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## Program Administrators Advisory Committee (PAAC) Terms of Reference

<b>Office of Accountability:</b>	Faculty of Medicine & Dentistry
<b>Office of Administrative Responsibility:</b>	Postgraduate Medical Education
<b>Approver:</b>	Associate Dean, Postgraduate Medical Education
<b>Classification:</b>	Terms of Reference
<b>Scope:</b>	Members of the Committee

### Overview

Under the authority of the Faculty of Medicine and Dentistry, reporting through the Associate Dean, Postgraduate Medical Education, the Program Administrators Advisory Committee is the authority through which Program Administrator-specific governance, oversight, and support operates.

### Purpose

The purpose of the committee is to facilitate governance and oversight of program administrative support to accredited residency and Area of Focused Competence (AFC) programs and to support the Office of Postgraduate Medical Education (PGME) and the PGME Team Lead in planning, organizing, and evaluating all aspects of program administrative support for accredited residency and Area of Focused Competence (AFC). The committee will additionally provide the support necessary for the professional development and onboarding/orientation of program administrators and recommended best practices of program administration.

### 1. RESPONSIBILITIES

The responsibilities of the program administrators advisory committee include:

- a. establishing the central policies related to program administrators
- b. in accordance with and support of the General Standards of Accreditation for Institutions with Residency Programs (which are the national set of standards maintained by the Canadian Residency Accreditation Consortium, or CanRAC),
  - i. acting as the formal liaison between the PGME and program administrator stakeholders, including but not limited to the collaborating with the PGME and other PGME stakeholders to support programs (Standard 2)
  - ii. establishing and maintaining an appropriate professional development curriculum for program administrators (Standard 7), including but not limited to the planning and executing professional development workshops



- iii. identifying and advising on the challenges in postgraduate policies, programs, systems, or identifying needs and implementing changes to support ongoing quality improvement of the PGME, training sites, and programs (Standard 8)
- c. ensuring appropriate consultation, creation, and distribution of the resources necessary for effective administrative support

**2. MEMBERSHIP (Refer to Appendix A for current committee members)**

- a. The membership will include representation of program administrators and PGME administration. All members are voting members as follows:
  - i. PGME Team Lead (Chair)
  - ii. PGME Accreditation & Development Coordinator
  - iii. PGME Accreditation & CQI Coordinator
  - iv. One (1) program administrators from each of the following large departments:
    - 1. Family Medicine
    - 2. Medicine
    - 3. Pediatrics
    - 4. Surgery
    - 5. Psychiatry
  - v. Up to two (2) program administrators to represent medium-sized residency programs from the following:
    - 1. Anesthesiology
    - 2. Diagnostic Radiology & Nuclear Medicine
    - 3. Emergency Medicine
    - 4. Obstetrics & Gynecology (including Maternal-Fetal Medicine)
  - vi. Up to two (2) program administrators to give voice to the smaller-sized residency programs from the following:
    - 1. Critical Care Medicine
    - 2. Medical Microbiology
    - 3. Oncology (Medical Oncology, Radiation Oncology)
    - 4. Palliative Medicine (Adult)
    - 5. Pathology (Diagnostic & Clinical, Diagnostic & Molecular, Forensic, Hematological)
  - vii. Up to one (1) Departmental Team Lead or Department Manager
    - 1. A Departmental Team Lead or Department Manager may double as the representative from their designated area
  - viii. Up to one (1) Distributed Site Representative
  - ix. Up to one (1) AFC Program Administrator
    - 1. This role may be instead represented by the PA from one of the larger departments within which one or more AFC programs reside
  - x. At least one (1) Rural Representative, either from a Family Medicine rural site or from the Office of Rural and Regional Health
- b. PGME administration members are members by virtue of their administrative appointment.
- c. Program administrator members are appointed for a two-year (renewable) term by the PGME based on expressed interest.



