

INTERNAL REVIEW COMMITTEE

Terms of Reference

Revised December 2020

PREAMBLE

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada 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 last Royal College and College of Family Physicians site visit was in 2020 and the next is due in 2028. A schedule of internal reviews has therefore been set up beginning April 2021 and finishing in June 2026.

1. INTERNAL REVIEW COMMITTEE OBJECTIVE

To provide a detailed, qualitative, and formative program evaluation for each of the programs at the University of Toronto in order to improve residency training. The final survey report will assist the program in building on its LPI's (strengths) and in identifying its Areas for improvement (AFIs) - weaknesses.

2. INTERNAL REVIEW COMMITTEE ROLE

The Internal Review Committee (IRC) is a subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC) of the University of Toronto, Temerty Faculty of Medicine and retains oversight responsibility of the internal review of residency programs, including Areas of Focused Competence (AFC) diploma programs according to the standards of accreditation of the RCPSC and the CFPC. The Internal Review Committee and process will be subject to a Quality Improvement review after the end of each cycle to ensure the process remains relevant and useful.

In addition to setting the schedule, format and follow-up of reviews, the IRC shall provide qualitative and formative feedback to residency program training committees, to the program director, division/department chair, and where appropriate – the hospital sites. The IRC is advisory to the Vice Dean, Postgraduate Medical Education and will function 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 reviews, progress reports or annual reports are intended to assist programs in building on its LPI's (strengths) and in identifying its Areas for improvement (AFIs) - weaknesses.

Consistent with their mandate the IRC will have the discretion to commission reviews of core educational programs such as the Basic Clinical Year, Core Surgery, and new programs or those programs identified by other routes. Further, the IRC will as needed direct the individual programs to seek assistance (e.g. PGME office, specialty or curriculum resource) to deal with issues or comments arising from the internal review.

Although not prescriptive, IRC advice about potential routes for remedying programmatic issues may be provided and is not exclusive to the RCPSC/CFPC Standards of Accreditation but may extend to any issue that is impeding the educational environment or educational functioning of programs.

The IRC will develop and maintain a process whereby activity reports, trends and innovative and/or exemplary education practices are identified, highlighted and reported to the postgraduate medical education community (e.g. semi annual meeting of All Program Directors, HUEC meeting¹) at the University of Toronto.

A task force of 2 to 3 IRC members will conduct reviews of all Areas of Focused Competence (AFC) diploma programs according to the Royal College General Standards for Areas of Focused Competence 'C' Standards and report back to the IRC.

3. INTERNAL REVIEW COMMITTEE MEMBERSHIP

The IRC may be drawn from teaching faculty, educators, program directors (current, former) and teaching award recipients.

Membership shall be by invitation from the Vice Dean, Postgraduate Medical Education, but should be representative of knowledge and skills about the RCPSC/CFPC standards of accreditation and of the core residency programs. At least one representative from Internal Medicine, Surgery, Pediatrics, and Family Medicine must be included.

Representation may also include person(s) with expertise in postgraduate research programs, bioethics, international medical graduates, foreign medical graduates (visa trainees and fellows) or any area felt to have impact on postgraduate medical training programs.

Five resident representatives shall be annually appointed, of which at least one shall be from Family Medicine.

Each member except residents shall serve a term of 3 years (renewable) and at least 50% of the membership shall transition through the RCPSC/CFPC site survey visit to ensure continuity in procedures and policies. Resident reps will serve for one year (renewable).

The Chair of the IRC shall be appointed from its membership and serve a 6-year term. He/she shall participate in at least one regular RCPSC/CFPC site survey visit at a Canadian training site.

The Vice Dean, Postgraduate Medical Education and the Director of Education and Research shall be ex-officio members of the IRC.

¹ HUEC is the Hospital University Educational Committee which meetings approx 8 times a year.

4. INTERNAL REVIEW COMMITTEE PROCESS

The Internal Review Committee will review pertinent historical information relating to the accreditation status of the program, the pre-survey documents, the site visit report, and any other relevant information that is available.

Copies of the site visit report will be circulated to each member of the committee. In addition, two members will function – one as the ‘first reviewer’ and another as ‘second reviewer’ – to take the lead on the review of the pre-survey document and pertinent history of accreditation of the program or divisional site. The first and second reviewers 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 weaknesses that should be addressed. This review will then initiate discussion.

The Review Committee will use its combined experience to add to the site review report and will make recommendations on a separate page in order to help the program build on **strengths and address weaknesses.**

The Review Committee may in certain situations recommend changes to the site visit 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 its review, the Internal Review Committee (IRC) will make written recommendations/comments. Comments may include recommendations to the program, highlighting AFIs and commendation on a particular LPIs. Further review or follow-up, if required, may be requested in the form of

- (i) Follow-up progress report
- (iii) Follow-up review, or
- (iv) Report to the RCPSC/CFPC of substantial change to the Program, pursuant to 5.8 of the Grey Book: General Information concerning Accreditation of Residency Programs which states that:

“The College must be informed if there are major changes in an accredited program or if major changes in the circumstances of an accredited program threaten the educational quality of the program. The Accreditation Committee will monitor the situation and may, if it is deemed necessary, require a reassessment of the accreditation status of the program.”

The comments will be forwarded by the Vice Dean’s office to the program director immediately after the IRC meeting. 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.

5. INTERNAL REVIEW SURVEY TEAM

Each internal review is conducted by a team of three:

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

None of these are members of the program being reviewed.

External reviewers may be included if warranted by the Vice Dean or Chair of the IRC. Honoraria and costs will be borne by the PGME office. Support for IRC and the reviews will be provided by the PGME office.

All Program Directors, Associate Program Directors, and former Program Directors are expected to participate in one internal review as chair and one as non-chair during an 8-year site survey cycle.

The team will have available the “pre-survey documents” in the form of a questionnaire prepared by the Program Director and Residency Training Committee using the Royal College or College of Family Physicians format, the Specific Standards of Accreditation, Specialty Training Requirements, and a copy of the report of the last Royal College/Family Medicine on-site survey. During a ½ to 2-day visit to the program, they will interview the Program Director and the Department Chair/Division Director; the Residency Training Committee; some of the teaching faculty and as many as possible (preferably all) of the residents.

The Chair of the review team will then write a report following a formalized template (available) which summarizes the findings and lists the **strengths and weaknesses** of the program. The report must be reviewed by the other team members and then submitted to the Vice Dean’s office within 2 weeks of the review.

This report marked “draft” 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).