DEPARTMENT OF FAMILY MEDICINE  
Faculty of Medicine and Dentistry, University of Alberta  

Terms of Reference  
FAMILY MEDICINE RESIDENCY OPERATIONS COMMITTEE (ROC)  
Subcommittee of the Residency Program Committee

Committee Membership

1. Core group – Program Director (ROC Chair), Department Chair, Assistant Program Directors (Distributed, Urban, Resident Support), Enhanced Skills Director
2. Education Researcher, Senior Admin Residency Coordinator, Assessment Director, IMG Coordinator
3. Optional Attendees
   a. Academic Site Directors – urban and rural
   b. Academic curriculum directors, Clinical curriculum coordinators
   c. General Course/Program Coordinators
   d. FMRA/Chief Residents
   e. Research Director
   f. Others with specific issues

Meetings

1. Meetings – Open to all core and optional attendees
   a. Core group – weekly unless otherwise noted
   b. Additional meetings at call of Chair of ROC
2. Minutes recorded by Administrative Coordinator for Chair to report to RPC.
3. Format of Meetings – Resident segment for Resident Led Issues as needed.
4. Actions determined by consensus of core members and reported to RPC.

Objectives and Goals

To address curriculum, academic, clinical, admission, scholarly, promotion and other residency issues as needed, in order to maintain quality, and promote the Department of Family Medicine mission within the Residency Training program. Standing agenda will encompass the 6 B Standards Specific for Family Medicine.

Appendix 1: Mission Statement

Appendix 2: Six B Specific Standards for Family Medicine Residency Programs accredited by the CFPC (http://www.cfpc.ca/uploadedFiles/Red%20Book%20English.pdf)

Appendix 3: Agenda Framework

Appendix 4: Admissions Process
Appendix 1: Mission Statement

Our Mission

"The Department of Family Medicine at the University of Alberta exists to teach the discipline of family medicine for the future of practice, and to produce scholarly work that improves the practice of family medicine and primary health care."

We will achieve this outcome by developing and demonstrating excellence in:

1. training residents for team-based, systems-based, socially accountable patient care and leadership;
2. providing high-quality education to, and role models for, medical students
3. conducting and disseminating clinical, educational, epidemiological, and health services research that improves the teaching and practice of family medicine and primary health care.
Appendix 2: Specific Standards for Family Medicine Residency Programs Accredited by the CFPC

STANDARD B.1: Administrative Structure and Supports
STANDARD B.2: Goals and Objectives
STANDARD B.3: The Learning Environment
STANDARD B.4: Resources
STANDARD B.5: Clinical, Academic, and Scholarly Content of the Program
STANDARD B.4 Assessment of Resident Performance
Appendix 3: Agenda Framework

1. Resident Led Issues
2. CBAS, resident evaluation, assessment
3. Resident support
4. Enhanced Skills Program
5. Academic Curriculum
6. Education and Assessment Quality Assurance
7. Administration
8. Policy and Guideline Development and review
9. Information technology
10. IMG support
11. CaRMS Process/Admissions
12. Promotions
13. Other topics and issues as relevant to residency
Appendix 4: Admissions Process

**REVIEW OF ADMISSION GUIDELINES**

1. **Assessment Forms** – The committee will review the format and scoring of applicant assessments for dossiers, personal letters and interviews, and recommend to the RPC the structure and application of these forms.

2. **Ranking Criteria** – The committee will recommend the criteria for offering interviews to applicants on the basis of program interviewing capacity, dossier score, and personal letter score.

3. **Interview Structure** – The time, timing and format of the interview structure will be reviewed and consideration will be given to specifying the participants in the interview with respect to resident participation, faculty (both GFT and clinical part-time faculty), and community non-faculty participants.

4. **Ranking** – The committee will advise on the mechanism of weighting in the scoring for the numerical ranking of residents for the CaRMS application, and in addition will be asked to report to the RPC with respect to policy for exceptions to the numerical ranking.

5. **Application of Admission Policies** – The committee will report on the potential of the admissions committee as the audit group to advise the director on the rank order list.

6. **Non-CaRMS Admissions and Transfers** – The committee will advise on policy and be available as a screening group for proposals of non-CaRMS admissions and transfers into the Family Medicine Residency Program.

In addition to the above process at ROC for admissions, there are 2 large group meetings (December and February) to finalize the CaRMS selection.