

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, February 26, 2016

C. Abrahams (PGME)	P. Campisi (Otolaryngology)	A. Matlow (PGME)
T. Bahr (PGME)	K. Eadie (PGME)	H. McDonald-Blumer (Core Med)
L. Bahrey (Anesthesia),	A. Freeland (Associate Dean) t/c	B.A. Millar (Rad Onc),
G. Bandiera (Assoc. Dean)	J. Goguen (Med Sub-Spec)	C. Moravac (PGME)
E. Bartlett (Diagnostic Radiology)	R. Hawa (UG Clerkship)	M. Morris (PGME)
M. Bechard (PARO)	K. Iglar (Family Med.)	L. Muharuma (PGME)
M. Benusic (PARO)	J. James (Mt. Sinai VP Educ.)	S. Sade (Lab Med)
I. Brasg (PARO)	R. Levine (Surgery)	D. Steele (ObGyn) t/c

Regrets:

A. Atkinson (Core Peds), S. Bernstein (UG Clerkship), L. Fechtig (Edu), M. Fefergrad (Psychiatry), J. Kirsh (CPSO), J. Lloyd (Ophthalmology), B. Pakes (PHPM), L. Probyn (PGME), N. Rosenblum (CIP), J. Rosenfield (UG Vice Dean), R. Schneider (Peds Sub-Spec), S. Spadafora (VD Post MD Educ)

AGENDA/MINUTES

1. a) Agenda approved as circulated.
- b) In the *Internal Review Committee Update*, Section 5 – last sentence was revised for completion to: “In January 2016, Family Medicine Internal Reviews began.” With this change, the minutes of the December 18, 2015 meeting were approved.

REGULAR UPDATES & FOLLOW-UP

2. Follow-up from previous meetings

a) July 1 Orientation Days

In an attempt to harmonize the hospital orientation day across the system, it was agreed that the hospital orientation day should take place on or after July 1st. For 2016-17, the common PGY1 hospital orientation day will take place on **Monday, July 4, 2016**. If a program or site chooses to set up an orientation day prior to July 1, it cannot be mandatory. If anyone misses the orientation, they should be given the opportunity to make it up without consequence.

b) Wellness Resources Calendar

Resident Wellness will prepare a calendar of Wellness Workshops and post it on the PGME website. A new Wellness initiative is to create wellness programs within individual PG programs.

c) Rotation Changeover Date

It was proposed that UofT switch its rotation changeover dates from Mondays to Tuesdays to align with the other schools. It was also proposed that the PGME office set changeover dates every year and disseminate to departments and sites. Members were asked to identify any potential issues in making this switch and bring them to the April 29th PGMEAC meeting.

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

COFM UPDATE

Travel policy for residents travelling as part of their clinical duties: It was determined that a provincial travel policy was not required as this should be covered by the central PGME Safety guidelines or the individual program’s safety policy.

There was some discussion of schools providing a “lieu day” or expending salary for the residents who are required to come to a program or hospital orientation day prior to July 1st. There was no consensus among the 6 schools. Therefore the issue was left for resolution at the program level.

International MCCQE Exam – There was discussion that the MCCQE exam will be discontinued. However, there will be a long period of transition before the exam is removed.

PG HHR Planning – By late Spring 2016, an update of the Needs Based Model will be available. COFM requested the assumptions that are the basis of the model so the schools can review the assumptions to ensure they are accurate. The Ministry also made a commitment to update the supply model every two years.

HUEC Update

No update for HUEC, as the committee hasn't met since the last PGMEAC update.

4. Resident Report – PARO

M. Bechard expressed concern about the new graduate entry program for Family Medicine residents.

M. Benusic suggested we create more transparency regarding the Board of Examiners remediation process. The current documentation is dense without a clear pathway through the process. He introduced the notion of a peer support network where residents who have been through the BOE remediation process are available to guide others through it. G. Bandiera supported the idea and C. Moravac indicated that improvements could definitely be made with documentation on the PGME website and will follow up with M. Benusic regarding the peer support structure.

M. Bechard – It will be important to advise residents of changes to examination times.

5. Internal Review Committee Update

G. Bandiera presented the update on the programs that have been reviewed and noted that we are embarking on the Family Medicine site reviews. We are approximately half-way through the internal review cycle and should be complete in 2017.

