BEYOND SCOPE OF EXISTING DISCIPLINES
Criterion 2 DESCRIPTOR	<ul style="list-style-type: none"> ▪ medical knowledge and skills characterized by breadth, and relating to a family of disciplines ▪ unique broad constellation of core competencies ▪ knowledge base is dynamically founded on evidence and ongoing research ▪ typically requires 1 to 3 years to be acquired 	<ul style="list-style-type: none"> ▪ distinct medical knowledge and skills characterized by breadth ▪ unique broad constellation of competencies ▪ knowledge base is dynamically founded on evidence and ongoing research ▪ typically requires 4 to 5 years to be acquired ▪ recognition nationally and in other jurisdictions 	<ul style="list-style-type: none"> ▪ distinct medical knowledge and skills characterized by depth and specificity ▪ unique advanced constellation of competencies ▪ knowledge base is dynamically founded on evidence and ongoing research ▪ typically requires 12 to 24 months to be acquired ▪ recognition nationally and in other jurisdictions 	<ul style="list-style-type: none"> ▪ distinct supplementary medical knowledge and skills characterized by depth and high specificity ▪ unique advanced constellation of competencies beyond those typically needed to practice ▪ knowledge base is dynamically founded on evidence and ongoing research ▪ typically requires 12 to 24 months to be acquired 	<ul style="list-style-type: none"> ▪ very focused scope and context ▪ an emerging aspect of healthcare

	FUNDAMENTALS PROGRAM	SPECIALTY	SUBSPECIALTY	AREA OF FOCUSED COMPETENCE (DIPLOMA) PROGRAM	SPECIALIST INTEREST GROUP FOR MEDICAL ACTIVITY
CRITERION 3 – RELATIONSHIP TO OTHER TYPES OF DISCIPLINES	FOUNDATION FOR ADDITIONAL COMPETENCIES	BASIS FOR ADDITIONAL COMPETENCIES	IDENTIFIABLE CONTENT/COMPETENCIES BUILDING ON FOUNDATIONAL AND PRIMARY SPECIALTY TRAINING	NOT A FOUNDATION FOR ADDITIONAL COMPETENCIES	NOT A FOUNDATION FOR ADDITIONAL COMPETENCIES
Criterion 3 DESCRIPTOR	<ul style="list-style-type: none"> provides the core fundamentals of a field of medicine (knowledge, skills, attitudes) preparation for further specialty training, not for practice is always designed to be foundational to learning of additional competencies 	<ul style="list-style-type: none"> provides the fundamentals of a field of medicine (knowledge, skills, attitudes) 	<ul style="list-style-type: none"> unique and specialized body of knowledge and competencies that build upon training and experience acquired in primary or foundational specialty 	<ul style="list-style-type: none"> supplementary competencies builds upon primary specialties, foundation programs, or subspecialties typically does not replace practice in an existing discipline, but provides an opportunity to acquire competencies to enhance an existing practice 	<ul style="list-style-type: none"> n/a

	FUNDAMENTALS PROGRAM	SPECIALTY	SUBSPECIALTY	AREA OF FOCUSED COMPETENCE (DIPLOMA) PROGRAM	SPECIALIST INTEREST GROUP FOR MEDICAL ACTIVITY
CRITERION 4 – IMPACT ON EXISTING SPECIALTY SYSTEM	RECOGNITION OF DISCIPLINE MUST NOT ADVERSELY AFFECT HEALTH CARE OR ANY OTHER FIELD OF MEDICINE AND RELATED DISCIPLINES			ADDITION OF AFC (DIPLOMA) PROGRAM MUST NOT ADVERSELY AFFECT EXISTING AND RELATED DISCIPLINES	ADDITION OF SIGMA MUST NOT ADVERSELY AFFECT ESTABLISHED NSS OR OTHER GROUPS
Criterion 4 DESCRIPTOR	<ul style="list-style-type: none"> ▪ recognition of field of medicine will enhance and strengthen the ability to provide effective care and not lead to significant fragmentation of patient care ▪ creation of new field of medicine must not threaten the long-term viability of specialty practices ▪ field of medicine must not reduce the quality of core resident training and should provide an appropriate breadth of exposure 			<ul style="list-style-type: none"> ▪ a proposed AFC (diploma) discipline that includes competencies which overlap with those in the Objectives of Training of an existing discipline or disciplines MUST obtain the explicit written support of the Specialty Committee(s) in that discipline or disciplines ▪ recognition of field of medicine will enhance and strengthen the ability to provide effective care and not lead to significant fragmentation of patient care 	<ul style="list-style-type: none"> ▪ not served by an existing organization, such as a national specialty society (NSS)

