

**POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, October 25, 2013**

Present:

C. Abrahams (PGME)	K. Iglar (Fam Med)	D. McKnight (AD Eq&Prof)
A. Bacher (PARO)	J. James (MSH)	B. A. Millar (Rad Onc)
G. Bandiera (AD PGME)	J. Kronick (HSC)	L. Muharuma (PGME)
E. Bartlett (Diag Rad)	M. Levine (Anesthesia)	L. Probyn (PGME)
S. Bernstein (UG Clerkship)	R. Levine (Surgery)	N. Rosenblum (CIP)
P. Campisi (Otolaryngology)	J. Lloyd (Ophthalmology)	F. Scott (PHPM)
L. Fechtig (Edu Deans)	S. Luu (PARO)	S. Shachar (Lab Med)
M. Fefergrad (Psychiatry)	J. Maggi (SMH)	S. Spadafora (VD PGME, Chair)

Regrets:

A. Atkinson (Peds); R. Byrick (CPSO); J. Goguen (Med SS); J. James (MSH); J. Lloyd (Ophth); H. McDonald-Blumer (Core IM); J. Rosenfield (UG Dean); R. Schneider (Peds SS); D. Steele (ObGyn)

AGENDA/MINUTES

1. a) Dr. Spadafora welcomed new members of the Committee.
- b) The agenda was approved, with the addition of an item on ROMP.
- c) The minutes of Sept 25, 2013 meeting were accepted as distributed.

REGULAR UPDATES & FOLLOW-UP

2. Update from COFM

COFM:

- a) **CEHPEA:** Dr. Murray Urowitz and Sten Ardal of CEHPEA presented at PG COFM on a pilot program for visa trainees to take before the PEAP. It would not be mandatory, and the cost to the trainee or the sponsor would be approximately \$5,000. The PG Deans will be polling their PDs who take visa trainees to gauge interest.
- b) **Sponsored Visa Trainee contracts:** A business case is being prepared by the national PG Deans committee regarding renewing contracts with international sponsors. Many contracts are up for renewal in 2014
- c) **Transfer payments to the schools are to be renewed as 2013-14 is the 3rd year of the TPAs for salaries and benefits.** We believe we are in good shape to proceed with specialty positions to which we have already committed. S. Spadafora reminded members of the paymaster function which THPPA administers on behalf of the Toronto CAHO hospitals.
- d) **UG-PG ratio/HHR Planning:** The Ministry has indicated that the provincial UG output to residency position intake may change. The RCPSC has released a report regarding Physician employment which will be distributed with the minutes. The Ministry has requested COU for information on what the schools provide residents on the topic of career counseling. We have provided them with information from our PSQs in the B6 standard, and also information we collected for the FMEC survey.

HUEC: no meeting

3. Resident Update

The Health Professional Recruitment Tour was a success with over 100 attendees. A leadership program is being implemented at PARO and will be offered to all residents.

4. Accreditation Follow-Up/Next Steps

G. Bandiera reported on the Accreditation Committee decisions.

23 programs submitted all of the documentation to the College, but were not selected for an external survey. They will receive “approval” transmittal letters.

Of the 42 programs surveyed, 6 did not receive the 6-year approval. The Progress Report is a new accreditation decision. Historically, 20% of on-site survey decisions are changed at the Accreditation Committee. Three of the programs which received the 6-year approval during the April survey process were changed to “progress report after one year” status (Internal Medicine, Adult Rheumatology, Psychiatry). One program changed from Internal Review to Progress Report (Hematological Pathology). 2 programs went from Internal Review to External Review (Urology, Gen Surgery). Transmittal letters will be forthcoming in mid-November.

5. Policy/Guidelines/Consultation:

Best Practices on Admission & Selection (BPAS) Report

S. Spadafora reminded members that the BPAS report was tabled at the Committee in May, and was revised over the summer with comments from all parties, and approved at the September PGMEAC meeting.

G. Bandiera stated that the plan to move forward will include providing programs with template program descriptions and identifying current best practices and disseminating these in workshops. As outlined in the BPAS report, the intent is to increase transparency in the selection process, regarding “cut” scores, standardization of reference letters, and also criteria regarding electives. It was noted that these guidelines are in keeping with the spirit of the Thomson report, and the principles support the concept of past performance predicting future behavior.

6. Events Update:

S. Spadafora thanked the program directors and all residents for their support and effort in participating in the recent Ontario Medical Students Weekend. He also noted that the March 6, 2014 PGME Appreciation Event on March 6, 2014 will be expanded to include other faculty members involved in medical education.

7. Quotas Allocation Process

C. Abrahams provide the background on the Quotas Allocation Committee and the Ministry of Health Guidelines re physician supply. It was noted that the government postgrad planning was not based on a national picture and did not include physician scientists.

The categories in the Ministry’s Needs-Based model outlined were: Category 1 – Anticipated Shortage (Psychiatry, Dermatology); Category 2 Steady State: Family Medicine, Neurology, Anesthesia, ENT, Plastic Surgery, Urology. Category 3 was Anticipated Oversupply (Orthopedic Surgery, ObGyn, Gen Surgery and Rad Oncology). Category 4 was identified as – further information required – Lab Med, Emerg Med, Diag Rad, Ophthalmology, and Pediatrics.

The intake number, with the freeze on positions, did not change for PGY1 intake. CMGs = 346 (137 Fam Med and 209 Specialty positions). IMGS = 71 (24 FM, 47 specialty).

The changes from the previous year were: for CMGs: reduce Orth Surgery from 10 to 8; Increased from 49 to 51. For IMGs: Increase IM from 11 to 12; reinstate Emerg Med from 2 to 3; reinstate Peds from 3 to 4; decrease Vascular Surg to zero; Decrease Dermatology by 1.

The R4 Medicine match allocation and Fam Med PGY3 positions were also reviewed.

The recommendations of the QA committee were made. J. Kronick moved to accept the recommendation, and this was seconded by R. Levine. All agreed.

8. Call Stipends:

L. Muharuma presented the proposed system of direct input of call stipends by residents. This will enable residents to enter the call as it occurs, on the honour system i.e. without seeking authorization. The system is expected to be functional by next Spring.

9. Other Business

- a) ROMP – C. Abrahams provide the background on the cutback of funding for rotations in Markham and Newmarket. As the program is in a financial crunch, they announced that funding would be unavailable as of October 1, 2013. We are currently in negotiations with MOHLTC to fund the outstanding accommodation and travel costs of residents already scheduled to go to those sites. The amount calculated is approximately \$30,000. Preceptor payments will continue to the community sites. S. Spadafora will provide an update on the expenses previously paid by ROMP as soon as there is news from the Ministry. It was noted that some trainees do not have transportation so would need the accommodation expenses covered.
- b) TES Scores for Otolaryngology: P. Campisi noted some discrepancies regarding Teacher Evaluation Scores in the recent HEER report for 2012-13. C. Abrahams will discuss the concerns off-line.

The meeting adjourned at 2:30 pm.