

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, December 12, 2014

C. Abrahams (PGME)	S. Hawrylyshyn (PARO)	D. McKnight (AD Eq&Prof)
G. Bandiera (Assoc. Dean PGME)	J. Kronick (HSC)	B. A. Millar (Rad Onc)
P. Bryden (UG Clerkship)	A. La Delfa (PARO)	M. Morris (PGME)
P. Campisi (Otolaryngology)	M. Levine (Anesthesia)	L. Muharuma (PGME)
K. Eadie (PGME)	R. Levine (Surgery)	B. Pakes (PHPM)
M. Fefergrad (Psychiatry)	J. Maggi (SMH) (via teleconf.)	K. Pardhan (PARO)
J. Fillion (PGME)	A. Matlow (PGME)	L. Probyn (PGME)
J. Goguen (Med SS)	H. McDonald-Blumer (Core IM)	S. Sade (Lab Med) (via teleconf.)
J. James (MSH)		S. Spadafora (VD PGME, Chair)

Regrets:

A. Atkinson (Peds); E. Bartlett (Diag Rad); R. Byrick (CPSO); R. Chen (CIP), L. Fechtig (Edu Deans); K. Iglar (Fam Med); J. Lloyd (Ophthalmology); J. Rosenfield (UG Dean); R. Schneider (Peds SS); D. Steele (ObGyn)

AGENDA/MINUTES

1. a) Agenda approved with requested changes to the order of business:
 - moved up *New Business* Agenda Items:
 - #6 - Program Application Deadlines for International Sponsored Applicants and
 - #7 - CEHPEA revised "Canadian Medicine Primer".
- b) Minutes of November 21, 2014 were approved as distributed.

REGULAR UPDATES & FOLLOW-UP

2. Updates from COFM, HUEC

No Updates from COFM.

Update from HUEC:

HUEC met on November 26, 2014. Dr. Mary Vearncombe presented on Blood Borne Pathogen Infected Health Care Workers, as Chair of the Expert Panel on Infection Control for the Faculty. She outlined the Panel's process to review trainees to which Program Director is invited. Review with trainee includes medical referral and signing a contract agreeing re compliance and training modifications if required. Another presentation was made on Fostering Humanism and Professionalism with Centre For Faculty Development regarding faculty participation in a pilot program to serve as role models to promote modeling of humane and professional behavior in medical teachers. Interested faculty should contact Karen Leslie. The PGY1 Common Orientation Day at Hospitals (raised at the November 21st PGMEAC meeting) was discussed at HUEC. A survey will be conducted.

3. Resident Update

K. Pardhan reported that there was a joint committee discussing the senior and chief resident roles regarding job descriptions, duty hours and protect time. It was noted that the contract statements regarding increased support for PGY1s were recommendations, not requirements. There was discussion of the retroactive salary payout and PARO re-iterated its offer to help locate the residents who exited training before July 1 2014.

4. Internal Review Committee

Mandated Internal reviews: Child and Adolescent Psychiatry and Geriatric Psychiatry have received status as accredited programs with follow-up by regular survey.

Progress Reports: Hematological Pathology, Internal Medicine Core, Adult Rheumatology and Psychiatry's internal reviews are completed and reports have been sent to RCPSC.

New Program Application: The Pain Medicine program application has been submitted to the RCPSC and will be reviewed at the March 2015 accreditation meeting.

Internal Reviews prior to External Reviews: Orthopedic Surgery (Oct. 2014), Adult Respiriology (Nov. 2014), Emergency Medicine (Nov. 2014), General Surgery (Nov. 2014), Urology (Jan. 2015).

Mandated Internal Reviews: Occupational Medicine (Nov. 2014), Forensic Psychology (April 2015), and Vascular Surgery (April 2015).

Regular RC Internal Reviews: Starting January 2015 with those without an onsite survey going first.

Regular Family Medicine Internal Reviews: Starting January 2016, FM Sites in process of selecting IR dates.

Upcoming Activities: Reminder to PDs to sign up for at least 2 reviews; watch for your Reviewer Assignment Confirmations.

