

Postgraduate Medical Education Policy Guidelines for the Review, Approval and Dissemination of PGME Policies

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Section A: Introduction

A1: Purpose

These guidelines will outline the development, review, approval, and distribution of policies governing postgraduate medical education at McMaster University. The Postgraduate Medical Education (PGME) office is available to respond to questions or concerns regarding these guidelines, the outlined process, and the distribution of information to stakeholders. Policy development, dissemination and review are outlined in the [General Standards of Accreditation for Institutions with Residency Programs and the General Standards for Residency Programs](#).

A2: Scope

These guidelines apply to all PGME policies governing and administering postgraduate medical education at McMaster University.

Section B: General Principles

1. Policies and/or guidelines governing and administering PGME must be approved by the Postgraduate Medical Education Committee (PGEC) and other central education committees as appropriate, including but not limited to the Health Sciences Education Committee (HSEC) and/or Health Sciences Faculty Executive (see C2).
2. All PGME stakeholders will have access to PGME policies at McMaster University on the PGME website.

3. PGME policies will be reviewed regularly by PGEC to ensure continued applicability, need for revisions and compliance with current accreditation standards. The date of the next formal approval will be stated on the policy. PGEC minutes serve as documentation of discussion and approval. Substantive changes to an existing policy are summarized in the Continuous Quality Improvement (CQI) Policy Guide.
4. All PGME stakeholders are responsible for familiarizing themselves and complying with all PGME policies. The Internal Review process for residency and Area of Focused Competence (AFC) programs will assess compliance with policies and the relevant program accreditation standards pertaining to the development, review, and dissemination of policies for programs.
5. All PGME policies must be formally reviewed by the Residency Program Committee (RPC), with documentation of the review in the RPC minutes.
6. Programs may add addendums to PGME policies to ensure applicability to clinical context and program-specific processes (e.g., Resident Safety Policy; Level 1 appeals process).
7. Programs must review policies and location of policies for all new trainees and ideally annually to all trainees in the program.

Section C: Policy Process

C1: Roles and Responsibilities of the Postgraduate Medical Education Committee (PGEC) related to Policies

8. PGEC is accountable for supporting the Associate Dean, PGME, in planning, identifying, developing, reviewing, evaluating, approving, distributing, and communicating PGME policies and guidelines.
 - 8.1. An ad-hoc policy review working group may be formed to develop and revise policies, depending on the nature of the policy and the need to collaborate with key stakeholders and/or subject matter experts outside of PGEC.
 - 8.2. Depending on the content, policies may also be reviewed by University Counsel.
 - 8.3. Hospital educational leadership (members of PGEC) will review relevant policies to ensure alignment with existing hospital policies that apply to postgraduate trainees.
9. PGEC members (program directors) will seek and gather input about PGME policies from program stakeholders (chairs, faculty, trainees, etc.) and bring forward feedback specific to their discipline. Through collaborative discussion, the PGEC committee will identify new areas for policy development and enhance existing policies. Once policies/guidelines are finalized, PGEC will approve policies by vote at the next scheduled PGEC meeting.

C2: Policy Approval Process

10. All new and revised policies will be discussed, edited, and approved by PGEC through successive PGEC meetings.
 - 10.1. Draft of new policy or revisions of previously existing policy will be distributed to members of PGEC for review prior to the meeting. Members are encouraged to seek feedback from RPC as appropriate.
 - 10.2. Associate Dean, PGME, may seek input from other key stakeholders (e.g., Education

- Advisory Board for comments on the Policy on Assessment of Residents; Hospital leadership for Supervision and Safety policies), as appropriate.
- 10.3. Based on consultation and feedback, the policy will be revised and recirculated for discussion at a subsequent meeting.
 - 10.4. Final draft will be sent for review to PGEC members for approval at the PGEC meeting if quorum is met or electronic approval.
 - 10.5. Program directors are encouraged to contact the Associate Dean, PGME, if any concerns arise after approval which may require immediate revisions to the policy or for the next scheduled review date. Feedback is documented in the CQI Policy Guide to ensure it is addressed during a future revision.
11. If a policy or guideline pertains to academic or administrative governance in the Faculty of Health Sciences, the policy or guideline will be forwarded by the Vice Dean, Health Professions Education, to the Health Sciences Executive Committee (HSEC) and FHS Faculty Executive for review, discussion, and approval.
- 11.1. If substantive changes to content are suggested by the above committees, the policy will be revised, discussed and approved at PGEC.

C3: Distribution/Communication of Policies

12. The following will occur upon approval of a PGME policy.
- Be posted on the PGME website and announced in the PGME quarterly newsletter.
 - Program directors and program administrators will be notified via email.
 - Program directors should review the policy at their Residency Education Committee, with documentation of the review in the minutes.
 - The policy will be disseminated to all trainees and relevant faculty in the program with information on where the policy can be found on the program/PGME websites.