Structure and Terms of Reference
Canadian PGME Collaborative Governance Council
FINAL VERSION (September 18, 2015)

MISSION

To establish a collaborative governance structure for Postgraduate Medical Education (PGME) that will result in more efficient and effective medical education to prepare socially accountable physicians to provide high quality health care for Canadians.

PURPOSE

Recognizing the complexity of PGME and the health care delivery system within which it operates, the PGME Collaborative Governance Council (herein referred to as the "PGME Council") integrates the multiple bodies that play a role in PGME (including regulatory and certifying colleges, educational and healthcare institutions, and payers) to work collaboratively, across the PGME system, to achieve efficiency, reduce redundancy, and provide clarity on strategic directions and decisions for PGME in the best interest of society, learners and the health system.

GUIDING PRINCIPLES

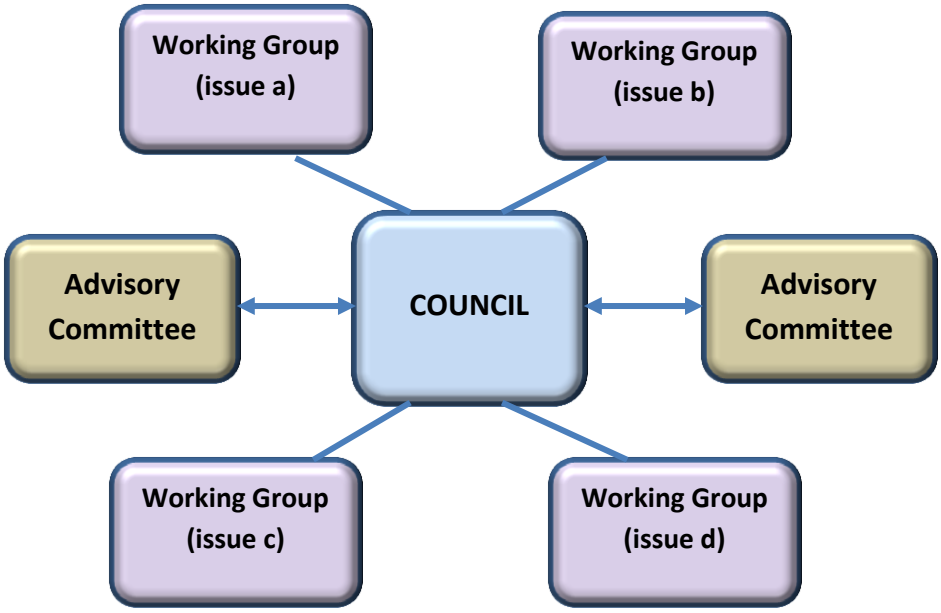
1. Participants in the collaborative governance* structure recognize that PGME is a complex adaptive system*.
2. The governance structure is designed to be practical, effective and transparent, and to enable transformative change.
3. The role, obligations and rights of each stakeholder within the governance structure will be clearly stated.
4. Common and achievable goals will be defined.
5. Recommendations will be made by consensus* and submitted for consideration and ratification by stakeholder organizations.
6. The collaborative governance structure respects the autonomy and mandate of individual stakeholders while recognizing that compromises will be required to achieve joint goals.
7. PGME is seen as a component of the broader medical education continuum that spans the professional life of the physician.

* Definition at the end of the document

PGME GOVERNING STRUCTURE HIGH LEVEL DESCRIPTION

The PGME Council structure will be as follows:

- A governing **Council** responsible for consensus-based recommendations and oversight on issues addressed by various advisory committees and working groups as established by the Council.
- **Advisory Committees** to provide nonbinding stakeholder-specific perspectives on issues of concern
- **Working Groups** that may be established by the Council.



PGME COUNCIL STRUCTURE COMPONENTS

Council

Mandate

The PGME **Council** is mandated to advance a socially accountable PGME system in Canada, in line with the Future of Medical Education in Canada Post-Graduate (FMEC PG) recommendations, working together in an ongoing collegial and coordinated manner to address a breadth of issues, notably those that cannot be resolved at other tables, including sensitive, controversial and often difficult issues.

