

**Terms of Reference: Postgraduate Medical Education  
Committee Postgraduate Medical Education  
School of Medicine  
Faculty of Health  
Sciences Queen's  
University  
December 2019**

***Part I: Mandate and Responsibilities***

1. Mandate:

The Postgraduate Medical Education Committee (PGMEC) supports the Associate Dean, Postgraduate Medical Education at Queen's University in planning, organizing and evaluating all aspects of residency education. The Committee is responsible for: developing appropriate policies and processes to oversee residency education; advocating for resources to facilitate and enhance residency education; and, addressing social accountability within residency programs ensuring the needs of the population are served.

The Committee will include all program directors and representation from residents, learning sites, postgraduate administrative personnel and key community stakeholders.

2. Policy References:

The CanERA General Standards of Accreditation for Institutions with Residency Programs version 1.2 governs PGMEC composition, responsibilities and reporting relationships. The Institutional Standards are available at:

<http://www.canrac.ca/canrac/general-standards-e>

3. Major Responsibilities: *(aligned with the Domain of Institutional Governance, Standards 1,2 and 3; the Domain of Continuous Improvement, Standard 8 and 9):*

The PGME Committee:

- 3.1. Develops, adopts, reviews, and disseminates policies and processes for all aspects of residency education at Queen's University (including but not limited to: policies related to selection, evaluation, promotion, and withdrawal of residents in all programs; policies related to resident safety; policies related to wellness; and policies related to faculty assessment.
- 3.2. Facilitates residency programs in meeting the specific standards for the discipline and achieving the School of Medicine's vision/mission, including its

social accountability mandate.

- 3.3. Ensures there are, and advocates for, adequate resources and support to allow residency programs to meet accreditation standards.
- 3.4. Ensures a confidential system of residency and teacher information management is maintained.
- 3.5. Maintains effective working relationships with all residency education stakeholders, including but not limited to: program directors, residency program committees, administrative personnel, undergraduate medical education, continuing professional development, faculty development, all learning sites, other health professionals, government, and the certifying colleges and medical regulatory authorities.
- 3.6. Reviews and improves the quality of postgraduate medical education structures and governance on a regular basis.
- 3.7. Oversees the internal review process for all residency programs between regularly mandated on-site surveys and as specifically mandated by the accrediting Colleges.
- 3.8. Provides effective follow-up mechanisms to ensure implementation of recommended changes emerging from Internal Reviews and Accreditation processes to enhance all residency programs.
- 3.9. Builds capacity and facilitates residency programs to identify, monitor and correct issues through continuous improvement.
- 3.10. Establishes and maintains an appeal mechanism for matters related to postgraduate medical education decisions.
- 3.11. Ensures residents are allocated to teaching institutions based on educational priorities.
- 3.12. Gives clear direction to Program Directors and assures that they are supported by their Department/Division Head and the Associate Dean in the conduct of their educational programs, including the allocation of residents.
- 3.13. Ensures a proper educational environment free of intimidation, harassment and abuse, with mechanisms in place to deal with such issues as they arise.
- 3.14. Ensures there is a collaborative process to review and improve the quality of the learning environment at all learning sites.
- 3.15. Ensures there are adequate guidelines for the supervision of residents.
- 3.16. Ensures there is adequate opportunity for faculty development.
- 3.17. Ensures its terms of reference are reviewed regularly.

#### 4. Access to Information:

Members of the committee will have access to documents required to inform the effective management of postgraduate medical education.

***Part II: Leadership & Membership***

5. **Membership:**

**Core Committee**

Associate Dean PGME (Chair)

All Program Directors

Family Medicine Enhanced Skills Program Director

Family Medicine Category 1 Enhanced Skills Program Directors (Anesthesia, Care of the Elderly, Emergency Medicine, Palliative Care)

Assistant Dean, Distributed Medical Education

Director, Resident Wellness

Representatives of Affiliated Teaching Hospitals

Representatives of the Fellowship Education Advisory Committee

Resident Representation\*: One PARO representative, One Chief/Senior resident from CFPC program, One Chief/Senior from RCPSC program

***Non-voting:***

Vice Dean Education, FHS

Program Manager, PGME Office

Accreditation Coordinator, PGME

Family Medicine Site Directors

Family Medicine Category 2 Program Directors

Medical Director, Academic Affairs, Lakeridge Health Corporation

Director, Assessment and Evaluation

Director, Marketing and Recruitment

Chair of the Education Advisory Board

Chair of the Resident Advisory Committee

Chair of the Internal Review Subcommittee

1 CFPC Program Administrator\*

1 RCPSC Program Administrator\*

1 Member of the Public\*

**Standing Subcommittees**

PGY1 Subcommittee

Education Advisory Board

Resident Advisory Committee

Fellowship Education Advisory Committee

Internal Review Subcommittee

Ad Hoc Committees as required

6. **Leadership:**

**Chair**

Chaired by the Associate Dean, Postgraduate Medical Education

**Subcommittees**

Chair, selected by Associate Dean PGME, or as defined by the Terms of Reference for the subcommittee.

**Ad Hoc Committees**

Selected by Associate Dean PGME.

7. Term of Membership:

All members are permanent by virtue of office except:

- Resident Representatives who are appointed annually and renewable for an additional year.
- Program Administrators are nominated by Program Directors for a two-year term, renewable one.
- Member of the Public is nominated by Program Directors for a two-year term, renewable once.

Slate of nominees to be brought forward to PGMEC in the spring for selection and final approval.

8. Responsibilities of Members:

- Attend meetings
- Read pre-circulated material
- Participate in discussions
- Communicate committee activities and report feedback at meetings
- Participate in Ad Hoc committees as required

***Part III: Meeting Procedures***

9. Frequency and Duration of Meetings:

- The PGMEC meets at a minimum six times per year (September to June)
- The PGY 1 Subcommittee meets three times per academic year
- Other Subcommittees meet in accordance with their Terms of Reference
- Additional meetings may be called at the discretion of the Chair.

10. Quorum:

**Core Committee**

Minimum of 8 Program Directors

**Sub-committees & Ad Hoc**

Majority of members

11. Decision-Making:

- Committee members are encouraged to work towards consensus-based decision making
- Motions will be passed by a majority vote.

12. Conflict of Interest:

Members **must** declare conflict of interest to Chair in advance who will determine an appropriate course of action.

13. Confidentiality:

All documents and files reviewed and prepared by members of the committee are confidential unless otherwise stipulated.

***Part IV: Administrative Support & Communication***

14. Administrative Support:

Provided by the Postgraduate Medical Education Office.

15. Agendas & Minutes:

- Agendas and Minutes to be distributed electronically to all members
- Agendas and minutes are available to others upon request.

16. Reporting Relationship:

**Core Committee:** Chair reports to SOMAC as required

**Subcommittees:** report to Core Committee annually, and as required

**Ad Hoc committees:** report to Core Committee as required

17. Evaluation

Terms of reference to be formally reviewed by the Core committee every third (3) year, and as required to meet operational requirements.