

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, February 24, 2012

Present:

A. Atkinson (Peds)	H. McDonald-Blumer (Int Med)	A. Rachlis (UG Clerkship);
C. Abrahams (PGME)	D. McKnight (AD Eq + Prof)	S. Raphael (Lab Med)
G. Bandiera (AD PGME)	N. Marshall (PGME)	H. Shapiro (Ob/Gyn)
R. Fels-Elliott (PAIRO)	B. A. Millar (Rad Onc)	S. Spadafora (VD PGME)
J. Goguen (Medicine)	L. Muharuma (PGME)	J. Tepper (Sunnybrook) TC
K. Iglar (Fam Med)	G. Mukerji (PAIRO)	F. Vira (PAIRO)
J. James (MSH)	A. Pattern (PGME)	I. Witterick (Otolaryngology)
M. Levine (Anesthesia)	L. Probyn (Diag Rad)	A. Zaretsky (Psychiatry)
R. Levine (Surgery)		

Regrets:

R. Byrick (CPSO); S. Glover Takahashi (PGME); W-C Lam (Ophthalmology); J. Maggi (SMH); N. Rosenblum (CIP); J. Rosenfield (VD UGME); F. Scott (PH + PM); R. Schneider (Peds SS);

Guests: Dr. Ken Locke & Rosalind Armstrong

AGENDA/MINUTES

1. a) The agenda was approved as circulated, moved by A. Zaretsky, seconded by R. Levine. The agenda was modified to allow Item #6 be presented first to accommodate the guests.
- b) The minutes of the January 27, 2012 meeting were accepted as circulated.

REGULAR UPDATES

2. Update from COFM, HUEC

- S. Spadafora stated that COFM is currently reviewing an accountability framework between the Ministry and the Deans of Medicine. The framework will be a springboard for discussion, but has the potential to reduce flexibility for the schools.
- PAIRO and OHA are currently working on the duty hours issue. The discussions are moving slowly. PG Deans are not directly involved in the negotiations but very engaged as they are invested in the outcome.
- COFM is discussing flexibility of funding years regarding intra-provincial transfers so as not to stifle intra-provincial movement of learners.
- Indirect expenses charged to the preceptor funding envelope may include faculty development. Expenses are being accrued and tracked in preparation.

3. Resident Issues

PAIRO thanked L. Muharuma for incorporating PAIRO changes into the Guidelines for Assignment and Removal of Trainees from Teaching Sites. There were no additional resident issues.

4. Internal Review Committee + Pre-Accreditation

- G. Bandiera stated that the IRC meeting would take place the following week, so no update was provided. The Committee activities are on schedule. S. Spadafora and

- G. Bandiera continue to meet with each Department Chair to provide an overview of the strengths and weaknesses within the programs under their supervision, starting from the 2007 base. Programs and Chairs have been surveyed regarding the RCPSC Accreditation Pilot Proposal which includes a PSQ submission by all programs but only selected programs will be required to undergo a survey. The response has been positive and the Dean will respond to the RCPSC by the end of February.
- The revised Pre-Survey Questionnaire is expected by the end of February. It is currently in its final stages of revision. Faculty Development workshops will be held to determine the best course of action of implementing the revised PSQs.

5. Policy/Guidelines/Consultation: Update:

L. Muharuma provided an update on policies and guidelines the committee has review over the last two years. Some were retired/replaced (Supervision of Residents, and Resolution of Resident Disagreement with Attending Physician or Supervisor). Others are under review by separate subcommittees (Intimidation and Harassment and Resident Health and Safety) and will be brought forward to PGMEAC when ready.

Those which have been newly developed, reviewed and approved within the last 4 years are:

- Guidelines for the Assignment of Medical Trainees
- Guidelines for the Appropriate Use of the Internet
- Transfers Policy
- Leaves of Absence and Waiver of Training Guidelines
- Standards of Professional Behaviour for Medical Clinical Faculty.

The protocol for a Medical Student Complaint Against a Resident (May 1998) will be referred to UGME. The Communicable Disease policy will be replaced by Faculty-wide Guidelines currently under development. Our Immunization requirements are now governed by the province-wide COFM Immunization Policy. The Blood and Body Fluid Exposure Policy is still in force but will eventually be replaced by the provincial BBP policy currently under development at COFM.

