CFPC GUIDE: COMPLETION OF TRAINING DECISIONS AND ELIGIBILITY FOR CERTIFICATES OF ADDED COMPETENCE DURING THE COVID-19 PANDEMIC FOR CATEGORY 1 PROGRAMS

Given the current COVID-19 crisis, some certificate of added competence (CAC) residents may choose to leave their program before completing all 12 months of their scheduled training. They may be deployed into the field as independent practitioners or feel the strong need to help out. Even if they spend the year in their program, some residents may miss out on training experiences due to illness, quarantine, rotation cancellation or redeployment.

As well, CAC program directors (PDs) may wish to sign off on their residents’ acquisition of competence early if the PDs feel their residents have met the competency, but not temporal requirements. This situation should be the exception rather than the rule as we hope that all residents finish their full year of CAC training.

Category 1/CAC enhanced skills training programs are different than the standard two-year family medicine training program.

- Most CAC trainees already have a license to practice.
- Even though training in the Category 1 programs is competency based, our programs are exceedingly short, and time is a critical contributor to competency development that cannot be ignored. As opposed to the standard two-year program, there has not been a clearly written policy requirement for a full year of training, although this has been an unwritten expectation.
- Practice in the domain of training of the CAC is not specifically limited by the acquisition of the CAC. Credentialing and privileging are done by local authorities and can be given irrespective of achievement of the CAC.
- CACs are awarded following completion of an accredited Category 1 program with recommendation by the program director. The Program Director has to confirm that “The resident has demonstrated achievement of the competencies required for their domain, as well as achievement of the general family medicine enhanced skills competencies, and is therefore competent to practice independently in the area of their enhanced skill.” (current Red Book wording)

This document is intended to clarify and set out expectations for recognition of completion of training and awarding of a CAC in the programs that do not presently have an exam.

For the purposes of this document, missed time is defined as a resident actually off work/not attending educational experiences/rotations due to illness, quarantine, cancelled educational placement with no ability to be reassigned elsewhere, or other. Disrupted training – where originally scheduled experiences/rotations have been re-configured into a different experience, are not considered missed time. If training has occurred in lieu of any vacation or allowed leave, then this shall be deducted from the temporal training requirements.

1. SCENARIO 1: RESIDENT TRAINING UNAFFECTED – NO MISSED TIME
This is the usual scenario, and residency program directors will:
✅ Notify the CFPC of successful program completion for a certification decision and awarding of CAC

2. **SCENARIO 2: RESIDENT HAS MISSED ≤ 2 WEEKS OF TRAINING TIME IN TOTAL**

The residency program director will determine eligibility for the CFPC 2-week ‘general waiver’ of training based on the following criteria:

✅ Academic progress has been satisfactory throughout the program – no formal remediation required
✅ No major professionalism breaches on record
✅ Has reasonably achieved the program’s competency requirements and there are no fundamental concerns about the ability to provide safe and effective patient care

If all three of the above criteria are met, then the residency program director will:

- Notify the CFPC of successful program completion for a certification decision and awarding of CAC.

If all three of the above criteria are not met, then the residency program director will pursue additional training time to satisfy program and certification requirements.

3. **SCENARIO 3: RESIDENTS PROGRAM WILL BE SHORTER BY MORE THAN 2 WEEKS**

The CFPC Board of Examination and Certification (BEC) will consider longer waivers of training, based on the following criteria:

✅ Criteria for the 2-week general waiver have been met (from above)
  - Academic progress has been satisfactory throughout the program – no formal remediation required
  - No major professionalism breaches on record
  - Has reasonably achieved the program’s competency requirements and there are no concerns about the ability to provide safe and effective patient care

AND

✅ The learning experiences affected by the additional time lost can be considered by the Program Director to be ‘minor’ in nature, such as the following (but not limited to) and the Program Director is willing to state that the resident has achieved all the competencies required for their domain of practice:
  - Electives
  - Focused research/project time
  - A rotation/experience that is NOT the only exposure to a specific aspect of the domain of care
  - A rotation/experience that reinforces competencies already gained
If all the above four criteria are met, then the residency program director should first contact the Director of Certificates of Added Competence to discuss to then consider application to BEC for recognition of completion in shorter time, providing an account of how criteria have been met for this resident.

If the Program Director is unable to state that all competencies have been achieved, then the residency program director will pursue additional training time to satisfy program and certification requirements.

4. **SCENARIO 4: RESIDENT LEAVES PROGRAM AND CHOSES NOT TO RETURN**

If a resident has not achieved the requisite level of competence to be considered as completing the program but does leave the program to work and is then unable to return to complete the program either due to financial or capacity constraints, then the CPFC and the Board of Examinations and Certification will assess a possible one-time opportunity for these individuals to achieve their CACs through recognition of their training and evidence of further education and competency achievement while in practice. Discussion with the program director and the resident will help to determine how this may occur. Further information on this route will be distributed once determined.