



**ROYAL COLLEGE**  
OF PHYSICIANS AND SURGEONS OF CANADA  
**COLLÈGE ROYAL**  
DES MÉDECINS ET CHIRURGIENS DU CANADA

# Special Review of Areas of Focused Competence (AFCs)

Learning and Adapting

Submitted to the Committee on Specialties (COS)  
Spring 2023



# Background

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AFCs were created by the Royal College in 2011 in response to a need for national standards in areas of supplemental competency and expertise, and to provide a credential to specialists who are deemed eligible through assessment. Prior to the special review in April 2021, 31 disciplines were recognized by the Royal College but only 10 (32%) of those were fully implemented. To understand the varying implementation timelines of individual disciplines, the Office of the Chief Executive Officer (OCEO) requested that the Committee on Specialities (COS) undertake a special review of AFC disciplines.

The review was conducted between fall 2021 and fall 2022 and the COS identified major concerns in only one discipline. And, as of March 2023, 20 of 36 (56%) recognized AFCs are now fully implemented.

This document highlights key **learnings** from the special review and recommended **adaptations** to better support individual disciplines and create sustainability for the category as a whole.

## KEY ACRONYMS

<b>AFC(s)</b>	Area(s) of Focused Competence
<b>AFC-AC</b>	AFC Accreditation Committee
<b>COS</b>	Committee on Specialities
<b>IWG</b>	Implementation Working Group
<b>OCEO</b>	Office of the CEO
<b>OSA</b>	Office of Standards and Assessment
<b>SSRC</b>	Specialty Standards Review Committee

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All existing AFCs that had completed at least one implementation milestone (24) were provided an opportunity for input either via the special review, or via participation in interviews and/or focus groups.

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## **DEFINITIONS:**

### **Implementation milestones:**

Disciplines must achieve three milestones for full implementation: standards dissemination, opening the training route (i.e., accreditation of the first site) and opening the practice route.

### **Benchmarks:**

A benchmark is the established amount of time required to achieve a particular implementation activity. Following recognition of the discipline by Committee on Specialty Education (CSE), the benchmarks are as follows:

- Standards development and dissemination – 1.5 years
- Opening the training route – 2 years
- Opening the practice route – 2 years
- Full implementation - 6 years

### **Full implementation:**

Following recognition of a new discipline by CSE, the discipline is required to complete all three implementation milestones to achieve full implementation. Once fully implemented, the discipline moves into the “maintenance phase”.

### **Maintenance phase:**

Disciplines that are fully implemented (i.e., all implementation milestones have been achieved) and are now focused on maintaining discipline health.

### **Major concerns:**

1. There are concerns about the capacity of the AFC committee and/or its leadership that delays the timely, full implementation of the discipline.
2. There are OSE operational processes that prevent the timely, full implementation of the discipline.
3. Fundamental or systemic questions are raised about the future or functioning of the discipline, demand for the discipline, and its ability to meet the criteria for recognition as an AFC.

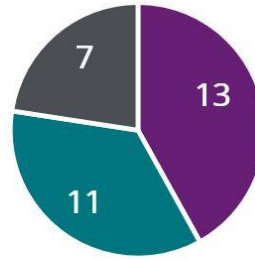
### **Minor concerns:**

The COS may identify a concern that is not significant enough to meet the criteria of a “major area of concern” but requires monitoring and resolution to ensure the discipline completes implementation in a timely way.

## Review process

We heard from all eligible<sup>1</sup> AFCs, a total of 24 disciplines:

- 11 were in the implementation phase (cohorts A, B, and C)
- 13 were in the maintenance phase (cohort AB)



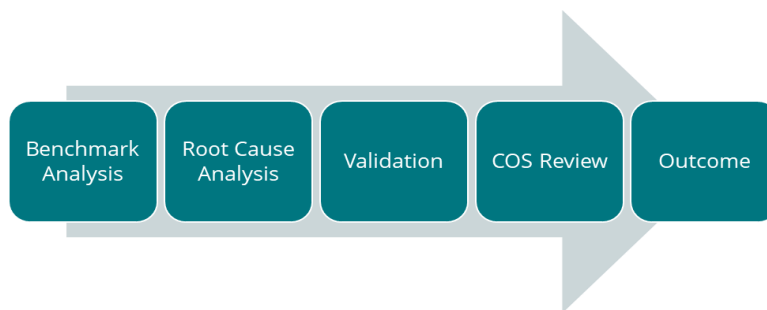
Seven disciplines were excluded from the review as they were recognized less than 1.5 years prior to the special review, which is less than the average time to meet the first implementation milestone of standards dissemination.

