Post MD Education
UNIVERSITY OF TORONTO

Postgraduate Medical Education Advisory Committee (PGMEAC)

Friday, January 29, 2021
12:00 – 2:00 pm
Via Zoom

MINUTES

Present: Glen Bandiera (Chair), Caroline Abrahams, Adelle Atkinson, Lisa Bahrey, Bernice Baumgart, Mary Bell, Stacey Bernstein, Lisa Bevacqua, Andrea Bezjak, Paolo Campisi, Ben Cassidy, Savannah Clancey, Ari Cuperfain, Susan Done, Larry Erlick, Michele Farrugia, Rachel Fleming, Alison Freeland, Jeannette Goguen, Patricia Houston, Karl Iglar, Jackie James, Nicola Jones, Melissa Kennedy, Arno Kumagai, Ron Levine, Mirriam Mikhail, Maureen Morris, Laura Leigh Murgaski, Stu Murdoch, Barry Pakes, Reena Pattani, Linda Probyn, Giovanna Sirianni, Shannon Spencer, Adrienne Tan, Charlene Sturge (Recorder)
Guests: Margaret Mah, Ann Davies, Paul Tonin
Regrets: Michaela Cada, John Lloyd

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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, November 13, 2020 meeting were accepted as circulated.

MATTERS ARISING/REGULAR UPDATES & FOLLOW-UP

2. Resident Report

M. Mikhail shared some specific concerns PARO has heard from residents:

Redeployment

- With the latest redeployment there is a growing concern for resident wellness, mental health and risk of burnout. Is there anything PG or the programs can do to support residents?
- Toronto GC reps have heard from residents that they would appreciate and find it helpful to receive more regular updates from PG in regards to COVID and redeployment
- PARO advices that, where the hospital **can** honour existing vacation and leave requests and/or approve requests in keeping with their responsibilities under the PARO-CAHO Collective Agreement, they should continue to do so. Being able to take vacation will prevent resident burnout and fatigue and improve resident wellness.
- Ensuring residents are provided the choice to attend longitudinal clinics/protected academic time from their base program while redeployed
- Continuing to try to prevent unnecessary extension of training as a result of redeployment (See PARO's Extension of Training Principals on the COVID19 website)

Vaccinations

- Some programs have a disadvantage when it come to the "first come first serve" policy some hospitals have employed for vaccination sign-up. For example, as surgery residents are in the OR all day they are

unable to register for vaccinations quickly and often miss the opportunity before the list fills-up. A new type of registration system should be considered for the next round of vaccinations.

- It is important for resident vaccination to consider not just where residents are (rotation, site) but where they are going (ie next rotation in ICU though right now on rheumatology). In addition, some residents have encountered barriers and confusion in coordinating vaccination sign-up between different hospital sites. For example, if a resident is at St. Michael's on Friday, but rotates to SickKids on Monday, should they register for the vaccination at St. Michael's or SickKids?
- It is important for programs to be accommodating in clinical coverage for residents to leave for 1-2 hours to receive the vaccine at their assigned time, especially for their rescheduled times for the second dose.
- It is important to remember to include DME residents - ensuring they are appropriately included in vaccination rollout plan
- Consider how redeployment plan impacts who needs to be prioritized for the vaccine

Hospital IPAC Regulation

In relation to the COVID19 pandemic residents have noted that different IPAC regulations at each hospital, and specifically, different COVID-19 protocols, leads to confusion (for example at some hospitals you have to wear face shield, at others you do not). It would be helpful if all hospital IPACs have consistent regulations.

Lounge Review:

In 2018-2019 the PARO GC team reviewed 29 resident lounges at all hospital sites. We hope to share/email the results of this lounge review with all committee members.

3. PAAC Report

S. Clancey reported on recent PAAC activities:

- PAAC circulated a survey in December with a reminder going out last week. The purpose of the survey is to determine how trainee rotation/block scheduling information is shared between the programs and the Hospital Medical Education Offices.
- Another survey is being drafted to send out to Program Administrators for feedback on Accreditation – focusing on preparing the AQ and the meetings they had with the survey team. The results will be shared with Laura Leigh and the PGME team.
- The Award Adjudication Committee met last week to review the PAAC award criteria and nomination process for this year. Information about the nomination process should be sent out within the next couple of weeks.
- We have been planning a couple of upcoming virtual sessions for education administrators which include a wellness session to be held in late March and an appreciation event in April focusing on Zoom fatigue and a panel discussion from our peers to share some tips and tricks for working from home. More details coming soon. All education admins are encouraged to attend.