5. Policy/Guidelines/Consultation

Review of Leaves and Waivers Guidelines, 2009

- a) Wording and link changes will be made re Vice Dean and PARO
- b) **Vacation** – Re-word first paragraph to simplify: Residents are entitled to 4 weeks of paid vacation per year. Vacation entitlement accrues while on maternity/parental leave such that a resident returning from a one-year maternity/parental leave is entitled to 4 weeks of paid vacation in addition to the regular 4-week allotment.
- c) **Salary Classification** – reword first sentence, first paragraph: “Residents will normally progress to the next pay level at the successful completion of 12 months of active training. Residents who have taken a leave of absence will progress to the next level only at the discretion of the Program Director”.
- d) **Return to Training.** Discussion regarding Section 4 – There was some question regarding the length of the leave of absence -- if it should be quantified, if work-hardening should be specified, and that “exceptional circumstances” should be removed. It was noted that the discussion regarding re-entry may be with the Director, Resident Wellness so the term “or designate” should be added to the Vice Dean.

S. Spadafora noted that the most important consideration was determining the level of competency of a resident upon their return to medical training. It is the RPC's responsibility to discuss with the resident the appropriate training level following the leave, the necessary education experiences required for the resident to complete the residency requirements and meet the goals and objectives of the training program.

A re-ordering of the paragraphs was suggested to combine 1+5 and make it the last paragraph. It will indicate that an RPC decision for the resident **not** to return to training may be referred to the Board of Examiners –PG, the Board of Medical Assessors, and noting the Faculty's Appeal process. The new last paragraph in this section is:

Residents returning after medical leave will provide a written medical certificate from their treating physician indicating the resident's capability and fitness to return to the program. The Program Director or the Vice Dean or designate may request an additional independent medical opinion to ensure the

resident's capability to resume his/her residency program. The Vice Dean or designate will communicate with the resident when a Residency Program Committee decides against a resident's re-entry to the training program. The case may be referred to the Faculty of Medicine's Board of Examiners-PG, Board of Medical Assessors. Any appeals would follow the normal Faculty and University Appeals process.

e) Waiver of Training

The UofT DFCM allows waivers on exception only. In Section 5, the Family Medicine 2nd paragraph, 2nd sentence will change to: "Waivers of training of 4 weeks may be granted at the discretion of the Program Director. Only by exception and under unusual circumstances will the DFCM agree to review or grant a shortened program." It was emphasized that each program have published criteria on which to base a decision to waive training time. S. Spadafora did note that with the advent of Competency Based Training, waivers and requests for waivers may become obsolete.

f) Reporting

There was discussion regarding reporting leaves to the CPSO. The PGME Office sends a letter to the CPSO when a trainee goes on leave for more than one week. The letter is generic indicating sick leave, maternity leave, personal leave, or educational leave. A revised Letter of Appointment is issued which the trainee must sign and a copy sent to the College. In addition, the resident must report any leaves in the previous training year to the College during the annual license renewal. If the College requires more information on a trainee's leave, this will be referred to the Program Director.

The document will be revised as noted and presented for approval at the next PGMEAC meeting.

NEW BUSINESS

6. Program Application Deadlines for Internationally Sponsored Applicants

Jessica Filion outlined the reasons for establishing a firm deadline of July 10th for internationally sponsored applicants each year, as well as having all applications directed through the Sponsored Trainee Application Registry (STAR). This will provide enough time for applications to be considered, PGY1 candidates to obtain visa for interviews, to accepted residents to obtain work permits in time to attend their program's orientation, the Canadian Primer offered by Touchstone and start their PEAP. S. Spadafora and G. Bandiera stated that adherence to the deadline without exception will make the application process fair and transparent.

7. CEHPEA revised "Canadian Medicine Primer"

Note: *CEHPEA has become Touchstone Institute*

Maureen Morris presented the revised Canadian Medicine Primer, an orientation program for medical training and practice in Canada designed to enhance skills and knowledge and to facilitate a successful transition to residency training and fellowship education. There are three components to the training:

- 1) Customized Primer, a three-day orientation designed for sponsored residents and fellows to help orient them to the Canadian system;
- 2) Core Curriculum, a two-week program that follows the Customized Primer; and,
- 3) "Optional" Family Medicine, a two-week program, mandatory at University of Toronto for visa trainees and fellows.

The meeting was adjourned at 2:15 p.m.