Post MD Education
UNIVERSITY OF TORONTO

Postgraduate Medical Education Advisory Committee (PGMEAC)

Friday, September 18, 2020
12:00 – 2:00 pm
500 University Avenue; PG Boardroom A

MINUTES

Present/Teleconference: C. Abrahams(PGME), A. Atkinson(Peds), G. Bandiera (PGME-Chair), M. Bell(CPSO), S. Bernstein(UG Clerkship), A. Bezjak(Rad Onc), P. Campisi(OHNS), S. Clancey(PAAC), S. Done(Lab Medicine Programs), L. Erlick(Dir. UG & PG Medical Educ, SHN), M. Farrugia(ObGyn), L. Fechtig(PGME), M. Fefergrad(Psychiatry), S Glover Takahashi(PGME), J. Goguen(Int Med), K. Iglar (Dir. PGME, SMH), J. James(VP Educ Sinai Health System), N. Jones(CIP), M Kennedy(PGME), A. Kumagai(Medicine Sub-Specialties), J. MaggiPG Wellness), M. Mah(DOM Manager), A Matlow(PGME), Morris(PGME), Laura Leigh Murgaski(PGME), S. Murdoch (DFCM), B. Pakes (PHPM), L. Probyn (PGME), S Spencer(PGME), C. Sturge (PGME), S. Willmott (PARO)

Regrets: L. Bahrey(Anesthesia), E. Bartlett(Diag Rad), B. Baumgart (PAAC), M. Cada(Peds Subspec), P. Houston(UG Vice Dean), R. Levine(Surgery), J. Lloyd(Ophthalmology), G. Sirianni(FM Enhanced Skills)

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1. AGENDA/MINUTES

a) G. Bandiera welcomed committee members to the meeting. The agenda was approved as written.

b) Minutes of the Friday, June 26, 2020 meeting were approved as circulated.

MATTERS ARISING/REGULAR UPDATES & FOLLOW-UP

2. Resident Report

A. Cuperfain provided an update on PARO activities:

- The RDoC Pre-Accreditation survey that was sent to all Toronto residents in May 2020, (and new PGY1s in July 2020), was closed on September 14th. The Survey results are now being compiled into reports to be sent to RDoC.
- PARO is also in the process of helping residents prepare for the virtual on-site accreditation review.
- Dr. Ari Cuperfain, Dr. Shannon Willmott and Dr. Sejal Doshi will help present the RDoC Pre-Accreditation Review presentation on Thursday September 24th

3. PAAC Report

S. Clancey reported on PAAC activities:

- The PAAC award deadline was extended. Judging is underway and the award winners will be announced shortly.
- Will soon be releasing the survey on "Information Sharing between Postgraduate Programs and Hospital Medical Education Offices. This is an environmental scan PAAC will send out to get an understanding of how trainee rotation/block scheduling information is shared between Postgraduate programs and Hospital Medical Education offices. All program admins will be sent the survey, and we hope they participate.
- Planning an admin retreat in December/January after Accreditation. Details will be sent out once they are confirmed.

4. COFM

Three major items were discussed:

- Quotas Allocation – the MOH was looking at the aggregate proposal across the six schools in Ontario for trends. Still awaiting approval on submitted proposal.
- Statement regarding electives was submitted by the UG and PG Deans across Ontario around no travelling electives this current year, which protects from inequities of those who can travel and those who can't. This decision also created shifts in how candidates are reviewed and assessed for suitability in residency programs. Due to the decrease in ability to access electives, the concern that students may use non-traditional means to gain access to programs and PDs (attending ward rounds, cal l shifts on weekends) is also an inequity and a safety/liability issue, so a statement was sent from PG stating that this is not allowed. Activities "open to the public" (city-wide rounds, academic rounds, virtual curricular activities) can be available to candidates as long as it doesn't interfere with core activities in UG.
- One-on-one formal discussions with candidates must be an "all or nothing" principle to ensure equity amongst all candidates.
- Principles of redeployment and engagement of residents during a pandemic – addressing the concerns were brought forward by PARO around accommodation and continuity of training to ensure that training is not unnecessarily prolonged. PG has a principle document guiding this to ensure needs are met at both hospital sites and for trainees.

HUEC

- Ongoing efforts continue for pandemic planning with TASHN and community affiliates around PPE use and redeployment. Key points include:
    - Heterogeneity of how occupational health offices manage risk. Every institution is responsible to make the decision for their staff but vary at different hospitals for the exact same circumstance. Hospital CEOs are committed to trying to harmonize to the extent possible, but until a decision is made, residents must adhere to the hospital policies where they are assigned. These principles pertain to return to work after exposure to COVID-19 and back to school.
    - Preparing for accreditation for both UG and PG continues.
    - If you are having trouble accessing PPE at your site, please reach out to PGME who may be able to assist.
- Virtual program profiling and virtual interviews are a key focus for the AFMC. They have created an online portal for programs to showcase what they have to offer candidates. More information about the virtual program guide can be found here
- The grace period for TB testing and Mask Fit are a mandatory registration requirement will end on September 30th. All trainees with outstanding testing will receive reminders to complete these before the deadline.

5. Accreditation 2020 (see attached)

L. Probyn provided an update on Accreditation 2020, which included:

- Virtual Site Visit has been extended to two weeks: November 22nd to December 4th
- Zoom meeting links will be organized by the individual programs with support by PGME accreditation team to organize it
- Document reviews by the surveyors (Competency Committees, RPCs, etc) will be shared via SharePoint and will be sent to the RC **two weeks prior** to the onsite visit
- Accreditation meetings will take place on Monday, Tuesday and Thursday of both of the weeks
- As the accreditation is virtual with shorter meeting times during the days, and given the various time zones of the reviewers, meetings with the individual programs will take place over two days instead of the usual one day only.

- Reminder that this is the opportunity to provide highlights of your program including specific examples and ensuring all those involved with the program have had time to review the AQ
- A lot of important information will be provided at the upcoming accreditation workshops for PDs and PAs and you are encouraged to attend
- New continuous improvement accreditation standard – please ensure you provide examples of how you manage it in your program
- Patricia, Glen and Linda are presenting to all RPCs to provide an overview of what to expect during accreditation
- Programs will have access to Sharepoint to review their AQs in the next week or so

Full details and timelines can be found in the attached document.

6. BPEA (see attached)

Guidance around the updated EPA scale which was launched in early July 2020, will be sent as an accompanying document soon. Focus of the recent meeting was to review a consultation that took place with faculty and residents about what was working, what the limits were of their experience with EPAs, the online platform or model. This survey went to learners and assessors who had completed three or more assessments. This survey took place right before COVID started so with the shifted focus due to a pandemic, the response rate was lower than normal, and follow up analysis will take place before making any other changes. The platform is working well with reporting and tracking as the important next steps.

7. Continuous Improvement Working Group Recommendations (see attached)

In compliance with the institutional standard of continuous improvement ensuring that sites receive important information and feedback on improving the learning environment. The Data Management Committee was formed to coordinate data from UG and PG to be more efficient in collection and dissemination (what we do with the data, how we use it to make changes and how we will follow through on it). The Data Management Committee will be presented at a future PGMEAC meeting. More information can be found in the attachment.

NEW BUSINESS

8. Quotas Allocation (see attached)

C. Abrahams provided a report on quota allocations that were discussed at the July meeting of the Quotas Allocation Subcommittee. The proposal was approved without changes and will be submitted to the Ministry of Health.

9. Accommodations Guideline for Trainees (see attached)

J. Maggi shared the revised *Guidelines for Accommodations for Postgraduate Trainees with a Disability* and requested members for input on the content and work flow. PARO requested one week to review and provide input. The updated guidelines will be presented for approval at the October PGMEAC meeting.

10. PGME-Wide Social Justice Curriculum

Guests G. Lorello from Anesthesia and L. Richardson, Vice Chair of Culture and Inclusion shared shared their broad-based, multi-factorial initiatives to try to advance key priorities around equity, diversity and inclusion in residency training programs, including:

- Eliminating inequitable healthcare and continual “othered categories” for all visible minorities and differently abled people and incorporating social justice issues during postgraduate training.

