

University of Ottawa, Faculty of Medicine
ACCREDITATION SUBCOMMITTEE
TERMS OF REFERENCE

MANDATE

The Accreditation Subcommittee is a standing committee of the Postgraduate Education Committee (PGEC) that is responsible for reviewing all internal accreditation documents and maintaining the overall standards of the University Internal review process.

MEMBERSHIP

The Accreditation Subcommittee has fifteen (15) members. The Director of Accreditation chairs the subcommittee.

Membership for other committee members is for a three-year term, renewable twice.

Membership is as follows:

Committee Member	Term	Renewable	Voting
Director of Accreditation, Chair	5 year	Once	Yes
Vice-Dean, PGME	Ex-officio		No
Assistant Dean, PGME	Ex-officio		No
Nine (9) additional faculty members having experience or committed to gaining experience in the standards of education and accreditation as required by the Royal College of Physicians and Surgeons of Canada (RCPSC) and by the College of Family Physicians of Canada (CFPC): <ol style="list-style-type: none"> 1. At least one faculty member with Royal College certification in each of the following categories: Internal Medicine (general or sub-specialty), Surgery (general or sub-specialty), Laboratory Medicine and Pediatrics (general or sub-specialty) 2. At least one (1) faculty members with CFPC certification 3. Up to three (3) faculty members with Royal College certification in any other specialty (e.g. Anaesthesia, Emergency Medicine, Diagnostic Radiology, Psychiatry, etc.) 4. One (1) faculty member with Royal College AFC certification. 	3 year	Twice	Yes

Two (2) resident representatives, selected from the entire resident body following consultation with the University of Ottawa PARO General One (1) additional PARO resident is invited to sit on the committee during academic years in which the full external surveys from the RC and CFPC are taking place.	1 year to max. of 3	No	Yes
Accreditation Coordinator (PGME Office)	Ex-officio		No

It is expected that Subcommittee members will attend/participate at least 75% of scheduled meetings. Failure to participate in the minimum number of meetings will result in removal from the Subcommittee.

QUORUM

Quorum is set at six (6) members in attendance including the Subcommittee Chair or his/her delegate.

APPOINTMENT PROCESS

PGME office will invite interested parties to participate on the committee when a vacancy is identified. Candidates will be reviewed to ensure they are in good standing, and that no professionalism issues have been identified, prior to presenting candidates to PGEC for approval. Once approved, the PGME office will notify all candidates as to the outcome of the process.

FREQUENCY OF MEETINGS

The Subcommittee shall meet at least four (4) times a year and additionally as required. Communication with the Faculty PGEC will be on an as needed basis for issues that arise.

SUBCOMMITTEE DECISIONS

N/A

CONFLICT OF INTEREST

A Subcommittee member must not participate in the review of his/her own academic program. The Subcommittee member must declare a conflict of interest when their program's review is to be discussed or in specific situations where the member plays an important role in the program that is to be discussed. The member will refrain from adding written commentary on the documents under review, and if appropriate, leave the meeting during the program's discussion.

Committee members must state a perceived conflict of interest to the committee, at the

beginning of the meeting. The committee will discuss and determine if one exists, and if so, will ask the committee member to recuse themselves from any discussion and / or decision making.

FUNCTIONS OF THE SUBCOMMITTEE

1. Review all accreditation preparatory and mandated internal reviews, and progress reports, and make recommendations regarding individual programs as necessary.
2. Report to the Vice-Dean, PGME or designate, and to the PGEC on issues that arise as they pertain to standards of accreditation of the RCPSC and CFPC. The Director of Accreditation will convey at a minimum, an annual report to the full membership, but may report at additional meetings should the need arise.
3. Assume responsibility for the overall standards of the PGME Internal Review process and make recommendations as necessary to the PGEC.
4. Ensure reports generated by review teams are of high quality.
5. Provide feedback to review teams on the quality of the reports.
6. Provide faculty development and support on accreditation-related activities.

PROCEDURES

1. The Director of Accreditation, along with the Vice Dean, PGME or designate, set an eight (8) year schedule that outlines the timing of internal reviews for all RCPSC and CFPC training programs at the University of Ottawa. It is expected that during the time between full external reviews of all University of Ottawa postgraduate programs (conducted by the RCPSC and CFPC every eight years), each program will be subject to at least one full internal review as per the Royal College or CFPC accreditation format. Programs may also be subjected to additional preparatory reviews as deemed necessary. At the discretion of the Director of Accreditation, Assistant Dean, and/or Vice-Dean, programs may be subjected to an increased level of scrutiny including, but not necessarily, additional internal reviews, particularly if programs are scheduled for an Action Plan Outcomes Report (APOR) or External Review.
2. Reviewers are assigned to reviews by the Accreditation Program Administrator with oversight by the Director. Internal reviews are conducted by two (2) Physician Faculty members and one (1) Postgraduate trainee from the Faculty of Medicine, University of Ottawa. In most cases, the more experienced faculty reviewer will be designated as the Lead Reviewer by the Accreditation Program Administrator and will be the primary author of the report.
3. The Subcommittee is responsible for reviewing all internal review reports and providing formative feedback to the review teams. Report documents can be accessed by Subcommittee members in a secure digital environment. Comments and/or track changes will be used by members to ask for clarity or provide feedback in the draft report. The Director is responsible for summarizing the comments/changes before returning the report to the review team for revisions. Quarterly, the Subcommittee will meet to ensure that program reports are meeting the General Standards of

Accreditation as set out by the RCPSC and CFPC. Feedback regarding any program deficits will be provided by the Director of Accreditation to the Vice-Dean and Assistant Dean after each internal review, and each Program Director and Department Chair will have access to the report to guide programmatic change.

EXPECTED TIMELINES FOR INTERNAL REVIEWS

1. The Accreditation Program Administrator receives the data from the CanAMS (Accreditation Monitoring System) from the program at least one (1) month prior to the review.
2. The Director of Accreditation, Vice Dean, PGME and Assistant Dean, PGME have approximately one (1) week to review and provide commentary on the information submitted.
3. The program has approximately one (1) week to make final edits before re-submitting the final documentation to the Accreditation Program Administrator.
4. Review team members receive access to the program's documentation two (2) weeks prior to the review date. The draft report must be submitted within two (2) weeks following the survey visit.
5. Formative feedback on the quality of the report and all requests for clarification from the Accreditation Subcommittee are provided back to the review team within 10 days.
6. All final edits by the Lead Reviewer are asked to be re-submitted within ten (10) days.
7. Once the report has been approved by the Director of Accreditation and/or the Assistant or Vice-Dean, PGME, the final report is sent to the Program Director and the responsible Clinical Department Chair.
8. The Accreditation Program Administrator will process the reviewers' remuneration for completion of the review and the final report.
9. Reviewers must submit an invoice to fomaccr@uottawa.ca and pgmefin@uottawa.ca to indicate to whom the funds should be paid.

Confidentiality:

All committee members must acknowledge that all discussions, documents and correspondence, regardless of their manner of transmission, are deemed confidential and must remain confidential at all times. All information received and transmitted must be handled in accordance with the University of Ottawa's policy 117. Items may be requested via the University of Ottawa's Access to Information and Privacy Office, in accordance with policy 90.

Equity Diversity and Inclusion (EDI):

The University of Ottawa aspires to promoting a work environment that fully represents the diversity of Canada's population. As a result, it is committed to applying equity principles to enrich discussion, decisions, and outcomes of committees to support our EDI mandate.

Committee

Postgraduate Medical Education Committee
Faculty Council
Executive Committee of the Senate

Approval Date

December 13, 2023
January 9, 2024
N/A