	FUNDAMENTALS PROGRAM	SPECIALTY	SUBSPECIALTY	AREA OF FOCUSED COMPETENCE (DIPLOMA) PROGRAM	SPECIALIST INTEREST GROUP FOR MEDICAL ACTIVITY
CRITERION 5 – INFRASTRUCTURE & SUSTAINABILITY	ADEQUATE INFRASTRUCTURE TO SUSTAIN THE DISCIPLINE				N/A
Criterion 5 DESCRIPTOR	<ul style="list-style-type: none"> sufficient number and geographic spread of physicians to devote significant proportion of time to provide sustainable base for practice and education in the proposed discipline 		<ul style="list-style-type: none"> At least one site capable of mounting a training program in Canada identifiable group of experts with capacity to provide a high quality educational experience sufficient ingredients exist for appropriate program infrastructure existence of professional organization(s) capable of advancing the field 		<ul style="list-style-type: none"> n/a

AFC (Diploma) Programs

- Typically 1-2 years of additional training, but competency-based
- Built upon training in a broader discipline
- Supported within the existing Specialty Committee of the primary discipline (unless one does not currently exist)
- Assessed through summative portfolio
- Training programs accredited by the Royal College (C Standards)
- A separate annual dues fee and Maintenance of Certificate (MOC) requirements

Implications of AFC-Diploma program for Royal College Fellows and Other Stakeholders

- Establish national standards for training and specialist competence
- Avoid unnecessary fragmentation of specialty training, care and practice by mitigating the recognition of subspecialties
- Provide Fellows with another opportunity to acquire nationally and internationally portable credentials, DRCPSC
- Offer universities opportunities to enhance the academic environment, with new nationally accredited programs
- Mechanism for the Royal College to formally recognize disciplines that meet a legitimate societal health need, but that do not meet the current criteria for a primary specialty or subspecialty.

RCPSC AFC Disciplines

Addiction Medicine
Adolescent and Young Adult (AYA) Oncology
Adult Cardiac Electrophysiology
Adult Echocardiography
Adult Hepatology
Adult Interventional Cardiology
Adult Thrombosis Medicine

Advanced Heart Failure and Cardiac Transplantation

Aerospace Medicine
Brachytherapy
Child Maltreatment Pediatrics
Clinician Educator
Cytopathology
Hyperbaric Medicine
Solid Organ Transplantation
Sport and Exercise Medicine
Transfusion Medicine
Trauma General Surgery

Eligibility

- Individuals can apply for the Diplomate or Diplomate Affiliate designation “DRCPSC” if they:
 - Complete a training program in a Royal College accredited AFC (diploma) program.
 - or
 - Are currently practicing in the AFC (diploma) discipline
 - PER

