**TEMPLATE INSTRUCTIONS (Please remove these instructions before publishing)**

YELLOW HIGHLIGHTS: please update with your program’s information and remove the highlights.

RED TEXT: Notes for the program only. Meant to provide context or instruction. Please remove anything in red text prior to publishing.

BLUE TEXT: Reference to applicable accreditation standards, for your information. Please remove anything in blue text prior to publishing.

*Note that this template can be adapted to suit the needs of the program, as long as the below items are included in the terms of reference at a minimum.*

**PROGRAM NAME**

**Residency Program Committee (RPC)**

**TERMS OF REFERENCE**

**Approved:** DATE

**Date of next scheduled review:** YEAR (review at least every three years)

**Standard 1.2.2.1:** There are clearly written terms of reference that address the composition, mandate, roles and responsibilities of each member, accountability structures, decision-making processes, lines of communication and meeting procedures.

**Standard 1.2.2.2:** The terms of reference for the RPC are reviewed on a regular basis and are refined as appropriate.

**PREAMBLE**

The Residency Program Committee (RPC) is responsible for the overall operations of the PROGRAM NAME residency training program. This includes the overall objective of providing the environment, mentorship, and uniform experience whereby each resident will have access to the educational experience sufficient to successfully complete the program’s requirements.

The purpose of the RPC is to assist the Program Director in planning, organizing, evaluating, supervising, and advancing the residency program.

**POLICY REFERENCES**

* [General Standards of Accreditation for Residency Programs](http://www.canrac.ca/canrac/general-standards-e) (link to standards is hyperlinked)
* PROGRAM SPECIFIC Standards of Accreditation (hyperlink)

**MEMBERSHIP**

**Standard 1.2.1.1:** Major academic and clinical components and relevant learning sites are represented on the RPC.

**Standard 1.2.1.2:** There is a “effective, fair and transparent process for residents to select their representatives on the RPC.”

**Standard 2.3.2.1:** Each learning site has a site coordinator/supervisor responsible to the RPC.

**Standard 1.2.1.3:** There is an effective process for individuals involved in resident wellness and safety programs/plans to provide input to the RPC

***Standard 1.2.1.4******Exemplary indicator:*** *There is an effective process for individuals responsible for the quality of care and patient safety at learning sites to provide input to the RPC.*

* Program Director (Committee Chair) (voting)
* Site Educational Coordinators: (voting)
	+ LIST AS REQUIRED (i.e. LHSC Representative, Windsor Representative, Pediatric Representative, etc. add as applicable to your program)
* Research Coordinator (voting)
* Resident Member(s): (voting)
	+ Outline selection process and resident details (Note that at least one resident member must be elected/nominated/chosen by their peer resident group. If there is only resident on the RPC, then they must be selected by their peers).
* Wellness/Safety Coordinator (voting)
* Competence Committee Chair (voting)
* Patient Safety and Quality Improvement representative (if applicable, recommended as exemplary: 1.2.1.4)
* Department Chair (Ex Officio)
* Program Administrator (Ex Officio)
* Any other program faculty or members as applicable
* Subcommittee Chairs as applicable

Committee members will be reviewed every X years for faculty and annually for residents.

**MEETINGS**

**Standard 1.2.2.4:** The meeting frequency of the RPC is sufficient to fulfill its mandate.

**Standard 2.1.1.3:** There is an effective transparent mechanism to disseminate the residency program’s policies and processes to residents, teachers, and administrative personnel.

**Standard 2.2.1.2:** There are effective mechanisms for the residency program to share information and collaborate with the division/department as appropriate, particularly with respect to resources and capacity.

The RPC will meet X times per year. The agenda and minutes will be circulated to RPC members in advance of the meeting. The Committee should meet at least 4 times per year but may be higher depending on the size and/or needs of the program.

Minutes will be recorded by the Program Administrator, or delegate, and circulated to all faculty members and residents. Any sensitive or confidential resident information (including assessment information) will be collated in a separate document, but not circulated to residents or trainees or otherwise posted for viewing. Minutes will be stored confidentially for at least eight (8) years.

**QUORUM**

At least one half (50%) of voting members must be present for quorum purposes.

**DECISION MAKING**

Decision making will be by consensus.

(or Decision making will be by a simple majority of the voting members of the committee with quorum present).

**ATTENDANCE**

Programs must outline in this section how frequently members must attend meetings. Examples below:

*All members are required to be present at all meetings OR*

*Members are required to attend at least 75% of meetings.*

**RESPONSIBILITIES**

Standard 1.2.2.3: The mandate of the RPC includes planning and organizing the residency program, including selection of residents, educational design, policy and process development, safety, resident wellness, assessment of resident progress, and continuous improvement.

