

**TERMS OF REFERENCE
RESOURCE STEWARDSHIP EDUCATION SUB-COMMITTEE**

Rationale:

Following on the American Board of Internal Medicine's Choosing Wisely campaign, the Canadian Medical Association is launching Choosing Wisely Canada in the Spring of 2014 to intensify the focus on overuse of healthcare resources in Canada. In planning for the 2015 CanMEDS framework, there are active discussions around additional competencies related to understanding resource stewardship and delivering high-value care, as part of the Manager role. Resource stewardship is an important concept for residents to learn, but is currently under-represented in the curriculum of most postgraduate training programs.

Mandate and Purpose:

The purpose of the committee is to lead in the development, implementation and evaluation of a strategy to integrate the competencies of 'Resource Stewardship (RS)' (with Choosing Wisely as the exemplar) into all PGME programs.

Responsibilities:

1. Create and launch a platform to enhance awareness of RS across all programs
2. Identify a general set of competencies required for RS
3. Further stratify competencies to identify those which can be part of a standardized PGME-wide RS curriculum, and those that should be specific to a residency program/department.
4. Identify the knowledge, skill set, tools and methods required to teach the competencies
5. Create a full set of resources (faculty development, educational materials, etc.) to teachers and learners for RS. Would also include an evaluation framework.
6. Create and implement an evaluation framework for the RS competencies
7. Ensure an ongoing community of practice is in place for further modifications to an RS curriculum.

Membership

- (a) Faculty Lead, Strategic Initiatives, PGME (Co-Chair)
- (b) PD or Hospital/ Departmental QI lead (Co-Chair)

(c) ex-officio

1. Vice Dean, PGME
2. Director, Operations

(d) **a maximum total of 8** Program Directors/Site Directors from the following programs/divisions:

1. Anaesthesia
2. Critical Care

3. Family Medicine
4. Laboratory Medicine and Pathobiology
5. Medical Imaging
6. Medicine (core)
7. Medicine (sub-specialties)
8. Obstetrics and Gynecology
9. Ophthalmology
10. Otolaryngology - Head and Neck Surgery
11. Paediatrics (core) or Paediatrics (sub-specialties)
12. Palliative Medicine
13. Public Health and Preventive Medicine
14. Psychiatry
15. Surgery

(e) Resident representative

(f) Hospital representative, appointed by HUEC

(g) Content experts in QI: a maximum total of 3, which may include Departmental/
Hospital QI leads)

Membership terms

Membership is established bi-annually, or as required, by request for volunteer participation through communication at the PGMEAC or to department chairs.

Committee members should be interested or involved in quality improvement activities.

Membership is for a 2 year term (from January to December) with one additional 2 year term. Extensions may be granted at the request of the Vice Dean based on membership numbers and volume of submissions.

Reporting:

The Sub-committee is advisory to the Postgraduate Medical Education Advisory Committee

Meetings:

The RS Sub-committee meets bimonthly for 1 ½ hours (day and time to be decided). Approvals and decisions require a quorum, which is a simple majority of the current membership.