

PGME Internal Review Process Policy

Approval Authority: Postgraduate Medical Education Committee

Established On: September 8, 2022

Amendments:

Category:

1.0 POLICY STATEMENT

The internal review of postgraduate programs is a recommended mid-accreditation cycle activity by the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC). It is the responsibility of the Northern Ontario School of Medicine University (NOSM U) Associate Dean of Postgraduate Medical Education & Health Sciences and the Postgraduate Medical Education Committee (PGMEC) to initiate, facilitate and oversee the process. It is intended as a mechanism to identify, monitor, and address issues affecting the quality of NOSM U residency programs and to provide individual programs, program directors, training sites and the residency program committee with timely information and feedback about the strengths and areas for improvement of their programs. This in turn enables a continuous quality improvement process but does not impact the accreditation status granted by the CFPC or RCPSC.

Internal reviews are conducted by the NOSM U Postgraduate Medical Education Office at the following times:

- Regularly at least once per regular accreditation cycle.
- At the request of the program or on the advice of the Associate Dean, PGME & Health Sciences and/or Postgraduate Medical Education Committee.

2.0 SCOPE

This policy applies to all PGME residency programs.

3.0 POLICY TERMS OR PROCEDURES

3.1 Internal Review Procedures:

The Associate Dean and the Postgraduate Medical Education Office in collaboration with the Postgraduate Medical Education Committee and/or an established PGEC Accreditation Subcommittee will establish dates for the review process. It is anticipated that all members of the Postgraduate Medical Education Committee will contribute to and participate in an internal review.

An internal review committee will be established by the Associate Dean and will consist of 3 members as follows:

- A member of the Postgraduate Medical Education Committee, preferably a Program Director from another program or delegate such as but not limited to a former Program Director,
- A faculty member, preferably from another discipline, who is experienced in postgraduate medical education and accreditation processes, and
- A resident or recent (within 2 years) residency program graduate from another discipline,
- The team members must declare any potential conflict to the Associate Dean, who may choose to replace the member(s).

*One individual designated by the Associate Dean, will act as the review team chair and be responsible for the timely coordination and completion of a written report to be submitted to the postgraduate medical education office. A template for the report will be distributed to the chair, which must include the strengths and areas for improvement that should include specific recommendations for continued development and improvements based on both the *General Standards of Accreditation for Residency Programs* and the specific standards of accreditation for the discipline. It also includes sections indicating potential areas for improvement across all PGME programs, how well programs are preparing residents for independent practice and any potential impacts of the hidden curriculum on the learning experience.*

Under certain circumstances, the team members may vary at the discretion of the Associate Dean or on the advice of the CFPC/RCPSC including the invitation of external expertise.

The internal review process will closely follow the external review processes of the CFPC/RCPSC and include:

- Completion and updates to instruments within the Accreditation Management System (AMS) and link to the AMS will be provided to the review team prior to the visit.
- Document review generally including but not limited to:

- 1) Residency Program Committee minutes
 - 2) Resident files and assessments. While all resident files should be prepared for review, the following is a recommended sampling and should be prepared and uploaded specifically for internal review document review:
 - Representation from each PGY level
 - Representation, where relevant, of one or more residents who are currently or have been on remediation
 - 3) Other documents as requested
- Meetings with:
 - 1) Program Director
 - 2) Program Administrator
 - 3) Section Chair or delegate (otherwise referred to as Department Chair)
 - 4) Residency Program Committee and subcommittees
 - 5) Residents
 - 6) Faculty
 - 7) Competence Committee
 - 8) Other individuals as requested by the review team
 - Site visits as needed or required
 - Completion of a written report to be submitted to the Associate Dean in a timely manner. No formal recommendation of status will be required of the review team.
 - The written report will be forwarded by the Associate Dean to the Program Director for review at a subsequent Residency Program Committee (RPC) meeting.

3.2 Program Improvement Plan Following Internal Review

Along with the official internal review report, programs will be provided with a follow-up interval and the manner in which such follow-up should occur. This will be communicated to the program in a letter, known as the internal review transmittal letter. Reports and reviews of program actions will be reviewed by the PGME Office, the Associate Dean PGME & HS and the Accreditation and Quality Improvement Subcommittee (AQI) who will assess the progress of these recommendations. The Accreditation and Quality Improvement Subcommittee may make recommendations to the program, to the PGME Office and/or to other institutional NOSM University or affiliated learning site offices related to accreditation concerns and the requirement for additional support or to identify trends that require attention. The AQI Subcommittee will track action plan follow up.

3.3 Internal Review Process Review

Reports of the internal review of all programs are provided to the survey team chair prior to the regular RCPSC/CFPC survey to enable the chair to assess the efficacy of the internal review process. With the exception of those programs for which reviews have been mandated by the respective accreditation committee, internal review reports are not available for review by the surveyors at the time of a site visit and are not used by the CFPC or RCPSC in making decisions regarding the accreditation status of individual programs.

AUTHORITIES AND OFFICERS

The following is a list of authorities and officers for this policy:

- a. Approving Authority: PGMEC
- b. Responsible Officer: ADPGE & HS
- c. Procedural Authority: Senior Director PGME & HS
- d. Procedural Officer: Senior Director PGME & HS

Review and Revision History

Review Period: 3 years or as required

Date for Next Review: 2025 09 08