

## Postgraduate Medical Education Advisory Committee (PGMEAC) Terms of Reference

### MANDATE

Operating under the authority of Faculty Council with delegated responsibility from the Vice Dean, Medical Education to the Associate Dean, Postgraduate Medical Education (PGME), the Postgraduate Medical Education Advisory Committee (PGMEAC) is a standing committee that supports the Associate Dean, PGME in planning, organizing and evaluating all aspects of residency and fellowship education at the Temerty Faculty of Medicine. [1.3.2.2]

The committee's mandate, as well as its roles and responsibilities, are aligned with, but not limited to, the General Standards of Accreditation for Institutions with Residency Programs, as referenced in square brackets.

The committee fulfills its mandate by providing:

- a forum and other mechanisms for input from stakeholders, including all residency programs, to oversee and facilitate effective governance of postgraduate medical education [1.3, 2.3]
- direction regarding postgraduate medical education strategic planning and priorities as well as its social accountability mandate, including consideration of and advocacy for resources and supports needed for the functioning of quality education programs [2.2]
- guidance about and approval of policies, guidelines and processes related to all aspects of residency and fellowship education, informed by the General Standards of Accreditation for Institutions with Residency Programs and General Standards of Accreditation for Residency Programs [2.1, 2.2]
- oversight of guidelines and processes to facilitate compliance with accreditation standards, including the continuous improvement of postgraduate medical education governance, individual residency programs, and the learning environment and learner experience at all learning sites [2.1]
- direction, approval and oversight of delegation of responsibilities to subcommittees and working groups established to support PGMEAC's mandate [1.3]

### ROLES AND RESPONSIBILITIES

The PGMEAC:

1. Develops, approves, disseminates, and ensures the regular review and updating of general policies and processes for all aspects of residency and fellowship education, in partnership with key stakeholders and governing bodies, as appropriate. This includes policies related to resident and fellow selection; resident and fellow supervision; resident and fellow assessment, promotion, remediation, dismissal, and appeals; assessment of faculty; information management; the learning environment; and trainee and patient safety; and wellness. [2.1.1, 2.2.3, 4.1.1, 4.1.2, 4.1.3, 6.1.1]
2. Facilitates residency programs in meeting the specific standards of accreditation for the discipline and achieving the Temerty Faculty of Medicine's vision/mission, including its social accountability mandate. [2.2.1]
3. Provides direction about and advocates for adequate resources and supports, including faculty development, to enable residency programs to meet accreditation standards and all postgraduate medical education training programs to provide a high-quality learning environment and learner experience. [2.2.2, 2.3.1.2]
4. Promotes a positive learning environment free of harassment and intimidation, including approval of processes to review and improve the learning environment and learner experience at each learning site. [4.1.4, 9.1.1]

5. Approves and oversees program evaluation guidelines, processes and supports, including the internal review process for residency programs conducted with delegated authority by the Internal Review Committee. [3.1.1.3, 8.2]
6. Provides direction about how to effectively build capacity and facilitate residency programs and learning sites to identify, monitor and correct issues through continuous improvement. [8.3, 9.1]
7. Reviews and improves the quality of postgraduate medical education structures and governance on a regular basis, including approval and regular review of its own and its subcommittees' terms of reference. [8.1]
8. Maintains effective working relationships with residency and fellowship education stakeholders, including program directors, residency program committees and program administrators, undergraduate education, continuous professional development, and faculty development, and learning sites, certifying colleges, medical regulators, and international sponsors as appropriate. [2.3]
9. Oversees the development and approval of Areas of Focused Competence, with delegated authority to the Internal Review Committee.
10. Oversees the allocation of residency positions for individual programs, with delegated authority to the Quotas Allocation Subcommittee.

## SUBCOMMITTEES

The PGMEAC may establish standing subcommittees or time-limited working groups to its mandate. The PGMEAC is responsible for approval of subcommittee and working group terms of reference, including reporting requirements.

Standing subcommittees may be granted delegated authority for PGMEAC responsibilities but are accountable to PGMEAC. Each subcommittee will report annually, at a minimum, to the PGMEAC, normally through their chair or a delegate. Additional reports may be required, as the discretion of the PGMEAC Chair.

The standing subcommittees approved by and reporting to the PGMEAC are:

- Awards Adjudication Committee
- Best Practices in Evaluation and Assessment (BPEA) Advisory Committee
- Fellowship Education Advisory Committee (FEAC)
- Global Health Education Subcommittee
- Internal Review Committee (IRC)
  - Family Medicine Internal Review Subcommittee (FM-IRSC)
- PGCorEd Advisory Subcommittee
- Postgraduate Administrators Advisory Committee (PAAC)
- Quotas Allocation Subcommittee
- Wellness Subcommittee

## MEMBERSHIP

The PGMEAC is chaired by the Associate Dean, PGME, and is composed of medical education (PMGE Office; standing subcommittee chairs; Office of Vice Dean, Medical Education; MD Program) ex officio members, program director representatives, learner representatives, hospital representatives, and other stakeholder representatives.

The Chair will strive for a diverse and inclusive membership, including members from equity-deserving groups and/or individuals with expertise pertaining to equity, diversity, inclusion, Indigeneity, and accessibility.

