**SAMPLE Residency Program Committee Terms of Reference**

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| **NOTES:*** This template terms of reference document provides wording that is based on the requirements outlined in **Version 3.0** of the General Standards of Accreditation for Residency Programs.
* EACH major academic, clinical component and mandatory training site must be represented on the RPC.
* There must be an effective, fair, and transparent process for residents to select their representatives.
* The RPC must also include appropriate input from individuals involved in resident wellness and safety.
* List RPC member roles in the terms of reference. Do not include names.
* A Competence Committee (or equivalent) is mandatory for both CBD and non-CBD programs.
* The RPC should develop written terms of reference for each subcommittee that describe composition, mandate, roles, and responsibilities of each member including membership, roles, responsibilities and reporting requirements.
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**PROGRAM NAME-University of Toronto**

**RESIDENCY PROGRAM COMMITTEE: TERMS OF REFERENCE**

**Mandate:**

The [Insert Program Name] RPC collaborates with the program director in planning and organizing the Residency program including selection of residents, educational design, policy and process development, safety, resident wellness, assessment of resident progress and continuous improvement. [ 1.2.2.1]

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

**Membership:**

* Program Director, RPC Chair
* Site Coordinator [Insert Site represented]
* Site Coordinator, [Insert Site represented]
* PGY1 Coordinator, [Insert Site]
* Research Coordinator, [Insert Site]
* *Simulation Coordinator* *(optional)*
* Wellness Coordinator, [Insert Site]
* Lead, [Insert Clinical component represented]
* *Department Chair (Ex Officio member)* *(optional)*
* Department Vice Chair (Ex Officio member)
* Resident Members: Chief Resident (Describe how the Chief Resident is elected)
* Elected Resident [Insert PGY year(s)] (Describe how residents are elected e.g. Elected by their peers)
* Program Administrator (Non-voting)

[1.2.1.1, 1.2.1.2, 1.2.1.3, 2.3.2.1]

If a site coordinator is not a member of the RPC (e.g. one representative for multiple community sites) then the site coordinator will be invited as a guest to meetings with agenda items that are specific to their site. All site coordinators will receive the minutes of discussions at all RPC meetings.

All members must follow the institution’s policies and procedures regarding ensuring appropriate identification and management of conflicts of interest. [2.1.1.4]

**Reporting:**

[Describe your program’s reporting structure e.g. The RPC will report to the Chair of the Department and/or to the Division Chair, as well as to the Vice Dean for Postgraduate Medical Education (PGME) through the RPC Chair].

**Meetings:**

* RPC meetings are scheduled at least [insert number of times] per year. Members can attend and vote in-person or over the phone.
* Assessment of resident progress occurs through the Competence Committee (or equivalent [If applicable, insert name of equivalent committee]) at least [insert number of times] per year. [1.2.2.5]

**Quorum**

Meeting quorum is a simple majority of members (50%) which must include one resident. If a quorum is not reached the meeting will be rescheduled, or a decision may be made to discuss issues, and defer votes to electronic voting.

**Decision making:**

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. At the discretion of the Chair, a vote may be conducted by electronic means. In order for 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.

**Responsibilities:**

The RPC is responsible for the overall operations of the [Insert program name] residency program. This includes the overall objective of providing the environment, mentorship, and uniform experience whereby each resident will have access to the educational experience sufficient to achieve the expected competencies of the residency program.

The RPC is responsible for the following important domains:

***Planning and organizing the residency program including the following activities:***

* Develop, adopt, and disseminate RPC policies/procedures in an effective, transparent, and collaborative manner. [2.1.1.3]
* Review RPC policies and processes regularly and make necessary changes.
* Review and adopt applicable institution and learning site policies and processes. [2.1.1.1]
* Identify, advocate and plan for resources needed by the residency program.
* Follow processes to select, organize and review residency program learning sites based on the required educational experiences. [2.3.1.1]
* Develop policies and processes that are consistent with the University of Toronto, Temerty Faculty of Medicine vision/ mission, policies, and processes. [2.1.1.2]
* Verify that all individuals with responsibility in the residency program follow the institution’s policies and procedures regarding ensuring appropriate identification and management of conflicts of interest. [2.1.1.4]
* Actively seek and respond to stakeholder input including residents’ opinions.

