

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, November 21, 2014

C. Abrahams (PGME)	J. Goguen (Med SS)	B. A. Millar (Rad Onc)
A. Atkinson (Peds)	S. Hawrylyshyn (PARO)	M. Morris (PGME)
G. Bandiera (Assoc Dean PGME)	J. James (MSH)	L. Muharuma (PGME)
P. Bryden (UG Clerkship)	J. Kronick (HSC)	K. Pardhan (PARO)
P. Campisi (Otolaryngology)	A. La Delfa (PARO)	L. Probyn (PGME)
R. Chen (CIP)	J. Maggi (SMH)	S. Sade (Lab Med)
L. Fechtig (Edu Deans)	H. McDonald-Blumer (Core IM);	S. Spadafora (VD PGME, Chair)
S. Glover Takahashi (PGME)	D. McKnight (AD Eq&Prof)	D. Steele (ObGyn)
G. Goel (PARO)	H. Meng (PARO)	

Guests: Dr. Brian Wong

Regrets:

E. Bartlett (Diag Rad); R. Byrick (CPSO); M. Fefergrad (Psychiatry); K. Iglar (Fam Med); M. Levine (Anesthesia); R. Levine (Surgery); J. Lloyd (Ophthalmology); B. Pakes (PHPM); J. Rosenfield (UG Dean); R. Schneider (Peds SS)

AGENDA/MINUTES

1. a) Agenda approved with the addition of 2 items:
 - NAC OSCE
 - PARO-CAHO agreement
- b) Minutes of September 26, 2014: Correction of item #5 Policies/Guidelines/Consultation second paragraph. CPD will **now** charge \$50 for residents taking one of the CPD courses. With the correction, the minutes were approved.

REGULAR UPDATES & FOLLOW-UP

2. Update from HUEC

HUEC will meet next week. There will be an education item on the agenda presented by Dr. Mary Vearncombe regarding the Blood Borne Pathogen policies and the Expert Panel process to communicate with TAHSN hospital staff.

Update from COFM

DME:COFM

- G. Bandiera informed members that he attended DME:COFM (Distributed Medical Education). Bill 18 was discussed which states that students who take internships in hospitals will be considered workers under OHSA and supervisors are expected to ensure their safety. This may apply to clinical fellows.
- The Ministry is undertaking a KPMG review of funding which includes the preceptor funding of \$1,000/month to physicians teaching residents and clerks in community sites. The assumption is that the funding will not increase.
- The Rural Ontario Medical Program (ROMP) stopped funding some rotations. ROMP operations are also under review and it is not clear what the future is for the funding of travel and accommodation for rural rotations in the province.

PGE COFM:

- The Medical Trainee Day project -- counting the days a trainee is in a particular hospital to report to the Ministry --- is not going well at all schools. The CPSO is starting the on-line license renewal for trainees. The Guidelines for Emergency Preparedness prepared by PARO was accepted. A special thanks to PARO for preparing a comprehensive document. The RCPSC is promoting associate membership for resident members. A policy review of PGE COFM documents is underway.

PGM:COFM

- The PG Medicine Planning Group for physician resources discussed a workplan with MOHLTC regarding allocation. The expectation is that there will be reductions in residency positions across the province. They will also be reviewing R4 Medicine sub-specialty match, and there will be a review of the Pediatrics sub-specialty match.

3. Resident Update

K. Pardhan provided an overview of the PARO-CAHO agreement signed in October. Salaries and chief/senior bonuses will increase as of July 1 2013, to 1.4% plus a wage adjustment on training levels except PGY2. Retroactive pay will be paid by mid-February. There was an increase in the top-up rate for maternity/parental leave to 84%. Call stipends will increase on July 1 2015 to \$116 in-hospital and \$58 for home call. A job assessment process was defined and will be included in the next round – a report will be issued before June 2016.

4. Internal Review Committee

L. Probyn provided an update on the Internal Review Committee

- Child & Adolescent Psychiatry and Geriatric Psychiatry had mandated internal reviews and received approval status
- Progress reports were sent in for Hem Path, Core IM, Rheumatology, Psychiatry
- A new program application for Pain Medicine was submitted and it will be reviewed at March 2015 Accreditation meeting
- Other upcoming mandated internal reviews are Occupational Medicine, Forensic Psych, and Vascular Surgery
- Regular RC Internal Reviews start in January 2015. Programs not surveyed in April 2013 will go first
- Family Medicine Internal reviews will start in January 2016
- Additional questions will be added to the PSQ in anticipation of CanMEDs 2015

5. Policy/Guidelines/Consultation

S. Spadafora presented the PGME Waivers and Leaves Policy, last updated in 2009. He asked members to review and provide comments to L. Muharuma. There will be further discussion at the next PGMEAC meeting.

The national transfer policy was presented for information. It is still draft and is being discussed at the national postgrad deans table. One of the guidelines indicates that the resident seeking a transfer outside the province will notify their home PG Office of their interest in transferring to another school. The PG Office is to notify the PGME Office of the desired school of the resident's interest. This is a departure from current practice. It was suggested to add the PARO links to the transfer policy.

NEW BUSINESS

6. Common Hospital PGY1 Orientation Day (July 2015)

S. Spadafora was approached by the department of surgery to request a "common" orientation day for residents when they start in July. Many programs organize an introductory course/boot camp for their

incoming trainees for the first week. Hospital orientations and the resident's required attendance and this is disruptive to the program's course. This request will be placed on the HUEC agenda.

7. Release of HEER report

C. Abrahams presented an overview of the Hospital Education Evaluation Report, which now has 9 years of data on:

- Teaching Effectiveness by site and clinical service
- Rotation Effectiveness by site and clinical service

These are separated by internal vs off-service rotations. C. Abrahams noted trends that RES scores were declining while the TES scores have increased over the years where they are now "overall" 4.5 on the 5 point scale. We encourage Program Directors to regularly review RES scores, both at program level in POWER and HEER reports.

8. Resource Stewardship Committee

A. Matlow and B. Wong provided an overview of the Choosing Wisely/Resource Stewardship project which began in August 2013. A sub-committee of PGMEAC has been formed with Terms of Reference. The goal is to promote better use of health care resources. Choosing Wisely Canada identified 5 "don'ts" in practice, and physician societies have come forward with more such recommendations on better resource use.

Short term goals for the committee are to raise awareness and establish core competencies. A handout of Resource Stewardship was distributed, listing 7 competencies, and many resources listed on the second page. B. Wong and A. Matlow invited members to review the competencies and email comments to either on whether the competencies described are achievable and realistic for physicians in training. Questions posed to Program Directors are: what would be most useful to your program, can we integrate these competencies in an academic half day, a research day, retreat. Each department has been asked to identify a "champion" and a train-the-trainer approach would be utilized, including some "did you know" facts to highlight the resource issues.

9. NAC-OSCE

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 contacted the Medical Council of Canada and prepared interpretive slides which L. Probyn distributed to Program Directors. NAC-OSCE "notes" and frequently asked questions were prepared by PGME and distributed to all PGY1 program directors on November 18, 2014. All documents will be available on the PGME website.

The meeting was adjourned at 2:30 pm.