



| | |
|---|--|
| Document | Internal Review Subcommittee (IRSC) |
| Date Approved | December 15, 2022 |
| Approved By | Postgraduate Medical Education Committee |
| Effective Date | December 15, 2022 |
| Review to Commence | 3 years from approval (December 15, 2025) |
| Responsible Portfolio/Unit/Committee | Postgraduate Medical Education |
| Responsible Officer(s) | Associate Dean, Postgraduate Medical Education |

Internal Review Subcommittee

Terms of Reference

Purpose(s)

1. To apply the Accreditation Standards for Residency Programs in identifying, evaluating, monitoring and addressing issues affecting residency program quality across all Postgraduate Medical Education programs at Queen's.
2. To utilize a robust process of internal review to drive program quality and continuous improvement at both the individual program level and at the institution level.

Committee Function

The Internal Review Subcommittee (IRSC) is a standing committee of the Postgraduate Medical Education Committee (PGMEC) and is responsible for reviewing all external (both Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC)) and internal accreditation activities (e.g. Internal Reviews, Queen's Action Plan Outcome Reports (QPORs)). This includes monitoring programs' progress on previously identified areas for improvement (AFIs), as well as identifying new AFIs and monitoring follow through of newly identified AFIs. The committee will provide constructive feedback to individual programs to support continuous quality improvement (CQI) and will recommend follow up reporting requirements.

The committee will be responsible for identifying common themes and issues across programs, as well as leading practices and innovations, and to report back on these at the Postgraduate Medical Education Committee meetings.

1. Meeting Frequency

The committee will meet (virtually or in person) on a regular basis, at least quarterly, to review reports of external and internal accreditation activities and any follow up reporting flowing from these reviews. Frequency of meetings may vary depending on where in the institutional cycle of

internal review the time frame falls (ie. meetings will be more frequent in the midst of an institutional cycle of regularly-scheduled internal reviews), and the burden of review activities at the time.

2. Review Process

The committee will review internal and external review reports, internal progress reports (QPORs), and post-review follow up submissions from programs.

- Review teams composed of two reviewers (which may include a resident) will be selected from the committee membership who will review reports and compose a preliminary IRSC Response.
- Review teams will present their findings to the committee, where discussion will contribute to a finalized IRSC Response.
- Final IRSC Responses will focus on:
 - Ensuring proper application of standards in the Internal Review, identifying Priority and regular AFIs
 - Providing context and constructive suggestions, and suggested resources where applicable, to assist programs in addressing AFIs
 - Providing recommendation(s) regarding the need for follow up action or activity which may include future internal reviews, documentation submission or other.

The committee will also review any program follow up documentation submitted arising from prior IRSC responses.

3. Reporting

All IRSC Response documentation will be submitted to the Associate Dean, PGME, for review. The committee will be responsible for identifying common themes and issues across programs, as well as leading practices and innovations, and to report back on those at the PGMEC meetings.

Any pressing or emergent issues will be brought forward to the Associate Dean, PGME, and any other appropriate representative (eg. Hospital leadership at Kingston Health Sciences Centre, Providence Care, Regional Education, etc) as they arise, not contingent on the next PGMEC meeting.

Membership

Faculty membership is for a three-year term, which is renewable. Resident membership is for a one-year term, which is renewable. Membership is as follows:

(Co-)Chair(s) will be Faculty member(s) appointed by the Associate Dean, PGME, from the membership.

Ex-Officio Members:

Associate Dean, Postgraduate Medical Education
Director, Assessment and Evaluation, PGME

Voting Members:

Minimum of 10 faculty, up to 20 faculty.

- Preference given to past Program Directors, those with Accreditation experience, or senior current Program Directors.
- Minimum of 7 RCPSC Faculty
 - Mix of specialties and subspecialties
- Minimum of 3 CFPC Faculty
 - To include at least one FM-Enhanced Skills representative

Minimum of 6 resident representatives

- Mix of RCPSC and CFPC, nominated by their program directors

May include additional faculty or non-faculty voting members at the Chairs' discretion (eg. Departmental Educational consultant(s)).

Non-Voting Members:

Accreditation Co-ordinator

Postgraduate Medical Education Manager

Accreditation Educational Consultant

Quorum

Minimum of six voting members, which includes the IR Subcommittee Chair or his/her delegate (if more than one Subcommittee Chair exists, only one needs to be present).

Conflict of Interest

A subcommittee member must not participate in the review of his/her own program, or in the review of a program within that member's clinical Division. The subcommittee member should declare a conflict of interest when their program review is to be discussed, and the member will leave the discussion, whether virtual or in person.

A subcommittee member who has participated in the review of another program will be asked to leave the meeting, whether virtual or in person, while the subcommittee discusses the review.

Administrative Support

The Postgraduate Medical Education Office will provide administrative support to the committee including circulating meeting material, maintaining a community for all documentation, and keeping notes of the meetings.