- Changing the medical education system from a biomedical framework to social constructionism, humanism and transformative learning amongst the medical education community.
- Proposing a PGME longitudinal social justice issues curriculum for trainees initiating with a needs assessment and a modified Delphi technique to determine the pertinent subject areas, followed by curricular design and implementation. One program has implemented a longitudinal curriculum, but would like PGME to pool together resources to make this a standardized transformative curriculum across all programs.
- Request to work with programs to develop individualized principles, provide mentorship and support for each program's needs to improve the learning environment.

PGME has PGCorED modules in place but it is very limited. All committee members agreed that this is an important initiative to embed in the curriculum learning in the clinical environment and half-days and other forms of learning and support this impactful and engaging initiative moving to the next step of getting the right model and these principles are very sound. A briefing note and syllabus will be shared with the PGME leadership for review and approval.

11. Recommendations – COVID App and Return to School

G. Bandiera share a new initiative that is underway. A formal guideline is in the works, but currently there is no provision to take leave should a trainee's family members get sick. PGME is encouraging programs to be flexible and explore options to support a trainee should they need to be off by allowing research work or virtual care that they could be doing from home. Although, if this is not possible, then the leave will have to be without pay. PARO is reviewing this matter as well.

12. FoM Expert Panel – Management for At Risk Trainees

G. Bandiera reported that guidelines were developed by Infection Prevention & control (IPAC) with a statement of recommendation for those who have an increased susceptibility to acquiring COVID-19 and are recommending that people adhere to the PPE recommendations at their site and if they feel they (or a family member they live with) are at increased risk and the application of these guidelines cannot be achieved the case will be referred to the Expert Panel for adjudication. Please refer to this to help inform your decisions when needed. Trainees who have been working with the PG Wellness Office for accommodations, will have their case reviewed and updated or continue as planned based on this guideline.

Next Meeting | Friday, October 23rd at 12:00 pm via Zoom

PostGrad Accreditation 2020

ACCREDITATION UPDATE

Sept 18, 2020

Linda Probyn
Laura Leigh Murgaski

Post MD Education
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Overview of Accreditation Updates

- Extended Dates: **Nov. 22 – Dec. 4 2020**
- 2 Weeks of Accreditation ☺
- 100% Virtual
- Zoom meeting link to be organized by the program
- The document review will occur two weeks before survey: **Nov. 7 – 20, 2020** (SharePoint)

RC Master Schedule

WEEK 1 (Sunday, November 22, 2020 to Friday, November 27, 2020)

Sun-Nov-22	Mon-Nov-23	Tues-Nov-24	Wed-Nov-25	Thurs-Nov-26	Fri-Nov-27
Department Chair Meetings (Afternoon)	Surgical Foundations (Day 1)	Orthopedic Surgery (Day 2) (FIRE program)	Program Deliberations (Monday/Tuesday program reviews)	Surgical Foundations (Day 2)	Program Deliberations (Thursday program reviews)
	Orthopedic Surgery (Day 1) (FIRE program)	General Surgery (Day 2)		Surgical Foundations Program Deliberations	
	General Surgery (Day 1)	Obstetrics and Gynecology (Day 2)			
	Obstetrics and Gynecology (Day 1)	Neurosurgery (Day 2)			
	Neurosurgery (Day 1)	Otolaryngology – HNS (Day 2)			
	Otolaryngology – HNS (Day 1)	Plastic Surgery (Day 2)			
	Plastic Surgery (Day 1)	Urology (Day 2)			
	Urology (Day 1)	Vascular Surgery (Day 2)			
	Vascular Surgery (Day 1)	Pediatric Surgery			
	Cardiac Surgery	Internal Medicine (Day 2)		Internal Medicine (Day 3)	
	Internal Medicine (Day 1)	Anesthesiology (Day 2)		Palliative Medicine (adult) - ER	
	Anesthesiology (Day 1)	Geriatric Medicine		Endocrinology and Metabolism (adult)	
	General Internal Medicine	Occupational Medicine		Pain Medicine	
	Rheumatology (adult)	Cardiology (adult) (Day 2)		Adult Cardiac Electrophysiology (AFC)	
	Cardiology (adult) (Day 1)	GREI		Gynecologic Oncology	
	Maternal Fetal Medicine	Radiation Oncology (Day 2)		Medical Oncology	
	Radiation Oncology (Day 1)	Infectious Diseases (adult)		Nephrology (adult)	
	Gastroenterology (adult)	Psychiatry (Day 2) (FIRE program)		Psychiatry (Day 3) (FIRE program)	
	Psychiatry (Day 1) (FIRE program)	Child and Adolescent Psychiatry		Forensic Psychiatry	
	Geriatric Psychiatry	Physical Medicine and Rehabilitation (Day 2)		Medical Genetics and Genomics	
	Physical Medicine and Rehabilitation (Day 1)	Diagnostic Radiology (Day 2)		Nuclear Medicine	
	Diagnostic Radiology (Day 1)	Pediatric Radiology (Day 2)		Neuroradiology	
	Pediatric Radiology (Day 1)	Neurology (adult) (Day 2)		Clin. Pharmacology & Toxicology	
	Neurology (adult) (Day 1)	Anatomical Pathology (Day 2)		Cytopathology (AFC)	
	Anatomical Pathology (Day 1)				

"Surgical Foundations: To be included in Surgical Foundations onsite review Cardiac Surgery, General Surgery, Neurosurgery, Obstetrics and Gynecology, Orthopedic Surgery, Otolaryngology - Head and Neck Surgery, Plastic Surgery, Urology and Vascular Surgery

/EEK 2 (Monday, November 30, 2020 to Friday, December 4, 2020)

Mon-Nov-30	Tues-Dec-01	Wed-Dec-02	Thurs-Dec-03	Fri-Dec-04
General Surgical Oncology	Thoracic Surgery	Program Deliberations (Monday/Tuesday program reviews)	Colorectal Surgery	Program Deliberations (Thursday program reviews)
Pediatrics (Day 1)	Pediatrics (Day 2)		Adolescent Medicine	
Rheumatology (pediatric)	Gastroenterology (pediatric)		Endocrinology and Metabolism (pediatric)	
Neonatal-Perinatal Medicine	Cardiology (pediatric)		Developmental Pediatrics	
Clinical Immunology and Allergy (pediatric)	Infectious Diseases (pediatric)		Respirology (pediatric)	
Critical Care Medicine (adult)			Critical Care Medicine (pediatric)	
Emergency Medicine (Day 1)	Emergency Medicine (Day 2)		Pediatric Emergency Medicine	
Hematology	Hematological Pathology		Transfusion Medicine (AFC)	
Forensic Pathology	Neuropathology		Medical Microbiology	
Public Health and Preventive Medicine	Respirology (adult)		Clinical Immunology and Allergy (adult)	
Clinician Investigator Program (Day 1)	Clinician Investigator Program (Day 2)		Neurology (pediatric)	
Dermatology (Day 1)	Dermatology (Day 2)		Nephrology (pediatric)	
Ophthalmology (Day 1)	Ophthalmology (Day 2)		Pediatric Hematology/Oncology	

Programs Not Reviewed: Adult Interventional Cardiology (AFC); Brachytherapy (AFC); Trauma General Surgery (AFC); Child altreatment Pediatrics (AFC); and Interventional Radiology

Program Schedule

- Program Director Meeting (First)
- PA Meeting
- Chair/Division Head/Site Chief Meeting
- Residents
  - Need ALL in attendance - Include fellows doing the same program
- Faculty (max 40 per meeting)
  - Ensure representation from each site
- Competence Committee
- RPC or Site Education Committee (Last)

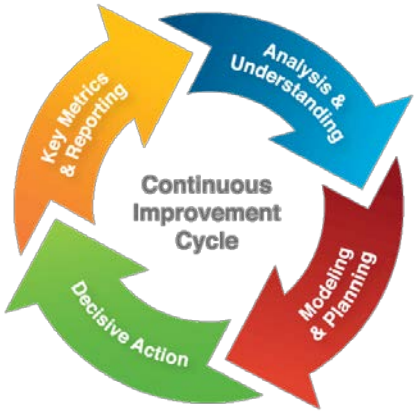
Preparing for Meetings

- Start communicating with stakeholders now
- Share your AQ – the story of your program
- Think of examples ahead of time 
- Let people know that the time to bring up concerns is now; not saving it for accreditation

Preparing for Meetings

- Ensure everyone knows where to find Policies and Goals & Objectives
- Circulate common questions
- Emphasis on Continuous Improvement

STANDARD 9:
There is continuous improvement of the educational experiences, to improve the residency program and ensure residents are prepared for independent practice.