- Maintenance Phase
- Implementation Phase
- Excluded from Special Review

## COHORTS A, B, AND C

The Office of Standards and Assessment (OSA) conducted a root cause analysis of the 11 disciplines in the implementation phase (cohorts A, B, and C). This analysis focused on evaluating their milestone achievements against the established Royal College implementation benchmarks and identifying and understanding facilitators and barriers to achieving the milestones. The root cause analysis was validated by both the chair of the AFC Committee<sup>2</sup> for each discipline and the four operational units that support AFCs during the implementation phase.

The methodology is [available on request](#).



<sup>1</sup> Only disciplines that had completed the standards development and dissemination phase were considered eligible.

<sup>2</sup> AFC committees is an umbrella term used to describe AFC Working Groups, AFC Committees, and AFC Subcommittees.

## **COHORT AB**

The OSA identified an opportunity for AFC leads (chairs, vice-chairs, and chair-elects, or designate) to share their experience implementing a new Royal College discipline, and leading it into the maintenance phase. It was an opportunity for key contributors to participate in the continuous quality improvement of the Royal College AFC Program and to provide feedback on their experience. As such, leads were invited to participate in focus groups and/or 1-on-1 interviews.

Thirteen disciplines participated in this process (see [appendix A](#)) and their responses were also included in the development of recommendations.

AFC Committee leads were enthusiastic and forthright in their feedback about their experience as contributors (specialists who volunteer their time and energy to the Royal College) and as leaders in their discipline. The feedback clearly demonstrated thoughtful and critical reflection, as well as their commitment to the Royal College and the success of the AFC Program. Moving forward, feedback and the contributor experience will continue to be prioritized as part of Program development and ongoing continuous quality improvement (CQI) activities.

## **RECOMMENDATION DEVELOPMENT**

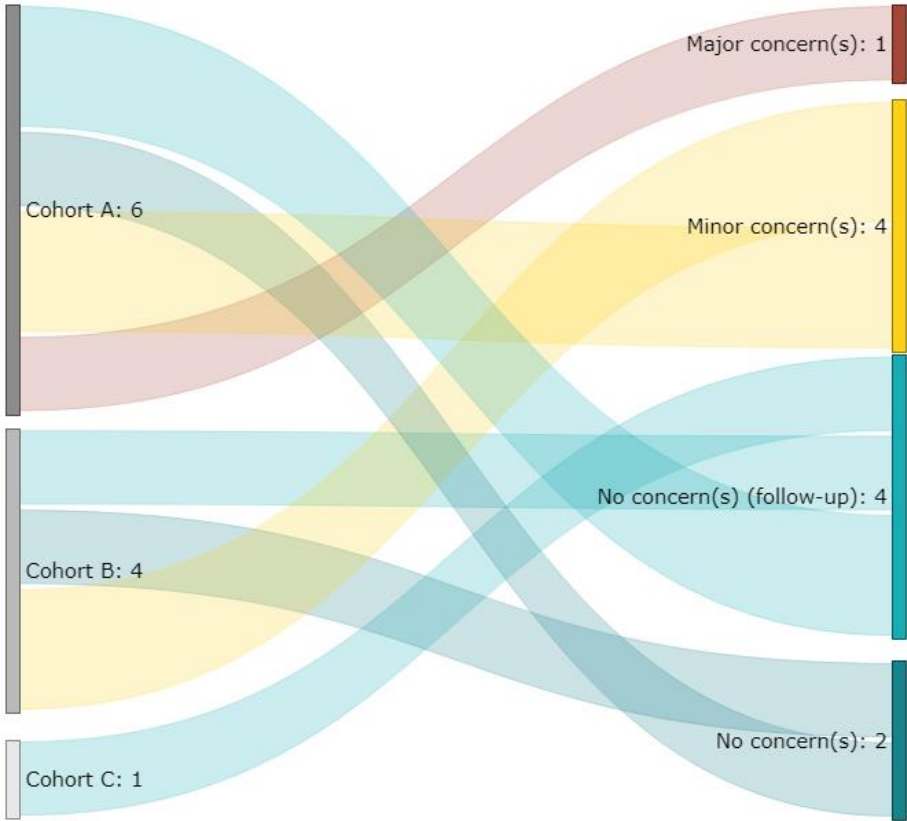
The eight operational units at the Royal College that support AFCs participated in several sessions to review findings and develop recommendations at the AFC Implementation Working Group (IWG) with an aim to refine operations to better support individual disciplines and to set the category up for continued success, including sustainability.

