



Family Medicine Enhanced Skills Programs (FM ESP) Resident Progress Subcommittee (RPS) Terms of Reference

Approved Date & Approved By:	July 29, 2026: DFM Residency Program Committee (RPC) June 3, 2026: DFM Enhanced Skills Programs Resident Progress Subcommittee
Review Date:	5 years from the approved date
Revised (Date):	

1. PURPOSE AND MANDATE

- 1.1 **Purpose/Mandate:** The Family Medicine Enhanced Skills Programs (FM ESP) Resident Progress Subcommittee (“Subcommittee”) of the FM ESP Committee (“ESP”), Department of Family Medicine (“DFM”), Max Rady College of Medicine, Rady Faculty of Health Sciences (“RFHS”) is responsible for the oversight of FM ESP resident physician progress, including review of performance issues, and recommendations for policy and procedures to support Education Directors, Program Director and their resident physicians, ensuring for timely assessment and progress.
- 1.2 **Rationale for Subcommittee Formation:** The FM ESP & DFM seek to maintain and further incorporate concepts of accreditation standards into its learning, working, research and service environments.
- 1.3 **Clarification on Purpose/Mandate:** This Subcommittee is intended to complement existing DFM, Postgraduate Medical Education, Max Rady College of Medicine, RFHS and University resources which address matters of postgraduate medical education and to foster collaboration on such matters relating to the DFM. This Subcommittee is not intended to act as a substitute, duplicate or alternate forum to address issues over which other areas of the DFM have specific jurisdiction.

2. REPORTING AND ACCOUNTABILITY

- 2.1. The Subcommittee is advisory to and accountable to the FM ESP Residency Program subcommittee, FM Resident Progress Subcommittee, FM ESP Associate Program Director and FM Postgraduate Program Director.



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3. CHAIRPERSON AND COMMITTEE MEMBERSHIP

3.1. **Chair:** The Subcommittee Chair (i.e., the “**Chair**”) and Co-Chair(s) shall be FM ESP Associate Program Director, or a delegate appointed by the FM ESP Associate Program Director. The Chair is responsible for the following at Subcommittee meetings:

- a) Calling the meeting to order
- b) Establishing an agenda and ensuring agenda items are addressed
- c) Ensuring the minutes from prior meeting(s) are reviewed and approved by the Subcommittee (with or without modification)
- d) Facilitating discussion to reach consensus on matters under consideration in a professional manner
- e) Adjourning meetings after business is concluded; and
- f) Acting as the main representative of the Subcommittee.

3.2. **Membership:**

Due to the confidential nature of this Subcommittee’s work, only designated members may participate; no delegates will be permitted.

The Subcommittee membership shall then consist of the following members, including the Chair:

- a) Voting Members:
 - FM ESP Associate Program Director
 - Program Director, Postgraduate Education
 - Education Directors of all FM Enhanced Skills Programs
 - Faculty Lead, Assessment and Evaluation
 - FM ESP Lead Resident Physician
- b) Non-voting Members:
 - Education Manager, DFM
 - Program Administrator, FM ESP

3.3. **Diversity of Membership:** The Subcommittee strives to achieve diverse membership on its Subcommittee that is reflective of its commitment to diversity and inclusion and this should be considered in the appointment of Subcommittee members.

3.4. **Liaisons:** Subcommittee members shall serve as liaison persons with others in the areas from which they are appointed.

3.5. **Best Interests:** Subcommittee members shall deal with matters before the Subcommittee in such a way that the best interests of the DFM, Postgraduate Medical Education, Max Rady College of Medicine and RFHS take



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precedence over the interests of any of its constituent parts, should those interests conflict or appear to conflict.

3.6. **Consultation:** In carrying out its role, the Subcommittee may call upon various resources as it deems required.

4. **TERM OF OFFICE**

The term of office of each Subcommittee member shall be until the first of the following occurs:

- (a) the individual no longer holds the position noted in 3.2
- (b) the term of the appointment ends
- (c) the appointment is rescinded by the appointer; or
- (d) the individual resigns from the Subcommittee.

5. **FUNCTIONS AND ACTIVITIES OF SUBCOMMITTEE**

5.1. As part of its Mandate, the Subcommittee will engage in the following activities without limitation:

- a) Review resident physician assessments presented by Education Directors and make recommendations to the FM ESP Associate Program Director regarding promotion, eligibility for the relevant Certification Examinations in Enhanced Skills, if applicable, and Confirmation of Completion of Training.
- b) Make recommendations to the FM ESP Subcommittee, FM RPS and Associate Dean, Postgraduate Medical Education via the FM ESP Associate Program Director regarding approval of remediation plans and probation plans, as per [PGME policy](#).
- c) Determine the resident physicians for whom forward feeding to rotation supervisors of future rotations should occur, and the number of rotations for which this will be done.
- d) Review resident physician requests for accommodation submitted to the Program and make recommendations to the FM ESP Associate Program Director and FM ESP Subcommittee and FM RPS
- e) Ensure the Family Medicine and Enhanced Skills Programs adhere to PGME policies and procedures for resident physician assessment, promotion, remediation and suspension as well as forward feeding; annually review PGME policies on promotion, assessment, forward feeding and provide feedback to the appropriate PGME Committee
- f) Communicating activities and reports to the FM ESP Subcommittee, FM RPS & FM Residency Program Committee (FM RPC)



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g) Function as the RPS for any FM Enhanced Skills Program that does not have a dedicated RPS.