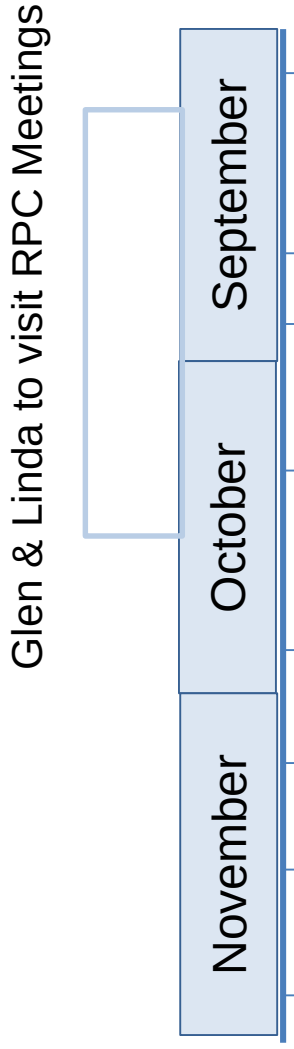


Preparing for Meetings

- Glen, Patricia, Linda – attending RPC meetings
- Preparation workshops:
  - PDs/PAs
  - PA specific workshops
  - RC/CFPC (Sept 24th)
    - Resident workshop
    - Chairs, Division Heads, VC Eds workshop

Draft Schedules due to PGME
September 28th

Timeline



Workshops for Accreditation Prep

Sept. 22nd Access to Document Review Folders Sent to Programs

Sept. 28th Deadline for Schedules to PGME

Workshops for Program Administrators Meeting with Surveyors

Oct. 26th Deadline for Document Review Files

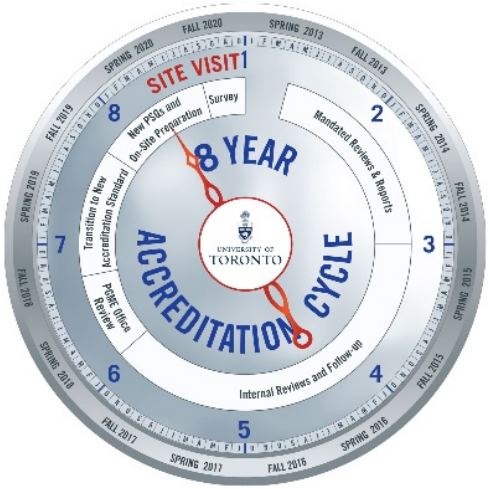
Nov. 9th Receive Specialty Committee Comments

Nov. 16th Deadline for Response to Specialty Committee Comments

Nov. 22 – Dec 4th Accreditation Visit

Thank you for all your hard work!!

Questions?



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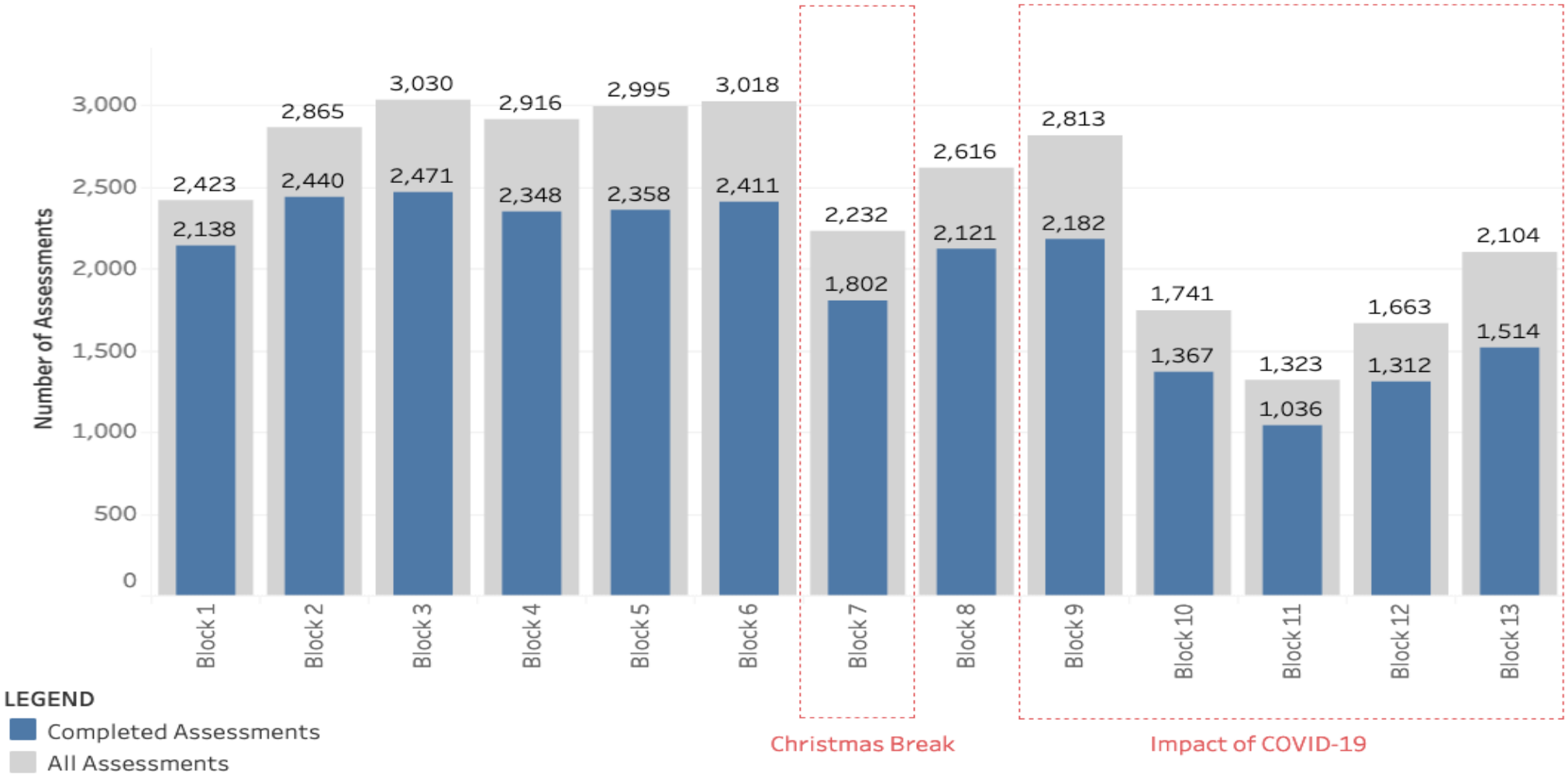
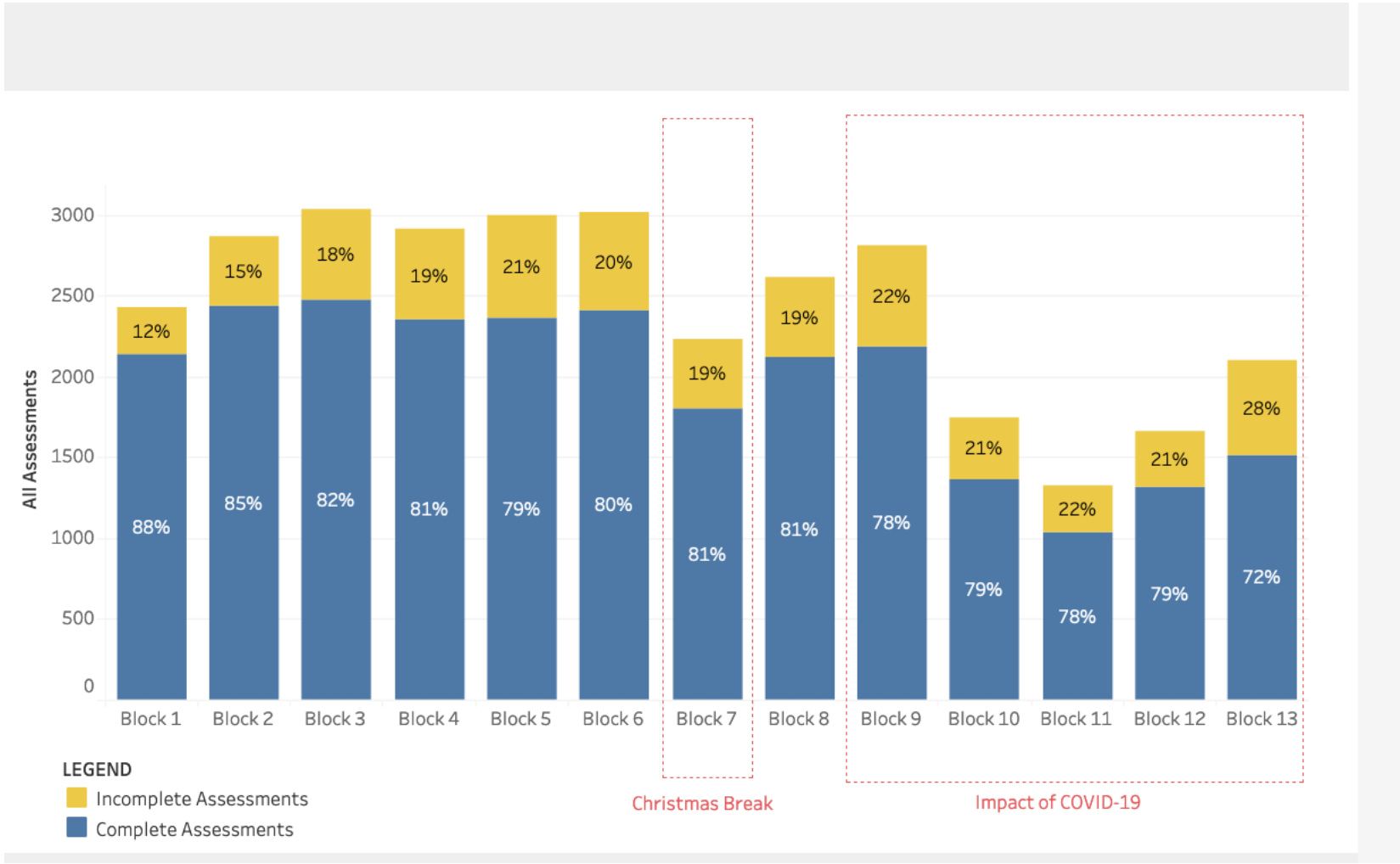
EPA Completion Analysis 2019-20

