

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, September 25, 2015

C. Abrahams (PGME)	M. Fefergrad (Psychiatry)	B. A. Millar (Rad Onc)
L. Bahrey (Anesthesia)	L. Fechtig (Office of EduVD)	M. Morris (PGME)
G. Bandiera (Assoc. Dean PGME)	A. Freeland (Associate Dean)	L. Muharuma (PGME)
E. Bartlett (Diagnostic Radiology)	K. Iglar (Family Med)	K. Pardhan (PARO)
M. Bechard (PARO)	J. James (Mt. Sinai)	L. Probyn (PGME) via t/c
S. Bernstein (UG Clerkship)	J. Maggi (SMH) – via t/c	S. Sade (Lab Med)
P. Campisi (Otolaryngology)	A. Matlow (PGME)	S. Spadafora (PGME/CPD)
K. Eadie (PGME)	H. McDonald-Blumer (CoreMed)	D. Steele (ObGyn)

Guests:

Dr. Ari Zaretsky

Regrets:

A. Atkinson (Core Peds), J. Goguen (Med SS), J. Kirsh (CPSO), R. Levine (Surgery), J. Lloyd (Ophthalmology), B. Pakes (PGME), N. Rosenblum (CIP), J. Rosenfield (UG Vice Dean), R. Schneider (Peds Sub-spec)

AGENDA/MINUTES

1. a) Agenda approved as circulated.
- b) Minutes of March 27, 2015 meeting were approved.

REGULAR UPDATES & FOLLOW-UP

2. Follow-up from previous meetings (G. Bandiera)

Gullane Task Force Remuneration for Program Directors

The Task Force's recommendation that support be standardized for Program Directors led to the creation of a Working Group. Recommendations included the creation of a framework that could be used across all programs and UG and PG preceptors. The recommendations may include further study of PG funding issues only.

Addition of 29 programs to Subspecialty Exam Affiliate Program (SEAP)

The Royal College has changed the rules for specialty training certification such that doctors without the primary RCPSC certification can request to write the sub-specialty examinations in 29 specialty programs. The SEAP certification will not be the same as a RCPSC fellow membership. It is important to be clear with applicants on the differences between training for a fellowship or for subspecialty certification.

3. Resident Update – PARO (M. Bechard & K. Pardhan)

K. Pardhan reported that PARO was pleased to present at the administrator information sessions last year and looks forward to presenting again this year. He noted that they have been asked to provide this session at other universities as well.

4. Updates PGME, COFM, HUEC (G. Bandiera)

PGME: G. Bandiera noted the Faculty of Medicine decanal leadership changes, with Dr. Spadafora now the Vice Dean Post MD Education overseeing PGME and Continuing Professional Development. In the new role, he will oversee PG matters relating fellows, legal and financial-related matters. G. Bandiera as Associate Dean PGME will manage resident and PGME-related issues.

HUEC

New Annual CPSO Certificate Renewal Process

G. Bandiera noted that there were some initial issues with the new on-line license renewal process for residents but overall it went well, similar to the faculty/staff renewal process. K. Pardhan noted an increase in the number of calls to the PARO office, but overall the implementation went smoothly.

Bill 18: Safe Workplace for All

It was clarified that resident are workers so the baseline safety training is required – apart from the current HHSP modules in the POWER system. At present, the UG medical students are completing the Ministry of Labour on-line module and submitting proof of completion to the Registrar's office. PG is considering implementation for 2016-17.

Accessing Patient Files for Training Purposes

J. James stated that learners accessing patient files for training purposes while at the hospital was acceptable but not remotely through a network. All access must be clearly documented. UHN is considering adding the field, "For education purposes" to record such access. It is important to discourage trainees from surfing through patient files for professional and audit reasons.

COFM

KPMG – PGME Funding Review

The Ministry's Working Group reviewed a funding model of outputs and outcomes. It should not have big consequences for UofT, as we do not have a dedicated DME budget. Dean Young sits on the Steering Committee.

