

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, March 22, 2013

Present:

C. Abrahams (PGME)	K. Iglar (Fam Medicine)	L. Muharuma (PGME)
A. Atkinson (Peds)	J. James (MSH)	M. Paton (Edu Deans)
G. Bandiera (AD PGME)	W-C Lam (Ophthalmology)	S. Raphael (Lab Med)
P. Campisi (Otolaryngology)	M. Levine (Anesthesia)	N. Rosenblum (CIP)
M. Fefergrad (Psychiatry)	J. Maggi (SMH)*	S. Spadafora (VD PGME, Chair)
V. Fernandes (PAIRO)	D. McKnight (AD Eq & Prof)	J. Tepper (Sunnybrook)
S. Glover Takahashi (PGME)	B. A. Millar (Rad Onc)	P. Zhang (PAIRO)
J. Goguen (Medicine)	K. Moncref (PAIRO)	

* by teleconference

Regrets:

S. Bernstein (UG Clerkship); R. Byrick (CPSO); P. Houston (Acting VD UGME); R. Levine (Surgery); L. Probyn (Diag Rad) J. Rosenfield (UG Dean); R. Schneider (Peds SS); F. Scott (PHPM); D. Steele (ObGyn)

Guest: Dr. Barry Pakes, Director, Global Health Education

AGENDA/MINUTES

1. a) One item was added to the agenda – Orientation/Safety Modules. With this addition, the agenda was accepted as circulated.
- b) M. Levine moved that the minutes be accepted, seconded W. Lam. The minutes were unanimously accepted.

REGULAR UPDATES & FOLLOW-UP

2. Update from COFM, HUEC – no update

3. Resident Update

- The 2013 PAIRO residency program award for UofT went to the Department of Psychiatry, with acknowledgement to Drs. Fefergrad, Dr. Weisenfeld, and Dr. Zaretsky
- The 2013 PAIRO Excellence in Clinical Teaching Award winner is Dr. George Porfiris an assistant professor in the DFCM, located at the Toronto East General Hospital Emergency Department

4. Pre-Accreditation Preparation

G. Bandiera noted that we are 17 days from the Accreditation survey. All Program Directors are expected to attend the Sunday evening reception to meet the surveyors. Both G. Bandiera and S. Spadafora have met with most of the residents in program groupings. Reminders will be sent out from PGME re meetings centrally organized for the survey chair's team. Documents summarizing the work of PGME committees and activities are being prepared called "Fast Facts", are being printed in a brochure form and will be distributed to Program Directors and the survey team. These will include POWER evaluation, PGCorEd, the Internal Review process, Board of Examiners, and other subjects.

The survey team will provide a preliminary decision on the accreditation status of each program by the end of the survey week. A draft report for the Family Medicine programs will be produced in May and the final will be reviewed by the CFPC Accreditation Committee in June. The reports for the specialty programs will be available in June and final versions reviewed at the October meeting of the RCPSC Accreditation Committee.

5. Policy/Guidelines/Consultation:

a) Statement on Accommodation of PG Learners

The statement was reviewed at this committee previously and a flow chart added to the final version. Further review and approval will be sought at the Hospital University Education Committee (HUEC).

b) Faculty of Medicine Principles of International Collaboration

S. Spadafora outlined the purpose and history of the document, which has been approved by the Education Deans. The document was developed to provide a framework and guiding principles for the Faculty's international collaboration agreements and initiatives. The document contains a list of 13 guiding principles to ensure commitment to equity in our international relationships and partnerships based on shared values and capacity building as opposed to provision of services. The document lists a further 7 principles governing "Inbound" exchange experiences including learners coming to UofT for health science education and research experiences, and 10 principles governing outbound experiences, including pre-departure training and registering with a consular office. The motion to approve the document was made by J. Tepper, seconded by N. Rosenblum.

c) Timing of Transfer Process

Currently the transfer process is iterative, with 3 sequential reviews of applicants: internal, intra-provincial (from the other 5 Ontario schools), and then review of external requests from other provinces and the U.S. The review of internal applicants usually takes place in February, with the external applicants reviewed after the 2nd iteration of CaRMS. Some departments have opted to review all transfers after the 2nd iteration – including internal, external and Re-Entry applicants.