BPEA, Sep 3, 2020

COMPLETION ANALYSIS BY BLOCK




All Assessments
3000
2500
2000
1500
1000
500
0
12%
15%
18%
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Block 1
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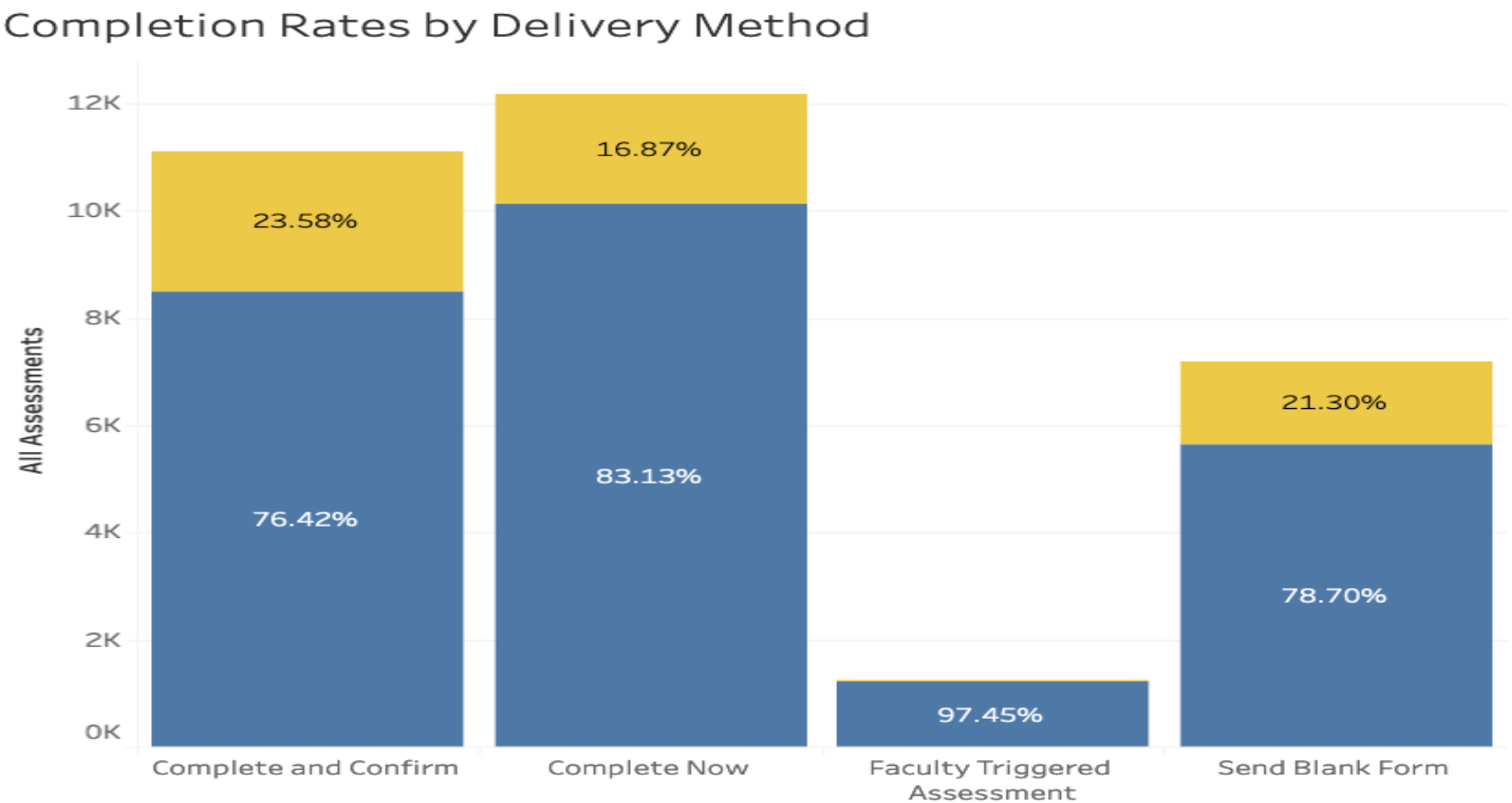
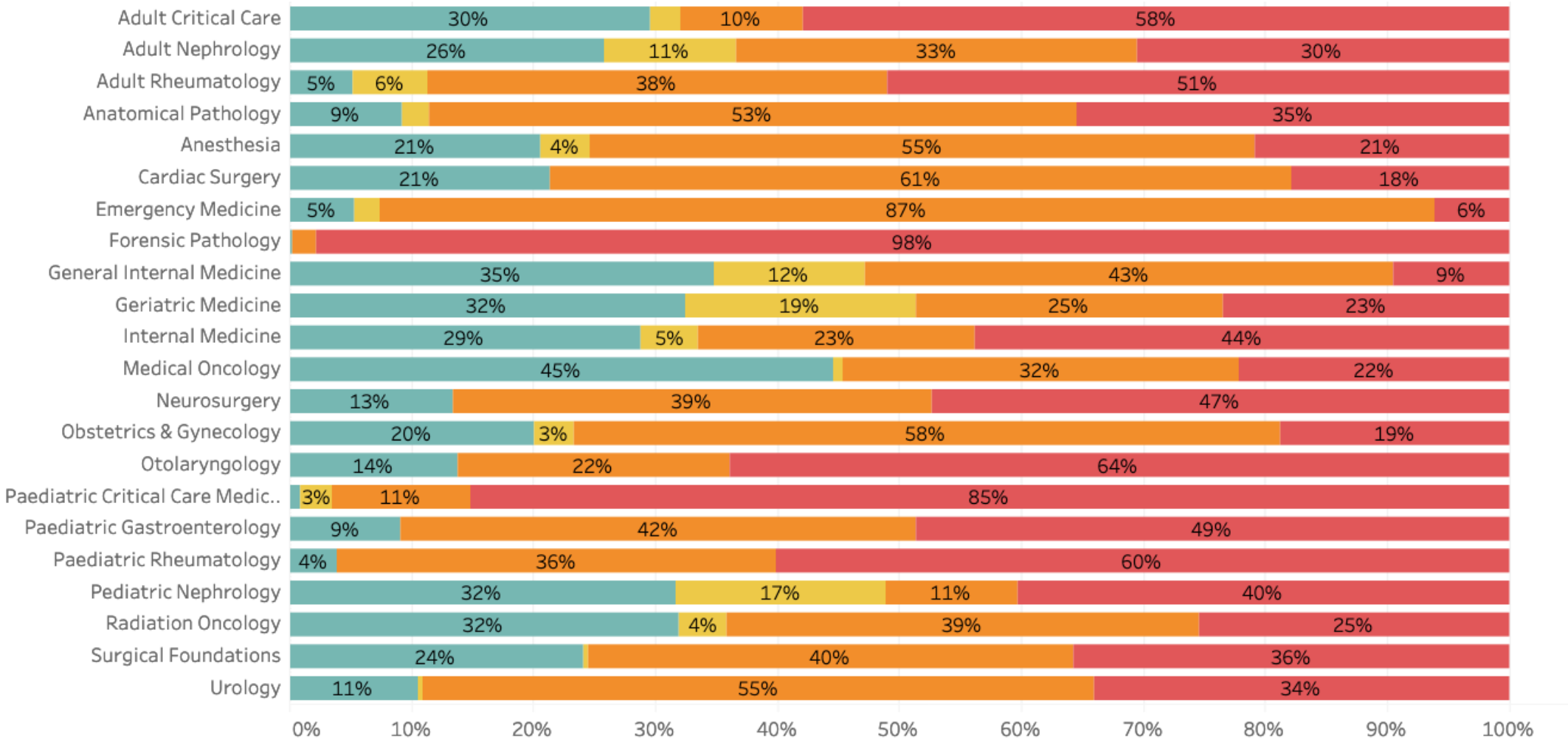
Block 3
Block 4
Block 5
Block 6
Block 7
Block 8
Block 9
Block 10
Block 11
Block 12
Block 13
LEGEND
Incomplete Assessments
Complete Assessments
Christmas Break
Impact of COVID-19