# Learnings

As a result of the special review, we now know much more about the category, individual disciplines, and Program operations:

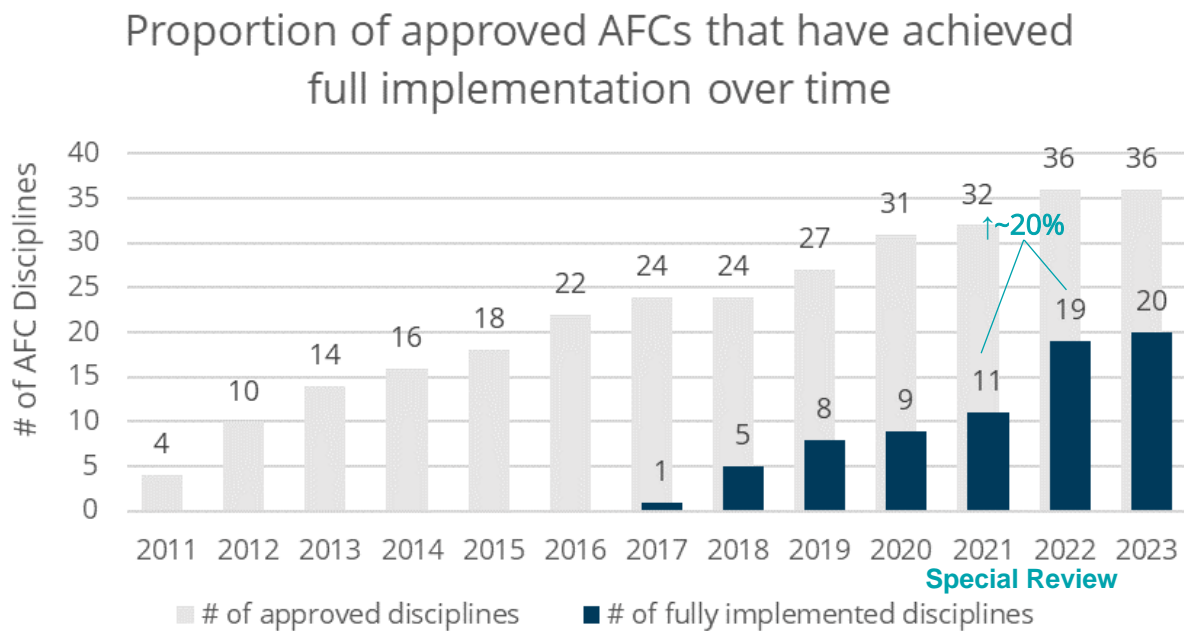
## Most AFCs in the implementation phase are functioning without major concerns.

Eleven disciplines were reviewed across three cohorts. No concerns were identified in the majority of disciplines (6). However, the COS identified major concerns in one discipline.



## The number of disciplines fully implemented increased by nearly 20% over the course of the special review.

The special review provided an opportunity for the Royal College to clearly define and communicate the expectations of disciplines to achieve full, timely implementation, and to align operations to support this objective. Committees responded positively and were more motivated to complete their implementation milestones. Since the special review was announced in summer 2021, eight<sup>3</sup> disciplines have achieved full implementation.

