

Document	Subspecialty Subcommittee Terms of Reference
Date Approved	March 28, 2023
Approved By	Subspecialty Subcommittee
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Review to Commence	March 29, 2026
Responsible Portfolio/Unit/Committee	Postgraduate Medical Education Committee
Responsible Officer(s)	Associate Dean, Postgraduate Medical Education

Part I: Mandate and Responsibilities

A. Mandate:

The Subspecialty Subcommittee will meet once per year and at the discretion of the Chair to make recommendations and approve business directly relating to subspecialty programs (MSM, Psychiatry Subspecialty, and Critical Care). Information will be shared with the PGMEC. Recommendations of the Subspecialty Subcommittee that will affect all programs will be brought to the PGMEC committee for final approval.

B. Relevant policy references

Domain: Institutional Governance

Element 1.3: There is an effective postgraduate education committee structure, overseen by the postgraduate dean, to facilitate the governance and oversight of all residency programs.

Requirements:

1.3.1 : The postgraduate education committee structure is composed of appropriate residency education stakeholders.

1.3.2 : The postgraduate education committee fulfills its responsibilities regarding residency education.

C. Major Responsibilities:

- Review and approve the Subspecialty Subcommittee Allocation and Principles Process
- Review and approve the Subspecialty Subcommittee Terms of Reference
- Review and approve the Critical Care Medicine's Allocation Terms of Reference
- Bring forward common issues and concerns across subspecialty programs to PGMEC meetings.

Part II: Leadership & Membership

D. Leadership

- The Associate Dean, Postgraduate Medical Education, will Chair the Subspecialty Subcommittee.

E. Membership:

Voting members of the Subspecialty Subcommittee shall consist of:

- the MSM Program Directors (or a delegated Assistant Program Director)
 - Cardiology
 - Endocrinology and Metabolism
 - Gastroenterology
 - General Internal Medicine
 - Hematology
 - Infectious Diseases
 - Medical Oncology
 - Nephrology
 - Palliative Medicine
 - Respiriology
 - Rheumatology
- Critical Care Program Director
- Child and Adolescent Psychiatry Program Director (or delegated Assistant Program Director)
- Geriatric Psychiatry Program Director

- the Associate Dean, Postgraduate Medical Education
- Resident Representation: One PARO representative from PGMEC
- Non-voting Members:
 - Core IM Program Director
 - Core Psychiatry Program Director
 - Director, Resident Wellness
 - Director, Assessment and Evaluation
 - Director, Postgraduate Services
 - Associate Director, PGME Office
 - Program Manager, PGME Office
 - Postgraduate Registration Manager, PGME Office

F. Term of Membership:

All members are permanent by virtue of office, including the designated resident representative from PARO

G. Responsibilities of Members:

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

Part III: Meeting Procedures

H. Frequency and Duration of Meetings:

The Subspecialty Subcommittee shall meet once a year and as needed at the request of the Chair.

I. Quorum:

- Eight (8) voting members shall constitute a quorum.

J. Decision-Making:

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

K. Conflict of Interest:

Members **must** declare [conflict of interest](#) to Chair in advance who will determine an appropriate course of action.

Part IV: Administrative Support & Communication

L. Administrative Support

Provided by the Postgraduate Medical Education Office.

M. Agendas & Minutes:

- Agendas and minutes of meetings to be distributed to members by recording secretary
- Minutes to be distributed electronically to all members prior to the scheduled meeting.

N. **Reporting Relationship:**

The Subspecialty Subcommittee reports to PGMEC.

Part V: Review

O. Review:

Terms of reference to be formally reviewed by the Subspecialty Subcommittee every three years, and as required.

APPENDIX A: CONSENSUS-BASED DECISIONMAKING

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 the 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.