COMPLETION ANALYSIS BY DELIVERY METHOD



Number of Assessments by Delivery Method



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PGME Data Collection and Reports Summary

Purpose of the document

The purpose of this document is to describe the types of data collected by PGME and their current availability to the sites including who has access to the various types of data.

Information Collected by PGME

Information Type	Source	Location	Description
ITERs, ITARs and Trainee Teacher Evaluation Scores (TTES)	Supervisors and/or Clerks	POWER	Individual assessments of Residents and Fellows. Also aggregate TES with min, of 3 assessments.
Resident Assessment of Teacher Effectiveness (RATE)*	Residents and Fellows	POWER	Individual and aggregate assessments of Faculty (with min of 3 assessments)
Rotation and Educational Site Evaluations	Residents and Fellows	POWER	Individual and aggregate evaluations of rotations by site
Teacher and Rotation Evaluation Completion Rates	Calculated	POWER	Completion rates determined by "evaluation requirements" of rotation
Internal Review Reports	Internal Review Committee (IRC)	PGME	Summary of program strengths and identified areas for improvement
2019 Voices Survey* (Residents and Clinical Fellows)	Residents and Fellows	PGME	Survey of overall experience and work environment..

*Not collected through POWER

Key Roles in POWER

Program Directors & Program Administrators: Have access to all qualitative and quantitative information at an individual and aggregate level on learners, teachers and sites including: In-Training Evaluation Reports (ITERs), In-Training Assessment Reports (ITARs), Teacher Evaluations, Rotation Evaluations, Case Logs. They receive alerts and can manage settings based on guidelines from PGME.

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Base Hospital Co-ordinator: In Programs with established Sites and Base Hospitals for trainees (Family Medicine, Internal Medicine, Psychiatry). Have access to all individual learner information at their site and aggregate information on their teachers and site Teacher Evaluation Scores (TES) and Rotation Evaluation Scores (RES). They do not receive alerts.

Hospital Co-ordinator and Rotation Co-ordinator: Have access to individual learner level information at their site. They are responsible for assigning supervisors to rotations and monitoring evaluation completion status. They do not have direct access to TES or RES and they do not receive alerts.

What is Reported

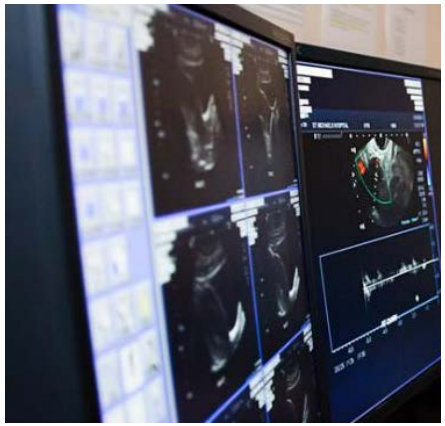
Report*	Who has access?	Location	Frequency
Teacher Effectiveness Scores (TES) and Rotation Effectiveness Scores (RES)	Program Directors and Program Administrators Base-Hospital Coordinators	POWER	Regular and ongoing reports are available and access protocols vary by department and/or program
Annual Program Reports	Program Directors and Vice Chairs of Education	PGME	Quarterly/semi-annual basis
Annual POWER Hospital Education Evaluation Report (HEER) by hospital clinical service	All teaching sites and programs – distributed to HUEC, Department Chairs and PDs	PGME	Yearly with 3 - year Rolling Average report
Internal Review Reports	Programs	PGME	In real-time
IRC Internal Review Summary Reports	Department/Division Chairs Site VPs of Education	PGME	At the end of each 8-year accreditation cycle
2019 Voices Survey Reports	*To be confirmed*	PGME	*To be confirmed*
Customized Reports	Varies by Program or Department	PGME	Ad Hoc

*The reports listed in this table can be shared or forwarded as needed and access may vary by department, site and/or program.

For more information on data and reports available through PGME, please contact adpgme@utoronto.ca

Quota Allocations for 2021-22

PGMEAC, Sept 18th, 2020




Context for 2021-22

- Impact of COVID on CaRMS processes and visiting electives
- Compressed timeline for PGY1 match (File Review starts in February) and all matches conducting virtual interviews
- At time of meeting 25 residency cuts in Ontario are continuing, imposed in 2016 for CMGs.
- U of T share is 9 = 407 CMG spots down from 416 in 2015. No changes to IMG positions – 70 IMG spots
- FM-Enhanced Skills match new for 2020 (Addiction Medicine, Care of the Elderly, Emergency, FM-Anesthesia, Palliative Care, Sport and Exercise Medicine)
- Change in timing for Pediatric Subspecialty Match to take effect in 2020. 2019 was the last year of a Spring Match moving to Fall for 2020.