6. MEETINGS

- 6.1. **Number of Meetings:** The Subcommittee shall meet at least four (4) times per academic year, or subject to the call of the Chair.
- 6.2. **Notice of Meetings:** Notice of a Subcommittee meeting must be provided to Subcommittee members, at least five (5) business days advance of the meeting, unless waived by the Subcommittee members at the meeting.
- 6.3. **Agenda:** Agenda items should be sent to the Subcommittee secretary at least 48 hours in advance of the meeting. The agenda should be prepared and distributed to the members of the Subcommittee prior to the meeting.
- 6.4. **Quorum:** In order to conduct the business of the Subcommittee quorum shall be the majority of the voting members.
- 6.5. **Decision-Making:** The preferred model for decision-making is consensus. If consensus cannot be reached, a vote shall be held. The Chair will not vote unless to break a tie.
- 6.6. **Committee Meeting Guests:** All Subcommittee meetings will be limited to members only unless the Chair otherwise grants approval for certain individuals to attend all or a portion of the meeting.
- 6.7. **Telephone Meetings and Email Discussion:** The Chair may consult with Subcommittee members by email or arrange telephone meetings, instead of in-person meetings, as the circumstances may require.
- 6.8. **Confidentiality:** All Subcommittee members, resource persons, consultants, guests, and administrative support persons who may be in attendance at a Subcommittee meeting or privy to Subcommittee information, are required to protect and keep confidential any protected information (e.g., classified or privileged information) received through participation on the Subcommittee, unless such information is otherwise approved for public information.
- 6.9. **Minutes & Confidentiality:** Minutes are to be taken of business occurring during Subcommittee meetings. Minutes will not include resident physician name, only student number.



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7. COMMITTEE ADMINISTRATIVE SUPPORT

The Subcommittee shall receive administrative support from the DFM. The administrative support shall be provided through an individual whose duties shall include:

- a) Assisting the Chair with preparation of Subcommittee meeting agendas and distributing notification of meetings
- b) Ensuring follow-up of Subcommittee action items
- c) Information gathering
- d) Preparation and distribution of meeting material
- e) Minute-taking
- f) Maintaining Subcommittee records.

8. WORKING GROUPS

- 8.1. **Referral to Working Groups:** The Subcommittee may refer issues of priority, confirmed by the DFM as requiring review, collaboration and analysis, to one or more Working Groups, which may be Department-specific, as the circumstances require.
- 8.2. **Working Group Leads:** Each Working Group shall have one or more Leads, as appointed by the Subcommittee Chair, in consultation with the Subcommittee. The Lead need not necessarily be a Subcommittee member. The Lead shall provide the Subcommittee Chair with periodic updates of the Working Group work and progress and shall provide a final report to the Subcommittee Chair at the completion of the Working Group's project.
- 8.3. **Working Group Reporting:** Subcommittee Working Groups shall report to the Subcommittee Chair through their identified leads ("Leads"), who will then consult with the Subcommittee and report to the DFM RPC.
- 8.4. **Working Group Mandate:** Each Lead (or Co-Leads) shall consult with the Subcommittee Chair in clarifying the parameters and timelines associated with the assigned issue/project.
- 8.5. **Working Group Membership:** The Lead(s) of each Working Group shall recruit the membership they deem necessary to carry out the work on their assigned issue/project.
- 8.6. **Working Group Terms of Reference:** In addition to the above provisions on Working Groups:
- a) The Leads shall bear in mind the DFM commitment to diversity when recruiting Working Group members;
 - b) The terms of office for each Working Group member shall be for the duration of the assigned project, unless the Lead determines otherwise; and
 - c) The above provisions dealing with Subcommittee Meetings shall apply as the circumstances permit (except that minute-taking is not a requirement at Working Group meetings, given that administrative support may not be available).



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9. AMENDMENTS TO TERMS OF REFERENCE

Amendments to these Terms of Reference may be proposed by the Subcommittee to the DFM RPC for approval.

10. DATES OF APPROVAL, REVIEW AND REVISION

10.1. **Date approved:**

- July 29, 2026: DFM Residency Program Committee (RPC)
- June 3, 2026: FM ESP Resident Progress Subcommittee

10.2. **Review:** Formal review of these terms will be conducted every 5 (five) years. In the interim these terms may be revised or rescinded if the Subcommittee Chair or the FM ESP / DFM RPC deems necessary. All revisions must be approved by the DFM RPC and the DFM Executive Management Committee.

10.3. **Supersedes:** Previous Terms of Reference versions

10.4. **Committee Administrative Support:** DFM Administrative Staff (i.e. secretary, program administrator, coordinator as assigned)

10.5. **Effect on Previous Statements:** These terms shall supersede all previous DFM terms on the subject matter herein.

11. REFERENCES

[PGME Resident Assessment, Progression/Promotion, Remediation, Probation, Suspension and Dismissal/Withdrawal Policy for Competency-Based Medical Education Residency Programs](#)
[PGME Policy](#)