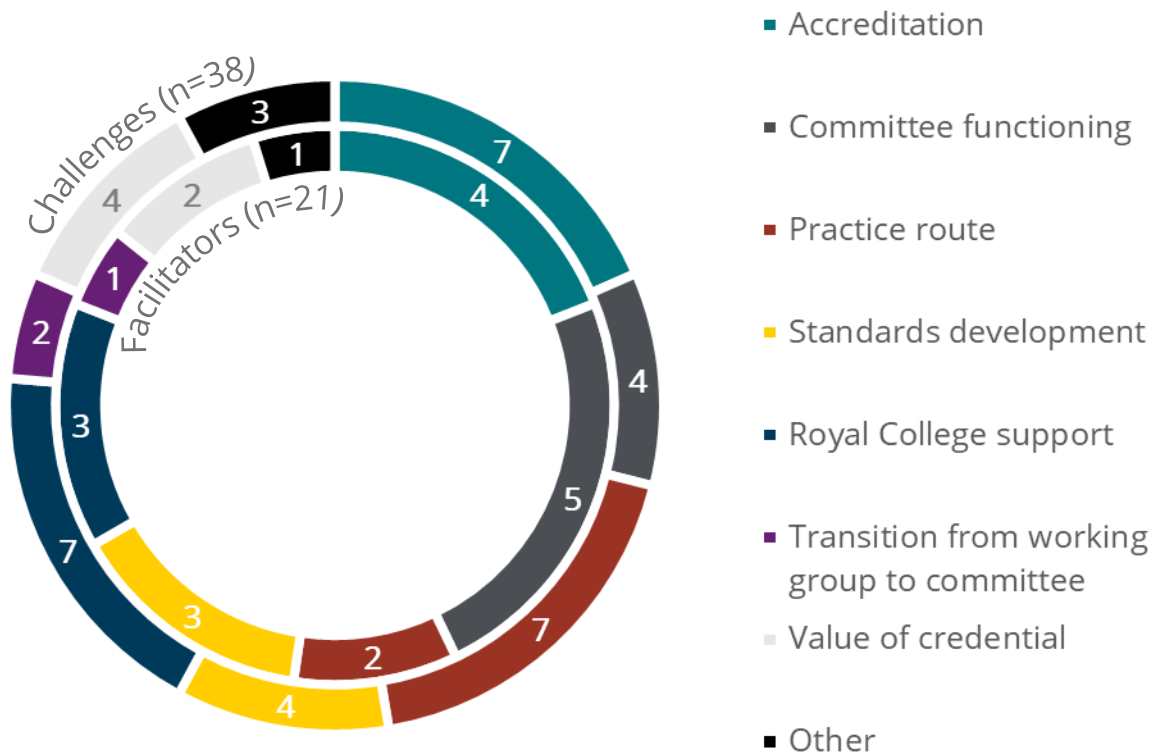


<sup>3</sup> As of March 2023.

## We now know common challenges and facilitators in implementation across the category.

All eligible AFCs participated in the special review, and they identified 38 individual challenges and 21 individual facilitators across the three implementation benchmarks. Some AFCs raised the same or similar issues allowing for the identification of common barriers and enablers in implementation. This information has been used to collate best practices and develop adaptations ([see recommendations page 9](#)) to continue to support individual disciplines and the sustainability of the category overall.

### Challenges and facilitators to AFC implementation





# Adapting: Recommendations

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1

Aligning AFC operations to support full, timely implementation.

## 1.1 SETTING EXPECTATIONS

Clarify expectations and the work required of AFC Committees during the discipline implementation and discipline maintenance phases by:

- Using standardized language across operational units and the Royal College's AFC Program (the Program).
- Providing a roadmap for AFC disciplines to ensure milestones and full implementation are achieved within the benchmarks during the implementation phase.
- Clarifying role, responsibilities, and purpose of AFC Committees in each phase.
- Exploring the option of tailoring meeting frequency to the AFC Committee's phase of work.
- Providing resources and tools to explain expectations for work, time and effort required by contributors early in the recognition process and through the discipline's life (see recommendation 2.2).

