

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

Present:

C. Abrahams (PGME)	K. Iglar (Fam Med)	O. Nnorom (PHPM)
A. Atkinson (Peds)	J. James (MSH)	B. Pakes (PHPM)
G. Bandiera (AD PGME)	R. Levine (Surgery)	L. Probyn (PGME)
P. Bryden (UG Clerkship)	J. Maggi (SMH)	R. Razik (PARO)
P. Campisi (Otolaryngology)	A. Matlow (PGME)	N. Rosenblum (CIP)
L. Fechtig (Edu Deans)	H. McDonald-Blumer (Core IM)	S. Sade (Lab Med)
M. Fefergrad (Psychiatry)	D. McKnight (AD Eq&Prof)	S. Spadafora (VD PGME, Chair)
J. Goguen (Med SS)	B. A. Millar (Rad Onc)	D. Steele (ObGyn)
S. Glover Takahashi (PGME)	L. Muharuma (PGME)	K. Wilton (PARO)

Regrets:

E. Bartlett (Diag Rad); S. Bernstein (UG Clerkship); R. Byrick (CPSO); J. Kronick (HSC); M. Levine (Anesthesia); J. Lloyd (Ophth); J. Rosenfield (UG Dean); R. Schneider (Peds SS); F. Scott (PHPM)

AGENDA/MINUTES

1. a) Introductions
- b) The agenda was approved.
- c) The minutes of the October 25, 2013 meeting were accepted as distributed.

REGULAR UPDATES & FOLLOW-UP

2. Update from COFM

COFM:

- a) **Registration Fees:** PGE COFM agreed that schools will charge the annual registration fee of \$625 for 2014-15. It was recommended that the schools move toward a pro-rated fee application, but as this will require some time to implement system changes, the schools will charge the full amount at the beginning of the year and trainees may request a pro-rated refund if the appointment is less than a full year. This will not apply to Toronto as a monthly pro-rated system is already in place.
- b) **Assessment Verification Period (AVP):** The CPSO clarified that a 6-week extension of the 12-week AVP license may be requested with a letter from the Program Director re the resident's deficiencies identified in the first 12 weeks and how they will work on them. A second 6-week period may also be requested from the CPSO, with the submission of a plan from the Program Director which must be reviewed by the Registration Committee
- c) **Pools Framework:** A revised Pools Framework document was presented and approved. This document is a management framework for postgraduate medical education agreed to by the PG deans and the Ontario Ministry of Health classifying residents by source of MD, legal status, and source of funding. The document will be circulated to members and presented at a future PGMEAC meeting.
- d) **The Thomson Report:** This report was commissioned in October 2010 by the MOHLTC to review the selection process which international medical graduates (IMGs) undergo at Ontario's faculties of medicine. The purpose of the review was to identify barriers that may exist and recommend potential solutions for IMGs looking for postgraduate training and assessment opportunities in Ontario. The report was released in September 2011. After the initial review at PGM COFM, a working group was formed and a score card developed to track the

progress/involvement of the PG Deans on the report's 33 recommendations. The score card will be distributed to the committee to inform members of the progress to date.

- e) **The PG Medicine Working Group** of PGM COFM is reviewing where positions should be allocated. Data on some small specialties may be provided anecdotally e.g. from Pediatric Chairs for their sub-specialty programs. There was some discussion regarding movement of sub-specialties in Medicine, particularly cardiology and gastroenterology. A review of applications vs vacancies will be undertaken after the 2nd iteration of the Medicine match before making a decision. A survey of the number of core psychiatry applications and those for the new sub-specialties will be undertaken by COU.
- f) **Preceptor Funding for Community Hospitals:** The PG Deans have not received further information regarding increased funding for community preceptors.

Update from HUEC: no meeting

3. Resident Update

Contract negotiations are underway. A survey of residents indicated the desire for an increase in compensation. Duty hours remain a controversial issue.

4. Accreditation/Internal Review Committee

L. Probyn reported that the final transmittal letters were sent to programs from the Royal College on November 15th. The Internal Review Committee will be starting again, and the first scheduled meeting will be new programs and those requiring a mandated review. A summary of the accreditation results for the Family Medicine and RCPSC programs was provided:

- 58 specialty programs – approved with follow-up at the next regular survey
- 9 programs – approved with progress reports (Fam Med, FM Enhanced & Category 2, FM Emerg, FM Anesthesia, FM Clinician Scholar, Hematological Pathology, Internal Medicine, Rheumatology, Psychiatry)
- 4 approved with mandated external review: Emerg Medicine, General Surgery, Respiriology, Urology
- FM Care of the Elderly and the Joint CFPC-RCPSC Palliative Med program received approval with follow-up at the next regular survey

Recruitment and orientation for the IRC and the Family Medicine Internal Review Subcommittee are underway.

