



Postgraduate Medical Education Advisory Committee (PGMEAC)

Friday, September 29, 2017

12:30 – 2:30 pm

500 University Avenue; Rm 602 PG Boardroom

MINUTES

Attending: B. Abankwah (PAAC), K. Hick (for A. Atkinson – Core Peds), C. Abrahams (PGME), L. Bahrey (Anesthesia), G. Bandiera, Chair (AD PGME), E. Bartlett (Diag Rad), S. Bernstein (UG Clerkship), L. Erlick (Dir. UG & PGME, TSH), M. Farugia (ObGyn), A. Freeland (via TC - VP Education THP/AD Med Ed Regional), S. Glover Takahashi (PGME), J. Goguen (Int Med), P. Houston (via TC - UG Vice Dean), M. Hynes (PGME), K. Iglar (Dir. PGME, SMH), J. James (VP Educ Sinai Health System), J. Maggi (PG Wellness), A. Matlow (PGME), M. Morris (PGME), L. Muharuma (PGME), S. Murdoch (via TC - DFCM), L. Murgaski (PGME), B. Pakes (PHPM), S. Sade (via TC – Anatomical Path), S. Spencer (PGME), C. Sturge (PGME), E. Yu (Med Sub-Spec), C. White Ulysse (PARO)

Regrets: A. Bezjak (Rad Onc), P. Campisi (Otolaryngology), M. Fefergrad (Psychiatry), J. Kirsh (CPSO), R. Levine (Surgery), J. Lloyd (Ophthalmology), N. Rosenblum (CIP), R. Schneider (Peds Sub-Spec),

AGENDA/MINUTES

1. a) The agenda was approved.
- b) Minutes of Friday April 28, 2017 meeting were approved as circulated

G. Bandiera welcomed committee members to the meeting, and provided a brief roll-call of representatives at today's meeting

MATTERS ARISING/REGULAR UPDATES & FOLLOW-UP

2. Follow-up from previous meetings

2018-19 Rotation Block Dates (from Feb 24/17 mtg)

G. Bandiera introduced the proposed rotations for the next four years. C. White Ulysse mentioned the problem of denying vacations or significant challenges in vacation approval due to the lack of cross over rotations at other sites that do not follow the same block dates. Coverage must be approved for the Monday as their rotation is still active and this has proved problematic. L. Erlick also noted challenges in getting community doctors to adjust to the Tuesday start date. There have been many requests for the Monday off to start their new rotation which is leaving clinics and units short staffed. G. Bandiera concluded that we will follow-up in November and January with feedback from residents and members before making a decision on the start date change.

3. Resident Report

PARO's first General Council meeting was held in Toronto last month. The Association is finalizing goals for the year as well as organizing social events that are alcohol-free to create inclusiveness.

4. Postgraduate Administrators Advisory Committee (PAAC) Report

B. Abankwah reported on the progress of the newly formed PAAC. Recommendations put forward to date regarding the information sessions included Professional Development workshops; video recording of the sessions for those unable to attend; using technology for a blog/internal networking amongst PAs, and that the Appreciation Day be schedule during Administrative Professionals' Week – April 23 – 27,

2018. A certificate of appreciation from the Faculty or Post MD Education to program administrators for years of service was also recommended and the executive are engaged in further development of this projects as well as a project to streamline communication between the Education office and the Program Administrators. G. Bandiera acknowledged the representation and appreciation for our PAs – precedent-setting for other schools.

5. Updates from COFM, HUEC

COFM – The issue of repayment of funding to the MOHLTC for IMGs who cannot complete training and therefore cannot complete the Return of Service was raised at COFM. The issue has been referred to the deans who will be addressing the issue with the Ministry. Other issues raised on the topic were IMGs transferring out of the province, and inability of the government to match a specialty position in an underserved area of the province.

The Royal College sent a notice that the College’s approval of part-time residency training is no longer required. G. Bandiera encouraged receptiveness to these requests with consideration of impact on service and the specialty model.

G. Bandiera reiterated that re-entry and repatriation candidates must have funding approved by PGME before any offers are made or implied. This is not always known to candidates who feel that, once they have approval from the Ministry to seek out a position, the funding is also approved.

HUEC: G. Bandiera reported that the Faculty’s Sexual Violence Protocol has been updated and asked members to contact the PGME Office for guidance should there be an occurrence on site. He reminded members to: *Call Early, Call Often, Call Someone* at the Post MD Office for referral.

Since the November 2014 implementation of Bill 18 *Stronger Workplaces for a Stronger Economy Act* the definition of “worker” was expanded to ensure Occupational Health and Safety coverage for unpaid co-op students and unpaid learners. Hospitals designated as the “employer” are reviewing their risk and responsibilities with trainees not directly on the hospital payroll. L. Muharuma stated that WSIB has indicated that hospitals may wish to pay a proxy amount/premium for coverage for this cohort of trainees i.e. sponsored trainees, self-funded, or those funded by their home institutions. J. James asked if there is a way to flag individuals who don’t have coverage so they can be identified at the hospital level for HR and education administration. L. Muharuma stated that PGME can ask individual departments (PDs and Chairs) for more details in their funding and report to the hospital VPs Education.

Voice of the Resident (VOTR) survey – The results of the latest resident survey are in and PGME is engaging with TAHSN partners on how to identify potential solutions to the identified issues. G. Bandiera reported that there are significant patterns from residents across the board re: differences in experiences of intimidation, harassment and exclusion. A TAHSN Task Force has been formed to which will meet monthly to develop solutions and suggest a monitoring strategy to report on these issues to the CEOs for learners of all levels (UG – PG). K. Iglar suggested that PGME take a systems level approach to some of the issues. Although hospitals are major partners in the learning environment, the issues raised involve many constituents.

