

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, February 27, 2015

C. Abrahams (PGME)	J. Kronick (HSC)	B. A. Millar (Rad Onc)
G. Bandiera (Acting VD PGME)	A. La Delfa (PARO)	M. Morris (PGME)
P. Campisi (Otolaryngology)	L. Murgaski (PGME)	L. Muharuma (PGME)
R. Chen (Clinician Investigator)	M. Levine (Anesthesia)	B. Pakes (PHPM)
K. Eadie (PGME)	R. Levine (Surgery)	K. Pardhan (PARO)
J. Goguen (Med SS)	J. Maggi (SMH) (via teleconf)	L. Probyn (PGME)
K. Iglar (Family Med)	D. McKnight (AD Eq&Prof)	S. Sade (Lab Med) (via teleconf)
J. James (MSH)	H. Meng (PARO)	D. Steele (ObGyn)

Regrets:

A. Atkinson (Peds); E. Bartlett (Diag Rad); S. Bernstein (UG Clerkship); J. Kirsh (CPSO); M. Fefergrad (Psych); J. Lloyd (Ophthalmology); H. McDonald-Blumer (Core Med); J. Rosenfield (UG Vice Dean); R. Schneider (Ped SS)

AGENDA/MINUTES

- a) The agenda approved with an addition to *New Business* – Wait Times in Emergency, specifically at Sunnybrook hospital.
- b) Minutes of December 12, 2014 were approved with one amendment: under REGULAR UPDATES & FOLLOW-UP, **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 protected time.”

REGULAR UPDATES & FOLLOW-UP

2. Updates from COFM, HUEC (G. Bandiera)

Update from HUEC:

Teaching & Academic Capacity in Toronto (TACT): A survey has been sent to clinical sites to gather information on capacity and possible gaps from the hospital perspective. A similar survey will soon be sent to Program Directors and the aim is to prepare a report on the findings by the end of June.

Medical Reconciliation Module – has been prepared by P. Houston which SMH will share with other hospitals.

WSIB for Fellows: Legislation and WSIB policy identifies the placement host is responsible for the worker safety. Hospitals are taking various approaches to the insurance coverage and some are still working on solutions based on the funding source. WSIB premiums are based on the payroll (1.10 per every \$100 of salary). Residents in a pre-entry assessment program are also affected.

Vulnerable Sector Screen (VSS): The VSS will be a mandatory registration requirement as of July 1st for all new Canadian citizen and Permanent Resident trainees, not returning trainees. VSS reports which are “not clear” will be reviewed by a Faculty committee. International trainees will be asked to complete an on-line form attesting that they have not engaged in criminal activity in their home country and have never been refused a visa. After one year, they must obtain a VSS from the Toronto Police Services. There will be no change in the CPSO requirements.

COFM

- Transfer payment agreements have been worked out and will stand for two years.

- **Canadian Medical Primer** – CEHPEA is now called Touchstone Institute. The former orientation program for specialty residents and Pre-Residency Program for FM residents have been re-vamped and are now more modular, with all trainees attending a core curriculum and then specialty specific orientations. The programming for sponsored fellows has also been re-vamped. There are also e-learning modules. There was a request by a sponsor to have the training at the home school instead of Toronto, but it is unlikely Touchstone will be acting on that request.
- **CaRMS Myth Document** – This is a CFMS document prepared for their membership, which they would like to see on the CaRMS website. K. Pardhan will circulate the document.

KPMG – PGME Funding Review in Ontario. The study was initiated by the Ministry as they want more accountability for clinical training funding and are interested in the funding following the learner. The Ontario Deans also would like more control over funding decisions. Final report is expected in April.

3. Resident Update – PARO (K. Pardhan)

A Joint Working Group (CAHO – COFM – PARO) is reviewing resident working hours and how to best handle fatigue, and alternative call models.

With the CPSO license renewal form going on-line and the Blood Borne Pathogen question included in the renewal, PARO is preparing FAQs to assist members with the proper completion of the form.

