

## 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, at the discretion of the PGMEAC Chair.

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

- Awards Adjudication Committee
- Assessment Committee for Temerty Postgraduate Medical Education (ACT)
- Fellowship Education Advisory Committee (FEAC)
- Internal Review Committee (IRC)
  - Family Medicine Internal Review Subcommittee (FM-IRSC)
  - Areas of Focused Competence Internal Review Subcommittee (AFC-IRSC)
- Postgraduate Administrators Advisory Committee (PAAC)
- Postgraduate Medical Education Curriculum Committee
- Residency Position Allocation Subcommittee

## MEMBERSHIP

A single member may represent more than one constituency.

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

### Chair (voting member)

Associate Dean, PGME (Chair). The Chair may only vote in order to break a tie.

**Department & Program Representatives (voting members)**

Each Vice Chair, Education (VCE) will be asked to represent all of the programs in their department or to nominate a Program Director (PD) who will serve as the PGMEAC member and represent all of the programs in their department. In the event that a VCE or PD leaves their role, their successor will not automatically assume their position on the PGMEAC. Instead, the nomination process will return to the Vice Chair to select a new representative from their department.

It will be the responsibility of the departmental representative to relay information from the PGMEAC meetings to their department's respective programs.

**Departments with a Vice Chair, Education**

1. Anesthesiology & Pain Medicine
2. Family & Community Medicine
3. Lab Medicine & Pathology
4. Medical Imaging
5. Medicine
6. Obstetric & Gynecology
7. Ophthalmology and Vision Sciences
8. Otolaryngology-Head and Neck Surgery
9. Pediatrics
10. Psychiatry
11. Radiation Oncology
12. Surgery

**Programs with Program Director Representation (no Vice Chairs, Education)**

13. Public Health and Preventive Medicine
14. Clinician Investigator Program
15. Critical Care Medicine

**Learner Representatives (voting members)**

One PARO representative. Two PARO representatives may be selected to alternate based on availability. Either member may speak on behalf of their collective vote, but they must clearly state that they are representing the joint vote.

One fellow representative as selected by FEAC.

**Hospital Representatives (voting members)**

One HUEC representative or delegate.

**Administrative Personnel Representative (voting members)**

PAAC, Chair or delegate.

**Subcommittee Chairs (voting members)**

Chair, Awards Adjudication Committee

Chair, Assessment Committee for Temerty Postgraduate Medical Education (ACT)

Chair, Fellowship Education Advisory Committee (FEAC)

Chair, Internal Review Committee (IRC)

Chair, Postgraduate Medical Education Curriculum Committee

Chair, Residency Position Allocation Subcommittee

**Medical Education Ex Officio Members (non-voting members)**

Director, Accreditation  
Director, Administrative Services and Strategy  
Director, Postgraduate Learner Affairs  
Executive Coordinator  
Manager, Admissions & Registration  
Manager, Curriculum & Learner Assessment  
Manager, Education Technology and Systems Management  
Vice Dean, Medical Education

**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. All PD/FMSD meetings are held four times annually, as a forum for input from all Residency program directors, AFC program directors, and Family Medicine Site Directors. [Institutional 1.3.1.1, 1.3.1.2]

Meeting agenda and minutes are provided to committee members electronically, normally one week prior to each meeting. Approved minutes are posted on the PGME website and publicly available:  
<https://pgme.utoronto.ca/pgmeac-meeting-materials>.

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.

**DOCUMENT HISTORY**

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