***Training program design including the following activities:***

* Review individual rotation evaluations and assess need for change in the program design. [9.1.2.1]
* Discuss any relevant teaching or staff concerns (including faculty evaluations, if appropriate) that impact on rotations or overall program design. [7.1.1.1]
* Review any hospital re-structuring and possible impact on rotations, resource, and equipment allocations. [4.1.2]
* Ongoing assessment of faculty opportunities for a satisfactory level of research and scholarly activity. [7.1.2.4]
* Identifying and addressing priorities for faculty development within residency training. [7.1.1.6]
* Ongoing assessment of program strengths and/or areas for improvement. [9.1.3]

***Training program curriculum including the following activities:***

* Use a comprehensive curriculum plan that is specific to the discipline and addresses all of the CanMEDS/CanMEDS-FM roles to guide curriculum design and review. [3.1.1.1, 3.1.1.2]
* Regularly review program curriculum to ensure it is written in outcome-based terms using the CanMEDS/CanMEDS-FM roles framework relating to knowledge, skills, and attitudes.
* Regularly review program competencies and/or objectives to ensure they meet all required standards for the discipline (including required training experiences) and address societal needs. [3.2.3]
* Review and modify other aspects of the curriculum as needed including:
	+ Educational experiences to ensure they facilitate residents’ ability to achieve all competencies specific to the discipline. [3.2.4.3]
	+ Teaching to ensure that the residents’ learning needs and stage or level of training are used to guide all teaching. [3.3.1.2]
	+ System of resident assessment for effectiveness and organization.
	+ Training in continuous improvement, with emphasis on improving systems of patient care, including patient safety, with opportunities for residents to apply their training in a project or clinical setting. [3.2.2.4]
	+ Educational programming to develop skills around physician wellness at various stages of the physician life cycle. [3.2.2.5]
	+ Fatigue risk management, specifically, education addressing the risks posed by physician impairment to the practice setting, and the individual and organizational supports available to manage the risk. [3.2.2.6]
* Annual review and ongoing update of formal half-day topics and presentations.
* Maintain mechanisms by which residents receive ongoing career counseling and support for development of skills in teaching, research, and scientific inquiry. [3.2.3.1]
* Ongoing review of individual rotation goals and objectives.

***Selection of residents including the following activities:***

* Develop, maintain, and adopt effective, clearly defined, formal processes for the selection of residents, including eligibility criteria and allocation of positions to hospitals. [6.1.1]
* Participate in application reviews, interviewing and ranking candidates.
* Review applicants through various streams of entry into program (CaRMS, IMG, re-entry, transfer from one residency training program to another, etc.).

***Resident Assessment and Promotion:***

* Provide oversight for the review of residents’ readiness for increasing professional responsibility, progression, promotion, and transition to independent practice. [1.2.2.5]
* Ensure there is an effective, organized system of assessment tools and processes tailored to the educational experiences to measure that each resident is attaining experience-specific competencies and objectives in all CanMEDS/CanMEDS-FM roles and/or the CFPC evaluation objectives. [3.4.1]
* The Program Director will provide a written summary of outcomes to each resident, following each Competence Committee meeting; and will meet one-on-one with the resident to discuss needed adjustments to their educational program, assessments, or rotation schedule, as necessary. [3.4.2.2]
* Assist in the organization of appropriate remediation or probation for residents experiencing difficulties meeting the appropriate level of competence. [3.4.4.2, 6.1.1.1]
* Assist the PD with composite evaluation information for completion of the Final In-Training Evaluation (FITER). [3.4.3.3]

***Appeals:***

* Initially an appeal is discussed with the rotation supervisor and/or PD [6.1.1.1]
* Unresolved appeals are discussed at the RPC or subcommittee.
* An unresolved issue is referred to the University of Toronto Postgraduate Medical Education office as per the [formal policy](https://pgme.utoronto.ca/policies-guidelines) for evaluation and appeals.

