

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, April 29, 2016

C. Abrahams (PGME)	M S. Edwards (PGME) – t/c	A. Matlow (PGME)
L. Bahrey (Anesthesia)	M. Fefergrad (Psychiatry) - t/c	B.A. Millar (Rad Onc)
G. Bandiera (Assoc. Dean)	A. Freeland (Assoc. Dean) – t/c	C. Moravac (PGME)
E. Bartlett (Diagnostic Radiology)	J. Goguen (Med Sub-Spec)	M. Morris (PGME)
M. Benusic (PARO)	S. Glover Takahashi (PGME)–t/c	L. Muharuma (PGME)
S. Bernstein (UG Clerkship)	K. Iglar (Family Med.)	O. Nnorom (PHPM)
I. Brasg (PARO)	R. Levine (Surgery)	M. Paton (Edu Deans)
K. Eadie (PGME)	J. Lloyd (Ophthalmology)	L. Probyn (PGME) – t/c

Guests: C. Bisnath, N. Dunlop, L. Nickell (UGME – OHPSA)

Regrets:

A. Atkinson (Core Peds); P. Campisi (Otolaryngology), J. James (Mt. Sinai VP Educ.), J. Kirsh (CPSO), H. McDonald-Blumer; B. Pakes (PHPM), N. Rosenblum (CIP), J. Rosenfield (UG Vice Dean), S. Sade (Lab Med), R. Schneider (Peds Sub-Spec), S. Spadafora (VD Post MD Educ), D. Steele (ObGyn)

AGENDA/MINUTES

1. a) Agenda approved as circulated.
- b) Minutes of February 26, 2016 meeting approved as circulated.

REGULAR UPDATES & FOLLOW-UP

2. Follow-up from previous meetings

a) Rotation Changeover Day (G. Bandiera)

UofT programs moved to the 13-block system two years ago with a Monday start date. As discussed at previous meetings, it has been proposed to change the start date to Tuesday to align with other Ontario schools. Members were asked to identify any potential issues regarding this change. Resident representatives reported that no issues have been identified by PARO membership. DFCM indicated that it may affect Family Medicine residents travelling to a Teaching Practice over a weekend. It was also proposed that the PGME office set changeover dates every year and disseminate to departments and sites. The final decision for the 2017-18 year will be made at the next PGMEAC meeting.

b) Wellness Tips and Wellness Advisory Committee

S. Edwards informed members that Chris Hurst will be retiring in June. His replacement will be Chris Trevelyan who is currently working at UGME in the Office of Health Professions Student Affairs (OHPSA). S. Edwards reported that the Wellness Advisory Committee has been formed and will have representation from each department. An inventory of wellness activities in residency programs is underway to better inform the Wellness Office with a view to sharing current resources and identifying programming gaps. Future plans include the establishment of a Resident Committee and PARO has offered its assistance in development. Please contact susan.edwards@utoronto.ca regarding committee involvement and Wellness activities.

3. Updates from COFM, HUEC

COFM UPDATE

G. Bandiera reported that the COFM deans discussed the OMA's physician supply models and its interest in gathering data regarding location and ratio of population to physician supply.

He also reported that the CPSO is interested in harmonizing its Practice Ready Assessment programs which are also in operation in BC, Alberta, and the Maritimes. The PG Deans were in agreement that the schools could be advisors to the programs but do not want to carry out the assessments and suggested Touchstone could play a role in screening.

Regarding reductions, the schools are awaiting the Ministry's decision for 2017-18 reductions in CaRMS entry spots -- either no change or we will need to reduce 25 spots from the IMG pool.

HUEC: No update as the committee hasn't met since the last PGMEAC meeting.

4. Resident Report – PARO

PARO elected Dr. Stephanie Kenny, PGY3, Radiology at the University of Ottawa as the new PARO President as of July 1, 2016. M. Benusic reported that he is working with PGME to bring clarity to the mediation process

and create a network/peer group. He will be reaching out to PGME and the Wellness office to keep this initiative moving forward.

5. Internal Review Committee; Best Practices in Evaluation and Assessment (BPEA)

L. Probyn reported that we are 2.5 years into the accreditation cycle. Family Medicine site reviews began in January 2016 and 4 sites to date have been reviewed. Specialty programs – 47 programs have been reviewed (external/internal/follow-up) and the internal review process will extend to November 2017.

6. Competency Based Education (CBE) (S. Glover Takahashi)

S. Glover Takahashi provided an overview of the Competency Based Education framework – an education model oriented to outcomes than time in training and more flexible to learners' prior skills and current needs. The training uses a coaching approach with frequent feedback to improve, with enhanced tracking of learners' progress and performance. By accreditation, the 2 models are:

1) **Competency by Design (CBD)** is the Royal College's approach to CBME. The rollout of approximately 80 specialties in 7 cohorts will occur over the next decade. 2 programs, Medical Oncology & Otolaryngology – Head and Neck Surgery will start field testing in 2016-17.