6. Competency Based Education (CBE)

G. Bandiera stated that S. Glover Takahashi is the PGME lead for Competency Based Education in helping design the faculty development framework and communication strategy for the transformation of our training programs, moving away from the time-based model. She is available to assist programs to develop their program framework and strategies. A menu of options will be available to assist programs moving from training requirements to mapping Entrustable Professional Activities in the curriculum. He indicated that PGME is committed to helping all programs with the process and encouraged members to contact Sue GT for guidance.

R. Levine felt there was a disconnect between the RCPSC and the CBE activity at UofT and other schools i.e. implementation is proceeding without an agreement on the design. G. Bandiera acknowledged there have been several discussions with the College informally and in workshops and the future structure of assessment and reporting. The type and scope of evaluations is an acknowledged issue – what is expected of programs, data collection and submission, etc. There are currently four working groups formed by the College with stakeholders, looking at the e-portfolio model, data exchange, logistics and implementation, and outcomes evaluation. We will follow the RCPSC's schedule working with programs cohort-by-cohort, and do our best to keep everyone informed.

7. Policy/Guidelines

a) *Guidelines for Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Post Graduate Medical Education, October 2012*

L. Muharuma outlined the changes to the 2012 document as submitted by members. Regarding incident reports, it was noted that they should not just be collected for record-keeping but there should be a follow-up by Wellness. M. Bedard suggested a change in the language regarding interruption, suspension or termination of training, and separation of residents by hospital site. More generic terms such as "to the extent possible" will be inserted as required in the revised document. Also, there will be a sentence added to indicate the trainee can bring a support person to a meeting "Resident will be allowed to have PARO accompany them to meeting for personal support."

A link will be added in the document to the CPSO's **Guidebook for Managing Disrupting Physician Behaviour**, dated April 2008, specifically pages 5-8, that describe disruptive behaviour http://www.cpso.on.ca/CPSO/media/uploadedfiles/policies/policies/Disruptive_Behaviour_Guidebook.pdf

L. Muharuma will make changes using track changes and then it will be forwarded to HUEC for review. G. Bandiera thanked everyone for their input.

b) Procedure for a Medical Student to Register a Complaint against a Resident, May 1998

L. Muharuma stated this procedural document will be retired, as there are now other resolution procedures in UGME regarding resident-student conflicts that supersede the process outlined in this 1998 document, i.e. **Protocol for UME students to report mistreatment and other kinds of unprofessional behaviour**, dated September 21, 2011. Please see link <http://www.md.utoronto.ca/sites/default/files/Mistreatment%20and%20other%20kinds%20of%20unprofessional%20behaviour%2C%20Protocol%20for%20UME%20students%20to%20report.pdf>

NEW BUSINESS

8. COFM Immunization Policy revisions (L. Muharuma)

COFM outlined immunization changes from their 2012 policy regarding Tuberculosis, Hepatitis B and Polio, as well as wording about Influenza and the flu shot. PGME will place the new COFM immunization policy on the PGME website.

9. New Registration Requirements (AODA, H+S) (L. Muharuma)

There are currently five HHSP mandatory training modules which learners must complete prior to registration. These are applicable to all hospitals: Hand Hygiene, WHMIS, Sharps Safety, Domestic Violence and Privacy. For 2016-17, two additional (one-time) modules must be completed: Accessibility and Disability Awareness and Safety in the Workplace

10. CPSO Blood Test for New Applicants (G. Bandiera)

When a medical student applies for his/her license, they must self-declare regarding their blood test results and indicate on their annual renewal with the CPSO regarding exposure prone procedures and be re-tested every three years.

11. RCPSC Accreditation Update (G. Bandiera)

The accreditation standards are going to change. There will no longer be Standards A and B but six categories of standards that will require program and institutional changes. G. Bandiera indicated that UofT is in good shape as we have already aligned ourselves with the new directives. There is a working group for the new standards set up by the RCPSC and a paper for consultation will be released in September, but it will take 1 – 2 years before these changes are implemented. We are looking for a new standard and a new process.

The meeting adjourned at 2:25 pm.