

Draft version June 11, 2013 (M. Paton)

**Report from the HUEC Working Group on Vulnerable Sector Screening
Faculty of Medicine, University of Toronto
June, 2013**

1.0 Background

The Working Group was formed in response to the requests from affiliated sites in the fall of 2012 for a coordinated approach to the reporting of learner Vulnerable Sector Screening status within medical education.

At present, the programs represented at the Hospital University Education Committee have a varied approach to Vulnerable Sector Screening – both Undergraduate Medical Education and Physician Assistant programs have received University of Toronto permission to make both Criminal Record and Vulnerable Sector Screens a requirement of their programs. As such, applicants to both programs complete these screens prior to entry into clinical placements. On the other hand, postgraduate trainees (residents and fellows) do not require either screening tool as part of their education program, but do currently require Criminal Record Checks in order to be granted an educational license by the CPSO. As residents and fellows are considered to be employees of the hospital/institutes by virtue of the PARO-CAHO agreement, each hospital/institute establishes their own approach to employment requirements beyond that set by the CPSO.

After calls from hospital affiliates to establish a collective approach to articulated requirements, Dr. Sal Spadafora, Vice-Dean of Postgraduate Medical Education and Co-Chair of HUEC struck a Working Group which first met in February 2013 and approximately monthly thereafter.

2.0 Terms of Reference

The following Terms of Reference were approved by the Working Group:

1. Identify current statutory and hospital based regulations governing and practices related to vulnerable sector screening in medical education and at the affiliated teaching sites.
2. Identify existing gaps in practice or communication about Vulnerable Sector Screening requirements of the hospitals.
3. Make recommendations to ensure the workplace learning sites' (hospital or other) needs are met across affiliated sites for the communication of learner VSS status for learners who previously completed a VSS as well as for those who have not. Any such recommendation must meet or exceed existing hospital guidelines or statutory regulations where they exist. Any recommendations should be applicable (as per affiliated hospital requests) to incoming medical trainees who completed their undergraduate training in Toronto, elsewhere in Ontario, elsewhere in Canada or in other countries outside Canada.

2.1 Working Group Composition

Co-Chairs:

- Vice-Dean, Postgraduate Medical Education
Dr. Salvatore Spadafora
- Vice-President, Medicine and Academic Affairs, Holland Bloorview Kids Rehabilitation Hospital
Dr. Golda Milo-Manson

Academic Leadership:

- Vice-Dean, Undergraduate Medical Professions Education
Dr. Jay Rosenfield
- Medical Director, Physician Assistant Professional Degree Program
Dr. Maureen Gottesman

Hospital Representation

- Vice-President, Education, Centre for Addiction and Mental Health
Dr. Ivan Silver
- Vice-President, Education, Baycrest Centre for Geriatric Care
Dr. David Conn
- Chief Education, Hospital for Sick Children
Dr. Jonathon Kronick
- Director of Medical Education, North York General Hospital
Dr. Rick Penciner

Administrative Leadership:

- Faculty Registrar
Judith Irvine
- Director, Postgraduate Medical Education
Loreta Muharuma
- Program Manager, Physician Assistant Program
Elizabeth Whitmell

Learner Representatives:

- Fellow (Invited)
- Postgraduate Medical Resident (Invited)
- Undergraduate Medical Student (Invited)
- Physician Assistant Professional Degree Program

Lindsey Kerr

Administrative Support:

- Administrative and Project Manager, Education Vice-Deans
Morag Paton

3.0 Methodology

The Working Group met four times between February 2013 and May 2013. At onset, the group agreed to establish a Co-Chair of the Working Group from one of the affiliated hospitals and Dr. Golda Milomanson assumed that role. Initial discussions were set around a review of existing VSS and CRC related documentation. These documents included:

- Results from an environmental scan conducted of screening practices in a sampling of constituencies and health professional programs in Canada (prepared Oct 3, 2012)
- CPSO Policy on Criminal Record Screening
- Documents about VSS and CRC processes prepared for the University of Toronto, Council of Health Sciences Education Committee

The Working Group then developed and conducted a survey tool that was circulated through HUEC to all twenty-four affiliated sites. After the first iteration, the Working Group circulated a revised survey tool, again, to all twenty four affiliated sites. A copy of that survey is available in Appendix 1. The survey response rate was 87%. The Working Group reviewed the survey results and presented preliminary results (anonymized by site) back to HUEC members on two occasions.

The Working Group then reviewed results from an environmental scan conducted of screening practices across MD/PA/PGME programs at medical schools across Canada (prepared May 2013).

Following an oral presentation of proposed recommendations to HUEC and hearing preliminary feedback from members, the working group established the recommendations contained in this report.

4.0 HUEC Recommendations

The Working Group recommends that HUEC adopt the following six recommendations:

1. HUEC recommends that both criminal record checks and vulnerable sector screens be required upon admission or entry and every five years thereafter to any Faculty of Medicine medical education program with clinical placements at the affiliated institutions. Registrants would be required to complete annual self-disclosure forms in the interim years. These medical education programs include Undergraduate Medical Education (MD), the Physician Assistant Professional Degree Program, and Postgraduate Medical Education (including fellows and residents).
2. HUEC recommends that the Faculty of Medicine strike an Expert Panel to review positive vulnerable or criminal record screening results. The Panel's membership would align closely with the existing UME Panel (which would be phased out). This membership would include at



minimum a lawyer, Registrarial representation, Decanal team representatives, the Associate Dean, Ethics and Professionalism and a representative from the hospital sites. Additional expertise would be sought only as required. This Expert Panel would have established terms of reference and process documents to ensure that applicants, learners, the university community and affiliated partners have knowledge of the process by which the Panel operates.

3. HUEC recommends that the POWER/MedSIS Working Group establish a registration requirement indicator that would enable training sites to ensure that learners have completed the required screens. This indicator, in the form of a check-marked box for example, would indicate that the learner is 'cleared' for clinical placements. Lack of this indicator in a POWER/MedSIS screen may indicate that the learner's screen is pending, under review or considered unacceptable by the proposed Expert Panel. Furthermore, in cases where the 'clearing' of a CRC or VSS is pending or delayed, HUEC is supportive of learners beginning their clinical placements provided a self-declaration has been made.
4. HUEC recommends that students and trainees request two original documents of screening results and that these documents are placed in their student file.
5. HUEC recommends that the Office of Postgraduate Medical Education work with the CPSO to suggest and create a pilot to require vulnerable sector screens (in addition to CRC) of residents and fellows at the University of Toronto in clinical placements.
6. HUEC recommends that in addition to requirements for receiving work permits and/or visas, international learners (including Canadians studying abroad) will require at minimum, a self-declaration.