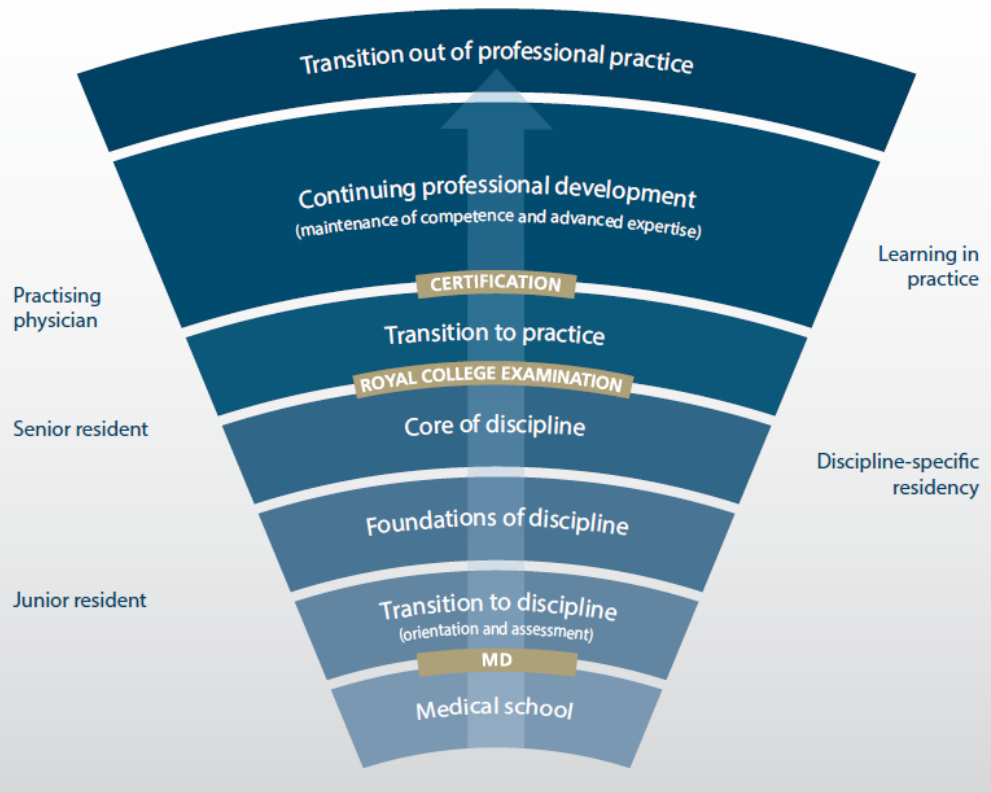
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The Competence Continuum

Traditional stages

Proposed CBD stages^{1,2}

Medical education phases



¹ Competence by Design (CBD)

² Milestones at each stage describe terminal competencies

AFC in SOT

- Solid Organ Transplantation is that area of enhanced competence concerned with the care of adult and pediatric patients with end-stage organ failure treated by transplantation, encompassing patients with heart, lung, liver, kidney, pancreas, and intestinal organ transplants.

AFC in SOT Goal

- Upon completion of training, an AFC diplomat is expected to function as a competent specialist in SOT, capable of an enhanced practice in this area relevant to the diplomats discipline
- The AFC trainee must acquire a working knowledge of the theoretical basis of this discipline, including its foundations in science and research, as it applies to medical and surgical practice

Routes of Entry to SOT AFC

- Cardiology (may be removed from SOT AFC)
- Cardiothoracic Surgery
- Gastroenterology
- General Surgery
- Infectious Disease
- Nephrology
- Respiriology
- Thoracic Surgery
- Urology
 - Includes Paediatrics
 - Includes equivalent credentials from other countries (do not have to have completed RCPSC specialty or subspecialty)

Routes of Entry to SOT AFC

- Cardiac Surgery: heart, heart-lung transplantation, and lung transplantation
- Cardiology: heart failure and heart transplantation
- Gastroenterology or Hepatology: intestinal failure and intestinal transplantation, end-stage liver disease and liver transplantation
- General Surgery: abdominal organ transplantation, which may include intestinal, kidney, liver, and pancreatic transplantation
- Infectious Diseases: all organ groups
- Nephrology: end-stage kidney disease and kidney transplantation
- Respiriology: end-stage lung disease and lung transplantation
- Thoracic Surgery: lung transplantation
- Urology: kidney and whole pancreas transplantation

Routes of Entry to SOT AFC

- These disciplines share a common set of competencies related to the treatment of end-stage organ failure with organ transplantation, which each discipline applies to its distinct patient population

