



Internal Review Committee  
TERMS OF REFERENCE

**MANDATE:**

The CanRAC institutional accreditation standards require each medical school to conduct an internal review of each of its residency programs between the regular site visits, which occur at eight-year intervals. The Postgraduate Medical Education Advisory Committee (PGMEAC) has delegated responsibility of overseeing the internal review process to the Internal Review Committee (IRC), which is a subcommittee of PGMEAC. The IRC is advisory to the Associate Dean, Postgraduate Medical Education and functions as the main communication method with programs throughout the 8-year site survey cycle on matters related to accreditation and quality of education. Requests from the IRC such as repeat internal reviews, action plan outcome reports (APORs), online survey of residents, learning environment focus group or feedback to program with no further follow up, are intended to assist programs in building on strengths and identifying Areas for improvement (AFIs).

**PURPOSE:**

To provide a detailed, qualitative, and formative program evaluation for each of the residency training programs at the University of Toronto. The evaluation will assist the program in building on its strengths and identifying its Areas for improvement (AFIs).

**ROLES AND RESPONSIBILITIES:**

- Oversight responsibility of internal reviews of residency training programs, including Areas of Focused Competence (AFC) diploma programs, according to the standards of accreditation of the RCPSC and the CFPC.
- Discretion to commission reviews of core educational programs.
- Provides formative feedback to residency program committees, to the program director, division/department chair, and where the hospital sites are appropriate.
- Directs individual programs to seek assistance (e.g. PGME office, specialty or curriculum resource) to deal with issues or comments arising from the internal review, as needed.
- Although not prescriptive, the IRC may provide advice on potential routes for remedying programmatic issues that impede the educational environment or educational functioning of programs.
- Reports on trends, strengths and areas for improvement

The IRC and process will be subject to a Quality Improvement (QI) review after the end of each cycle to ensure the process remains relevant and useful.

**SUBCOMMITTEES:**

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

- Family Medicine Internal Review Subcommittee
- AFC Internal Review Subcommittee

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



**MEMBERSHIP:**

Membership shall be by invitation from the Chair of the Internal Review Committee and Associate Dean, Postgraduate Medical Education

A single member may represent more than one constituency.

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

**Postgraduate Medical Education (PGME) Members**

- Chair: Director, Accreditation
  - Vice Chair: Faculty Lead, Internal Reviews Royal College Programs
  - Faculty Lead, Internal Reviews, Family Medicine
  - Faculty Lead, Internal Reviews, Institutional
  - Faculty Lead, Fellowships
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- Associate Dean, PGME (non-voting), (or delegate)
  - Director, Administrative Services & Strategy(non-voting)
  - Director, Program Evaluation, Medical Education (non-voting)
  - Program Manager, Program Evaluation & Quality Assurance (non-voting)
  - Project Manager, Accreditation (non-voting)
  - Accreditation Coordinators (non-voting)

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



### Faculty Representatives

- At least 10 faculty member representatives from various departments:

Each faculty representative member shall serve a term of 3 years (renewable).

The faculty representatives are voting members.

### Resident Representatives

Up to seven resident representatives shall be appointed annually.

Resident representatives will serve for one year (renewable).

Resident representatives will have the approval of their Program Director prior to being appointed to the committee.

Resident must be in good standing in order to maintain their appointment to the committee

The resident representatives are voting members.

Representation may also include input from person(s) with expertise in postgraduate research programs, bioethics, international medical graduates, foreign medical graduates (visa trainees and fellows), social justice, advocacy, anti-oppression or any area felt to have impact on postgraduate medical training programs who may be invited as members or guests.

### OBLIGATIONS OF CONFIDENTIALITY FOR ALL MEMBERS:

- Confidential information refers to all information disclosed to the IRC, whether in oral, written, or electronic form, that is designated as confidential or that reasonably should be understood to be confidential, considering the nature of the information and the circumstances of disclosure.
- The RPC agrees to use confidential information solely for the purpose of fulfilling the obligations under this Terms of Reference.

### QUORUM & DECISION MAKING:

The IRC 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. All members must follow the institution's policies and procedures regarding ensuring appropriate identification and management of conflicts of interest. . Voting members who are present at a meeting and do not 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 PROCESS:



**Schedule:** The IRC normally meets monthly. Additional or special meetings may be called at the discretion of the Chair.

**Process:** The IRC will review pertinent historical information relating to the accreditation status of the program, the Accreditation Program Evaluation (APE) document with review team findings, and other relevant information.

Using a standard format template, two IRC members will present each program. One as the ‘first presenter’ and another as ‘second presenter’.

The template will guide the presenters report back to the committee. The first and second presenters will each present a brief (5-10 minute) summary of the program or divisional site utilizing a standard format. This summary should briefly note the accreditation standards that have been met and focus on areas for improvement (AFIs) that should be addressed. This review will then initiate discussion.

The IRC will use its combined experience to add to the program review report and make recommendations in a letter sent to the Program Director in order to help the program build on strengths and address areas for improvement.

The IRC may recommend changes to the program review report. These situations may include, but will not be limited to, omissions in review of standards, inappropriate wording, or errors in the report.

Based on presentation and accompanying documentation, the IRC will make written recommendations/comments. Comments may include recommendations to the program, highlighting AFIs and commendation on particular LPs, and strengths. Further review or follow-up, if required, may be requested in the form of:

- (i) Follow up Internal Review
- (ii) Action Plan Outcome Report (APOR)
- (iii) Online Survey of Trainees
- (iv) Learning Environment Focus Group
- (v) Feedback to the program with no further follow up
- (vi) Associate Dean PGME to follow-up with Hospital and Departmental Leadership
- (vi) Other - tools/methods used to determine a program’s adherence to the accreditation standards (e.g. resident report)

The comments will be forwarded by the Chair of the IRC to the program director and copied to the department leadership and Associate Dean following the IRC approval of the meeting notes, documenting the comments and next steps. The IRC activities will be summarized and presented at the regular Postgraduate Medical Education Advisory Committee meetings and a summary report will be generated and presented twice a year to the Postgraduate Medical Education Advisory Committee and Program Directors, usually at the All-PDs meeting.

**INTERNAL REVIEW SURVEY TEAM:**

Each internal review is conducted by a team of three:



- Chair (i.e. usually a Program Director, Associate Program Director, former Program Director, or educational leader),
- a Program Director or a member of the teaching faculty, or educational lead, and
- a resident member

None of these are members of the program being reviewed.

One observer may also be scheduled to attend an internal review (e.g. program administrator).

External reviewers may be included if warranted by the Associate Dean or Chair of the IRC.

All Program Directors, and Associate Program Directors, are expected to participate in at least two internal reviews: once as chair and once as non-chair during an 8-year accreditation cycle.

The review team will have available the “Accreditation Program Evaluation documents” in the form of a self-study prepared by the Program Director and Residency Program Committee, the discipline specific accreditation requirements for the program, and a copy of the accreditation report of the last Royal College/Family Medicine on-site survey and any other documents identified by the IRC as part of the internal review package. During a 1-day visit to the program, the internal review team will interview the Program Director, the Department Chair/Division Director, the Residency Program Committee, the Competency Committee, the Program Administrator, the teaching faculty, and the residents and any SEAP fellows in the program.

The internal review team will submit the APE document with their findings to the Postgraduate Medical Education Office within 2 weeks of the review. This APE with findings will be sent to the program via the Postgraduate Medical Education Office to allow for comments on errors of fact and then will be reviewed by the Internal Review Committee (IRC).

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