**OBGYN Residency Program Committee**

**Terms of Reference 2018-19**

# **PURPOSE**

The Residency Program Committee is ultimately under the authority of the Faculty of Medicine and Dentistry, reporting to the Dean’s office through the Associate Dean of Postgraduate Medical Education.

**RESPONSIBILITIES**

1. The responsibilities of the Residency Program Committee are taken from the “General Standards of Accreditation ‘Blue Book’”, produced by the RCPSC.
2. The Residency Program Committee is responsible for assisting the Program Director in the planning, organization, and supervision of the Program.
	1. The committee should include a representative from each participating site, and each major component of the program. This includes the Royal Alexandra, Grey Nuns, Misericordia and the Sturgeon Hospitals, as well as the required subspecialties.
	2. This committee must include a resident representative from each year of the programme [PGY I through V] who is elected by their peers and one resident rep for each year appointed. Residents will usually serve a 1 or 2-year term. Resident members occasionally will need to be excused should there be confidential issues raised regarding their resident peers.
	3. The committee must meet regularly, 9-10 meetings per year, and keep minutes.
3. The responsibilities of the Program Director, assisted by the Residency Program Committee include:
	1. Development and operation of the program such that it meets the general standards of accreditation as set forth in this document and the specific standards of accreditation for programs in the OBGYN specialty as set forth in the Royal College document.
	2. Selection of candidates for admission to the program (also subcommittee CARMS).
	3. Evaluation and promotion of the residents in the program in accordance with policies determined by the Faculty Postgraduate Medical Education Committee (For our Program this will be via the Competency Committee).
	4. Maintenance of an appeal mechanism. The Residency Program Committee should receive and review appeals from residents and when appropriate refer the matter to the Faculty Postgraduate Medical Education Committee or Faculty Appeal Committee.
	5. Establish mechanisms to provide career planning and counseling for residents.
	6. Establishment of mechanisms to deal with problems such as those related to stress, and physician well being.
	7. An ongoing review of the program to assess the quality of the educational experience and to review the resources available in order to ensure that maximal benefit is being derived from the integration of the components of the program. The opinions of the residents must be among the factors considered in the review. Appropriate faculty/resident interaction and communication must take place in an open and collegial atmosphere so that a free discussion of the strengths and weaknesses of the program can occur without hindrance. This review must include:
		1. An assessment of each component of the program to ensure that the educational objectives are being met.
		2. An assessment of resource allocation to ensure that resources and facilities are being utilized with optimal effectiveness.
		3. An assessment of teaching in the program including teaching in areas such as
* Biomedical ethics
* Medical/legal considerations
* Teaching and communication skills
* Issues related to quality assurance improvement
* Equity issues
* Administrative and management issues
	+ 1. An assessment of the teachers in the program.
1. There must be an Education program coordinator or supervisor responsible to the Program director, at each site participating in the program.

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1. Membership: The Residency Program Committee will consist of core members who have the general responsibilities as outlined in 1-4 above, as well as specific responsibilities outlined for each role. The Residency Program Committee will also consist of corresponding members and ex-officio members. These members may attend any and all of the RPC meetings and retreats, and will be specifically requested to attend the ones specific to their area of interest.
2. Decision Making: Decisions pertaining to residency education are made by majority vote. On the occasion where, at the request of the Program Director or a member of the Committee, a decision is to be put to a vote, the item of concern is then to be developed in the form of a proposal, that after being duly seconded is then presented and voted upon RPC members. Quorum for this committee will consist of at least 3 of the 5 resident members being present and 30% (7) of the staff doctors also being present to equal 10. A proposal will pass at over 50% agreement by the voting members.
3. Goals & Objectives: The Residency Program Committee must review the overall objectives and the specific educational objectives of each component of the program on a yearly basis.
	1. Goals and objectives should be structured to reflect and encourage development of the professional competencies (“CanMEDS roles”).
	2. Updates to goals and objectives should be freely available on the Departments website.
	3. The objectives must be functional and should be reflected in the planning and organization of the program and in the evaluation of the residents.
4. Annual Retreats: Members of the RPC and all residents will be invited to attend an annual retreat. The retreat's goals are to focus on training within the specific professional competencies of communicator, collaborator, manager, health care advocate, scholar and professional. The retreat will be based on a theme around one or several of these competencies.
5. Annual Program Review: The full committee will meet yearly to review the entire aspects of the program with regards to RCPSC standards. Each member of the committee will receive input from their representatives prior to this meeting

10. Minutes: The minutes of the RPC will be distributed to all members of the RPC as well as to all the residents via email.