

## MD Program Quality Improvement Committee Terms of Reference

Office of Accountability:	Associate Dean, MD Program, Faculty of Medicine & Dentistry
Office of Administrative Responsibility:	MD Program
Approver:	MD Curriculum & Program Committee (MDCPC)
Scope:	Compliance with this MD Program policy extends to all members of the Undergraduate Medical Education community.

### Overview

Quality improvement is a mechanism for accessing, maintaining, and improving the quality of education and successful accreditation of the MD Program with the goal of not just meeting predefined standards, but exceeding them and raising the program to a level of excellence.

Acknowledging the mission and vision of the MD Program and the FoMD, the Quality Improvement (QI) Committee has the following responsibilities:

- To assist in the successful accreditation (and any interim or review processes) of the MD Program, in collaboration with senior leaders in the FoMD and the MD Program.
- To identify, create, and monitor mechanisms that can be used to ensure adherence to and alignment with all existing and future CACMS accreditation standards.
- To support continuous quality improvement efforts with the goal of providing the best possible undergraduate medical education program.

As an advisory group, the Quality Improvement Committee will work closely with the MD Program & Curriculum Committee (MDCPC) and its subcommittees to address quality improvement of the curriculum (Standards 6, 7, 8, & 9). The Committee will also work closely with FoMD leadership and committees (e.g. Dean's Executive Committee, Professionalism Committee, Faculty Development Committee, etc.) to ensure adherence to standards that are focused on the Faculty.

### Purpose

The purpose of the Quality Improvement Committee is:

- To support the integration of a continuous quality improvement (CQI) model within the MD Program.



- To assist the FoMD and MD Program in meeting or exceeding all current and future Committee on Accreditation of Canadian Medical Schools (CACMS) accreditation standards.
- To assist with the development of processes (including data collection and analysis) that support all elements of the accreditation of the MD Program.
- To review information (e.g. quantitative data, narrative responses) collected as part of the Continuous Quality Improvement Plan and make recommendations that help the MD Program and FOMD maintain ongoing compliance with the CACMS accreditation standards.

## **POLICY**

### 1. RESPONSIBILITIES

a. The Quality Improvement Committee will:

i. Inform appropriate individuals, units, and committees of the continuously changing CACMS standards. Such units and committees may include, but are not limited to:

- Admissions Committee
- MD Curriculum & Program Committee
- Pre-Clerkship Coordinators Sub-Committee
- Clerkship Coordinators Sub-Committee
- Assessment Sub-Committee
- Program Evaluation Unit (PEU)
- Curriculum Management Unit (CMU)

ii. Oversee and undertake continuous quality improvement measures of the MD Program and FoMD

iii. Be responsible for the upkeep of information and data collected for quality improvement and accreditation purposes

iv. Support the preparation of and review the reports requested by CACMS (e.g. progress report, data collection instrument, etc.)

v. Support the internal interim review process at the midpoint between 8 year CACMS accreditation site visits (next scheduled in 2025-2026).

These functions follow the overall mission of the Faculty of Medicine & Dentistry and the MD Program and are informed by the CACMS accreditation standards.

### 2. MEMBERSHIP AND VOTING

The membership will reflect the leadership of the MD Program and the FoMD.



## A. Ex-officio Members (Voting)

- Vice-Dean, Education, FoMD
- Associate Dean, Professionalism, FoMD
- Associate Dean, MD Program
- Assistant Dean, Curriculum, MD Program
- Director, Program Quality & Accreditation
- Program Evaluation Specialist, MD Program

## B. Standing members (Voting)

- Four (4) faculty members with an interest in or expertise with quality improvement processes, with a focus on health professions education
  - Three-year term, renewable after discussion with the Chair

## C. Ad Hoc (Non-Voting)

- The Chair may invite individuals to attend particular meetings when specific topics are being discussed.

## 3. CHAIR

- Director, Program Quality & Accreditation

## 4. MEETING SCHEDULE AND PROCEDURAL ISSUES

- The committee will meet monthly at the discretion of the chair, with additional meetings scheduled as necessary.
- Agenda and meeting materials will be pre-circulated.
- Minutes will be kept and pre-circulated before each meeting.
- Minutes require approval.
- Quorum is 60% of attendance of the voting members
- The chair will vote only in the case of a tie situation.
- The chair may invite non-committee members of staff and faculty to address specific issues; these guests are non-voting.

## **DEFINITIONS**

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.	
CACMS	Committee on Accreditation of Canadian Medical Schools ( <a href="https://cacms-cafmc.ca/">https://cacms-cafmc.ca/</a> )



**APPROVAL HISTORY**

<b>APPROVER</b>	<b>STATUS</b>	<b>DATE</b>
MD Curriculum & Program Committee	Approved	18 May, 2023

**COMMITTEE MEMBERSHIP (2023-2024)**

<b>Name</b>	<b>Position</b>	<b>Term</b>
<b>Ex Officio Members</b>		
Dr. Shirley Schipper	Vice Dean Education	Ongoing
Dr. Darryl Rolfson	Associate Dean, MD Program	Ongoing
Dr. Lana Bistriz	Assistant Dean, Curriculum	Ongoing
Dr. Joanne Rodger, Chair	Director, Program Quality & Accreditation	Ongoing
vacant	Program Evaluation Specialist	Ongoing
<b>Standing Committee Members</b>		
Dr. Tammy McNab	Standing Member	July 1, 2023 - June 30, 2026
Dr. Jon Duff	Standing Member	July 1, 2023 - June 30, 2026
Dr. Kathleen Wong	Standing Member	July 1, 2023 - June 30, 2026
Dr. Elizabeth Rosolowsky	Standing Member	July 1, 2023 - June 30, 2026