The new name for CAIR is Resident Doctors of Canada (RDC). A message was sent out regarding the name change.

4. Internal Review Committee Update (L. Probyn)

We are 1 at the 2 year mark in the accreditation cycle. In January and September of 2015, RCPSC Internal Reviews will be carried out on programs that did not have an onsite survey in 2013. In January 2016, Family Medicine internal reviews will be carried out.

External and Mandated Review schedules:

Spring 2015

Forensic Psychiatry – Mandated Internal review (April 16)

Vascular Surgery – Mandated Internal review (April 20)

Orthopaedic Surgery – External Review (April 20 & 21)

Fall 2015

Adult Respiriology – External Review (October 7)

Emergency Medicine – External Review (October 7 & 8)

General Surgery – External Review (October 7 - 9)

Urology – External Review (October 7)

5. Policy/Guidelines/Consultation – Leaves and Waivers Guidelines rev. Feb. 2015 (L. Muharuma)

The document was first introduced on December 12, 2014 and comments submitted. L. Muharuma summarized the comments received, links updated, and clarifications made – distributed in red font as part of the agenda package. At the meeting, a change was made under section 4 regarding BMA or BOE. “The case may be referred to the Faculty of Medicine’s Board of Examiners-PG or the Board of Medical Assessors.” D. McKnight: Requested the Leaves and Waivers Policy come up again for review at PGMEAC in 2017.

A motion to approve the document made by J. Goguen and seconded by R. Levine. All in favour.

NEW BUSINESS

6. PGY1 Standard Hospital Orientation Day (G. Bandiera)

The Surgery program has a PGY1 boot camp and they noticed that certain residents were disappearing because they had hospital orientations to attend on the same day. HUEC decided to establish a standard hospital orientation day. Survey results indicated July 2nd as the most popular date for a standard hospital orientation day. The official date will be determined on March 25 at the next HUEC meeting.

7. New Award – PGME Social Responsibility Award (B. Pakes)

Up to 2 awards will be presented annually recognizing one faculty and one post-graduate trainee (resident or fellow) who have made a significant contribution to research, education and/or practice, promoting social responsibility or demonstrating social accountability. This year, nominations are requested by March 23, 2015. For more information: <http://www.pgme.utoronto.ca/content/social-responsibility-award-postgraduate-medical-education>.

8. Ministry of Health HHR Planning; KPMG Review (G. Bandiera)

It is possible that CaRMS positions currently in Transfer Payment Agreements at the 6 Ontario schools will not remain static in the future, particular for certain specialties. Re the KPMG report, there is some interest at the Ministry in a “money follows learner” type model vs. a “money going to places” model.

C. Abrahams stated that the MOHLTC is looking at where “gaps and reserves” will lie in 2023. There are some issues with this model which does not look at practice or service models, only head counts. G. Bandiera indicated that we must try to plan for various outcomes, and will keep the PGMEAC membership informed on this issue.

9. Hospital Emergency Wait Times (R. Levine)

R. Levine reported on emergency wait time policies at Sunnybrook hospital for about the past six months. The hospital want doctors to see clients in emergency within 1 hour of arrival at the ER. There are signs throughout the hospital reminding doctors that they need to log in when seeing a client. Senior residents dealing with 2 or 3 traumas receive requests for non-urgent consults within an hour of them arriving in emergency. Junior residents are called to take taxis to the hospital to see patients within an hour. They do not feel empowered to ask for something more reasonable.

Questions raised in discussion: is this hospital policy, where are the attendings, is the shortened wait time tied to monetary gain

G. Bandiera thanked R. Levine for raising the issue and will speak with the SBK education administration and bring up the topic at HUEC regarding realistic expectations for ER. It was suggested that HUEC would be a good place to start but not isolate Sunnybrook – it may be an issue at several TAHSN hospitals. G. Bandiera will report back to the Committee after review with HUEC and discussion with the hospital.

Meeting adjourned at 2:20 p.m.