

**Accreditation and Program Enhancement Committee  
Postgraduate Medical Education  
College of Medicine  
University of Saskatchewan**



**Approved by PGME: May 30, 2007**

**Composition Update Approved through PGME: May 2, 2012**

## **Accreditation and Program Enhancement Committee**

### **Status**

- Subcommittee of PGME
- Meets at least quarterly, more frequently as need requires

### **Composition**

- Associate Dean of PGME
- 5-6 Faculty (UB or CB) distributed over sites and programs, preference for individuals who have served as RC or CCFP surveyors
- 1-2 resident members with a demonstrated interest in education
- Administrator, PGME
- Educational Expert

### **Appointment Process**

- Prospective candidates will be individuals who may or may not sit on the PGME committee. Suggestions for members may be sought from Department Heads, Program Directors, resident body etc.
- Associate Dean of Medical Education will make recommendation to PGME for confirmation
- Appointment term will be 3 years, renewable
- Initial terms will be variable and staggered to provide continuity

### **Reporting structure**

- Reports to PGME committee and Dean of Medicine
- Will provide more in-depth reports and analysis to Program Directors at workshops and other forums as appropriate

### **Terms of Reference**

#### Overall Objective:

1. To ensure all aspects of Post Graduate Medical Education at University of Saskatchewan successfully meet required standards of accreditation.
  - a. PGME structure, policies and procedures: A standards
  - b. Family Medicine programs: CCFP standards
  - c. Royal College programs: B standards

#### Roles and Responsibilities:

- 1. Educating about the accreditation process, standards**
  - a. Ensure that appropriate individuals and groups are aware of the relevant standards of accreditation
  - b. Ensure that all involved in the accreditation understand the process
- 2. Facilitating a robust Internal Review Process**
  - a. Assist in planning internal reviews
  - b. Participate in the Internal review process as reviewers

- c. Serve as reviewers for mandated Internal Reviews
- d. Assist new reviewers in understanding their role and responsibilities as internal reviewers
- e. Conduct review of PGME to assess compliance with A standards

### **3. Translation of Internal Review to Program Improvement**

- a. Careful review of each internal review report
  - i. Accuracy of information and interpretation
  - ii. Issues requiring further exploration
  - iii. Changes needed
  - iv. Excellence to identify, reward and export to other programs
- b. Identify common themes across programs for which a multidisciplinary / cross program approach would be appropriate and desirable
- c. Promote needed change within programs
  - i. What needs to be changed?
  - ii. Develop priorities
  - iii. Establish timelines for review
- d. Identify resources required to support needed change
  - i. Financial
  - ii. Personnel
  - iii. Mentoring
  - iv. Tools and programs

### **4. Monitoring**

- a. Monitor the progress of programs in resolving weaknesses
- b. Monitor progress of PGME in resolving weaknesses

### **5. Advising**

- a. Where appropriate, provide support and guidance to programs, program committees and program director in the process of resolving weakness or increasing strengths
- b. Facilitate dissemination of strengths across programs

### **6. Reporting**

- a. Standing Report to PGME on quarterly basis

### **7. On-site Survey**

- a. Planning and preparation
  - i. Educate faculty and residents, Department Chairs, Program directors about the process
- b. Training and mentoring
  - i. Provide assistance to programs in completing PSQ (answering questions etc)
- c. Document review
  - i. Review Pre-survey questionnaire documents before submission to Royal College
  - ii. Approve PSQ for submission
- d. Follow-up post survey: as per #3-7 above