Committee on Specialties

Role
The Committee on Specialties (COS) is a subcommittee that reports to the Committee on Specialty Education. It is responsible for providing advice and making recommendations on matters relating to the system of specialty medicine in Canada, and in particular, the disciplines recognized by the Royal College.

Responsibility and Authority
The major tasks of the COS are to:

- Provide insight on the overall configuration of the system of specialty education and throughout the education continuum, on policy for discipline recognition, including the development of criteria for discipline recognition;
- Review requests for recognition of new disciplines;
- Review requests for changes to existing disciplines (i.e., status, length of training, name);
- Oversee the activities of individual disciplines and specialty committees as part of the periodic discipline review process, with the aim of ensuring the health and sustainability of disciplines; and
- Offer an appeal and dispute resolution mechanism for potential applicants and specialty committees.

The COS delegates authority to individual specialty committees (specialty, subspecialty, and Area of Focused Competence) for the following key functions, across the continuum of medical education:

- Development of specialty-specific milestones and objectives of training;
- Oversight for assessment of the discipline, including specifically the development of work-based assessments and the examination blueprints within the discipline, in keeping with the Assessment Committee’s predetermined set of criteria and principles;
- Development of a national curriculum for the discipline;
- Oversight of Accreditation review for those programs within the relevant discipline, both domestic (national) and international in nature; and
- Oversight of Continuing Professional Development (CPD) within the discipline; and
- Oversight of certification for graduates of the discipline.

In addition to reporting to the Committee on Specialty Education (CSE), the Specialty Standards Review Committee (SSRC) has a reporting relationship with the COS.

Composition
The COS has 15 voting members, including the chair and a vice-chair. The chair is a member of the Committee on Specialty Education. The specific composition of the COS will be determined as appropriate and will include:
• One (1) specialty resident representative, as selected from two nominees from the
  Resident Doctors of Canada (RDOC);
• One (1) specialty resident representative, as selected from two nominees from the
  Fédération des médecins residents du Québec (FMRQ); and
• Fellows in good standing from the medical, surgical, and laboratory disciplines, and
  others with an interest and/or expertise in the system of specialization in medical
  education and practice.

Fellows shall be selected on the basis of ensuring a diversity of perspectives from both
tertiary care teaching hospitals and rural/community-based practice, across all regions of
Canada.

The COS also includes nine (9) non-voting members who may attend meetings but shall not
be counted for the purposes of establishing quorum:

• Two (2) non-voting residents, one each from RDoC and FMRQ;
• One (1) non-voting member from the Canadian Post-M.D. Education Registry (CAPER);
• One (1) non-voting member from the Canadian Resident Matching Service (CaRMS);
• One (1) non-voting member from Le Collège des médecins du Québec (CMQ);
• One (1) non-voting member from the College of Family Physicians of Canada (CFPC);
• One (1) non-voting member from the Committee on Health Workforce (CHW);
• One (1) non-voting member from HealthCareCAN, and
• One (1) non-voting member from the Association of Faculties of Medicine of Canada
  (AFMC).

Key Competencies and Characteristics

Generally, committee members should possess the following key competencies and
attributes:

• Ability to demonstrate a broad perspective on system of specialization in medical
  education and practice,
• Ability to demonstrate a clear understanding of effective medical education policy with
  respect to the structure and function of the system of specialization in medical education
  and practice, and
• Ability to demonstrate an understanding of the interactions between various disciplines
  within the system of specialization in medical education and practice.

Term of Office

The usual term of office of the chair is two years, renewable once (maximum of four years).
The term of the vice-chair is one year, renewable three times (maximum of four years). The
usual term of office of the other committee members is two years, renewable twice
(maximum of six years), with the exception of the voting specialty residents whose terms
are one year, renewable twice (maximum of three years). The terms of office take effect as
stipulated so long as the member’s total years of service on the committee do not extend
beyond 10 years.
All terms shall begin and end at the time of the Annual Meeting of the Members when vacancies need to be filled.

The chair and all voting members of the committee require appointment by the Executive Committee of Council (or the CEO if it is a midterm appointment). Non-voting members do not require approval of the ECC or the CEO.

Meetings
The COS usually meets two or three times per year.

Quorum consists of a majority of the voting members of the committee (i.e., 50% plus one). The chair is counted as a voting member in constituting quorum. However, as the presiding official of the committee, the chair does not move motions. Furthermore, the chair shall only vote when the vote is conducted by secret ballot or when it is necessary to break a tie.

Appointment to a Royal College committee carries significant responsibilities and requires absolute discretion. Committee members shall not divulge, re-produce, or release any confidential information except when authorized by the Royal College. Committee members are permitted to download a copy of committee materials for use solely for the purposes of the Committee. All downloaded materials must be deleted once used for the intended purpose.