## 1.2 FOSTERING MOMENTUM

Explore options to foster momentum during the transition from working group to committee, including:

- Beginning the appointment process for new AFC Committees when the new standards are confirmed for review at an upcoming Specialty Standards Review Committee (SSRC)).
- Disbanding working groups and transitioning to new, full AFC Committee when standards are approved by the SSRC or sent to Translation.

- Reimagining staff support for AFC Committees during this transition period as opportunities for member engagement and early contributor onboarding. Explore alternate formats of onboarding (see recommendation 2.2).

## 2

## Reconceptualizing operational support

### 2.1 REFINING AFC POLICY AND PROCESS

Examine operations to simplify processes for staff and Fellows, including:

- Identifying and addressing gaps in AFC policy, and consider aligning, where appropriate, with policies and processes for specialties/subspecialties.
- Embedding, where appropriate, facilitators identified by AFC chairs in policy and processes.
- Continuing to work with the Intercollegiate Advisory Group (ICAG) to identify areas of overlap between specific College of Family Physicians of Canada (CFPC) Certificates of Added Competence (CACs) and AFCs. A process to refer disciplines for consideration by the ICAG and communicating outcomes should be created, and roles should be clearly defined.
- Specific to AFC accreditation processes:
  - Improve feedback loop between AFC Accreditation Committee (AFC-AC), Postgraduate Medical Education (PGME) offices of individual applicants, and AFC Committees.
  - Update *Internal Review Kit* to clarify, wherever possible, the difference in expectations for residency programs versus AFC training programs.
  - Encourage PGME offices to require knowledge of AFCs for reviewers in their internal review process.

## 2.2 REIMAGINING AFC SUPPORT MODEL

Building on the alignment project<sup>4</sup> and in line with the upcoming review of committee mandates and support, reimagine the function and model of the AFC Committees and the relationship between operational units and the AFC Committees to:

- Ensure Royal College operational subject matter experts are aware of issues being discussed by Committees and available to attend meetings when these discussions are happening. Providing guidance early in these discussions is critical to manage resources and contributor expectations.
- Triage operational issues raised in committee meetings to the correct team and program manager.
- Escalate concerns around committee and/or chair functioning.
- Optimize internal communication channels to provide cohesive and consistent support to contributors and other stakeholders.
- Provide guidance in formats that are appropriate to content and meet contributors' needs (e.g., online modules, primers and guidance documents, video and audio resources).

### 3

## Refining the AFC Program for the future

### 3.1 MONITORING AND CONTINUOUS QUALITY IMPROVEMENT

Review the time allotted for each AFC implementation benchmark (i.e., standards development, opening the training route, and opening the practice route) to ensure that operations support the AFC Program's strategic goals, and:

- Make the dashboard available to AFC Committees so that they can consistently review their implementation progress compared against the established benchmarks.

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<sup>4</sup> [More information on the Royal College's new structure can be found on the website.](#)

- Keep Committees updated on their implementation progress and provide coaching to support full, timely implementation.
- Continue to update and improve the collection and analysis of data that the COS has available during discipline reviews via the dashboard, and flag any trends or concerns within a discipline to the COS.
- Create a process to flag delays in implementation to AFC Committees (see recommendation 2.2).

### 3.2 PROMOTING KNOWLEDGE SHARING

Explore ways to promote knowledge sharing, sharing of best practices, and mentoring opportunities within a discipline and across the category, including:

- Coordinate forums to facilitate relationship building (e.g., chairs' council, coaching circles, webinars, townhalls).
- Consider whether an online collaboration platform is an appropriate tool to meet the needs of the AFC category.
- Share the facilitators identified by AFC chairs in the special review.

### 3.3 CREATING A DIGITAL PRESENCE

Through engagement with the Digital Member Experience Transformation (DMET) project<sup>5</sup>, increase visibility of AFC content on the Royal College website and prioritize accessibility from a user perspective. Specifically:

- Separate information about the practice and training routes, and the AFC credential from webpages about specialty and subspecialty exams.
- Update the accreditation webpage to include information and resources for AFC applicants and new programs.
- Explore options of a separate webpage or vanity URL for AFCs to improve ease of finding relevant information.