PGY1 Match timeline for 2021

- Key Dates:
  - Nov 2nd - Open for applications
  - Feb 7th - Last day to apply to programs
  - Feb 8th to Mar 5th - File Review
  - Mar 8th to Mar 28th Virtual Interview Period
  - Apr 20th Match Day
  - May 18th 2nd Iteration Match Day

PGY1 Match for 2021

- AFMC Resident Matching Committee has 3 committees examining:
  - timelines and technology,
  - virtual interviews/ program promotion and
  - file review

- Recently announced a new *AFMC Canadian Residency Virtual Promotion Guide*

- AFMC is currently working on a *new web tool* for residency program promotion.
  - Centralized web-based "one-stop" shop
  - Facilitates a brief multi-media profile for PGY1 programs
  - Links to other websites (university, CaRMS, program)

Total PGY1 Positions: Provincial Changes 2021 vs. 2020

CMGs

Increases compared to 2020	
Family Medicine	+1
Emergency Medicine	+1
Urology	+1
Public Health and Preventative Med	+1
Decreases compared to 2020	
Dermatology	-1
Plastic Surgery	-1
Anatomical Pathology	-1
Radiation Oncology	-1

IMGs

Increases compared to 2020	
Neuropathology	+1
Neurology	+1
Radiation Oncology	+1
Decreases compared to 2020	
Family Medicine	-1
Cardiac Surgery	-1
Pediatrics	-1

- Principle that programs which lost positions should receive reversions if there is a possibility to fill

PGY1 Allocations for 2021-22

See Worksheets/Results of Quotas Survey

Subspecialty Allocations for 2021-22

See individual allocation slides

FM Enhanced Skills PGY3 Allocations

FM Enhanced Skills Programs (PGY3)	2019-20 Actuals	2020-21	2021 Proposed
FM - Emergency Medicine	7	7	7
FM- Anesthesia	2.82	4	4
FM - Care Of The Elderly	3.27	3	2
FM - Addiction Medicine	3.07	4	2
FM - Palliative Care	3	3	2
FM - Sports Medicine	1.96	2	2
Subtotal	**21.12**	**23**	**19**
FM - Clinician Scholar	0.5	2	2
FM - HIV Network			
FM - Breast Diseases - 6 months	1.01	0.5	1
FM - Hospital Medicine	4.76	5	4
FM - LGBTQ + Adolescent Medicine	0.46		1.5
FM - Global Health	2	2	2
FM - Indigenous Health	0	2	1
FM - Low Risk Obstetrics	3.04	4	4
FM - Clinical Palliative Care	1	1	1
FM - Integrated Leadership			2
FM - Integrated ES Program			2
FM - Womens Health	1.45	2	2
Subtotal	**14.22**	**18.5**	**22.5**
Total	**35.34**	**41.5**	**41.5**
Quotas Required for 2021 CaRMS FM-Enhanced Skills Match			

Medical Subspecialty Allocations

Program	2019-20 Intake Quota	2020-21 Intake Quota	2021-22 Proposed Intake Quota
Cardiology	7	8	7
Endocrinology	4	4	4
Gastroenterology	4	4	4*
General Internal Med	7	7	7
Geriatrics	4	4	5
Hematology	4	4	4
Clinical Immunology	2	2	2
Infectious Disease	4	4	4
Medical Oncology	6	6	5
Nephrology	4	4	4
Occupational Med	1	0	1
Clin Pharm	2	1	2
Respirology	5	5	5
Rheumatology	4	4	4
Critical Care Medicine	7	7	7
Pain Med	2	2	2
Palliative Medicine	2	2	2
TOTAL (ex CCM, Pain, Pall)	**58**	**57**	58

- **Includes Research Track**
- **Reversions to Hematology and Cardiology**

Surgery Subspecialty Programs

Funding Envelope (16 FTEs)

Programs	**2019-20**			**2020-21**			**2021-22**		
	PGY6	PGY7	**Total**	PGY6	PGY7	**Total**	PGY6	PGY7	**Total**
Colorectal Surgery	3	*2*	**5**	1	2	**3**	2	1	**3**
Pediatric General Surgery	1.92	1	**2.92**	*1*	2	**3**	2	1	**3**
Surgical Oncology	3	2	**5**	3	3	**6**	4	3	**7**
Thoracic	2	2	**4**		2	**2**	2	0	**2**
Total			**16.92**			**14**			**15**

Obs/Gyn Subspecialty Programs

Funding Envelope (12 FTEs)

Programs	**2019-20**			**2020-21**			**2021-22**		
	PGY6	PGY7	**Total**	PGY6	PGY7	**Total**	PGY6	PGY7	**Total**
Gynecologic Reproductive Endocrinology and Fertility	1.88	*1.27*	**3.15**	2.73	1.51	**4.24**	2	2.75	**4.75**
Maternal Fetal medicine	4.66	2.08	**6.74**	*1.26*	2.63	**3.89**	2	1.25	**3.25**
Gynecologic Oncology	1	2	**3**	2.4	0.6	**3**	2	2.4	**4.4**
Total			**12.89**			**11.13**			**12.4**

Psychiatry Subspecialty Programs

Funding Envelope (12 FTEs)

Programs	**2019-20**			**2020-21**			**2021-22**		
	PGY5	PGY6	**Total**	PGY5	PGY6	**Total**	PGY5	PGY6	**Total**
Child and Adolescent	2.37	6.59	**8.96**	0.82	*5.8*	**6.62**		5	**5**
Forensic		2	**2**		1.28	**1.28**		2	**2**
Geriatric	0.25	1.88	**2.13**	2.0	2.34	**4.34**	2	2	**2**
Total			**13.09**			**12.24**			**11**

Diagnostic Radiology Subspecialty Programs

Funding Envelope (12 FTEs)

Programs	**2019-20**			**2020-21**			**2021-22**		
	PGY6	PGY7	**Total**	PGY6	PGY7	**Total**	PGY6	PGY7	**Total**
Neuroradiology	3	1	**4**	3	1	**4**	2	3	**5**
Pediatric Radiology	1		**1**			**0**	2	0	**2**
Nuclear Medicine	1	2	**3**	1	1	**2**	2	1	**3**
Interventional				1		**1**	2	0	**2**
Total			**8**			**7**			**12**

Pediatric Subspecialty Programs (TBD)

Funding Envelope (21 FTEs)

Program	MOH 2019 Quota	Non MOH 2019 Quota	Total 2019 Quota	MOH 2020 Quota	Non MOH 2020 Quota	Total 2020 Quota	Proposed 2021
Adolescent Medicine	2	0	2	0	2	2	2
Developmental Pediatrics	1	1	2	1	1	2	3
Neonatal-Perinatal Medicine	1	1	2	1	1	2	2
Pediatric Cardiology *	2	1	3	1	1	2	2
Pediatric Clinical Immunology and Allergy	1	0	1	2	0	2	3
Pediatric Emergency Medicine	1	2	3	3	0	3	5
Pediatric Endocrinology and Metabolism MOH	2	0	2	1	0	1	2
Pediatric Gastroenterology	2	0	2	1	0	1	1
Pediatric Hematology - Oncology	3	0	3	2	0	2	NR
Pediatric Infectious Diseases	0	1	1	2	0	2	NR
Pediatric Nephrology	2	0	2	3	0	3	4
Pediatric Respirology	2	0	2	3	0	3	4
Pediatric Rheumatology	2	0	2	1	0	1	2
Total	**21**	**6**	**27**	**21**	**5**	**26**	**30**
Pediatric Critical Care Medicine MOH	1	0	1	3	0	3	1
Pediatric Neurology MOH	0	0	0	0	0	0	0
Grand Total	**22**	**6**	**28**	**24**	**5**	**29**	**31**
Peds subspecialties use both MOH and non MOH funding to recruit applicants through CaRMS							
*Note that they rarely take more than 1 MOH funded							

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Guidelines for Accommodations for Postgraduate Trainees with a Disability

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Purpose

The purpose of this document is to establish principles and procedures regarding accommodation for postgraduate trainees with a disability to assist such postgraduate trainees to meet the essential requirements and competencies of their respective programs.