AFC SOT Key Elements

- Evaluation of individuals with end-stage organ disease to determine their suitability for organ transplantation;
- Evaluation of potential organ donors to determine suitability for organ donation;
- Advocacy for organ donation and the equitable allocation of donated organs to individuals awaiting organ transplantation;
- Procurement and preservation of organs from living and deceased donors, implantation of these organs into individuals with end-stage organ disease, and management of the optimization of organ quality through the application of ex vivo preservation techniques and operative timing

AFC SOT Key Elements

- Provision of perioperative care to the organ transplant recipient
- Management of immunosuppression in an organ transplant recipient
- Monitoring of allograft function in organ transplant recipients and management of allograft dysfunction
- Provision of care to those organ transplant recipients with end-stage graft dysfunction
- Advancement of the discipline through participation in scholarly activities

Competency Training Requirements (CTR)

- Medical Expert
- 2.1.4. Organ procurement, preservation, and implantation
 - 2.1.4.1. Surgical technique for procurement of the organ relevant to the AFC trainee's entry discipline, for donors in the following categories:
 - 2.1.4.1.1. Donors with neurological determination of death (NDD)
 - 2.1.4.1.2. Donors with donation after cardiac death (DCD)
 - 2.1.4.1.3. Living donors
 - 2.1.4.2. Ex vivo organ preservation techniques
 - 2.1.4.3. Implantation techniques for the following:
 - 2.1.4.3.1. Organs from deceased donors
 - 2.1.4.3.2. Organs from living donors relevant to the entry discipline

CTR

- Medical Expert
- 5.2.6. Kidney transplant surgeons must be able to perform
 - 5.2.6.1. Kidney transplantation
 - 5.2.6.2. Open and minimally invasive donor nephrectomy
 - 5.2.6.3. Procurement of kidneys from NDD and DCD donors
 - 5.2.6.4. Reconstruction and re-implantation of the transplant ureter
 - 5.2.6.5. Transplant nephrectomy

CTR

- **Medical Expert**
- 5.2.7. Kidney transplant surgeons must be able to describe
 - 5.2.7.1. Below the diaphragm multi-organ procurement from NDD and DCD donors

CTR

- Communicator
- 4.1. Engage patients, families, and relevant health professionals in shared decision-making to develop a plan of care
 - 4.1.1. Discuss living donation with patients and families, where applicable
 - 4.1.2. Engage with other health professionals to make decisions regarding donor and potential recipient suitability for transplantation
- 4.2. Address challenging communication issues effectively, including but not limited to
 - 4.2.1. Removing a candidate from the organ transplant waiting list
 - 4.2.2. Discussing donor specific risks with potential recipient
 - 4.2.3. Delivering the news that a patient with end-stage organ disease is not suitable for organ transplantation or re-transplantation

REQUIRED TRAINING EXPERIENCES

- Assess individuals with end-stage organ disease for organ transplantation
- Participate in the assessment of deceased and living donors, as applicable, for suitability for transplantation
- Participate in interprofessional rounds where decisions are made regarding suitability for transplantation of potential organ donors, individuals with end-stage organ disease, and individuals on the waiting list

REQUIRED TRAINING EXPERIENCES

- Participate in organ allocation
- Observe organ procurement and implantation procedures (for Physician AFC trainees)
- Perform surgical procedures to achieve competence with the related organ (for Surgical trainees)

REQUIRED TRAINING EXPERIENCES

- Manage organ transplant recipients in the perioperative period as the responsible physician/surgeon
- Manage organ transplant recipients who are acutely ill
- For physician AFC trainees, manage organ transplant recipients in the ambulatory clinic setting as the responsible physician

REQUIRED TRAINING EXPERIENCES

- For surgical AFC trainees, participate in the care of organ transplant recipients in the ambulatory care clinic
- Participate in the management of life-sustaining therapies as a bridge to transplantation
- Participate in the academic related to the AFC trainee's organ transplant group