### 3.4 MAKING THE CREDENTIAL VISIBLE

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<sup>5</sup> [More information on the digital transformation can be found on the Royal College website.](#)

The AFC communications strategy should promote the value of the AFC category, disciplines, and the Royal College credential, including:

- Embedding AFC disciplines in major Royal College communication channels.
- Creating stakeholder-specific value propositions to embed in operational communications.
- Raising awareness of the credential to relevant groups (including regulatory bodies, ministries of health, faculties of medicine, and residents).
- Continuing to support AFC Committees in their work to promote their discipline (see recommendation 2.2).

### 3.5 ENSURING SUSTAINABILITY OF THE CATEGORY

Supporting AFCs will require Royal College leadership input to address the following issues:

- Providing effective and efficient support for the growth of the category:
  - Streamline operational processes, where possible, to be less resource- and time-intensive for staff.
  - Ensure sufficient staff across all operational units that support the category.
- Internal decision pathways for policy and operational processes need to be codified.
- Address gaps in resourcing:
  - With the end of external assessment, consider whether the Royal College should support the development of assessment tools and, if so, commit resources to support their development.
- Aligning with ongoing work and consultations to reimagine specialty support, reconceptualize committee types for efficiency:
  - Explore alternate ways of structuring AFC Committees, including whether AFC subcommittees ought to be incorporated more fully within the parent discipline's specialty committee.

- Explore the appropriateness of whether AFC committees ought to receive funding for in-person meetings, including funding for up to two AFC directors, when funding is not available for AFC subcommittees.
- Consider whether the Royal College should advocate for the AFC credential to be mandatory for practice.

# Appendix A: List of disciplines reviewed

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## Cohort A – Reviewed Fall 2021

- Adult Echocardiography
- Adult Interventional Cardiology
- Adult and Young Adult Oncology
- Patient Safety and Quality Improvement,
- Sport and Exercise Medicine
- Trauma General Surgery

## Cohort B – Reviewed Spring 2022

- Acute Care Point-of-Care Ultrasound (POCUS)
- Adult Thrombosis
- Advanced Heart Failure
- Aerospace Medicine

## Cohort C – Reviewed Fall 2022

- Hematopoietic Stem Cell Transplantation and Cellular Therapy

## Cohort AB – Fall 2021-Winter 2022

- Addiction Medicine
- Adult Cardiac Electrophysiology
- Adult Hepatology
- Brachytherapy
- Child Maltreatment Pediatrics
- Clinician Educator
- Cytopathology
- Hyperbaric Medicine
- Pediatric Urology
- Prehospital Transport Medicine
- Sleep Disorder Medicine
- Solid Organ Transplantation
- Transfusion Medicine

# Appendix B: learnings & adaptations

Challenges we've heard:	Relevant recommendation(s)	Existing work
<b>Staff Support Across Implementation</b>		
<p><b>Consistent support:</b></p> <ul style="list-style-type: none"> <li>• Periods of high turnover of administrators.</li> <li>• Some staff can be unresponsive.</li> </ul>	<p>Recommendation 1.1: setting expectations</p> <p>Recommendation 2.1: refining AFC policy and process</p> <p>Recommendation 3.5: ensuring sustainability of the category.</p>	<p>Handover documents have been created to smooth the transition between AFC administrators.</p> <p>Bi-weekly AFC touch base meetings now include staff across all units that provide support to AFCs. This has improved inter-unit communications.</p>
<p><b>Suboptimal communication of timelines for work:</b></p> <ul style="list-style-type: none"> <li>• At the beginning of standards development</li> <li>• During each new phase of work</li> </ul>	<p>Recommendation 1.1: setting expectations</p> <p>Recommendation 2.1: refining AFC policy and process</p> <p>Recommendation 2.2: reimagining AFC support model</p> <p>Recommendation 3.1: Monitoring and continuous quality improvement</p>	<p>At the start of standards development, expectations of the working group are now clearly defined, and priorities are highlighted.</p>
<p><b>Impacts of AFC reform:</b></p> <ul style="list-style-type: none"> <li>• Staff recommended work pause during reform.</li> <li>• AFC processes undergoing a lot of change at the same time.</li> </ul>	<p>Recommendation 1.1: setting expectations</p> <p>Recommendation 3.5: ensuring sustainability of the category</p>	<p>The major reform activities are now completed, and all work has resumed.</p> <p>It was recommended that AFC Committees pause their work to prevent repetition of work once reforms were implemented.</p>



