

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, September 26, 2014

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| C. Abrahams (PGME) | J. Goguen (Med SS) | M. Morris (PGME) |
| A. Atkinson (Peds) | S. Hawrylyshyn (PARO) | L. Muharuma (PGME) |
| G. Bandiera (Assoc Dean PGME) | J. James (MSH) | O. Nnorom (PHPM) |
| E. Bartlett (Diag Rad) | J. Kerr (PGME) | A. Page (Core IM) |
| P. Campisi (Otolaryngology) | A. La Delfa (PARO) | L. Probyn (PGME) |
| L. Fechtig (Edu Deans) | J. Lloyd (Ophthalmology) | S. Sade (Lab Med) |
| M. Fefergrad (Psychiatry) | J. Maggi (SMH) | S. Spadafora (VD PGME, Chair) |
| S. Glover Takahashi (PGME) | D. McKnight (AD Eq&Prof) | D. Steele (ObGyn) |
| G. Goel (PARO) | B. A. Millar (Rad Onc) | |

Regrets:

S. Bernstein (UG Clerkship); R. Byrick (CPSO); K. Iglar (Fam Med); J. Kronick (HSC)
M. Levine (Anesthesia); R. Levine (Surgery); H. McDonald-Blumer (Core IM); B. Pakes (PHPM); N. Rosenblum (CIP); J. Rosenfield (UG Dean); R. Schneider (Peds SS)

AGENDA/MINUTES

1. a) Agenda approval.
- b) The minutes of the May 23, 2014 meeting were accepted as distributed.
- c) S. Spadafora reminded members of the ICRE conference in October and that the PGMEAC for October was cancelled.
- d) S. Spadafora announced that he will be starting his administrative leave on January 1, 2015 for the calendar year. G. Bandiera will serve as acting Vice Dean, and a proposal has been put forward to have L. Probyn serve as acting Associate Dean during the period.

REGULAR UPDATES & FOLLOW-UP

2. Update from COFM

The CAHO-PARO duty hours working group is still underway, and it is unlikely there will be much in the final agreement on this issue, after arbitration. There are quality initiatives underway at the CPSO regarding chart reviews.

The CEHPEA Orientation program (Canadian Primer) for sponsored trainees was organized for the first time in the May-July period. The program was based on the Family Medicine Pre-Residency Program and the specialty Orientation for Training and Practice in Canada Program. Timing was an issue as well as the orientation for clinical fellows. CEHPEA will be reviewing the evaluations and programming with the schools for an improved product next year.

The NAC-OSCE is mandatory for IMGs in CARMS 2015. It is not a requirement for PEAP/visa residents. The NAC-OSCE has been identified as an objective way of assessing IMGs from a wide variety of schools and experiences. As there are various components to the exam score, program directors may require some assistance with interpretation. PGME staff have contacted the Medical Council of Canada and have prepared interpretive slides which will be distributed to all Program Directors by L. Probyn.

A study of IMGs to measure "success factors" has been proposed by some of the Ontario schools. Toronto PGME has not signed on to the study as yet due to ethics approval and data agreement considerations.

Some issues have been raised regarding hospital and university liability for residents and fellows without WSIB coverage who may incur injury while training in affiliated sites. The issue is being followed by the Fellowship Education Advisory Committee and has been discussed at the Hospital University Education Committee. J. Kerr made a presentation outlining the university and hospital concerns and indicated that the matter is under discussion with University legal counsel. S. Spadafora indicated that any recommendations will be brought back to both committees and other relevant forums for review.

3. Resident Update

The PARO Board of Directors has been announced. Contract negotiations are now in the binding arbitration stage.

4. Internal Review Committee – L. Probyn

L. Probyn provided an update on the re-establishment of the Internal Review Committee. Requests are being sent to all program directors to sign up for a review over the next 3 years. It is expected that a Program Director will lead a review and be a support faculty member on the review team. Most reviews are ½ day but larger programs will be one or two days. Although the RCPSC process has one surveyor, the IRC structure is 1 experienced faculty member leading, 1 other faculty member, and one resident. Time is allotted for preparation and presentation. S. Glover Takahashi asked program directors to forward the names of any faculty members who may be interested in participating. S. Hawrylyshyn

5. Policy/Guidelines/Consultation

S. Spadafora indicated that we will start to plan for the next set of guidelines/policy review timetable for each PGMEAC.

S. Spadafora advised the committee that Continuing Professional Development will not charge \$50 for residents taking one of the CPD courses.

NEW BUSINESS

6. Quotas Allocation Committee – G. Bandiera

G. Bandiera presented the recommendations of the Quotas Allocation Committee which reviews quotas on an annual basis. The needs-based model is based on demand whereas the supply-based model was based on current numbers in practice. The schools have informed the Ministry of Health of their 2015-16 quotas, which are to remain at 2014-15 levels. The Committee requested input from direct entry program directors, and with the current freeze, the only alternative was to shift positions. Accordingly, positions are being taken away from Anesthesia, Dermatology, Diagnostic Radiology, Lab Medicine, ObGyn, and Pediatrics and shifted to Psychiatry and Internal Medicine for a total of 6. The 3 recommendations were put to a motion by S. Spadafora, moved by S. Hawrylyshyn, and seconded by L. Probyn.

7. Communicable Disease Communication – L. Muharuma

L. Muharuma summarized the Ebola screening process to date regarding our communications with trainees and hospital/faculty staff and program directors. Limitations are still directed to the 4 countries identified by CDC and WHO. The restrictions on patient care by training level have not yet been addressed.

8. Gullane Task Force on Best Practices in PGME Support

G. Bandiera presented slides on the results of the Task Force deliberations and its recommendations. PGME will be providing faculty development sessions as well as information/training sessions to program administrators. Over the next year, the Dean's office will consider compensation for program directors across departments and review of in-kind support provided for training residents and fellows.

9. Vulnerable Sector Screen

S. Spadafora outlined the history of the Vulnerable Sector Screen, starting from a HUEC issue to development of a Working Group which issued a report and recommendations. It was decided that PGME will implement the Vulnerable Sector Screen as a requirement for all trainees in 2015-16. Those from jurisdictions outside Canada may provide an attestation. The Letter of Appointment will be revised to include statement regarding requirement and outcomes of panel review re negative screens as currently implemented in UGME.

The meeting was adjourned at 2:30 pm.