Internal Review Committee (IRC) Terms of Reference, Process and Procedures

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<th>Office of Accountability:</th>
<th>Faculty of Medicine &amp; Dentistry</th>
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<td>Office of Administrative Responsibility:</td>
<td>Postgraduate Medical Education</td>
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<td>Approver:</td>
<td>Postgraduate Medical Education Committee</td>
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<td>Scope:</td>
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1. **Introduction**

As part of Standards of Accreditation, each university is expected to conduct internal review on residency programs in between Accreditation visits. The direct responsibility for the quality of postgraduate residency programs rest with the Postgraduate Medical Education Committee and the Program Directors. The Internal Review Committee (IRC) is a sub-committee of the Postgraduate Medical Education Committee (PGEC) and is responsible for the internal review process at the University of Alberta. The Committee plans, oversees, and carries out the internal review process.

2. **Committee Responsibilities and Reporting**
   2.1. The Committee plans, oversees, and carries out the internal review process (including mandated internal reviews) over one accreditation cycle.
   2.2. Committee members will serve as the chair of the individual Survey Team (see Section 4 below for Survey Team description).
2.3. The Committee is responsible for the review and discussion of the survey reports, and the determination of recommendation (in the form of a Mock Accreditation Status) to the surveyed programs.
2.4. The Chair will regularly report IRC progress and aggregated information to the PGEC.

3. **Committee Composition**
3.1. The Committee is chaired by the Assistant Dean, Postgraduate Medical Education (PME).
3.2. Committee membership includes faculty and residents.
3.3. Faculty members will be appointed by the Chair, in consultation with the Associate Dean, PME.
3.4. Faculty members will be selected on the basis of experience in resident education and/or accreditation, and can include current and retired program directors, members of the IRC in the prior Accreditation cycle, and surveyors of the CFPC or RCPSC.
3.5. Resident members are invited to participate on a voluntary basis, and are selected by Professional Association of Resident Physicians of Alberta (PARA).
3.6. The committee appointment will be the duration of one accreditation cycle for faculty members, or for the remaining duration of training for resident members.
3.7. Membership composition purposefully ensures diverse presentation from programs in terms of certifying colleges, program size, and medical/surgical specialties.
3.8. The number of members is fluid to allow for a manageable workload when conducting internal reviews.

4. **Internal Review Process and Procedure**
4.1. Individual programs submit a request for the desired month and day for the review.
4.2. The Committee Chair assembles a Survey Team consisting of a Survey Chair (IRC faculty member), a Survey co-Chair (current Program Director from another program) and an IRC resident member.
4.3. The team members must declare any potential conflict to the IRC Chair, who may choose to replace the member(s).
4.4. The internal review is conducted in the same manner as an actual accreditation survey.
   4.4.1. A PSQ is completed by the surveyed program.
   4.4.2. Along with the PSQ and appendices, background information (last survey report and program response and specialty specific documents) are pre-circulated to the survey team.
   4.4.3. The survey follows the schedule template defined by the Colleges, and usually lasts ¾ to 2 days depending on program size.
   4.4.4. The survey team generates a survey report using the report template of the Colleges.
5. **IRC Meetings**
   5.1. The Committee meets on an ad hoc basis at a frequency to allow for timely discussion of reviewed programs.
   5.2. The survey report is presented by an IRC member of the survey team or the IRC Chair and discussed by the IRC *in camera*.
   5.3. Suggested strengths and weaknesses (referenced to B Standards) and a mock accreditation status is determined by consensus vote for each program.
   5.4. The report is finalized by the IRC Chair and sent to the Program Director.

6. **Internal Review Follow-up Process**
   6.1. For each reviewed program, the IRC Chair requests and reviews an annual progress report on how the program is addressing the identified weaknesses, and any new issues.
   6.2. At the discretion of the IRC Chair and/or the Associate Postgraduate Dean, a meeting may be organized to discuss the internal review findings with the Program Director and/or Chair.
   6.3. After the first internal review, another internal review can be conducted at the discretion of the IRC Chair or Associate Postgraduate Dean or at the request by the Program Director.