<ul style="list-style-type: none"> <li>Some work lost or delayed.</li> </ul>		
<b>Standards development</b>		
<p>Delays in implementation due to internal resourcing and decision-making:</p> <ul style="list-style-type: none"> <li>Limited capacity of units for AFC work.</li> <li>Review of CBD documents prioritized at SSRC.</li> <li>Resourcing for assessment tools.</li> </ul>	<p>Recommendation 1.1: setting expectations</p> <p>Recommendation 3.2: promoting knowledge sharing</p> <p>Recommendation 3.5: ensuring sustainability of the category</p>	<p>Staff are currently working with Clinician Educators to time the submission of standards to SSRC during lulls in CBD work.</p> <p>Different ways of structuring specialty standards and resourcing needs are being explored.</p> <p>Currently, example assessment tools are provided to AFC committees if the issue is raised.</p>
<p>Working group members unaware of workload prior to discipline recognition</p>	<p>Recommendation 1.1: setting expectations</p> <p>Recommendation 3.1: monitoring and continuous quality improvement</p>	<p>The implementation map outlines the anticipated workload of the committee.</p> <p>Specialty Standards provides yearly status reports which highlight the workload for the next year.</p>
<b>Transition from working group to AFC Committee</b>		
<p>Misunderstanding on whether disciplines are required to open both the training and practice routes.</p>	<p>Recommendation 1.1: expectation setting</p> <p>Recommendation 2.1: refining AFC policy and process</p> <p>Recommendation 3.5: ensuring sustainability of the category</p>	<p>During committee orientation, new AFC committees are now made aware of the expectation to open both routes to the credential.</p>
<p>Long gaps between the last working group meeting and first committee meeting</p>	<p>Recommendation 1.2: fostering momentum</p>	<p>AFC committee meeting dates are actively tracked to ensure committees are meeting at least once a year.</p> <p>Specialty Support recognizes that some work may be</p>

		completed online and/or via email, rather than through scheduled meetings.
<b>Challenges identifying potential committee members (especially in smaller disciplines)</b>	<p>Recommendation 1.2: fostering momentum</p> <p>Recommendation 2.1: refining AFC policy and process</p> <p>Recommendation 3.2: promote knowledge-sharing</p> <p>Recommendation 3.5: ensuring sustainability of the category</p>	<p>Currently, AFC Committees can request that administrators send calls for applications to specific groups of Fellows.</p> <p><a href="#">Contact your administrator for support.</a></p>
<b>Training Route</b>		
<p><b>Support for new AFC programs:</b></p> <ul style="list-style-type: none"> <li>• Educating faculties of medicine and potential AFC directors about the category and the AFC application process</li> <li>• Coordination for AFCs that require training outside of hospital</li> </ul>	<p>Recommendation 2.1: refining AFC policy and process</p> <p>Recommendation 3.2: promote knowledge sharing</p> <p>Recommendation 3.4: making the credential visible</p>	<p>Resources available on the website for:</p> <ul style="list-style-type: none"> <li>• <a href="#">New applicants</a></li> <li>• <a href="#">AFC (sub)committees on supporting applications for accreditation</a></li> </ul>
<p><b>Applications for accredited programs:</b></p> <ul style="list-style-type: none"> <li>• Applicants faced challenges understanding feedback on applications</li> </ul>	<p>Recommendation 2.1: refining AFC policy and process</p> <p>Recommendation 2.2: reimagining AFC support model</p>	<p>The new streamlined accreditation standards include clearer expectations of applicants.</p> <p>Justification from reviewers for any area(s) of development/clarification that are identified in the application is now mandatory.</p>
<b>Internal Reviews:</b>	Recommendation 2.1: refining AFC policy and process	Internal Review Kit includes resources specific to AFC programs:

