

## Best Practices in Evaluation and Assessment (BPEA) Committee Terms of Reference

### Authority:

The Best Practices in Evaluation and Assessment (BPEA) Committee is a subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC), operating under the authority of the Associate Dean, Postgraduate Medical Education (PGME).

### Mandate:

The committee is advisory to the PGMEAC and provides recommendation about best practices, tools and systems for (a) learner assessment and (b) program evaluation and continuous quality improvement, related to residency education at the University of Toronto. This may include reviewing internal and external data, information, and literature intended to support scholarly pursuits of each in the service of residency education and the structuring of collaborations. An underlying principle informing the committee's mandate is the balancing of standardization and harmonization across PGME programs with program-specific needs.

### Roles and Responsibilities:

- Learner Assessment: Informed by evidence, to provide guidance and structure related to:
  - best practices in performance based assessment, and other assessment opportunities (e.g., competence committees, programmatic assessment, assessment for learning, learner in difficulty);
  - the structuring of validity evidence in support of assessment plans/programs, organized and adjusted according to stakes;
  - the identification and suitability of performance/summative oriented assessment programs and decision making;
  - the role, influence and implementation of organizing frameworks (e.g., competency based medical education);
  - the identification of supports toward optimization of assessment programs (e.g., program director supports, guidelines, competence committee supports, data structures, faculty development);
  - the identification and resolution of assessment needs and tensions;
  - compliance with evolving assessment evidence and accreditation standards;
  - identify, summarize and report on existing and the evolving literature and evidence intended to support assessment;
  - identification of data structures to serve and support future research activities for learner assessment;
  - issues relating to assessment as they arise.
  
- Program Evaluation and Continuous Quality Improvement: To provide guidance and structure related to:
  - the design, implementation, analysis and reporting of initial and ongoing program evaluation and CQI strategies;
  - the identification of data structures to serve planned program evaluation efforts/activities;
  - identification and reporting of emergent program evaluation outcomes and needs;
  - the evaluation of planned or implemented organizing frameworks and programs (e.g., competency based medical education, academic advising);
  - the identification of supports for the optimization of program evaluation and CQI efforts (e.g., program director supports, collaboration with curriculum, data structures, faculty development, the internal review committee);
  - the identification and resolution of threats to program evaluation and CQI plans;
  - compliance with evolving program evaluation and CQI standards/science and accreditation standards;
  - the systems used to manage and collect assessment, evaluation and CQI data;

- identify, summarize and report on existing and the evolving literature and evidence intended to support evaluation and CQI;
- identification of data structures to serve and support future research activities for program evaluation and CQI;
- issues relating to program evaluation and CQI as they arise.

### **Membership:**

- Chair and Co-Chair (appointed by the Associate Dean, PGME, chosen from membership)
- At least three (3) current or past Residency Program Directors
- Department of Family and Community Medicine representative
- Departmental/faculty experts/ education scientists in assessment (1), evaluation (1) and education (1)
- Professional Association of Residents of Ontario (PARO) resident representatives (2)
- Clinical fellow representatives (2)
- Associate Dean, PGME
- Director (or designate) Admissions and Evaluation, PGME
- Chair (or designate) Internal Review Committee (IRC)
- PGME Lead, CBME/CBD Implementation
- Director, Policy, Analysis and Systems, PGME
- Chair and/or Co-Chair, Data Management Advisory Group
- Program Evaluation Officer, PGME
- Lead, Learner and Education Support, PGME
- Postgraduate Administrators Advisory Committee (PAAC) Executive representative

The Chair and Co-Chair are appointed by the Associate Dean, PGME, chosen from the committee membership. The current or past Residency Program Directors, Department of Family and Community Medicine representative, and departmental/faculty experts/ education scientists in assessment (1), evaluation (1) and education (1) are appointed by the Associate Dean, PGME, in consultation with the constituencies being represented and Chair, BPEA. The Associate Dean, PGME and Chair, BPEA will strive for a diverse and inclusive membership.

The PARO resident representatives are selected by PARO, based on PARO procedures. The clinical fellow representatives are appointed by the Associate Dean, PGME, based on recommendations from the Chair, Fellowship Education Advisory Committee.

The Postgraduate Administrators Advisory Committee (PAAC) Executive representative is chosen by the PAAC Executive.

A single member may represent more than one constituency and/or ex officio membership position.

Non-voting guests, including administrative staff and individuals with relevant experience or expertise, may be invited at the discretion of the Chair, such as the Chair, Fellowship Education Advisory Committee, Chair, Board of Examiners, Discover Commons representative, or departmental/faculty experts/scientists in faculty development.

### **Working Groups**

The BPEA Committee may establish working groups to provide advice and recommendations regarding specific areas, topics or initiatives. Such working groups will be established under the authority of and report to the BPEA Committee.

**Quorum and Decision-making:**

The committee may endorse recommendations at a meeting only if 50% or more of its voting membership is present at the meeting, including at least one current or past program director and at least one learner.

Generally, decisions are arrived at by consensus following discussion. When consensus is not clearly established and a decision to endorse a motion 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 committee normally meets six times annually, at the call of the Chair.

Meeting agendas are determined by the Chair and Co-Chair. Agendas and minutes are provided to committee members electronically, in a timely fashion.

Administrative support is provided by the PGME Office.

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

**Reporting**

The Chair is responsible for reporting endorsed motions to the Associate Dean, PGME, who is responsible, in their capacity as PGMEAC Chair, of determining the appropriate review and approval process.

The BPEA Committee 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.

**Approved/Amended:** xxxxxxxx