The PGME Council makes recommendations and provides direction to the stakeholders on the subsequent implementation of such recommendations. There will be internal decisions that the PGME

Council will also take to ensure it works effectively. To support its work, the PGME Council may form working groups to address specific issues and advise the PGME Council. The PGME Council may also form advisory committees to provide nonbinding stakeholder-specific perspectives on issues of concern. PGME Council member representatives also have a responsibility to communicate and confer with the broader PGME community to support its purpose and mandate, including issue identification and validation of proposed courses of action.

PGME Council member representatives are also responsible for selecting a Chair, normally for a term of 3 years, exclusive of previous terms served on the PGME Council as a member.

Membership

- Member representatives will normally be appointed to the PGME Council for a term of up to three (3) years, renewable once. For those organizations where membership is within the role description of a senior staff member, a longer term will be considered.
- Member representatives from learner organizations will normally serve two (2) year non-renewable terms.

PGME Council member representatives must have the authority and delegated decision-making responsibility from their organizations/committees/groups to make recommendations and decisions, while respecting the autonomy of their organizations/committees/groups, and the leadership ability to actively engage the group which they represent.

The PGME Council aims to bring together perspectives of all stakeholders in PGME. However, the membership cannot include all stakeholders. To avoid having an unwieldy committee, the maximum number of representatives on the PGME Council will not exceed 15 member representatives and up to 6 observer representatives. Membership will be drawn from the following list of stakeholder groups who will each appoint their representative on the PGME Council:

1. Faculties of Medicine: one Dean appointed via the Association of Faculties of Medicine of Canada ("AFMC") Board of Directors
2. PG Deans: one appointed via the AFMC Committee on Postgraduate Medical Education
3. UG Deans: one appointed via the AFMC Committee on Undergraduate Medical Education
4. Health Sector Teaching Spaces – one (1) each from: HealthCare*CAN**, SRPC, AFMC DME Group
5. Certifying Bodies – one (1) each from: CFPC, CMQ, MCC, Royal College
6. Regulatory Bodies: one from FMRAC
7. Professional Associations: one from CMA
8. Learner Organizations** – one (1) each from: PG learner organizations Resident Doctors of Canada and FMRQ; one (1) observer each from: UG learner organizations CFMS and FMEQ
9. One (1) public member
10. Government ** – one (1) observer from each of the following groups: Health Canada, F/P/T Committee on Health Workforce (CHW), provincial ministry of health (rotating), provincial ministry of education (rotating).

11. Ad hoc: Other groups, individuals, and perspectives as required

*This organization is currently an observer

**These member groups are encouraged to create an Advisory Group to allow for greater and wider input from their respective stakeholders. The Council member representatives will be able to communicate the views, perspectives and opinions of their member group colleagues at Council meetings.

Frequency of meetings

Ideally, the PGME Council should meet at least quarterly during a year, either in-person or by electronic means, with at least two meetings held in-person.

Accountability

While member representatives will bring their own specific organizational perspective, they must act in the best interest of society and PGME while sitting on the PGME Council. Recommendations will be made by consensus and submitted for consideration and ratification by stakeholders.

Depending on the issue, ratification may be sought from other organizations that are not members on the PGME Council.

Review

An internal impact review of the PGME Council structure and approach, refining specific aspects such as the relevance, scope and terms of reference of the PGME Council will take place annually, for the first three years. A formal external review will occur after the first three years.

Support

- Each payor is expected to contribute an amount of $12,500 annually for the first 3 years to enable the operation of the PGME Council, based on a business case that takes into account the nature of the participating organization.
- Learner organizations, observer organizations and the AFMC Committees and Group would not be expected to contribute.
- Funding may be sought from government partners as described in the business case.
- Additional project funding may be required to support special initiatives.
- Member representatives and observer representatives will be responsible for their own travel, meal, and accommodation costs to attend in-person meetings, with the exception of the public member and the chair.