6. Internal Review Committee/BPEA

IRC: L. Probyn reminded the committee of the new 8-year cycle that replaced the 6-year cycle, and that the onsite external review will be in the fall of 2020 with preparation starting in Spring of 2018. All internal reviews are complete with the exception of those who were off cycle or required an external review, with final completion by November of this year. A total of 70 programs have been reviewed by

the IRC: (6 mandated internal reviews; 5 internal reviews prior to external reviews; and 59 regular mid-cycle reviews).

BPEA: L. Probyn reported on the Best Practice in Evaluation and Assessment working group began in 2016 and is now wrapped up. The group's work covers 9 themes across 10 papers plus a summary document focused on individual consultations. A plan for dissemination and promotion of the work to PDs and educators is under development. This will be communicated at the All PDs meeting in December. A new BPEA working group. The Terms of Reference for the group will be presented by Sue GT and Caroline Abrahams.

7. CBME

S. Glover Takahashi provided a brief update on CBME. The CBME September issue newsletter has been released and can be viewed at:

<http://cbme.postmd.utoronto.ca/wp-content/uploads/2017/09/UofTPGMENewsletter05September2017.pdf>

She also reported that in July, OHNS and Anesthesia were the first programs to be launched and both are moving along well with some learning curves. By November, Post MD's Education Innovation Group (EIG) will know for certain which programs will be in the July 2018 launch. In addition, G. Bandiera has been meeting with the PGY1 residents in these cohorts and feedback is positive. EIG is working on addressing mobile assessment implementation and asked for everyone's patience as these IT issues will take time to resolve.

8. Policies/Guidelines: PG Trainee Health & Safety Guidelines - Deferred

NEW BUSINESS

9. Quotas Allocation

C. Abrahams provided an update on the Quotas Allocation proposal for PGY1 intake for the 2018 PGY1 match. The proposal was developed by the QA SubCommittee of the PGMEAC earlier this summer. The proposal reflects an ongoing requirement to reduce CMG residency positions. Reductions are being re-allocated across departments on a rotational basis to minimize impact to programs and population health needs. With this information presented, the motion to accept the new quotas allocation was approved.

ACTION: Send the PGY1 allocation of positions for the upcoming CaRMS match to PG COFM and input to the CaRMS program description.

10. Unmatched Students

Dean Young presented his perspective on the issue of unmatched students at UofT and invited members to suggest ways PG program directors and faculty might contribute to increasing the % of those matching to residency positions in CaRMS. He acknowledged the fact that U of T has significantly more PG positions than medical school grads (337 vs 256) and highlighted the differences in Ontario vs other provinces where government funding is available for unmatched students. The wellness issues associated with the unmatched status were also acknowledged and the extensive work already being done by the Office of Health Professions Student Affairs which offers a fifth year enrichment program to unmatched students.

Dr. Young asked members to review their programs' selection criteria and process and consider what more can do as a postgrad community to assist our unmatched medical students.

The committee had an open discussion and the following suggestions arose:

- Create mentorship programs, improve elective selection, and community training to expose students to different experiences and faculty
- Provide a better understanding of the formal enrichment program offered by UofT UG for unmatched students. Programs should offer more placements allowing students to further develop their skills in preparation for next year's match
- Encourage practical conversations with trainees about flexibility with options of jobs (i.e. generalists, specialty, etc)
- Educate students regarding electives – that all electives in one specialty will not guarantee them a match and encourage a variety of electives
- Offer selective consideration for internal candidates i.e. make an effort to get to know internal candidates more as this could make a difference if an admissions committee is involved in a “tie”
- Offer formal mentorship experiences/programs/interest groups to medical students
- Obtain input from PG Program Directors to create more informative MSPRs
- Encourage OHPSA to provide career counseling for students using residents in practice interviews
- Compile data on how many U of T students are applying to which U of T residencies and interview/selection rates

Dr. Bandiera indicated that he would distribute the above ideas and invitation for further discussion among PDs. Dr. Young will be invited to an all PDs meeting in the future. Representatives are invited to discuss this issue with faculty members in their jurisdictions to engage in the discussion and solution.

11. BPEA Terms of Reference

C. Abrahams and S. Glover Takahashi stated that the BPEA committee was formed to replace the POWER Steering Committee as there is a great need and value to looking at the CBME assessments with matters that relate to teacher, learner and evaluations, and the convergence of IT systems. C. White Ulysse offered a resident rep to sit on the committee if required. The motion to approve the new BPEA committee and terms of reference were accepted.

12. New RCPSC Programs – AFCs: Brachytherapy, HSCT, Interdisciplinary Brain Medicine

G. Bandiera reported that there are now four accredited AFC programs at U of T (Adult Interventional Cardiology, Cytopathology, Adult Cardiac Electrophysiology and Transfusion Medicine). Brachytherapy has been accredited by the RCPSC, and UofT Radiation Oncology has put forward its application for approval. Interdisciplinary Brain Medicine is sponsored by the UofT Dept of Psychiatry and is out for national consultation. HSCT sponsored by several organizations, is also out for national consultation. S. Spadafora encouraged PDs to find ways to combine resources and examine if it will impact the training of current residents (i.e. brachytherapy to rad/onc training program and who is going to do what). This will be addressed during accreditation – sponsored by individual departments.

13. New Institutional Accreditation Standards – Deferred

L. Probyn and L. Murgaski are working on the gaps and identifying the standards and ensuring criteria is met. A more fulsome discussion on the new Institutional standards will take place at the next meeting.

The meeting adjourned at 2:30 p.m.

Next Meeting: Friday, October 27, 2017; 12:30 – 2:30 p.m.