Advantages/disadvantages to various groups and "review fatigue" of programs were discussed. Resident representatives favoured a transparent, fair process. It was also noted that the Ministry of Health's pause on expansion may limit mobility and program capacity. It was decided that the transfer process will remain as currently structured, but to permit programs to "combine" their transfer requests into one cohort for review if they so desire.

NEW BUSINESS

6. Update on Global Health Education Sub-Committee

B. Pakes outlined the structure of the Global Health Education Initiative and the modules in the global health program for medical residents. The pre-distributed draft Terms of Reference of the Global Health Education Sub-Committee were also reviewed. Members noted that global health electives undertaken by residents were quite diverse, and we should not attempt to be too prescriptive regarding completion of a checklist of items or what should/should not be included in pre-departure training or a post-return briefing. Re-labeling the prior elective training could also be considered such as "pre-rotation orientation" instead of pre-departure.

Regarding a research component to electives, supervision should be available on both sides, and the project structure should be in place prior to the experience. Our aim should be to protect residents and support learning in a safe environment. The University/Faculty does not track or centrally support those engaged in global health electives. The possibility of centrally tracking these experiences in POWER was discussed, as well as the possibility of adding a "reflections" section to the trainee's record.

The Faculty of Medicine's "Road Map to Global Health" was referenced in the Sub-Committee Terms of Reference and to that end we should ensure collaboration among faculty in all global health endeavors. It was also noted that the definition of global health in the "rationale" section highlights that the initiative "places a priority on improving health and achieving equity in health for all people worldwide." Therefore we should not exclude activities undertaken in the inner city/indigenous health areas.

Other items noted in discussion: 1) possibility of a Global Health Half-Day for trainees and faculty to present what they have developed/learned as part of their global health experience or research; 2) on-line learning module (such as PGCORed) in Global Health.

Under Membership, it was noted that only certain departments were listed, and the Sub-Committee should seek representation of all of the clinical departments. In addition, there should be resident representation on the Committee. PAIRO members indicated that they would be happy to provide representation on the Sub-Committee.

The Terms of Reference were approved, with revisions.

7. CaRMS – 2013 Report

Results of the 2013 PGY1 CaRMS Match were presented by G. Bandiera. UofT led all Canadian medical schools by filling its PGY1 positions with no vacancies following the first iteration of the match on March 5, 2013. The 100% fill rate was a significant achievement as our quota was 418 positions (416 MOH funded positions and 2 DND funded positions). Of the 418 medical graduates accepted, 348 (83%) were CMGs and 70 (17%) were IMGs.

UofT MDs matched to 36% (125) of all matched CMG positions at UofT in 2013. Other Ontario medical schools accounted for 41% of UofT's PGY1 intake in 2013, with the remaining 23% from other provinces and the U.S.

For IMGs, graduates of medical schools in the Caribbean region represented 18% of all IMG applicants (400 of 2224) but 27% of all IMGs matched to PGY1 positions (19 of 70). Even more notably, graduates of Australian medical schools accounted for 3% of all IMG applicants (67 of 2224) but 16% of all IMGs matched at UofT (11 of 70). In 2013, 44% (31 of 70) of the IMGs who matched at UofT graduated in the year of the CaRMS match, repeating the pattern of 2012 and 2010.

Looking ahead to the 2014 match, G. Bandiera affirmed that the “pause” in expansion mandated by the Ministry of Health would not decimate programs. CaRMS entry quotas would continue to be based on HHR principles and societal need.

8. Change in date of New Resident Welcome Event

This date has been changed to Thursday June 27th

OTHER BUSINESS

9. Orientation/Safety Modules

J. James described the development of the orientation/training modules which are being standardized across the teaching hospitals. The Privacy Module was implemented last year and is now embedded in the POWER and MedSIS systems and procedures. Marcus Law has worked on the further enhancement of modules on sharps/needlestick injuries and Hand Hygiene. The pattern has been to bring to TAHSN-E and then proceed through a series of approvals. The roll-out of these two additional modules is planned for Fall 2013.

The meeting was adjourned at 2:35 pm