



Family Medicine Continuity Working Group

Terms of Reference

1. PURPOSE AND MANDATE

- 1.1 **Purpose/Background:** Continuity of Care in the residency program was reviewed in the past and in the recent accreditation exercises. There is a need for enhancing the opportunities for continuity of care for Family Medicine residents. In response, the Family Medicine Continuity Working Group (“Working Group”) of the Curriculum Quality Improvement Subcommittee (“CQIS”) and Residency Program Committee (“RPC”) of the Department of Family Medicine (“DFM”), Max Rady College of Medicine, Rady Faculty of Health Sciences (“RFHS”) is established to support this need.
- 1.2 **Rationale for Working Group Formation:** The Working Group & DFM seek to maintain and further incorporate concepts of better learning experiences, quality improvement and accreditation standards into its learning, working, research and service environments.
- 1.3 **Clarification on Purpose/Mandate:** This Working Group is intended to complement existing DFM, RPC, Family Medicine Postgraduate Medical Education Residency Program, RFHS and University resources which address matters of postgraduate medical education and foster collaboration on such matters relating to the DFM. This Working Group 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 Working Group is advisory to and accountable to the CQIS and RPC, the Program Director, Postgraduate Education and the DFM Department Head.

3. CHAIRPERSON AND MEMBERSHIP

- 3.1 **Chair:** The Working Group Chair (i.e., the “Chair”) shall be appointed by Program Director, Family Medicine Postgraduate Medical Education Residency Program. The Chair is responsible for the following at working group 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 Working Group (with or without modification);



Family Medicine Continuity Working Group Terms of Reference

- 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 Working Group

3.2 Membership: The Working Group membership shall then consist of the following members, including the Chair:

a) Members:

- Program Director, Family Medicine Postgraduate Medical Education Residency Program (Chair)
- Education Directors Representative from each stream (i.e. one Urban program, one Rural program, one Northern program)
- One Resident

b) Corresponding Members:

- Department Head, DFM
- Associate Dean, PGME, Max Rady College of Medicine
- Program Leads, PGME, Max Rady College of Medicine

c) Ad Hoc Members:

- Other faculty members (physician or inter-professional faculty) and other Ad Hoc members as required and as deemed appropriate by the Chair and Working Group

d) Working Group Administrative Support:

- Education Manager, DFM
- Coordinator, Projects and Program Evaluation, DFM

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

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

3.5 Best Interests: Working Group members shall deal with matters before the Working Group in such a way that the best interests of the DFM, Family Medicine Postgraduate Medical Education Residency Program, RFHS take precedence over the interests of any of its constituent parts, should those interests conflict or appear to conflict.



Family Medicine Continuity Working Group Terms of Reference

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

4 **TERM OF OFFICE**

The term of office of each Working Group 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 Working Group.

5 **WORKING GROUP MANDATE & TIMELINE**

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

Incorporate Timeline: 6 months to have an improvement plan with the assigned mandate

At any time, the Working Group Chair may consult with the CQIS/RPC in clarifying the parameters and timelines associated with the assigned mandate.

- a) Gain a full understanding with the College of Family Physicians of Canada (CFPC) for the accreditation findings and the requirements of continuity of care in the residency program
- b) conduct a systematic review of the postgraduate Family Medicine learning experiences, curriculum, assessments, and evaluations to enhance the opportunity for continuity of care or the need for curricular change and quality improvement
- c) identify priorities, initiatives, strengths, and recommendations for enhancing opportunities for continuity of care for residents with timeline and comparability of sites practices
- d) obtain resident feedback, including reviewing Accreditation findings reports and inviting comments from all residents, ensuring resident representation on curricular in relation to continuity of care



Family Medicine Continuity Working Group Terms of Reference

- e) make recommendations to the DFM CQIS regarding suggested changes and improvement in optimizing: (i) residency scheduling for continuity; (ii) concepts of continuity of care in clinical and educational setting; (iii) interprofessional model for clinical and educational continuity; (iv) understanding and value of continuity
- f) establish the measures for ongoing evaluation for the success of the implementation plan.

6 MEETINGS

- 6.1 **Meetings:** The Working Group shall meet as necessary over the course of 6 months to achieve the goal, subject to the call of the Chair.
- 6.2 **Notice of Meetings:** Notice of a Working Group meeting must be provided to Working Group members, at least five (5) business days advance of the meeting, unless waived by the Working Group members at the meeting.
- 6.3 **Agenda:** Agenda items should be sent to the Working Group secretary at least 48 hours in advance of the meeting. The agenda should be prepared and distributed to the members of the Working Group prior to the meeting.
- 6.4 **Quorum:** A majority of the Working Group membership must be present at a meeting in order to constitute a quorum.
- 6.5 **Decision-Making:** The preferred model for decision-making is consensus.
- 6.6 **Meeting Guests:** All Working Group 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 Working Group members by email or arrange telephone meetings, instead of in-person meetings, as the circumstances may require.
- 6.8 **Confidentiality:** All Working Group members, resource persons, consultants, guests, and administrative support persons who may be in attendance at a Working Group meeting or privy to Working Group information, are required to protect and keep confidential any protected information (e.g., classified or privileged information) received through participation on the Working Group, unless such information is otherwise approved for public information.



Family Medicine Continuity Working Group Terms of Reference

6.9 Minutes & Confidentiality: Minutes are to be taken of business occurring during Working Group meetings. However, the Working Group may move “in camera” to deal with certain items if the subject matter being considered relates to personal and confidential matters that are exempt from disclosure under applicable access and privacy legislation. Once approved by the Working Group, meeting minutes shall be publicly available, in accordance with applicable legislation.

7 ADMINISTRATIVE SUPPORT

The Working Group 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 Working Group meeting agendas and distributing notification of meetings;
- b) Ensuring follow-up of Working Group action items;
- c) Information gathering;
- d) Preparation and distribution of meeting material;
- e) Minute-taking; and
- f) Maintaining Working Group records.

8 AMENDMENTS TO TERMS OF REFERENCE

Amendments to these Terms of Reference may be proposed by the Working Group to the DFM CQIS / RPC for approval.

9 DATES OF APPROVAL, REVIEW AND REVISION

9.1 Date approved:

- DFM Executive Management Committee
- DFM Residency Program Committee (RPC)
- DFM Curriculum Quality Improvement Subcommittee (CQIS)
- DFM Family Medicine Continuity Working Group

9.2 Review: Formal review of these terms will be conducted every five (5) years. In the interim, these terms may be revised or rescinded if the Working Group Chair or the DFM CQIS / RPC deems it necessary. All revisions must be approved by the DFM CQIS / RPC and the DFM Executive Management Committee.

9.3 Supersedes: Previous Terms of Reference versions



Family Medicine Continuity Working Group Terms of Reference

- 9.4 **Administrative Support:** DFM Administrative Staff (i.e. assistant, program administrator, coordinator, etc. as assigned)
- 9.5 **Effect on Previous Statements:** These terms shall supersede all previous DFM terms on the subject matter herein.