4. COFM

Important updates included:

- Continue to lobby with the Ministry of Health for increased residency spots. The Deans are confident there will be some increase in the near future – not sure in which directives will be included (i.e. geographically or specific specialties), but this will improve the UG to PG ratio of spots. More details to follow.
- CPSO informed that they are in receipt of a recommendation to eliminate the requirement of the MCCQEII exam as a route to restricted registration, which would increase the pool of residents eligible for that.
- CPSO is contemplating an alternative route for full licensure for this coming year for those who are not able to take the MCCQEII exam. Still reviewing the processes and policies related to this.

- PARO/OHA negotiations resume in February. PG Deans were asked to provide input to contract/financing issues including leaves and time away from clinical training and how tight it is to fit in the curriculum. PG Deans requested to be included in the discussions if the amount of time is going to be extended.

HUEC
A presentation by the Director of Sexual Violence university office provided an overview of the resources available and presented it to hospital partners should they need help or advice.

5. Guideline for Managing Disclosures of Mistreatment (see attached)
The updated and penultimate version of this guideline was shared with the committee last week with a request for input. This was approved by all PGMEAC members with minor changes.

6. Accreditation Follow Up – AFI Summaries (see attached)
L. Probyn shared the AFI summaries in follow up to the Accreditation review, which included:

An overview of the outcomes for residency programs was provided. There are 56 programs with follow-up in 8 years at the next regular review (RR), 13 with follow-up in 2 years by Action Plan Outcome Reports (APOR), 5 with follow-up in 2 years by External Reviews and 2 with follow-up in 2 years on Notice of Intent to Withdraw.

A summary of the Areas for Improvement (AFI) counts was provided, based on the preliminary program reports received in December 2020 (final reports with narratives will be available in February 2021) which will be helpful to understand the nuances of the AFIs and to make action plans to address the concerns. The AFIs were reported at the Requirement level (as this determines the follow-up either at 2 years or at the next regular review). The 10 most common AFIs were in the following Requirements: 1.1.2 (cited in 11 programs), 2.1.2 (cited in 11 programs), 3.1.1 (cited in 18 programs), 3.2.1 (cited in 12 programs, 3.2.4 (cited in 11 programs), 3.4.1 (cited in 22 programs), 3.4.2 (cited in 12 programs), 5.1.3 (cited in 9 programs), 7.1.1 (cited in 14 programs), 9.1.1 (cited in 21 programs). The breakdown of CBD vs non-CBD programs was provided when relevant and some of the AFIs will likely be addressed with CBD implementation. Departments will receive a list of the AFIs for their programs.

The Internal Review Committee (IRC) will reconvene in March. The committee will review the reports and determine what follow-up is required to help programs prepare for their follow-up.

7. COVID Updates
Redeployment

- The ICUs are being hit hard during this second wave with a shifting landscape and the needs will likely change with redeployment to meet this demand. In summary, very little redeployment in the first six blocks, but an increase has been since in block eight. With 10 different departments involved in their residents being deployed shows the breadth of impact and response to the needs. PG is working closely with specific departments and experts on the ICU to work out the needs with the aim to fill the gaps of the cascading effects.
- The goal is to maintain trainee vacation requests to ensure wellness and rest, but with the increased need and ensure that nobody is disproportionately disadvantaged more than they need to be. Trainees are expected to take their vacation this academic year as there is no guarantee that the Ministry of Health will pay out unused vacation this year.
- Trainees are encouraged to still maintain the educational continuity (attend academic half days, etc) to the extent possible.
- PG has asked PDs to advise of any of their at risk trainees for vaccinations so that PG can advocate on behalf of programs for those who need it the most

- P. Houston shared she is advocating to the Academic Recovery Table that it would be very difficult to support the ongoing expanded critical care needs if there is not an concerted effort to decrease the surgical loads so that surgery and anesthesia trainees and faculty are available to help with hospital needs to lift the burden of those currently carrying the load for almost one year now.

8. Operation Remote Immunity

The Temerty Faculty of Medicine is assisting Ornge to promote opportunities, as a volunteer initiative, for teams to participate in Ornge's **Operation Remote Immunity** initiative with the goal of delivering and **administering COVID-19 vaccines to 31 of Ontario's Northern Indigenous Communities that are remote and/or only accessible by air.** Vaccination planning has been completed for each community in conjunction with a community leader. Each multidisciplinary team will consist of 3 Ornge personnel (a Lead, Associate Lead and an Administrator) as well as 3 to 4 medical personnel - 1 Clinician and 2 to 3 MD Clerkship Students, Residents and/or Fellows. Teams will be scheduled for one-week deployments into the remote Indigenous Communities. More details will be shared in the near future.

Next Meeting | Friday, March 26th at 12:00 pm via Zoom