***Resource Management:***

* Identify, plan and advocate for necessary resources.
* Review requests for fellowship positions to ensure they do not negatively impact the residency education.
* Ensure appropriate level of opportunities for faculty to maintain research and scholarly activity.

***Resident Well-being:***

* Develop and regularly review program specific wellness policy for strengths and areas for improvement.
* Review and formulate program support systems for formal and informal counselling and stress-related issues. [1.2.1.3, 5.1.3.5]

***Continuous Improvement of the Residency Program:***

* Develop and adopt a process to continuously improve the residency program based on the review of multiple sources of information including feedback from residents, teachers, administrative personnel, and others as appropriate. [1.1.3.1, 9.1.2.1, 9.1.2.2]
* Evaluate each of the residency program’s educational experiences and learning environment. [9.1.1.1, 9.1.1.2]
* Review residents’ achievement of competencies, assessment data and feedback provided to teachers in the residency program. [9.1.1.3, 9.1.1.4, 9.1.1.5, 9.1.1.6]
* Use identified areas of improvement to develop and implement relevant and timely actions plans. [9.1.3.1]
* Share identified strengths and action plans with residents, teachers, administrative personnel, and others as appropriate. [9.1.3.2]
* Follow a formal process to evaluate the effectiveness of actions taken. [9.1.3.3]
* Review residency program’s policies, available resources and assess the residency program’s leadership at the learning sites. [9.1.1.7, 9.1.1.8]

**RPC Member Roles & Responsibilities:**

***Program Director (PD):***

* The PD collaborates with the RPC to oversee key residency program functions while fostering an environment that empowers RPC members, residents, and teachers to identify needs and implement change. [1.1.1.2, 1.1.1.3, 1.1.3.3]
* The PD effectively communicates RPC actions and decisions with the Department and/or the Division, administrative personnel, and the Postgraduate Medical Education (PGME) office and ensures that residents, teachers, and administrative personnel have appropriate access to key documents, policies and procedures developed and adopted by the RPC. [2.2.1.1, 2.2.1.2]
* The PD communicates as appropriate with all individuals involved, , health professions, the undergraduate medical education program, continuing professional development and faculty development. [2.2.1.3]

***RPC Members:***

* RPC members attend meetings regularly (may be by phone) and actively contribute to the productivity of the RPC. [1.2.3.1]
* Members contribute to a robust decision-making process ensuring full analysis of options and collaborative planning about how work will be done. [1.2.3.1]
* Members take a leadership role in their area of expertise; in the site or component they represent, or the role agreed to on a subcommittee. [1.2.1.1]

***Resident Members:***

* The selected resident representative(s) seeks input from residents prior to each meeting and communicates major discussion points, actions, and decisions post meeting.

***Site Coordinators and Faculty:***

* Site Coordinators/Faculty are responsible for sharing key information from their site/specialty and raising issues or concerns for discussion when necessary to the RPC and communicating RPC actions and decisions to all individuals involved at their site.

***Program Administrative Support:***

* The Program Administrator is a non-voting member responsible for record keeping.

***Obligations of Confidentiality for All Members:***

* Confidential information refers to all information disclosed to the RPC, 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.

***Subcommittees:***

Note: Each RPC’s Terms of Reference should include a description of all active subcommittees.Your program may not have any subcommittees except the competence committee and that is ok.

* Subcommittees may include but are not limited to Admission/ Resident Selection; Curriculum; Competence Committee (or equivalent); Resident Assessment and Promotion.

**Documentation:**

* Agendas and relevant documentation are pre-circulated to RPC members [Insert appropriate timeframe e.g., 1 week] before the meeting.
* “Resident Report” is a standing item on the meeting agenda, to provide the resident representative(s) an opportunity to discuss or raise specific items of resident concern that may not otherwise be addressed.
* Minutes are taken by the Program Administrative Support or delegate.
* Minutes are distributed to all individuals involved, including Faculty and Residents by [Please describe the distribution process in your program e.g., password protected website].

***Last updated****: XXX (month, year)*

*Approved at xxxxx (meeting date)*

*Next Review Date: XXX (month, year: e.g. May 2025)* [1.2.2.2]