<ul style="list-style-type: none"> <li>Knowledge of AFCs amongst internal reviewers can be low</li> </ul>	<p>Recommendation 2.2: reimagining AFC support model</p>	<ul style="list-style-type: none"> <li>AFC Accreditation Review Internal Guide</li> <li>AFC Internal Review Report Template.</li> </ul>
<p><b>Practice Route</b></p>		
<p>Cost of PER-AFC application is high</p>		<p>Concerns about the application fee has been brought to leadership's attention.</p>
<p>Previously, CFPC fellows could not gain full diplomate status</p>	<p>Recommendation 3.4: making the credential visible</p>	<p>In 2019, the diplomate-affiliate category was abolished so trainees can gain diplomate status in disciplines which allow entry from Family Medicine.</p>
<p>PER-AFC (prior to reform) was slow and difficult to navigate</p>	<p>Recommendation 2.2: reimagining AFC support model</p>	<p>The practice route reform is still underway and staff are working to transition the remaining 3 portfolio-based routes to application-based routes.</p> <p>Internal communication improved and processes to better address concerns established as a component of reform.</p>
<p><b>Committee functioning</b></p>		
<p>Unresponsive chairs, lack of availability can lead to fewer meetings</p>	<p>Recommendation 1.1: setting expectations</p> <p>Recommendation 2.2: reimagining AFC support model</p>	<p>Chair responsiveness is monitored by Specialty Support and escalating actions are taken, when necessary.</p>
<p>Long gaps between meetings</p>	<p>Recommendation 1.1: setting expectations</p> <p>Recommendation 1.2: momentum</p>	<p>The OSA is actively tracking meeting dates to ensure committees meet once a year; reviewed at bi-weekly touch-base.</p>

	Recommendation 3.5: ensuring sustainability of the category	
Early AFC Committees lacked understanding of CBME	Recommendation 3.2: promoting knowledge sharing	Resources available on the <a href="#">member resource site</a> to aid in communicating AFC definition and CBME.  Additionally, as more specialties and subspecialties transition to Competence by Design, there is more knowledge of CBME amongst faculty.
On-boarding processes perceived as inconsistent	Recommendation 1.1: setting expectations  Recommendation 2.2: reimagining AFC support model	Orientation sessions are held for each new working group and committee. A series of primers for committee chairs and members are being developed to enable just-in-time information delivery relevant to agenda topics.
<b>Value</b>		
Perceived lack of branding/marketing by the Royal College makes it hard to recruit and to get buy-in for discipline from others	Recommendation 3.4: making the credential visible  Recommendation 3.5 ensuring sustainability of the category	Resources available on the <a href="#">member resource site</a> to aid in communicating value of AFCs.
Difficulties securing funding	Recommendation 3.2: promoting knowledge sharing  Recommendation 3.4: making the credential visible	
Difficulties convincing others of the value of AFC	Recommendation 3.2: promoting knowledge sharing  Recommendation 3.4: Making the credential visible	

Credential is often not required for practice.	Recommendation 3.5: ensuring sustainability of the category	This topic has been brought to leadership's attention.
<b>Other</b>		
Difficulties finding AFC-specific information on the website.	Recommendation 3.3: creating a digital presence	The Royal College is currently engaged in a digital transformation process, aimed at improving the website and providing seamless digital access to Royal College services.
Discipline review is currently a six-year cycle, but the COS reviewer only reviews the minutes of the last two meetings.	Recommendation 2.1: refining AFC policy and process  Recommendation 3.1: monitoring and continuous quality improvement	Currently, COS reviewers can request more information about a discipline, if needed.  The AFC Dashboard was introduced to the COS during its fall 2022 meeting and is accessible during review to provide a more comprehensive overview of the discipline and its progress towards implementation milestones.