Recommended Training Requirements

- Observe tissue typing laboratory techniques, including but not limited to HLA typing, antibody identification, cross match, and methodology to identify sensitization
- Integrate clinical experience with the pathology of the transplanted organ
- Participate in multi-organ transplant academic activities
- Participate in the clinical care of solid organ transplant patients outside the scope of their entry discipline

Competency Portfolio

- The mechanism by which the the CTR will be documented
 - SOT logbook
 - Case summaries
 - Mini-CEX evaluations
 - Written reflections
 - Oral Examination

Competency Portfolio

- 1.1. Assess individuals with end-stage organ disease for suitability for organ transplantation One (1) submission must include the decision that the candidate is suitable for organ transplantation; and two (2) submissions must include the decision, for two different reasons, that the candidate is unsuitable for transplant or delay is recommended.
- Summaries must include the patient history, including indication for organ transplantation and co-morbidities. A description of each of the following must be included in the pertinent factors and rationale for the suitability decision:
 - stage of the disease
 - psychosocial issues
 - medical comorbidities
 - surgical issues
- The assessments may have been made in person or through document review
- Three (3) summaries or consultation notes of decisions regarding organ transplant suitability

- When the trainee has completed the portfolio:
 - AFC diploma director and the postgraduate dean attest trainee has completed required competencies in the discipline-specific Competency Training Requirements (CTR)
- Credentials Unit ensures the portfolio is complete.
- 2 assessors selected by the AFC working group/committee.

- **What if the 2 assessors do not agree on the status outcome of the portfolio?**
 - A third assessor will be chosen will be appointed to individually review the portfolio.
 - A decision supported by two of the three assessors will be the official decision of the Royal College.

- **How are assessors chosen?**

- By the AFC-diploma working group/committee.
- They usually come from within the working group/committee
- Not associated with the program of the portfolio being assessed.

- Successful AFC candidates:
 - Diploma of the Royal College of Physicians and Surgeons of Canada, or DRCPSC.
 - “Diplomates”
- Members with a DRCPSC will be known nationally, and internationally, as individuals who have sought to advance their knowledge and expertise with additional complementary skills and competencies.



- Intended for physicians in practice seeking Diplomate designation (DRCPSC)
- Royal College mandate
 - Equivalent standard to training route
 - Transparent process
 - Avoid negative impact on development, growth and viability of training programs



- Eligibility to apply
- Eligibility for assessment
- Assessment of Portfolio

- Meet entry credentials of the AFC discipline
 - As documented in CTR
- Minimum 2 years in practice
 - Based on rationale that physician has attained skills in/through practice
- Registration with Royal College MOC program
 - Required to create/submit portfolio

- Applicants submits names of two individuals
 - Must be familiar with applicant's practice
 - Must be physicians appointed within a Royal College accredited program relevant to the discipline
- Credentials Unit contacts the two physician referees to verify applicant's scope of practice
 - Guided by major responsibilities and milestones of the discipline as laid out in the CTR and Portfolio
- Confirmation of Competencies Acquired form completed (CCA)

- Applicant submits the PER Portfolio
- Credentials Unit reviews portfolio to ensure it is complete as submitted
 - If incomplete, applicant contacted by Credentials

- Assessors (two) identified by the AFC Committee review the applicant's portfolio
- Assessors independently determine whether the applicant has met the Portfolio criteria for successful completion
- Confirmation of Completion of Portfolio form completed (CCP)

- Applicant is notified that successful
 - Receives letter and certificate
- Candidate pays diplomate fee and becomes a Diplomate of the Royal College (DRCPSC)
 - Annual dues
 - MOC requirements

- Create the PER Portfolio
 - Must be equivalent but not identical
 - Major tasks must match trainee portfolio
 - Milestones should be the same
 - Criteria for assessment should be the same
- Create the body of Assessors that review all portfolios (trainee and PER)

Establishing a Program

- To date:
 - No applications have been made to RCPSC

RCPSC Standards: ADMINISTRATIVE STRUCTURE

- STANDARD C1:
 - There must be an appropriate administrative structure for each AFC program