Scope

This Accessibility Guideline applies to all individuals with disabilities (defined below) who: have been accepted into a PGME residency or clinical fellowship training program; or are currently registered in a PGME residency or clinical fellowship training program.

Definitions and Key Concepts

1. Disability**:** The Ontario *Human Rights Code* (the "Code") defines "disability" to mean:

a. any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
b. a condition of mental impairment or a developmental disability,
c. a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
d. a mental disorder, or an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*.

2. Accommodation and Appropriate Medical Documentation and Information

Accommodations are reasonable adjustments to the learning and working environment that permit people with disabilities to have equitable opportunities to succeed, and to access equal benefits of education. They are not an advantage. Accommodations serve to remove the barriers to achievement as a result of a disability but do not alter the essential academic requirements and competencies that a postgraduate trainee is required to meet.

Reasonable accommodation may require members of the University community to exercise creativity and flexibility in responding to the needs of postgraduate trainees with disabilities. However, such accommodation cannot compromise the core competencies of the Program of study, and in also cannot compromise the health and safety of the trainee, the patients or other members of the health care team.

Accommodations are a shared responsibility and require the cooperation of the individual and institution (i.e. hospitals, clinics, family health teams etc.) throughout the process to determine what kinds of accommodations, if any, are reasonable and necessary in the circumstances. It may require the disclosure of medical documentation (as particularized below) and information by the individual seeking accommodations at the time the initial request is made and throughout the process. The University will provide the individual with a form / questionnaire to be completed by the individual's treating physician(s). We only require documentation and information from the individual's treating physician(s) that will assist in determining appropriate accommodations and developing an individual accommodation plan for the individual. It must be current, clear and credible. We do not require disclosure of an individual's specific diagnoses or treatments undertaken but rather the limitations arising from the disability.

3. Undue Hardship

The University of Toronto has a duty to provide accommodations to postgraduate trainees to the point of undue hardship. The following factors are considered in assessing undue hardship:

- cost of the accommodation
- outside sources of funding; or
- health and safety risks to the trainee, patients, colleagues or supervisors, or any other members of the health care team.

Guiding Principles

1. Confidentiality

Where a postgraduate trainee's personal health information (i.e. the functional limitations associated with the disability) is shared with the Director/Associate Director Postgraduate Wellness Office ("PWO"), it will be treated confidentially and will only be shared with the Program Director and other individuals involved in the accommodation process on a "need to know" basis in order to facilitate the accommodation. Personal health information is stored in a locked cabinet in the PWO, and/or on a secure confidential server that can be accessed only by authorized staff subject to confidentiality obligations.

Only the functional limitations and required accommodations, and NOT the nature of the disability, need to be disclosed to the Program Director—and only as necessary to implement the accommodations.

All leaves of absence, including those arising from a disability, will be reported to the College of Physicians and Surgeons in accordance with applicable legislation, which may require disclosure of the reasons for the leave.

2. Essential Competencies

Accommodations serve to remove the barriers to achievement as a result of the disability but do not alter the essential academic requirements and competencies that a postgraduate trainee is required to meet.

3. Procedural Consistency

Processes involved in determining accommodations should be consistent across University of Toronto Postgraduate programs.

4. Abilities

The focus of accommodations and related policy/procedures should be on the abilities,

essential skills and competencies a trainee with a disability needs to acquire and demonstrate in order to provide safe and effective clinical patient care. These abilities, essential skills and competencies, and the resources required to accommodate, may differ across the continuum of education and practice, but there should be as much alignment as possible between UGME, PGME and into clinical practice.

5. Health and Safety

When considering and making accommodation decisions, the health and safety of the trainee, other health care providers and colleagues, patients and other members of the public, as appropriate, are of primary importance.

6. Shared Responsibility

Accommodations are a shared responsibility. It is the responsibility of the trainee to request accommodation, if needed, and to cooperate throughout the process to determine what kinds of accommodations, if any, are reasonable and necessary in the circumstances. It may require the disclosure of appropriate medical documentation (as detailed below) and information from the individual's treating physician(s) (including a questionnaire to be completed by the individual's treating physician(s)) at the time the initial request is made and throughout the process to ensure it is clear, current and credible. It is the Program/University/training site's responsibility to respond and cooperate with the request in good faith and in accordance with the Code and University policy to determine what kinds of accommodations, if any, are reasonable and necessary in the circumstances.

Processes**:**

All trainees are informed of the process for obtaining accommodations in a statement appended to the letter of offer, and in an email sent to all trainees at the start of each academic year. This Accessibility Guideline is also available on the University's website.

Requesting accommodation:

If a trainee requires an accommodation, the request must be submitted in writing to the Director/Associate Director, PWO at pgwellness@utoronto.ca along with appropriate medical documentation and information (without disclosing the disability, but rather the limitations associated with the disability), so that the accommodation request can be assessed. All documents relating to the request will be centralized in the PWO.

A trainee can also indicate on the Learner Education Handover document that they had an accommodation in undergraduate medicine training program and request the opportunity to

discuss with the Director/Associate Director, PWO. If the Program Director receives a request for accommodation, it will be referred to the Director/Associate Director, PWO.

If the possible need for an accommodation is identified by someone other than the learner (ex. originates from a supervisor) the Director/Associate Director, PWO will contact the learner to confirm the request for accommodation or whether additional information or processes (ex. BMA, etc) are appropriate.

After accommodation has been requested:

After a request has been made, the individual will be invited to meet with the Director/Associate Director, PWO to discuss the details of the request, answer questions and determine whether additional medical or other documentation and information is required. Alternatively, additional medical or other documentation and information may be requested in advance of the meeting to ensure the meeting is as productive as possible. Failure to produce it may affect the University's ability to process and/or respond to the request.

Where an individual who has requested accommodation is waiting to be assessed by a health practitioner, the PWO will consider whether interim reasonable accommodation is appropriate based on the best information available.

After the meeting:

After the initial meeting, next steps will be determined on a case-by-case basis. There will generally need to be a dialogue between the PWO and the Program Director of the relevant Program, or a designated specialty specific expert, to arrive at appropriate accommodations.

If accommodation is granted, the Director/Associate Director, PWO will develop an individualized accommodation plan and review it with the learner. The nature of the accommodation offered may not be the specific accommodation requested and learners are not necessarily entitled to their preferred form of accommodation.

Alternatively, it may be determined that additional medical or other documentation and information is still required or accommodation is not possible.

Accommodation plans:

If an accommodation plan is approved, the learner is expected to distribute it to all preceptors so that it can be implemented. Also, the Director/Associate Director, PWO and Program Director are available to provide support to the learner to ensure implementation.

Accommodation plans only remain in place so long as the need exists. Interval reports may be periodically required from treating health care practitioners and accommodation plans should be reviewed regularly to ensure consistency between the accommodation needs of the

postgraduate trainee and requirements of the program. If the disability no longer exists or the learner's functional limitations change, the accommodation plan may no longer be necessary or may require revision. In this regard, it is the learner's continuing obligation to provide updated medical or other appropriate documentation and information to the Director/Associate Director, PWO as it becomes available. Every accommodation must be reviewed with the Director/Associate Director, PWO and the learner at least once every 6 months, or sooner, if the accommodation plan requires or the need arises.

Denial of request

If the request for accommodation is denied, the decision will be communicated to the learner in writing along with reasons for the refusal.

If a learner wishes to challenge the denial of a request for accommodation, or is dissatisfied with the accommodation offered, the case will generally be referred to the Board of Medical Assessors-PG for independent review.

