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PGME Concurrent Residency and Area of Focused Competence (AFC) Training Guidance Document

Office of Accountability:	Faculty of Medicine & Dentistry (FoMD)
Office of Administrative Responsibility:	Postgraduate Medical Education (PGME)
Approver:	Associate Dean, PGME
Classification:	Governance and Administration
Scope:	Residency and Areas of Focused Competence (AFC) Programs

Overview

Residency programs accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) in the Faculty of Medicine & Dentistry (FoMD) at the University of Alberta may permit resident physicians to overlap residency training with an Area of Focused Competence (AFC) program accredited by the RCPSC.

Purpose

The purpose of this document is to provide guidance on the governance of PGME trainees registered with the University of Alberta who are undergoing, or planning to undergo, concurrent training and the Residency and AFC programs within which they train, and is applicable only for the time during which concurrent training is occurring.

PRINCIPLES

The following principles apply:

1. Residents may not complete residency training early to begin training in an AFC program.
2. Concurrent overlap of continuous elective time in the Transition to Practice (TTP) stage of residency training is the only route permitted for residents to start an AFC program early.
3. As it is a decision that does affect a grade or the resident's academic standing, the decision to deny concurrent training cannot be appealed.
4. Residents who are permitted to undergo concurrent training and go on to fail their certification exam are not entitled to additional funding to extend their residency.
5. Concurrent training must be approved by the Associate Dean, PGME (or designate).

GUIDELINE

1. GOVERNANCE & OVERSIGHT

- a. Trainees continue to be governed by the PGME Committee and all PGME policies, procedures, guidelines, and terms of reference whose scope includes residents/residency programs.
 - i. Should the AFC training extend beyond the completion of residency, trainees will be governed by the PGME Fellowship Guidelines and any PGME policies, procedures, guidelines, and terms of reference whose scope includes AFC trainees/AFC programs.
- b. The terms of the Resident Physician Agreement, as negotiated with the Professional Association of Resident Physicians of Alberta (PARA), remain in effect during the time of residency and AFC

overlap, including, but not limited to, duty-hour and call scheduling, vacation entitlements, and leave entitlements. It should be made clear to the resident that should the AFC training extend past the residency timeframe, that the terms of the Resident Physician Agreement no longer apply and that the PGME Fellowship Guidelines become the governing document.

- c. The Residency Program Committee (RPC) is responsible to oversee the resident's progress and ensure completion of all requirements of the TTP stage of training, as outlined in the program's system of assessment (including all mandatory training and educational experiences) and the applicable discipline-specific national requirements and standards of accreditation.
- d. The resident must complete, with satisfactory assessment, all requirements of the home residency program, which may include, but is not limited to:
 - i. Formative and summative assessments (e.g. practice exams, EPAs, ITERs, etc.)
 - ii. Required Training Experiences (e.g. longitudinal clinics)
 - iii. Attendance at program meetings/events (e.g. accreditation reviews, research days, etc.)
 - iv. Attendance at didactic teaching sessions (e.g. Academic Half Day)
 - v. Quality Improvement (QI) and/or scholarly projects
- e. The AFC Program Committee is responsible to oversee the resident's progress toward completion of all requirements of the AFC program, as outlined in the program's system of assessment (including all mandatory training and educational experiences) and the applicable discipline-specific national requirements and standards of accreditation.

2. ELIGIBILITY AND LIMITATIONS

- a. The resident must meet all AFC entry requirements and criteria, as per the discipline-specific national requirements.
- b. The resident must be in good standing with their home residency program (i.e. they must be on-track to complete their residency program in the allotted time).
- c. If the resident is a sponsored resident, approval may be required by the sponsoring agency.
- d. The Residency PD or the AFC PD may withdraw support for, and therefore terminate, concurrent training at any time before concurrent training begins or during the concurrent training period if significant concerns with professionalism, patient safety, or performance are identified by either PD. Should this situation arise, the resident will return to sole residency training and next steps will be determined in alignment with the PGME Assessment Policy and its subprocedures.
- e. If the resident has been granted a waiver of training for their residency program, they are not eligible for concurrent training.

