

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, February 25, 2011

Present:

C. Abrahams (PGME)	J. James (MSH)	N. Rosenblum (CIP)
A. Atkinson (Peds)	M. Knox (PAIRO)	F. Scott (Comm Medicine)
N. Bryant (PGME)	R. Levine (Surgery)	H. Shapiro (Obgyn)
R. Byrick (CPSO)	H. McDonald-Blumer (Int Med)	S. Spadafora (VD PGME)
H. Darwish (PAIRO)	D. McKnight (AD Eq + Prof)	J. Tepper (Sunnybrook)
J. Goguen (Medicine)	B. A. Millar (Rad Onc)	I. Witterick (Otolaryngology)
K. Iglar (Fam Med)	L. Muharuma (PGME)	A. Zaretsky (Psychiatry)

Regrets:

S. Glover Takahashi (PGME); P. Houston (SMH); W-C Lam (Ophthalmology); M. Levine (Anesthesia); L. Probyn (Diag Rad); A. Rachlis (UG Clerkship/SBK); S. Raphael (Lab Med); J. Rosenfield (VD UGME); R. Schneider (Peds SS);

Agenda/Minutes

- a) Approval of Agenda. The agenda was approved, with one addition from F. Scott who reported that the RCPSC had approved the program name change from Community Medicine to Public Health and Preventive Medicine.

- b) Approval of Minutes, January 28, 2011. The minutes were modified to remove the last sentence from Item #6. It was noted that that Internal Review Reports should be sent to the Department Chair (or delegate such as the Vice Chair) as outlined in the RCPSC "grey book". The minutes were approved as revised, with a motion from F. Scott, and seconded by H. McDonald Blumer.

Follow-Up from January 28, 2011 Meeting

Input on CPSO "Professional Responsibilities in Postgraduate Education"

At the January meeting, members were asked to email PGME with any comments they had on these materials, but no comments were received. The Ontario PG Deans have submitted their comments to the College. In addition, the Fellowship Education Advisory Committee will also be submitting their comments as part of the consultation. B. Byrick noted that the major change from the previous version was regarding line #139 on consent. Members are welcome to contact Dr. Byrick directly regarding any other changes to the policy.

New Business

1. Review of Policies: PGME Transfer Policy, Nov 2008

This policy was last revised in November 2008. Recommendations to revise were: to delete the specific date re the deadline, note that transfers are confidential and Program Directors cannot contact the resident's current PD without authorization, delete the disqualification regarding second iteration matches, timing of the intra-provincial review of transfers until after the 2nd iteration, and re-ordering of the process and that transfers should not subvert HHR policy. The document with track changes will be circulated to members for approval at the next meeting.

2. MOHLTC funded positions: Clinician Investigator Program

N. Rosenblum explained that there were 14 newly-awarded 1 year funded positions for CIP awarded by the Ministry of Health. A process was established to determine how to award these new positions. Last year, the process was that Type 1 (departments active in CIP funded roles) were assigned 10 positions. Type 2 (for depts. with little or no activity with CIP) had 4 spots awarded in an open, merit-based competition. This process did not help to increase capacity, which was the goal of the additional positions. Another issue was the disconnect between the CIP Selection Committee and the working group reviewing the applications. It was suggested that the departments rank their submitted CIP candidates. Members felt that Type 1 and Type 2 designations could continue. C. Abrahams will discuss further with the Program regarding ways to involve the CIP Committee in the position selection process. S. Spadafora will contact PG COFM regarding unused CIP positions.

3. Royal College Diploma Programs

L. Muharuma provided an overview of the current status of the new categories of discipline recognition of the RCPSC: the Fundamentals Programs, Special Interest Groups of Medical Activity (SIGMA), and the Areas of Focused Competence (Diploma) Program. RCPSC Royal approved the Fundamentals category in October 2010. The SIGMAs were endorsed by the Royal College's Education and Executive Committees in May 2010 and have been incorporated into the Office of Professional Affairs. At its February meeting, the College approved the Areas of Focused Competence (Diploma) category. It will review 5 to 7 applications for pilot diploma programs this spring, with an application deadline of March 15, 2011. A new credential will be conferred for Royal College diplomates, the Diplomate of the Royal College of Physicians and Surgeons of Canada (DRCPSC).

There are four types of eligibility based on primary or subspecialty prerequisite, conjoint CFPC programs, and non-clinical programs. Application criteria include RCPSC specialty entry as well as any MD. Application fee is \$12,500 per program and credentialing and other fees will be charged on a cost-recovery basis.

Matters Arising/Regular Updates/Follow-Up

4. COFM Report

S. Spadafora provided a summary of the activity regarding community preceptor funding. There is still no Transfer Payment Agreement from the Ministry of Health. Health Canada announced that it will provide funding for selected PGY3 Fam Medicine Emerg positions but they will be tied to a Return of Service to a specific LHIN. Leslie Flynn, former Queen's PG Dean has been hired by the MOHLTC to review mental health HHR issues related to PG training, similar to the lack of interest in Fam Med in the 1990's. Dr. Flynn will be meeting with various stakeholder groups on these issues. A new DND agreement will be signed with the Canadian Forces for specialist trainees and the contract will be standardized for the 6 Ontario schools.

5. HUEC Report

There was no meeting in February. HUEC members will be involved in the working groups of the Toronto Integrated Medical Education (TIME) committee.

7. Resident Issues

PAIRO informed members that the Canadian Association of Internes and Residents conference is being held this week and CAIR is currently involved with FMEC discussions.

8. Internal Review Committee

We are at mid-cycle in the Internal Review process with approximately 20 programs to go. 19 programs must submit updates and 9 require follow-up. There are 13 FM programs to be reviewed by the FM IRC subcommittee. The IRC will be expanded to complete more reviews within the November 2011 deadline. Currently 5-6 programs are being evaluated per meeting.

9. Integrated Medical Education/Expansion

The IME and T-IME initiatives were detailed in the recent MedEmail by Dean Whiteside. T-IME will have 5 different sub-committees that will work with PGMEAC and HUEC to re-evaluate all policies before November 2011

Other: S. Spadafora reminded members of the March 9th PD Appreciation Event, and the May 7-11 CCME meeting.

The meeting was adjourned at 2:10 p.m.