The Terms of Reference for the PG BMA are attached as Appendix 2. Postgraduate trainees will be referred to the Director/Associate Director, PWO to understand and initiate the process. Recommendations of the BMA –PG, will be considered by the Dean through the Associate Dean, PGME, who will determine the outcome.

Review of Accessibility Guideline

Subject to applicable legislation, this Accessibility Guideline will be reviewed every three years. Questions can be directed to the Director, Postgraduate Wellness Office

Appendix 1: BMA Terms of Reference

https://pg.postmd.utoronto.ca/wp-content/uploads/2016/05/BMA-Terms-of-Reference.pdf

Expert Panel on Infection Control | Guidelines

Management of At-Risk Trainees during the COVID-19 Pandemic

Background

The current pandemic of COVID-19 is likely to continue and evolve over several years. The lack of population immunity to COVID-19 and the lack of a vaccine place healthcare workers, including trainees, at risk. COVID-19 severity ranges from asymptomatic or mild to severe and fatal and this is only partially predictable based on known risk factors including advanced age and specific comorbidities. For this reason, **every effort must be made to minimize the risk of COVID-19 for all trainees**.

It is also essential that we continue to train medical professionals to meet the challenges of healthcare in the COVID-19 era. These trainees represent the future of Canadian healthcare and their training, in most cases, should go forward despite the pandemic. Caring for patients with communicable diseases is part of healthcare, and should be part of healthcare training – with appropriate safety measures in place, including education, training, supervision, and graduated responsibility for trainees based on experience and competence.

These guidelines provide a foundation for the Faculty of Medicine, University of Toronto to assess and mitigate the risk of COVID-19 for pregnant trainees and trainees with comorbid conditions that increase the risk of severe COVID-19 outcomes. These guidelines may need to be adapted based on the occupational health policies of the healthcare facilities where clinical placements occur. Guidelines will be updated as new information emerges regarding transmission and risk associated with COVID-19 infection.

How do healthcare workers, including trainees, acquire COVID-19

COVID-19 is spread by droplet and contact transmission. In most cases, prolonged close contact within 2 meters is required for transmission to occur. Attack rates in households are approximately 10% to 20%, and are much lower in other settings, including healthcare settings.

Healthcare workers are at increased risk of COVID-19 compared to the general population because of their need to attend work in person, and the need for close contact with patients. However, data suggest that many or most healthcare workers that develop COVID-19 acquire it in the community. When healthcare workers acquire COVID-19 within a healthcare setting it can occur via several mechanisms*:

- Exposure to another infected healthcare worker, including pre-symptomatic or mildly ill healthcare workers that have continued to work despite illness;
- Exposure to a COVID-19 patient where that patient was not suspected of having COVID-19 as they were pre-symptomatic or their symptoms were atypical or ascribed to an alternative diagnosis;
- Exposure to a confirmed COVID-19 patient without the use of hand hygiene or without the use of appropriate personal protective equipment (including correct donning and doffing of this equipment).

* Note: While transmission of COVID-19 transmission related to handling specimens in a laboratory setting is a theoretical risk, transmission to laboratory staff has not been reported.

An important point is that restricting contact with confirmed COVID-19 cases will only minimally reduce a healthcare worker's risk of acquiring COVID-19 as they will remain at risk from community transmission, healthcare worker to healthcare worker transmission, and transmission from unrecognized cases. Only strict adherence to both public health and infection control routine practices (including physical distancing between healthcare workers and universal masking at work) can reduce these risks.

Strategies to Protect all Trainees

All healthcare trainees are at risk of COVID-19. To minimize their risk the following measures should be in place:

- Training programs should ensure that trainees are informed about public health guidance on reducing the spread of COVID-19 in our communities – trainees have a responsibility as healthcare professions to role model recommended public health behaviours;
- Training programs must ensure trainees receive infection prevention and control training on hand hygiene, routine practices, and the correct use of personal protective equipment;
- Training programs and healthcare settings where trainees are located must ensure that trainees are aware of the policies and procedures related to COVID-19 in each setting, including the required use of masks at all times within the healthcare setting, the use of additional personal protective equipment (e.g. faceshields, gowns, gloves) when indicated, and recommendations on social and physical distancing within the clinical and non-clinical learning environment;
- Training programs must ensure that trainees are aware that they must not attend a clinical placement if ill; the training program must ensure that trainees are not penalized for lack of attendance due to illness;
- Trainees should only be sent to clinical placements that provide a safe environment that includes infection prevention and control policies and procedures to reduce COVID-19 transmission risk, provision of required personal protective equipment to trainees, and appropriate supervision;
- Trainees should never be required to care for potentially infectious patients to reduce the risk to other healthcare workers (e.g. senior clinicians should not have trainees provide care to COVID-19 patients as a strategy to avoid providing that care themselves);
- Trainees must have access to personal protective equipment, occupational health assessment, and COVID-19 testing in the same manner as other healthcare workers;
- Trainees should be assigned graduated responsibility and should only provide clinical care at a level that their program and clinical supervisor feel is within their current competency.

Considerations and recommendations for pregnant trainees and trainees with existing health conditions that may increase COVID-19 risk

Pregnancy has been associated with worse outcomes from other respiratory viruses, including influenza. Early data for COVID-19 suggest that pregnant women are not at increased risk of severe outcomes compared to non-pregnant women. The quality of these data remain limited, however. An increased risk of preterm delivery has been reported, and other, as yet unknown risks to the fetus related to maternal infection remain possible.

A number of comorbid conditions have been associated with increased risk of severe COVID-19 outcomes (e.g. hypertension, asthma, COPD, coronary artery disease, diabetes, obesity), as has age and male gender. Other less common conditions, particularly immunocompromising conditions (e.g. bone marrow transplants) and conditions affecting the lungs (e.g. cystic fibrosis), are also likely to increase risk, but data remain limited. In some cases the degree of risk increase is relatively small; furthermore there is significant morbidity (and potential mortality) associated with COVID-19 in the absence of any identified risk conditions.

Considering that: 1) all trainees are at some risk of COVID-19, 2) most of this risk is not related to the direct provision of care to a COVID-19 patient by a trained individual using appropriate PPE, 3) healthcare training can be significantly impacted when clinical rotations are canceled, rescheduled, or delayed, 4) COVID-19 symptoms are so broad that a large proportion of patients are currently considered to have suspected COVID-19, 5) the pandemic risk will not resolve in the near future, and 6) many trainees will become credentialed healthcare professionals during the pandemic, it does not make sense to completely restrict trainees from providing care to patients with suspected or confirmed COVID-19.

Recommendations

- **Trainees at all levels** are not obligated to report their medical condition or pregnancy status, as it relates to COVID-19 risk, to their program or clinical placement.
- **Post-licensure trainees** (e.g. residents, fellows) that are pregnant or have a medical condition that may increase their risk of COVID-19 are **expected to provide care** to patients with **suspected or confirmed** COVID-19 (including working in an area or placement dedicated to COVID-19 care) if they have received appropriate training, have access to appropriate PPE, and are under appropriate supervision.
- **Pre-licensure trainees** (e.g. medical students) that are pregnant or have a medical condition that may increase their risk of COVID-19 **should not provide care** to **confirmed** COVID-19 patients or work in an area or placement dedicated to COVID-19 care.
- **Pre-licensure trainees** (e.g. medical students) that are pregnant or have a medical condition that may increase their risk of COVID-19 **can provide care** to patients with **suspected** COVID-19 if they have received appropriate training, have access to appropriate PPE, and are under appropriate supervision.
- **Trainees at all levels** can participate in laboratory medicine rotations, including handling specimens that may be contaminated with SARS-CoV2, if they have received appropriate training, have access to appropriate PPE, and are under appropriate supervision.
- **Trainees at all levels** that are severely immunocompromised or have a condition that may substantially increase their risk of severe COVID-19 outcomes should be evaluated by their program. On a case by case basis, if warranted and in order to reduce risk, it may be necessary for the trainee to take a medical leave of absence in order to avoid both community and occupational exposure to COVID-19 following the medical leave policy for their program.