#1 Need an AFC Program Director

- There **must** be an AFC director who has authority and accountability for the operation of the AFC program.
 - 1.1. The AFC director **must** have demonstrated specialty expertise in the area of focused competence (**eligible to apply for PER AFC certification**)
 - 1.2. The AFC director is **accountable to an official decanal unit** within the faculty of medicine designated as responsible for oversight of the AFC program and capable of such oversight (**? Medicine, ?Surgery, ?Pediatrics**)
 - There **must** be coordination between this decanal unit and the office of the postgraduate dean to ensure the AFC program does not negatively impact on the quality of education provided in residency programs.
 - 1.3. The AFC director **must** be assured of sufficient time and support to administer the program (**FTE proposed ???**)

#2 Need an AFC Program Committee

- 2. There **must** be an AFC program committee, to assist the AFC director in the planning, organization, and supervision of the AFC program
 - 2.1. The members of this committee **must** include at least one **AFC trainee chosen by the trainees** in the program (The current ATI Education Committee needs expanded representation)

Specific Responsibilities of AFC Director and Committee

- The AFC director and committee **must**:
 - 3.1. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the AFC program
 - 3.2. Approve the selection and teaching assignments of program faculty as appropriate
 - 3.3. Select candidates for admission to the program
 - 3.4. Develop and monitor an evaluation process that provides documented, regular feedback for AFC trainees and includes an appeal mechanism
 - 3.5. Ensure compliance with relevant University policies
 - 3.6. Evaluate, on a regular basis, the overall educational environment of the AFC program, and each of its components
 - 3.7. Assess, on a regular basis, the teachers participating in the AFC program

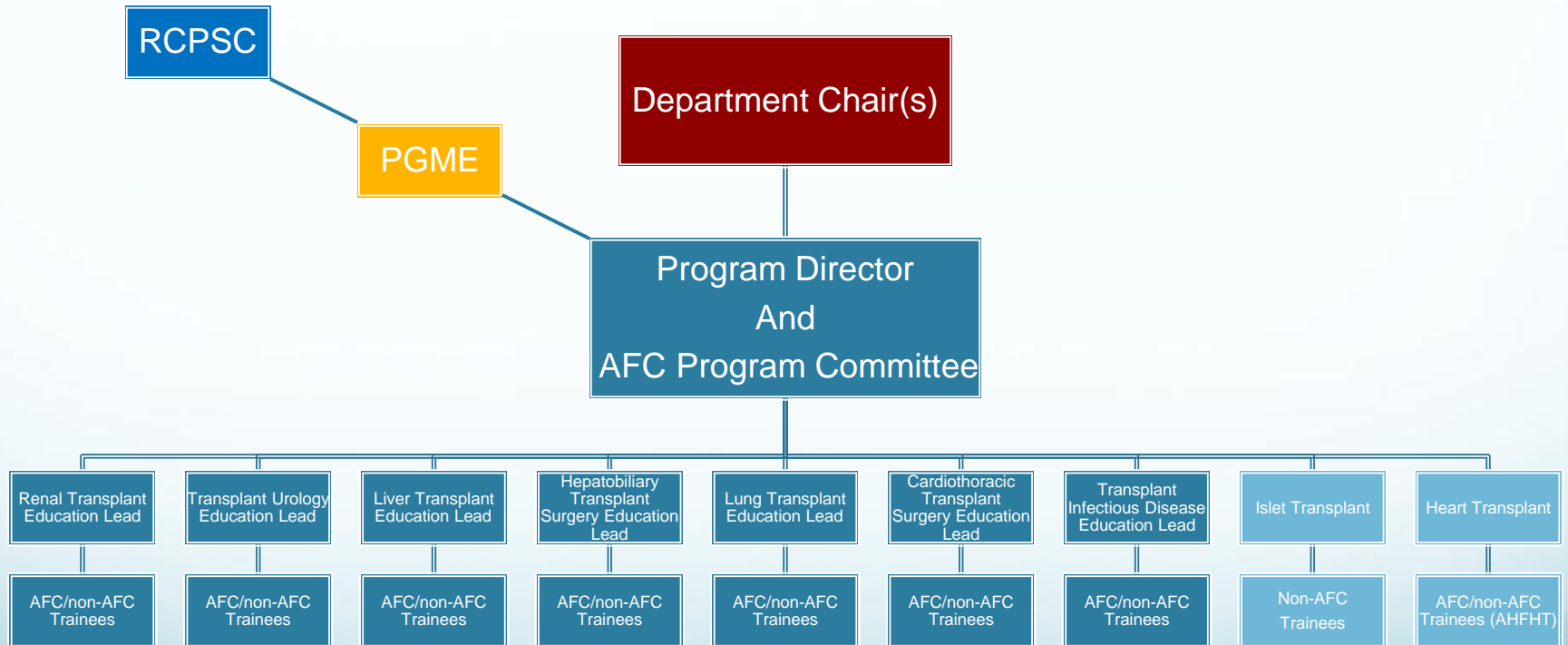
#3 Need Continued Engagement of Faculty in Transplantation Training