3. SHARED RESPONSIBILITIES OF THE RESIDENCY AND AFC PROGRAMS

- a. The Program Directors (PDs) of both the home residency (specialty or subspecialty) program and the accepting AFC program must agree on:
 - i. Time spent in concurrent training (start and end date of concurrent training);
 - ii. That both training programs can be co-completed
 - iii. What remains to be assessed by the AFC as it pertains to the home program
- b. If the resident needs to take a leave of absence from residency, the resident would also need to take a leave of absence from the concomitant AFC at the exact same time and the program directors for both programs must approve the leave.

4. RESPONSIBILITIES OF THE RESIDENCY PROGRAM

- a. The residency PD must review the AFC Competency Portfolio requirements and confirm that the specifics of the AFC training can be applied to the residency discipline's training experiences and competencies as set by the RCPSC.
- b. The residency PD must approve how many four-week elective blocks are permissible for concurrent training within their program's curriculum.
 - i. Elective time must comply with the residency discipline's training experiences as set by the RCPSC.
- c. The residency PD must confirm that the resident is in good standing with their program and that they are on-track to complete all required training experiences and relevant assessments for a given stage prior to beginning the AFC program.
- d. The residency PD must meet with the resident during the concurrent training as follows:
 - i. At least every six (6) months, or, where the concurrent training is shorter (e.g. 2-3 months), at least once; and
 - ii. At least once during the final month of concurrent training to ensure the resident is on-track to complete residency training.

5. RESPONSIBILITIES OF THE AFC PROGRAM

- a. The AFC PD must understand the additional evaluation and assessment requirements from the home residency program prior to agreeing to concurrent training.
- b. The AFC program will support the resident in the completion of any mandatory training and educational experiences (and accompanying assessments, such as EPAs) of the home residency program.
- c. The AFC program will share the AFC portfolio and evaluations with the home residency program.

6. ADMINISTRATIVE PROCESSES

- a. The AFC program must have a formalized, structured, and transparent application and selection process that is fair and equitable in keeping with the PGME Fellowship Guidelines.
- b. The AFC program must make clear to any applicant who is a current resident that concurrent training is not guaranteed and that requests for overlap will only be considered should the applicant be successful in securing an appointment in the AFC program.
- c. The AFC program must hold interviews for appointments a minimum of four (4) months prior to the potential concurrent residency/AFC training start date.
- d. The program's Letter of Offer is not an official contract or letter of employment, and is expressly contingent on provincial licensing eligibility with the College of Physicians and Surgeons of Alberta (CPSA) as well as the review and approval of the Associate Dean, Postgraduate Medical Education (PGME) at the University of Alberta.
- e. The AFC program must use the standardized PGME Concurrent Residency/AFC Letter of Offer template (including the specified dates of concurrent training and the dates of AFC-only training that may extend beyond the residency).
- f. Complete incoming trainee packages (the application and the signed program offer letter) for concurrent training must be submitted to PGME a minimum of three (3) months prior to the commencement of the concurrent residency/AFC training start date.
- g. Following receipt of the trainee package and approval by the Associate Dean, PGME, a Letter of Engagement for the concurrent training period and, if applicable, a second Letter of Engagement for AFC training that extends beyond completion of residency, will be sent to the selected candidate.
 - i. A Letter of Engagement from the PGME Office is the official contract.

7. FUNDING

- a. The salary (and corresponding benefits) are funded through the existing appointment of the home residency program, as outlined in the residency Letter of Engagement.
- b. During the period of overlap training, supplemental salary funding from the AFC program above that stipulated in the Resident Physician Agreement, or in the case of sponsored residents as per the written agreement between the university and the sponsoring agency, is not permitted.
- c. If the AFC is not able to be completed within the continuous elective time of the residency program's Transition to Practice (TTP) stage of training, the AFC training will be terminated and the resident will not be eligible for the DRCPSA designation.
 - i. This does not apply in cases where there is confirmed funding and an agreement from the AFC program at the time of the initial application, thus allowing the resident to complete residency training and continue, without interruption, training in the AFC program as an AFC Diploma Trainee.
- d. There is no additional funding to complete home residency requirements not completed during concurrent training.
- e. Trainees are responsible for any additional registration, licensure, medical liability insurance, and/or institutional fees upon transition out of residency training and into continued AFC training.