The mandated internal reviews for the 3 new sub-specialty psychiatry programs will take place in April 2014 and Spring 2015. Family Medicine progress reports are due in May 2014. The Orthopedic and Vascular surgery external reviews are scheduled for Spring 2015.

L. Probyn also reported on the Task Force on PG Support to Programs, chaired by Dr. Patrick Gullane. Dean Whiteside has established the Task Force in response to the weaknesses identified in the Joint Chairs report from the RCPSC/CFPC. The Task Force will be surveying program administrators, Program Directors, and clinical chairs to investigate existing support from the Faculty and required support and recommendations to address the gap between the two. One meeting was already held, and a lot of pre-work was done in terms of focus groups. S. Glover Takahashi will also be providing input from the PSQ data. A report to the Dean is expected by February.

5. Policy/Guidelines/Consultation:

Terms of Reference – PG Awards Committee

L. Muharuma presented the Terms of Reference for this renewed committee. The Wilson Centre was added to the list. A suggestion was made to add a TAHSN member as well as a PARO representative. With these changes, G. Bandiera moved to accept the Terms of Reference, seconded by R. Levine. The final version of the Terms of Reference will be distributed to Chairs to request/nominate members.

6. Events Update

S. Glover Takahashi indicated that 53 Program Directors have RSVP'd for attendance at the All Program Directors meeting on Friday, December 13th. The topic is Intimidation and Harassment and speakers will be David McKnight and Sue Edwards. G. Bandiera will discuss the strategic plan. In the morning, there will be 2 workshops: 37 have confirmed for the "Best Practices on Admissions and Selection" Implementation workshop and 42 have responded to the "Supporting Residents in Difficulty" workshop.

S. Spadafora indicated that the PGME website will be undergoing some changes and more reports and metrics will be added, along with a video series featuring our Program Directors and faculty members in various types of leadership roles. A short clip of Dr. Susan Lieff was presented.

7. Leadership – Dr. Anne Matlow

Dr. Anne Matlow outlined her role as Academic Lead, Strategic Initiatives for PGME. She will be undertaking initiatives and programs related to quality and safety and be involved in developing a "community of practice" in the area of leadership for residents. The leadership program undertaken by PARO was noted and A. Matlow indicated she will contact the organizers regarding content. Dr. Matlow will also be leading the "Choosing Wisely" initiative in terms of resource stewardship concerned with teaching residents to better manage health care resources within a safe environment. A sub-committee of PGMEAC will be formed and volunteers from the membership will be sought.

8. Global Health Electives

- a) B. Pakes referred to the Terms of Reference of the Global Health Education Sub-committee. One of the goals of the Sub-Committee is to draft policy and develop infrastructure to support global health electives and experiences.
- b) A Global Health Day is being organized for Spring 2014. Details forthcoming.
- c) Global Health Electives Guidelines: B. Pakes presented the guidelines for feedback from members. S. Spadafora noted that PGME was repatriating the Global Health clinical activities from the DLSPH to PGME. This action resulted in a cascade of activities which led us to prepare these guidelines. The guidelines are meant to complement not replace existing departmental guidelines. The guidelines and GH resources of the PGME Office are available to departments. The goal is to protect the learners and mitigate liabilities, and bring order to the current ad hoc arrangements. We have a new Manager, Global Health Programs and Initiatives who will bring order to the process in the following areas:
 - Registration and logistics
 - Educational Integrity and supervision
 - Ethics
 - Health and Safety
 - Pre-departure Preparation and post-travel debriefing

Comments/suggestions/questions from members included:

- Is there a difference between clinical and non-clinical experiences
- 2nd paragraph – it was suggested that stronger language than the "preferred approach" to describe the UofT relationships and partnerships be used
- If the guidelines are not to cover local/provincial aboriginal or marginalized populations, the wording should be revised to state clearly that it covers "international" experiences
- Wording regarding the legal requirements or restrictions should be included

Revisions will be made to the document based on the PGMEAC members input and the final document will be voted on in January.

9. CARMS Update – R4 Medicine Match

C. Abrahams presented the results of the 2014 R4 Medicine Subspecialty Match. 67 positions were entered in the match, including 7 positions in Critical Care. 63 of the positions were matched, and 39 of those residents were from UofT. 58 were Canadian Medical Graduates and 5 were IMGs. Across Canada, Nephrology and Geriatric Medicine accounted for the majority of the vacancies.

The meeting was adjourned at 2:30 pm.