- i. The PGME Team Lead may ask the Departmental Team Lead or Department Manager to recommend or appoint a member from their designated area if there is no expressed interest.
- d.

### **3. MEETINGS**

- a. This committee will meet 5 (five) times per year, or every two (2) months between September and June (typically in September, November, January, March, and May).
- b. Additional meetings may be called at the discretion of the Chair.

### **4. PROCEDURES**

- a. Agenda and meeting materials will be pre-circulated unless otherwise noted
- b. Minutes will be kept and pre-circulated before each meeting
- c. Minutes and agenda will be approved by vote
- d. Quorum is 50% of voting members (or their delegate), plus the Chair
- e. The Chair may invite non-Committee members of staff, residents, AFC fellows, program directors, and faculty to address specific issues. These guests are non-voting.
- f. Non-policy related recommendations and decisions will usually be made by consensus. When a consensus cannot be reached, recommendations and decisions will be made by a vote requiring 50% plus one of voting members present to pass.
- g. The Chair only votes in the event of a tie
- h. Items on a consent agenda will be presented at the beginning of the meeting and may be removed from the consent agenda on the request of any member. Items not removed may be adopted by general consent without debate. Removed items will be placed onto the regular agenda.

### **5. ACCOUNTABILITY**

The committee will, on an annual basis, present with approval the Chair's report summarizing the year's activities to the PGME leadership.

## DEFINITIONS

Definitions are listed in the sequence they occur in the document (i.e. not alphabetical).

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.	
<b>Program Administrator</b>	Refers to any position that supports any formal administration required for a residency or Area of Focused Competence (AFC) program to meet its educational requirements. These positions may be uniquely titled depending on the structure of the program's department under which it falls. Includes (but is not limited to): Program Administrator, Administrative Assistant, Program Coordinator, etc.
<b>General Standards of Accreditation for Institutions with Residency Programs</b>	The General Standards of Accreditation for Institutions with Residency Programs are national standards that apply to the accreditation of institutions with residency programs. These standards are maintained by the Canadian Residency Accreditation Consortium which includes the Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC), and Collège des médecins du Québec (CMQ). The standards apply to faculties of medicine, postgraduate offices, and learning sites, written to provide a framework which aims to provide clarity of expectations, while maintaining flexibility for innovation.
<b>Canadian Residency Accreditation Consortium or CanRAC</b>	The Canadian Residency Accreditation Consortium is composed of the three residency education accrediting colleges in Canada: Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC) and Collège des médecins du Québec (CMQ).

**APPENDIX A: Current membership**

Most recent update: January 9, 2025

POSITION	MEMBER	TERM
<b>PGME Members</b>		
Team Lead (Chair)	Ms. T. Cocchio	Voting standing member
Accreditation & Development Coordinator	Mx. E. Sekulich	Voting standing member
PGME Accreditation & CQI Coordinator	Ms. P. Yin	Voting standing member
<b>Departmental representatives</b>		
Family Medicine	Ms. E. Siroski	Voting member
Medicine	Ms. J. Staniland	Voting member
Pediatrics	Ms. J. Tucker	Voting member
Surgery	Ms. T. Graham	Voting member
Psychiatry	Ms. A. Bakhtiar	Voting member
<b>Medium-sized program representative</b>		
Emergency Medicine	Ms. J. Marshall	Voting member
<b>Small-sized program representatives</b>		
Medical Oncology	Ms. M. Burns	Voting member
Hematological Pathology	Ms. L. Paterson	Voting member
<b>Departmental Team Lead/Department Manager</b>	Ms. E. Siroski	Voting member
<b>Distributed site representative</b>	<i>Vacant</i>	
<b>AFC fellowship program representative</b>	Ms. J. Staniland	Voting member
<b>Rural representatives</b>		
Family Medicine, Grande Prairie	Ms. J. Schotz	Voting member
Office of Rural and Regional Health (ORRH)	Ms. P. Nacinovich	Voting member

Current number of voting members: 15