

POSTGRADUATE MEDICAL EDUCATION COMMITTEE
Postgraduate Medical Education Internal Review Subcommittee

TERMS OF REFERENCE

Approved by PGME Committee: October 11, 2023

Date of next scheduled review: 2026

PREAMBLE

The General Standards of Accreditation for Institutions require a process to internally review and improve residency programs. The Schulich Postgraduate Medical Education (PGME) Internal Review Subcommittee is a standing subcommittee of the PGME Committee that is responsible for the internal review process.

POLICY REFERENCES

[General Standards of Accreditation for Institutions with Residency Programs](#)

GOVERNANCE

The PGME Internal Review Subcommittee reports to the PGME Committee.

MEMBERSHIP

- Associate Dean, Postgraduate Medical Education
- Program Evaluation/Project Coordinator (CQI and Accreditation) ex officio
- Faculty members:
 - A minimum of five (5) faculty members appointed by the Associate Dean, PGME. Faculty members may be program directors, former program directors or clinical educators with experience in postgraduate medical education (such as Competence Committee chairs or members of the Residency Program Committee or Competence Committee for example).
 - A minimum of one faculty member representing Family Medicine
 - A minimum of one faculty member representing Area of Focused Competence Programs
 - One faculty member will be designated as Chair of the Internal Review Subcommittee
 - One faculty member will be designated as Deputy Chair of the Internal Review Subcommittee
- Two (2) resident representatives appointed by the Associate Dean PGME in conjunction with consultation with the Professional Association of Residents of Ontario (PARO).

TERMS

- Faculty: Three (3) years renewable
- Residents: One (1) year renewable

MEETINGS

- Meetings are ad hoc, with a minimum of four per year.

RESPONSIBILITIES OF THE INTERNAL REVIEW SUBCOMMITTEE

1. Ensures an internal review is conducted for each residency program at least once per regular accreditation cycle.
2. Ensures that the internal review process evaluates how well each residency program is meeting all applicable standards of accreditation, including the *General Standards of Accreditation for Residency Programs*, the *General Standards of Accreditation for Area of Focused Competence Programs*, and the specific Royal College standards of accreditation for each program, or the *Standards of Accreditation for Residency Programs in Family Medicine* (the 'RedBook') for Family Medicine and Family Medicine Enhanced Skills programs.
3. Reviews survey reports and provides feedback to programs with respect to survey findings.
4. Reviews Action Plans for Areas for Improvement (Internal Review Subcommittee Progress Report) and provides effective follow up to the programs on their identified areas for improvement (AFIs).
5. Action plans and progress reports are due within one year of the Internal Review Subcommittee decision letter. For some programs the Internal Review Subcommittee may require more frequent program follow-up and documentation.
6. Identifies common areas for improvement across residency programs and reports this information to the PGME committee for discussion and planning of quality improvement initiatives common to a variety of programs.
7. Ensures that the internal review process reviews how well residency programs are preparing residents for independent practice.
8. Ensures that the internal review process includes reflection on the potential impacts of the hidden curriculum on the learning experience.
9. Ensures that the internal review process incorporates information on the learning environment, including any concerns with respect to learner mistreatment, discrimination, and racism.
10. Reviews confidential resident reports and provides feedback to the program, including the identification of action items or areas for improvement. An action plan and progress report with timeline may be required.