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| **RESIDENCY PROGRAM COMMITTEE AGENDA (TEMPLATE)** |
| **Date:** | **Time:** |
| **Location/Link:** change as appropriate based on meeting format**Meeting ID:** **Passcode:** |
| **Meeting Leader:** PD or DELEGATE NAME | **Note Taker:** NAME |
| **Committee Membership:** NAMES OF RPC MEMBERSSee Standing Agenda Item Breakdown on pages 2-3 for information on the below items. |
| **AGENDA ITEM** | **PRESENTER** |
| **1.0** | **Approval of agenda and minutes** |  |
| **2.0** | **Announcements** |  |
| **3.0** | **Reports** |  |
| 3.1 | PGME Update / Program Director Report |  |
| 3.2 | Resident Report |  |
| 3.3 | Research Report |  |
| 3.4 | Wellness / Safety Report |  |
| 3.4 | Site / Medical Director Reports |  |
| **4.0** | **Program Evaluation and Continuous Improvement** |  |
| 4.1 | Program Review |  |
| 4.2 | Policy and Process Review |  |
| **5.0** | **Business Arising** |  |
|  | *Identify subpoints by adding new rows as required.* |  |
| **6.0** | **New Business** |  |
|  | *Identify subpoints by adding new rows as required.* |  |
| **7.0** | **Competence Committee Report** *(resident members excused for this agenda item)* |  |
| **8.0** | **Questions and Adjournment** |  |

**Standing Agenda Item Breakdown: For information purposes only, remove the below information prior to publishing agenda.**

1. **Announcements:**
	* This should include anything new that is pertinent to the program that can be covered in an introductory update. If the program begins with a Program Director’s Report, announcements could be incorporated into that agenda item.
2. **Reports:**
	* Note that lengthy reports do not need to be given at each meeting, but they should always be included on the agenda to provide an opportunity for updates. For documentation purposes and meeting efficiency, requests for written reports are encouraged; these can be submitted prior to the meeting to be distributed with the agenda. I there is nothing new to report at the meeting from the site/rotation/subcommittee lead, then this can be acknowledged and documented.
	* **PGME Update/Program Director Report:** Updates and information from the PGME Committee must be relayed to the RPC. This can be done through this standing agenda item, or elsewhere in the agenda, as long as it is documented.
	* **Resident Report** (mandatory for all programs): Provides an opportunity for the resident member(s) to provide information/updates pertinent to their group. It could include program feedback, questions about the program for RPC, updates from PARO, etc. The RPC must foster an environment that welcomes both positive and constructive feedback from residents.
	* **Research Report:** The RPC may not have a member directly responsible for research and scholarship, thus this is not a mandatory agenda item. However, research and scholarship of the program must be evaluated and reviewed in some capacity as part of RPC meetings to ensure trainees are being provided with opportunities that meet educational standards.
	* **Wellness & Safety Report:** The RPC should discuss wellness- and safety-related issues and act on them in a timely and effective manner. There must also be processes and resources in place for resident wellness and safety, which must be reviewed as part of the educational program review.
	* **Site / Medical Director Reports:** For any programs that provide training at various sites or in different clinical departments (i.e. Windsor rotation or Pediatric rotation, etc.), there should be representation on the RPC for those areas. This report provides a structured opportunity for updates and questions from individuals representing those educational areas. For documentation purposes and meeting efficiency, requests for written reports are encouraged; these can be submitted prior to the meeting to be distributed with the agenda. I there is nothing new to report at the meeting from the site/rotation/subcommittee lead, then this can be acknowledged and documented.
3. **Program Evaluation & Continuous Improvement**
	* **Program Review:** The intent of this section is to meet accreditation Standard 9 (Continuous Improvement) (of Standard 7 for AFC programs). All aspects of the program must be evaluated on an ongoing basis, with recommendations and actions for improvement taken (i.e. all rotations, research/scholarship opportunities, resources, etc.). The implemented changes should also be evaluated to determine if they are working or require adjustment. Thus, each meeting could discuss a separate component of the program with an evaluation, as well as identifying areas for improvement. Minutes should include action plans with individuals responsible for completion, as well as timelines.
		+ NOTE: some programs may use an Annual Retreat for program review and CI; however, follow-up and action items must be discussed and documented at subsequent RPC meetings.
	* **Policy and Procedure Review:** Review Schulich PGME and hospital/training site policies (periodically or as updates are made), as well as the development and review of program-specific policies (i.e. a program-specific safety policy). Program-specific policies involving resident safety should be reviewed annually, and non-safety related policies should be reviewed at least every three years.
4. **Business Arising**
	* This item allows for discussion of any carry-forward items from previous meetings (i.e. updates on CI initiatives). This item may be removed from the agenda if there are no carry-forward items.
5. **New Business**
	* Any new items that require further discussion or updates and do not fall into one of the previous agenda items.
6. **Competence Committee Report / Resident Assessment**
	* Residents and/or fellows must be excused from this portion of the meeting to respect trainees’ privacy.
	* Note that the CC may be delegated to make decisions about stage of training and promotion, but the CC should report to the RPC even if the RPC isn’t required to ratify these decisions.