D. McKnight noted that the Guidelines for Relations with Industry from the Task Force on Relations with Industry and the Private Sector have not yet been released. He recommended that the Guidelines for Relationships Between Physician Trainees, Postgraduate Training Programs and Industry (1996) should remain in force until further notice.

NEW BUSINESS

6. Resident Recruitment – UME Portfolio Project

Dr. Locke presented an overview of the UME Portfolio project which spans the clerkship years. He distributed the Portfolio Course Handbook. During the year's program, clerks will have 7 meetings with a resident and faculty mentor, discussing an experience and reflecting upon it. The purpose is to have a "near-peer" clinician to mentor them through the process. Residents should expect to commit approximately 40 hours per year to the program. Meetings 14 hours, assessing portfolios 12 hours, advising students = 10 hours, and teaching/mentoring development = 4 hours. Dr. Locke would like Program Directors to nominate or select residents in their program they feel would be a good "fit"

– good listener, >PGY2, time availability, thoughtful, self-reflective, good with junior learners, etc.

Dr. Spadafora thanked Dr. Locke for his presentation and indicated that he will send an email to Program Directors to request resident nominations to participate in the portfolio project.

7. Report: “A” Standards Review of the PGME Office

The report of the “A” standards review held on November 7-8 was distributed to all Program Directors and Chairs, and hospital education members. S. Spadafora presented a slide presentation summarizing the weaknesses identified in the report. Some issues are beyond the complete control of the faculty such as the inter-functionality of clinical systems across sites and common credentialing. These issues will be raised by the Dean at TAHSN, HUEC, the IT unit directed by Marcus Law, and other committees as appropriate.

Other hospital issues identified in the report will be followed up separately by S. Spadafora and G. Bandiera with the hospital VPs Education. There was some discussion regarding the post-call exemption for surgical residents. S. Spadafora will discuss this issue further with appropriate faculty members as well as the CAHO negotiating team.

A. Rachlis stated that the clerks are required to leave after a specified time period to allow time for study, but they are reticent to request early departure from the service. She will send further comments on this issue to R. Levine.

8. Future of Medical Education in Canada – PG

Deferred to March meeting

9. Infrastructure Funding Update

Deferred to March meeting

10. ITER “Minimum Standards” document

The document dated February 21, 2012 outlines 5 minimum standards to be applied to all new ITERS. The standards may be summarized as follows:

- 1 – based on goals and objectives, identify evaluation methods, identify level of performance expected.
- 2 – reasonable length, reflect explicit and integrated mapping
- 3 – 5-point scale with 3 being a pass
- 4 – one global performance question on 5-point scale
- 5- use of CANMEDs roles.

S. Spadafora stated that the document will come back to a future PGMEAC meeting for vote and approval. This will allow sub-specialty programs to review the document and provide comments.

OTHER BUSINESS/INFORMATION

Dr. Spadafora expressed the Faculty’s appreciation to Dr. Heather Shapiro for her dedication as Program Director of Obstetrics and Gynecology since 2001. We welcome Dr. Steele as the new

Program Director, and were happy to learn that Heather will remain in touch with PGME in her new role as Vice Chair, Education in the department.

11. Confidentiality and Use of Data Document

S. Spadafora brought the members attention to the addition of one sentence “*Learner identities will not be disclosed, even in exceptional circumstances, unless it is necessary in order to address a serious issue. Learners will be notified of any disclosure of their identity*”, which was added to both the learner and teacher sections. As there were no objections to the revised document, it was approved as of this date.

12. Drummond Report, Health Care Action Plan, Thomson IMG Report

Due to time limitations, discussion of the Drummond Report and Health Care Action Plan were deferred to a future meeting.

C. Abrahams provided an overview of the Thomson IMG Report. There were 33 recommendations with many in the purview of the Ontario faculties of medicine. Next steps include: analyzing the recommendations by the PG:COFM working group; COFM will work with MOHLTC regarding implementation; possible panel discussion of themes regarding IMG selection and admissions at the CCME meeting in April 2012.

The meeting was adjourned at 2:40 p.m.