

**Terms of Reference: Postgraduate Medical Education Committee**  
**Postgraduate Medical Education**  
**School of Medicine**  
**Faculty of Health Sciences**  
**Queen's University**  
**April 10, 2013**

**Part I: Mandate and Responsibilities**

A. Mandate:

The Postgraduate Medical Education Committee (PGMEC) at Queen's University is responsible for the development of policy, operating principles and the review of all aspects of residency education.

B. Policy References:

The RCPSC accreditation A Standards govern PGMEC composition, responsibilities and reporting relationships. The A Standards are available at: [http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/accreditation\\_purple\\_book\\_a\\_standards\\_e.pdf](http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/accreditation_purple_book_a_standards_e.pdf)

C. Major Responsibilities *(aligned with section 3 of A Standards):*

The PGMEC must:

1. Establish general policies for residency education.
2. Establish and maintain appropriate liaison with the Directors of Residency programs and the administrators of affiliated institutions.
3. Conduct internal reviews of all residency programs as required by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).
4. Ensure appropriate distribution of the resources necessary to support high quality learning across all residency programs.
5. Establish PGME policies to guide resident selection, supervision, assessment, promotion, and the requirement to withdraw.
6. Establish and maintain a PGME appeals mechanism for matters related to resident promotion, remediation, and the requirement to withdraw.
7. Promote an educational environment free of harassment and intimidation for our residents.

8. Establish policies governing resident safety related to travel, patient encounters, including house calls, after hour consultations in isolated departments and patient transfers.
9. Establish supervision policies that embody the concept of graduated professional responsibility & guidelines for the supervision of residents.
10. Ensure all residency programs teach and assess residents' knowledge, skills and attitudes necessary for medical practice common across all disciplines and in keeping with the CanMEDS and/or CanMEDS – FM competencies.
11. Ensure adequate opportunities for faculty development for all postgraduate medical education faculty members.

D. Access to Information:

Members of the committee will have access to documents required to inform the effective management of postgraduate medical education.

**Part II: Leadership & Membership**

E. Membership:

**Core Committee**

Associate Dean PGME (Chair)  
 Program Directors of *all* RCPSC programs  
 Director of Core Internal Medicine  
 Director of Surgical Foundations  
 Program Director of Family Medicine  
 Family Medicine Enhanced Skills Program Director  
 Family Medicine Category 1 Enhanced Skills Program Coordinators (Anesthesia, Care of the Elderly, Emergency Medicine, Clinician Scholar)  
 Director of Regional Education  
 Director of Resident Affairs  
 Representatives of Affiliated Teaching Hospitals

Resident Representation (Facilitated by PAIRO): One PAIRO representative, One Chief/Senior resident from CFPC program, One Chief/Senior from RCPSC program

Non-voting:

Vice Dean Education  
 Program Manager, PGME Office  
 Program Coordinator, PGME Office  
 Family Medicine Site Directors  
 Medical Director, Academic Affairs, Lakeridge Health Corporation

Educational Developer  
Assessment and Evaluation Specialist  
Director of Marketing and Recruitment  
Chair of the Educational Advisory Board  
Chair of Resident Advisory Board

**Standing Subcommittees**

PGY1 Subcommittee  
PGY4 Internal Medicine and Sub-specialty Critical Care Subcommittee  
Educational Advisory Board  
Resident Advisory Committee

Ad Hoc Committees as required (e.g., Internal review)

F. Leadership:

**Core Committee**

The position of Chair of the Core Committee is a responsibility associated with the position of Associate Dean PGME.

**Subcommittees**

Selected by Associate Dean PGME, or as defined by the Terms of Reference for the subcommittee.

**Ad Hoc Committees**

Selected by Associate Dean PGME.

G. Term of Membership:

All members are permanent by virtue of office except Resident Representatives who are appointed annually and renewable for an additional year.

H. Responsibilities of Members:

Attend meetings  
Read pre-circulated material  
Participate in discussions  
Communicate committee activities and report feedback at meetings  
Participate in Ad Hoc committees as required

***Part III: Meeting Procedures***

I. Frequency and Duration of Meetings:

- The PGMEC or its Subcommittees meet monthly throughout the academic year (September to June).
- Additional meetings may be called at the discretion of the Chair.

J. Quorum:

**Core Committee**

Minimum of 8 Program Directors

**Sub-committees & Ad Hoc**

Majority of members

K. Decision-Making:

- Committee members are encouraged to work towards consensus-based decision making (See Appendix 1).
- Motions will be passed by a majority vote.

L. Conflict of Interest:

Members **must** declare conflict of interest to Chair in advance who will determine an appropriate course of action.

M. Confidentiality:

All documents and files reviewed and prepared by members of the committee are confidential unless otherwise stipulated.

**Part IV: Administrative Support & Communication**

N. Administrative Support:

Provided by the Postgraduate Medical Education Office.

O. Agendas & Minutes:

- Agendas and Minutes to be distributed electronically to all members within 1 week of meetings.
- Agendas and minutes are available to others upon request.

P. Reporting Relationship:

Core Committee: Chair reports to SOMAC as required  
Subcommittees: report to Core Committee annually, and as required  
Ad Hoc committees: report to Core Committee as required

Q. Evaluation:

Terms of reference to be formally reviewed by the Core committee on an annual basis, and as required.

## APPENDIX A: CONSENSUS-BASED DECISION MAKING

### **Rules for Building a Consensus**

A consensus requires that everyone involved in the decision must agree on the individual points discussed before they become part of the decision. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally. It is not necessary that everyone is satisfied, but everyone's ideas should be thoroughly reviewed. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.

The following rules are helpful in reaching a consensus:

- Avoid arguing over individual ranking or position. Present a position as lucidly as possible, but seriously consider what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and thus someone else must lose. When an impasse occurs, look for the next most acceptable alternative for both parties.
- Avoid trying to change minds only in order to avoid conflict and achieve harmony. Withstand the pressure to yield to views that have no basis in logic or supporting data.
- Avoid majority voting, averaging, bargaining, or coin flipping. These techniques do not lead to a consensus. Treat differences of opinion as indicative of an incomplete sharing of information, and so keep probing.
- Keep the attitude that the holding of different views by group members is both natural and healthy. Diversity is a normal state; continuous agreement is not.
- View initial agreement as suspect. Explore the reasons underlying apparent agreement on a decision and make sure that all members understand the implication of the decision and willingly support it.