

**POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE**  
**Minutes of Friday, October 26, 2012**

**Present:**

A. Atkinson (Peds)	R. Levine (Surgery)	L. Probyn (Diag Rad)
T. Bahr (PGME)	J. Maggi (SMH)	S. Raphael (Lab Med)
G. Bandiera (AD PGME)	A. Matlow (WCH)	N. Rosenblum (CIP)
P. Campisi (Otolaryngology)	H. McDonald-Blumer (Int Med)	S. Spadafora (VD PGME, Chair)
S. Glover Takahashi (PGME);	D. McKnight (AD Eq & Prof)	F. Scott (PHPM)
J. Goguen (Medicine)	B. A. Millar (Rad Onc)	D. Steele (ObGyn)
K. Iglar (Fam Medicine)	L. Muharuma (PGME)	J. Tepper (Sunnybrook)
J. James (MSH)	K. Pardhan (PAIRO)	C. Wang (PAIRO)
J. Laidlaw (PAIRO)	A. Pattern (PGME)	L. Wiesenfeld (Psychiatry)
M. Levine (Anesthesia)	M. Patton (Edu Deans)	P. Zhang (PAIRO)

**Regrets:**

S. Bernstein (UG Clerkship); R. Byrick (CPSO); W-C Lam (Ophthalmology); P. Houston (Acting VD UGME); R. Schneider (Peds SS)

**Guests:** J. Fawcett (NOSM), B. Pakes (DLSPH)

**AGENDA/MINUTES**

1. a) Added to the agenda: Announcement regarding PGCORed Working Group will be added under #15 – S. Glover Takahashi. Agenda approved with the addition.
- b) The minutes of the May 25, 2012 meeting were unanimously accepted as circulated.

**REGULAR UPDATES & FOLLOW-UP**

**2. Update from COFM, HUEC**

S. Spadafora gave an overview of items recently discussed at COFM:

- The Thomson Report Working Group continues to work through the recommendations, and is moving on some of the short term items: not including observerships in CARMS applications; consideration of a standardized national exam such as the NAC-OSCE. Elimination of the Assessment Verification Period was recommended and is now being considered by the CPSO.
- Blood Borne Pathogen policy put forward by COFM is still under review by the PAIRO General Council regarding the CPSO information sharing.
- Electronic Letter of Appointment to be implemented by the CPSO in 2013-14
- Pools Framework will be revised

HUEC summary:

- One-mail implementation is proceeding. Invitation to fellows is next on the agenda. Issue raised regarding insufficient storage on the encrypted mail system
- Implementation of e-learning Privacy Module was a success. 98% completion rate. Work will continue to introduce other modules and secure hospital acceptance of learner's completion of one generic module
- A Vulnerable Sector Screening Working Group for UG-PG learners will be formed to meet hospital requirements. Current varied collection of this information.
- Statement on Protection of Personal Health Information was approved.

### **3. Resident Issues**

- Contract signed for 2011-13. Summary on website. Highlights under Item 10.
- CAIR pre-accreditation survey sent to residents
- Concern expressed regarding loss of CAIR's voting status on the RCPSC Education Committee
- An interview on White Coat Black Art with Dr. Lou Francescutti, president-elect of the CMA was brought to the Committee's attention. The podcast, in which he commented on resident attitudes, the health care system, and physician employment issues, is available on the CBC website.

### **4. Pre-Accreditation Preparation**

G. Bandiera outlined the progress on the Pre-Survey Questionnaire submissions for programs and hospitals. Programs not eligible will have a later submission date. Site visits will be decided upon once the chair and deputy chair schedules are formalized.

### **5. Areas of Focused Competence/FEAC**

S. Spadafora reviewed the status of the 10 AFC programs as outlined on the handout. He noted that the PGME Office will have jurisdictional oversight of the programs without operational responsibility. The Vice Dean will provide authorization to UofT departmental requests for approval of the diploma programs already approved by the RCPSC, after review by the Fellowship Education Advisory Committee. Application fees of \$12,500 for new programs are paid to the RCPSC by the originating agency/society. Once a program is approved, an annual \$2,000 maintenance fee applies. It was noted that the majority of our fellows would be ineligible to apply for these programs as applicants must be RCPSC certificants.

S. Spadafora also noted that the FEAC was in the process of developing guidelines for remediation, suspension, dismissal of clinical fellows. There was general discussion of the need to educate some of our faculty regarding the registration process for clinical fellows and to differentiate them from clinical assistants.

### **6. Policy/Guidelines/Consultation:**

- a) Guidelines to address Intimidation & Harassment: This document was approved by HUEC with the following changes:
  - Page 12 on the flow chart: the mediator triangle should be yellow
  - It should be noted that filling in the form does not trigger an investigation. A footnote will be placed at the bottom of the form indicating that an investigation will not proceed without the complainant's consent i.e. the PGME Office will contact the learner. And a notation that the complaint may proceed with the name removed.
  - Once these 2 changes are made, the Guidelines are considered final and may be posted on our website.
- b) Trainee Health and Safety Guidelines:
  - A change was requested on page 3 regarding the placement of bullet 3. B. Millar moved to accept the document, seconded by J. Tepper. The document was approved and will be reviewed at the November meeting of HUEC.

### **7. 13-Block Year Rotation Scheduling**

The 13-block schedule was discussed, with rotation dates. H. McDonald-Blumer outlined the reasons why Internal Medicine was initiating the change. There was some concern expressed regarding ROMP paying for only rotations on a monthly basis, and the confusion regarding start/end date differences across programs. S. Spadafora acknowledged that there will be some growing pains but the compromises should be reached across sites and programs. H. McDonald-Blumer indicated she would be happy to discuss issues with individual programs.

## **NEW BUSINESS**

### **8. Quotas Allocation Committee**

G. Bandiera presented the recommendations of the Quotas Allocation Committee. Increases for PGY1 for 2013 were approved as follows: 4 Internal Medicine, 1 PHPM (Barrie) for CMGs. Changes in IMG quotas for increase in Peds, Dermatology and PMR were approved, offset by decreases in Rad Onc, General Surgery and Emergency Medicine. Total PGY1 quota for 2013 is 419. Planned distribution for Medical and surgical subspecialties were approved, as well as FM PGY3. (see slides)

### **9. Global Health**

B. Pakes presented an overview of the PGME plan for global health activities in the coming year including the continuation of the GHEI, a GH electives policy and tracking system, pre-departure training and a Global Health half-day. A GH Education Committee has been formed and representation from certain programs was requested (see slides)

### **10. PAIRO-CAHO Contract**

L. Muharuma presented highlights from the newly approved collective agreement for 2011-13. Call stipend interpretations are forthcoming. A meeting of hospital medical education office staff is planned for November 1<sup>st</sup>.

### **11. Dual Certification – deferred**

### **12. Medical Training Days – deferred**

### **13. Convocation – deferred**

### **14. Strategic Plan and other initiatives**

S. Spadafora informed members of the new website and brought their attention to the PGME strategic plan and annual report. Hard copies were distributed.

### **15. Other Business/Additional Agenda Items:**

S. Glover Takahashi announced that a PGCorEd Working Group will be established and a doodle poll will be distributed shortly to schedule meetings.

The meeting was adjourned at 2:40 pm.