1. Resident Selection:
	* Design and maintain a process for the selection of candidates for admission to the program, in accordance with PGME policies within the Schulich School of Medicine & Dentistry (i.e. [*Resident Selection Policy*](https://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/Policies%20for%20Website/Resident%20Selection%20Policy.pdf)) and in accordance with PGME Resident and Trainee Selection Guidelines to Promote Equity, Diversity and Inclusion.
2. Educational Program Design:
	* Requirement 3.3.1: Resident learning needs, stage or level of training, and other relevant factors are used to guide all teaching, supporting resident attainment of competencies and/or objectives.
	* Standard 3.3.1.4: Residents’ feedback to teachers facilitates the adjustment of teaching approaches and learner assignment, as appropriate, to maximize the educational experiences.
	* Oversee the development and operation of the educational program that meets the general and specific standards of accreditation of the Royal College of Physicians and Surgeons of Canada OR College of Family Physicians of Canada. Select appropriate College.
	* Provide training with increasing responsibility for the development of diagnostic and consultative skills.
	* Ensure the development of resident skills in teaching, research, and scientific inquiry.
3. Resident Wellness and Safety:
	* Requirement 5.1.1: Residents are appropriately supervised.
	* Requirement 5.1.2: Residency education occurs in a safe learning environment.
	* Requirement 5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness.
	* Ensure there is an established process for the RPC to receive departmental input on: resident wellness, resident safety, patient safety and quality of care.
	* Ensure that residents are aware of policies on safety and wellness.
	* Manage issues of real or perceived lack of resident safety.
	* Provide a prompt review of any resident concerns regarding the educational program (i.e. environment, curriculum, resources, etc.)
	* Maintain and environment free of intimidation, harassment, and mistreatment and manage any issues in a timely, efficient, and sensitive manner in accordance with PGME and Schulich policies.
	* Maintain an environment that supports [Schulich’s principles on Diversity, Inclusion & Equity](https://www.schulich.uwo.ca/med_dent_admissions/about_us/diversity_inclusion_equity.html)
	* Review and formulate program support systems for stress-related issues. Establish and maintain mechanisms for residents to access services to manage stress.
4. Resources:
	* Standard 2.3.3.1: There is an effective process to identify, advocate for, and plan for resources needed by the residency program.
	* Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with the educational experiences needed to acquire all competencies and/or objectives.
	* Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.
	* Review program resources on an ongoing basis. This includes a review of fellowship programs, and residents from other services and academic programs (electives), to ensure they do not negatively impact the residency education.
	* Identify, advocate and plan for resources needed by the residency program.
	* Provide an annual budget to the Department/Division.
5. Policy and Procedure Development:
	* Standard 2.1.1.1: There is an effective mechanism to review and adopt applicable postgraduate office and learning site policies and processes
	* Standard 2.1.1.2: There is an effective, transparent mechanism to collaboratively develop and adopt required program- and discipline-specific policies and processes.
	* Review and comply with applicable Schulich PGME and learning site policies. .
	* Develop and regularly review program-specific policies and processes.
6. Continuous improvement:
	* Domain 9 Continuous Improvement: There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.
	* Prepare for internal and external accreditation reviews.
	* Establish and maintain an evaluation mechanism for the quality of the educational experience and appropriateness of resources available. This includes:
		1. Evaluating the clinical and academic program and learning environment, including ongoing reviews of program and rotation competencies/objectives to ensure educational objectives are being met.
		2. Reviewing any positive or negative impacts of the hidden curriculum.
		3. Evaluating the resource allocation to ensure resources are sufficient to support the education program and trainees to meet their requirements of training.
		4. Assessing the program’s teachers on an ongoing basis and providing feedback to the teachers through the Department/Division Chair. Teachers assessments include resident input.
		5. Assessing the programs strengths and areas for improvement on an ongoing basis, to implement any improvements in a timely manner.
7. Career Planning:
	* Standard 6.1.2.1: The residency program provides formal, timely career planning and counselling to residents throughout their progress through the residency program.
	* Ensure formal, timely career planning to residents throughout the residency program.
8. Resident Assessment (Competence Committee Report):
	* Element 3.4: There is an effective, organized system of resident assessment.
	* Design and maintain a mechanism for assessment of residents admitted to the program, in accordance with the Royal College. The RPC will, with input from the Competence Committee, promote residents. If borderline or unsatisfactory assessments occur, recommendations for remediation and probation will be made in accordance with Schulich PGME policies, including the [PGME Resident Assessment and Appeals Policy](https://www.schulich.uwo.ca/medicine/postgraduate/future_learners/docs/Policies%20for%20Website/2021%20PGME%20Resident%20Assessment%20and%20Appeals%20Policy.pdf) (**OR**: The RPC delegate decisions with respect to resident assessment, stage of training and promotion (including remediation or probation) to the Competence Committee. The Competence Committee will provide a report to the RPC for information).

**SUBCOMMITTEES**

* Competence Committee (CC)

Note that the Competence Committee reports to the RPC, however the RPC may delegate resident assessment, promotion, decisions about remediation or probation to the CC.

List additional as required (examples could include Research Subcommittee, Curriculum Subcommittee, Continuous Improvement Subcommittee). Note: All subcommittees require their own Terms of Reference and membership lists – minutes must be provided to internal and external review teams.