5. Internal Review Committee Update (L. Probyn)

We are over a third of the way through the accreditation cycle. Programs that did not have an on-site survey in April 2013 were first up for review. The four programs slotted for the RCPSC external review (Respirology, Emergency Medicine, General Surgery and Urology) will take place at the beginning of October, and GIM is scheduled for October 29th as a new program. In January 2016, Family Medicine internal reviews will begin. In September 2016 there will be a follow up of internal reviews and reports updated and in September 2017, preparations for 2019 will begin.

G. Bandiera stated that the playing field is somewhat unstable at the moment due to Competency by Design and a new accreditation model being developed

6. Policy/Guidelines n/a

NEW BUSINESS

7. Dosimeters – Radiation Badge Database Requirements (G. Bandiera)

Dosimeters – a device which tracks an individual's exposure to radiation over a lifetime -- are a legislative requirement. The link to the individual for tracking is the Social Insurance Number and the accumulated dose over a lifetime. This is problematic for residents doing rotations across multiple hospitals. PARO's concern for its members is recognized. The specific issue at St. Michael's Hospital was noted and they are dealt with on a case by case basis. J. Maggi stated that if residents

exceed their dose they can be mandated out of an exposure/work area but this happens very rarely. Happens. Prevention was noted as a priority, but those who work in those areas regularly have the highest risk. It was noted that we should be linking the training modules to our major training websites and provide a list of high exposure areas. G. Bandiera stated that this issue was discussed at HUEC and sites are hoping for a centralized solution such as a database repository.

8. Quotas Allocation Committee Proposal (G. Bandiera)

The government wants to reduce residencies at the entry level by 50 spots over 2 years from the Canadian medical graduate cohort. The current direction is to reduce 25 Canadian spots this year. Pro-rated, UofT was asked to reduce by 9 spots. An initial request to cut Family Medicine positions was recalled. In addition to the reductions, schools were asked donate one position each to NOSM – it received 4 in Family Medicine, 1 in Psychiatry. The 2017-18 cuts discussion is yet to come.

Medical students are anxious about the cuts and have asked to meet with the PG Deans. The deans want to assure students that no one program will disappear or have a major cut. The quotas being approved to today will go forward to the Ontario deans in November and will be subject to change up to Match Day. G. Bandiera tabled a motion on approval of the CMG reductions, IMG changes, and on changed in the R4 Medicine match. The motions were approved unanimously.

9. Best Practices in Evaluation and Assessment for Competency Based Education Working Group: Terms of Reference (Sue GT)

Sue GT is organizing a best practices group that will provide advice to the PGMEAC and Faculty Council about best practices in residency program evaluation and resident assessment for competency based PG medicine at UofT. L. Probyn will chair the group and M. Ruetalo will provide operations and research leadership. The group will meet for 3 or 4 focused meetings. In the Spring/Fall 2016, the group's recommendations will be brought to PGMEAC and later to Faculty Council. A call-out for those interested in participating in this project will be sent out within the next 2 weeks. M. Bechard said she has had students express their excitement around this initiative.

10. Sunnybrook Elective with Office of Patient Experience (A. Zaretsky)

A. Zaretsky and a colleague from Sunnybrook Hospital are launching a pilot elective whereby residents shadow Patient Experience Advisors. They will manage a real-life patient or family "complaint"; investigating and working to resolve issues patients and families bring forward about their care. The aim of this elective is to provide residents with an understanding of what supports are in place and conflict resolution in healthcare. It will provide residents with a macro view of how an organization operates and handles complaints. They would also work with staff members on improving interpersonal communication skills between patient and care providers.

This elective would take place in a rotation the residents are in to ensure that they shadow situations relevant to their particular programs. Sunnybrook gets about 1000 such complaints a year.

A. Zaretsky believes they will be able to match complaints to residents' specialty programs and that it would be particularly useful, for example, if surgery residents could shadow the process for managing a surgery-related complaint.

11. Resource Stewardship Workshop, Nov 19, 2015 (A. Matlow)

This workshop is designed to provide faculty and residents the tools to deliver resource stewardship training to peers and learners. The workshop will consist of 4 breakout sessions, with attendees able to participate in two breakout sessions of their choice. The keynote speaker is Dr. Wendy Levinson, Chair of Choosing Wisely Canada. If you are interested in attending or acquiring more information, please contact Lisa Bevacqua at lisa.bevacqua@utoronto.ca.

The meeting adjourned at 2:30 p.m.