Leadership

An independent non-voting PGME Council chair is preferred. Should funding be an issue, a chair or co-chairs from within the council will be elected by the council. The chair(s) will normally serve for a period of 3 years.

Roles of the chair(s):

- organize and chair the meetings;
- circulate and establish agendas;
- prepare briefing notes and minutes, and distribute materials as needed;
- speak on behalf of the PGME Council.
- facilitate the development of yearly goals, objectives, and a work plan to fulfil the mandate of the PGME Council
- manage the yearly budget with the secretariat

Administrative Support

Part-time administrative services will be secured to support communication with member and observer representatives, and the planning and recording of meetings. The PGME Council will approve remuneration rate and select the secretariat, which will be housed within one of the member organizations. If necessary, secretariat services could be contracted out to an independent group.

Although secretariat service requirements may vary substantially depending on the number and nature of initiatives, secretariat support for quarterly meetings is constant. Responsibilities of the secretariat include:

- Meeting logistics (venue, agenda, minutes, speakers)
- Preparation and dissemination of written material for meetings
- Updating and maintaining records, files and website
- Financial responsibilities include: collection of PGME Council member fees to support PGME Council meetings and initiatives; pay invoices for goods and services, and meeting expenses; preparation and submission of financial statements to PGME Council
- Additional services will be considered as needs may arise and either be assumed by the secretariat, contracted out, or filled voluntarily by a member organization with the required skills and capacity.

Working Groups

The PGME Council may choose to establish ad hoc Working Groups of relevant stakeholders with issue-specific mandates and fixed terms to provide advice to the PGME Council. Working Groups would be drawn from the participating organizations, and could include member representatives and observer representatives of the PGME Council.

ATTACHMENT 1 - Definition of terms

Collaborative Governance: A governing arrangement where participants are expected to make decisions about medical education in the best interest of society (understanding the interests of learners and the health system). An arrangement that constructively and equitably engages across sectors - public, private, non-profit, citizens, and others – in a decision-making process that is focused on an agreed upon set of issues, while recognizing that in some instances ratification and peer accountability may be required. It is a collaborative governance structure to achieve efficiency, reduce redundancy, and provide clarity on strategic directions and decisions for post-graduate medical education. It is formal, transparent, principled, consensus-oriented, deliberative, and carries out societal purpose.

(Source: (Institute on Governance. (2014). Future of Medical Education in Canada – Postgraduate Implementation Project Collaborative Governance Framework Options)

Complex Adaptive System: A dynamic system that adapts *in* and evolves *with* a changing environment, and which consists of heterogeneous, interactive adaptive agents functioning as a whole within a set of defined rules.

(Adapted from "An Overview of Complex Adaptive Systems", by E. Ahmed, A. S. Elgazzar and A. S, Hegazi. (2005). Retrieved from http://arxiv.org/pdf/nlin/0506059.pdf
AND "Complex Adaptive System", by S. Chan. (2001). Retrieved from http://web.mit.edu/esd.83/www/notebook/Complex%20Adaptive%20Systems.pdf)

Consensus:

Substantial agreement.

Silence is not interpreted as consent.

Key questions to determine consensus are:

- Can you live with this?
- Will you support this decision or action within this group?
- Will you support this decision or action outside of this group?

If unable to answer "yes" to these questions, a participant is asked, "What has to change in order for you to support this decision or action?

ATTACHMENT 2 – Decision-making

Steps in Developing Recommendations

1. Describe concisely what needs to be decided.
2. Review the relevant facts (background information).
3. Develop solution options.
4. Outline strategic risks and opportunities for each option.
   Ensure that options are in line with the Council Guiding Principles.
5. Build consensus on a single solution.
6. Craft a recommendation.
7. Member representatives consult with stakeholders on the proposed recommendation.
8. Council receives stakeholder reports/feedback.
9. Council discusses stakeholder input and continues with consensus building as required.