

**Terms of Reference: Resident Advisory Committee**  
**A subcommittee of the Postgraduate Medical Education Committee**  
**School of Medicine**  
**Faculty of Health Sciences**  
**Queen's University**

**In collaboration with our affiliated teaching hospitals**

**Part I: Mandate and Responsibilities**

A. Mandate:

The transition to program management by the primary teaching hospitals has shifted how both policy and management decisions are made. Resident education and work environment are impacted by hospital management decisions. Engaging residents in decision-making processes within our affiliated institutions provides an opportunity to support the development of residents' skills as Leaders, Collaborators and Communicators within the CanMEDS framework.

B. Major Responsibilities

The Resident Advisory Committee must:

1. Identify issues of concern to residents regarding hospital efficiency, patient-safety, and work environment in the affiliated teaching hospitals at Queen's University.
2. Identify solutions and provide recommendations to the appropriate administrative structures at Kingston Health Sciences Centre, and Providence Care.
3. Ensure there is a forum for sharing of best practices within and across the affiliated teaching hospitals.

C. Access to Information:

Members of the committee will have access to documents required to make informed decisions with respect to recommendations and guidance on policy and management issues.

## **Part II: Leadership & Membership**

### **D. Membership:**

Each representative must have an assigned delegate who will attend the meetings if the member is unable to attend. The name of the delegate must be provided to the Postgraduate Medical Education Office and the delegate will be copied on all communication.

- A Senior Resident from each of Kingston Health Sciences' Programs
  - Emergency (1)
  - Oncology (1)
  - Pediatrics (1)
  - Critical Care (1)
  - Obstetrics & Gynaecology (1)
  - Mental Health (1)
  - Cardiac (1)
  - Medicine (1)
  - Ophthalmology (1)
  - Perioperative Services (2)
    - Surgical
    - Anesthesia
- One PARO representative
- One CFPC Resident
- One Resident Member At Large
- One Subspecialty Resident
- One Resident representing Providence Care
- One Resident representing the EDII Group
- One Royal College Program Director
- One CFPC Family Medicine Program or Site Director
- Chief, Medical and Academic Affairs, Kingston Health Sciences Centre
- Director, Medical Administration, Providence Care
- Associate Dean, Postgraduate Medical Education

Subcommittees

Ad hoc

### **E. Leadership:**

#### **Resident Advisory Committee**

The positions of Chair and Vice-Chair will be held by resident members.

#### **KHSC Joint Program Council**

Either the Chair or Vice-Chair must be a member of one of the nine joint program councils.

F. Term of Membership:

All members will be appointed bi-annually and will have the option to renew on the recommendation of their program director.

The Chair and Vice-Chair will be elected annually and will have an option to renew for one additional term.

The past Chair and past Vice-Chair will be ex-officio members of the committee for one year.

G. Responsibilities of Members:

- Attend meetings
- Read pre-circulated material
- Participate in discussions
- Communicate committee activities to colleagues and report feedback at meetings
- Participate on other committees as required

*Part III: Meeting Procedures*

H. Frequency and Duration of Meetings:

- The Resident Advisory Committee meets at a minimum quarterly throughout the academic year (September to June).
- Additional meetings may be called at the discretion of the Chair.

I. Quorum:

- Minimum of 5 Members

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 the 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 to be distributed electronically to all members 1 week before a meeting.

N. Reporting Relationship:

- Resident Advisory Committee: Chair reports to PGMEC as required
- KHSC Joint Program Council: Chair or Vice-Chair (designated member) will report back at the monthly meeting.
- Providence Care: Designated representative reports as required

O. Evaluation:

Terms of reference to be formally reviewed by the KHSC Joint Program Council, Providence Care and the Postgraduate Medical Education Committee annually, and as required.

Revised November 5, 2020 – For approval at PGMEC Meeting – December 16, 2020

## 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.