2) **Triple C Competency Based Curriculum is CFPC's approach, implemented in 2011.**

S. Glover Takahashi will continue to provide updates on CBE at the All PD meeting next month and future PGMEAC meetings. Today's slides will be circulated with the meeting minutes.

7. Policy/Guidelines – G. Bandiera

There was concern about the use of alcohol at CaRMS events. As there are university and hospital policies regarding the use of alcohol at events taking place on the premises, the need was not felt by the schools to have a separate PG COFM guideline around these events. It was noted that students felt pressured to drink at these events and for students being recruited, it is a high stakes event, and schools should adhere to national guidelines/policies for an even playing field. G. Bandiera stated that we need to create awareness about the issue but should defer to university hospitality policy which states that alcohol may be served in a licensed environment at a celebratory event, but anything beyond that it is not acceptable.

NEW BUSINESS

8. CaRMS 2016 (L. Nickell / C. Abrahams)

L. Nickell stated that the Learner Handover project was proposed as an opportunity for PG faculty and UG administration to work toward the best outcome for the medical students in the match. In reviewing the unmatched student files, L. Nickell felt that there were no outstanding differences between unmatched and matched students. Some students who did have specific issues during their UG years did match. Her request is to have a frank dialogue on what Program Directors are looking to help the Office improve its service. In discussion, it was noted that a candidate's file can be excellent but does not interview well, that can be the deciding factor. Some guidelines for electives was also suggested. R. Levine indicated that multiple placements for two weeks are practically useless.

L. Nickell informed members that a Post MD program for unmatched students (5th year) was created to improve the student's chances for CaRMS next year.

K. Iglar noted that the academic records/transcript are a problem as they do not reflect if a student underwent remediation. L. Bahrey also noted the records do not reflect a failed year and there is no transparency regarding professionalism issues. G. Bandiera noted that these issues had been previously raised and the UG Deans had responded, but perhaps a refresher is needed. He proposed a 1/2 day UG/PG forum for an exchange of ideas on this topic.

On the issue of feedback directly to CaRMS applicants, G. Bandiera stated that the faculty/admissions committee should not provide feedback on an interview or discuss ranking with candidates. Generic/template messaging should be prepared in response to applicant questions.

9. Surveys of Resident Experience (C. Abrahams)

C. Abrahams reported that the annual resident exit survey will be updated to the "Voice of the Resident Survey", allowing residents to reflect upon their experiences on a yearly basis. This new methodology will help PGME to improve services to residents allow us to measure the resident's training experiences over specific time periods. The objectives of the new survey are to:

- Identify and track factors affecting residents' satisfaction with their residency experience (e.g., training work environment, wellness, diversity, inclusion, mentor, etc.)

- Explore factors that affect residents' desire and ability to work in areas of population health need and their attitudes towards social responsibility
- Describe what Residents plan to do/will do upon graduation, and why
- Better understand the life course of Residents throughout the continuum of training
- Identify opportunities to improve the training and residency experiences
- Communicate findings widely.

10. Transfers

M. Morris reported that the transfer process is continuing. While internal transfers are complete, the intra-provincial transfers are still in process.

11. Community Rotations + Preceptor Stipends

G. Bandiera reminded members that preceptor stipends (paid to physicians training residents and clerks in community hospitals and doctors offices) are at a fixed dollar amount set by the government. He asked if programs are anticipating ramping up community rotations in the near future to advise him of the change to enable us to plan accordingly.

12. Report from National PG Deans Meeting

G. Bandiera updated members on an accreditation meeting attended by the 3 Colleges on March 14, 2016. The letter distributed outlined the 10 principles on which Accreditation renewal will be based:

1. A new framework of standards for residency programs, with high-yield markers and program outcomes;
2. A new institutional review process, standard system, and status category;
3. A renewed emphasis on the quality and safety of learning environments;
4. A digital Accreditation Management System that makes the accreditation process more efficient;
5. A new eight year cycle of regular accreditation visits, supported by continuous data monitoring;
6. Increased emphasis on self-evaluation and *continuous quality improvement*;
7. Enhanced onsite review processes, such as tracer methods;
8. New decision categories, with thresholds to improve consistency of decision-making;
9. A new category of "exemplary" ratings to identify programs which have developed outstanding innovations;
10. A systematic approach to evaluation, research, and continuous improvement of the system.

The 2 biggest changes:

- Accreditation will be on an 8-year cycle as of 2019-20.
- Program review data will be uploaded on an annual basis for review and a "state of union" report issued. If red flags arise, a targeted review will be administered.

We will continue to work with IRC until this changeover is complete. It will take a year for Royal College to complete a final set of standards and then a couple years for the changes to occur.

13. C. Abrahams presented the results of the 2016 CaRMS match

See attached slides.

The meeting adjourned at 2:30 pm.