- 3. The AFC director, assisted by the AFC committee, **must** administer and maintain an educational environment conducive to educating AFC trainees in the area of focused competence.

#4 Must Maintain the Environment of Scholarship in Transplantation

- 4. There **must** be an environment of inquiry and scholarship, including an active research component, in the department(s) or division(s) sponsoring the AFC program.

Structure of SOT AFC Training



Practical Issues of Implementation

- **What are the fees associated with the AFC-diploma program?**
- Fees are determined annually by the College;
- There are several types of fees involved with the AFC-diploma programs:
 - An Application fee of **\$14,000** (for the initial application for recognition of a discipline to be an AFC-diploma)
 - CST paid this as our National Specialty Society
 - A yearly program registration fee **~\$2000**
 - A credentialing and assessment fee: **\$850** per candidate
 - PER credentialing and assessment fee **\$1950**
 - Annual dues for Diplomates

Funding

- **If AFC-diplomas are not residencies, will they be eligible for Ministry of Health funding?**
 - NO: AFC-diplomas do not qualify for Ministry of Health funding (same as current fellowships in SOT)
 - There is no funding within PGME for administrative support (Need ? 0.5 FTE Medical Education Program Coordinator)

- **Are all trainees required to be part of the AFC-diploma program?**
- For candidates that are in training, but do not have the entry prerequisites, they can remain in the program, but don't qualify for the diploma.
- Programs can have a mix of AFC-diploma trainees and traditional fellowship candidates.

Next Steps: Document Resources, Educational Program and Competency-based Assessment

1. Program Director:
2. Obtain support from Department heads: Medicine, Surgery, Pediatrics
3. Complete Application (8 page document) with PGME
4. TOR for AFC Program Committee
 - Describe AFC committee process to select candidates, assess trainees, provide ongoing program review, assess and provide feedback to teachers
 - List grants and publications of Faculty over past 12 months
 - Information from all programs
 - List teaching faculty
 - Volumes (assessments, transplants, prevalent patients, outpatient visit numbers, donors – living and deceased)

Next Steps Continued

5. Create Objectives for the educational experience of the program (include each discipline)
6. Develop a single curriculum document and describe teaching format for each element (medical expert, other CanMEDS competencies and scholarly activity)
7. Describe the process for in-training assessment, feedback to the trainees and completion of the “Competency Portfolio for the Diploma”

Benefits of Accredited SOT AFC

- Attract top MD candidates for training in all disciplines of transplantation
- Strengthen the training environment in academic transplant medicine
- Train future leaders in clinical academic transplantation
 - Certification may be required over time

Thank you

- Dr. Mark Walsh and Organizing Committee for allowing me to disseminate this information
- CST for supporting this process
- Dr, Karpinski for spearheading this process
- All committee members
- Dr. Mark Walsh-Co-chair of SOT AFC Committee
- Dr. Tammy Keough-Ryan Member SOT AFC Committee

Questions