A single member may represent more than one constituency.

Non-voting guests may be invited at the discretion of the Chair.

**Medical Education (PMGE Office; Office of Vice Dean, Medical Education; MD Program; Vice Chairs, Education) Ex Officio Members**

With the exception of the Associate Dean, Postgraduate Medical Education in their capacity as Chair, the Medical Education Ex Officio members are non-voting members. The Chair may only vote in order to break a tie.

- Associate Dean, Postgraduate Medical Education (Chair)
- Director, Postgraduate Admissions & Evaluation
- Standing Subcommittees Chairs
- Faculty Lead, Strategic Initiatives, PGME
- Director, Operations, PGME
- Director, Policy, Analysis & Systems, PGME
- Program Manager, Accreditation and Education Quality Systems, PGME
- International Relationship Manager, PGME
- Vice Dean, Medical Education
- Associate Dean, Mississauga Campus
- Associate Dean, Learner Affairs
- Director, Postgraduate Learner Affairs
- Director, Learner Experience
- Clerkship Director, MD Program
- Vice Chair, Education representative

Ex officio members are members by virtue of and during the term of their education leadership or administrative appointment.

The Vice Chair, Education representative will be nominated by the Vice Chairs, Education.

**Program Representatives**

Departments with PGY1 entry programs only will have one representative, those with PGY1 and advanced entry programs may have up to two members.

The program representatives are voting members.

- Anesthesia
- Anesthesia (subspecialties)
- Diagnostic Radiology
- Diagnostic Radiology (subspecialties)
- Family Medicine
- Family Medicine Enhanced Skills
- Lab Medicine
- Lab Medicine (subspecialties)
- Medicine (core)
- Medicine (subspecialties)
- Obstetrics and Gynecology
- Obstetrics and Gynecology (subspecialties)

- Otolaryngology
- Ophthalmology
- Radiation Oncology
- Pediatrics (core)
- Pediatrics (subspecialties)
- Psychiatry
- Psychiatry (subspecialties)
- Public Health and Preventive Medicine
- Surgery
- Surgery (subspecialties)
- Surgical Foundations
- Clinician Investigator Program

Program representatives are normally the specialty and subspecialty program directors, who are members of the PGMEAC for the duration of their administrative appointment. Program representatives may send a delegate, with the expectation that that the delegate holds an education leadership appointment in the program being represented.

#### **Learner Representatives**

The learner representatives are voting members.

- Up to four Professional Association of Residents of Ontario (PARO) resident representatives
- Up to two clinical fellow representatives, including a FEAC representative

The PARO representatives are selected by PARO, based on PARO procedures.

The clinical fellow representatives are appointed by the Associate Dean, PGME normally for a one-year term, based on recommendations from the Chair, Fellowship Education Advisory Committee. The two clinical fellows will ideally include one CMG and one IMG.

#### **Hospital Representatives**

The hospital representatives are voting members.

- Up to three hospital representatives, including at least one from a community hospital

The hospital representatives normally hold a Vice Chair, Education (or equivalent) appointment at partner hospital, and appointed to the PGMEAC by the Associate Dean, PGME. Decisions regarding the appointment of the hospital representatives are informed by the principle of functional and effective representation, informed by the Temerty Medicine context.

#### **Other Stakeholder Representatives**

The other stakeholder representatives are voting members.

- Wilson Centre representative
- Office of Inclusion & Diversity representative
- Centre for Faculty Development representative
- CPSO representative

The Wilson Centre, Office of Inclusion & Diversity, Centre for Faculty Development and CPSO representatives are appointed by the Associate Dean, PGME, in consultation with the leaders of the groups being represented.

## **QUORUM AND DECISION-MAKING**

The PGMEAC may approve motions or endorse recommendations at a meeting only if 50% or more of its voting membership is present at the meeting.

Generally, decisions are arrived at by consensus following discussion. When consensus is not clearly established and a decision to approve or endorse is required, a simple majority (50% plus 1) of members at the meeting who vote decides the matter. Voting members who are present at a meeting and choose not to vote are counted as part of quorum, but their abstention is not factored in the tallying of votes.

At the discretion of the Chair, a vote may be conducted by electronic means. In order of the vote to be valid, at least 50% of the committee's voting membership must cast a vote. Members who indicate that they would like to abstain from voting are counted as part of quorum, but their abstention is not factored in the tallying of votes.

For both at-meeting votes and votes by electronic means, the Chair may only vote in order to break a tie.

## **MEETING SCHEDULE AND ADMINISTRATION**

The PGMEAC normally meets monthly. Additional or special meetings may be called at the discretion of the Chair.

Meeting agenda and minutes are provided to committee members electronically, normally one week prior to each meeting.

Administrative support is provided by the Executive Assistant to the Associate Dean, PGME.

Under the leadership of the Chair, the PGMEAC terms of reference and processes are subject to regular review to inform improvements and optimize operational effectiveness.

## **REPORTING**

The Chair is responsible for reporting approved motions to the appropriate Temerty Medicine education leaders and governing bodies, including through the Education Committee, which reports to Faculty Council. The Chair is also responsible for reporting, as necessary, to external governing and regulatory bodies.

**APPROVED/AMENDED:** Approved by PGMEAC on April 29, 2022