

**POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE**  
**Minutes of Friday, February 24, 2017**

|                             |                               |                         |
|-----------------------------|-------------------------------|-------------------------|
| C. Abrahams (PGME)          | S. Glover Takahashi (PGME)-tc | L. Murgaski (PGME)      |
| A. Atkinson (Core Peds)     | M. Hynes (PGME)               | L. Muharuma (PGME)      |
| G. Babcock (PGME)           | K. Iglar (DFCM)               | O. Nnorom (PHPM)        |
| L. Bahrey (Anesthesia)      | J. James (Mt. Sinai VP Educ)  | M. Paton (Edu Deans)    |
| S. Bernstein (UG Clerkship) | S. Lo (PARO)                  | L. Probyn, Chair (PGME) |
| A. Bezzak (Rad Onc)         | J. Maggi (St. Mikes, PG Dir)  | S. Sade (Lab Med)-tc    |
| P. Campisi (Otolaryngology) | A. Matlow (PGME)              | D. Steele (ObGyn)       |
| S. Edwards (PG Wellness)    | M. Morris (PGME)              | E. Yu (Med Sub-Spec)    |

**Regrets:**

G. Bandiera (Assoc. Dean), E. Bartlett (Diagnostic Radiology), M. Fefergrad (Psychiatry); A. Freeland (VPEd THP/ADME Reg); J. Goguen (Int Med), P. Houston (UG Vice Dean); 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 with the addition of an item on the Common Rotation Schedule.  
b) Minutes of the December 16, 2016 meeting were approved as circulated.

**REGULAR UPDATES & FOLLOW-UP**

**2. Follow-up from previous meetings**

**Wellness:** From the Wellness update at the December 2016 meeting - it was noted that programs are encouraged to have a Wellness lead. PARO asked for clarification on the description of the local Wellness lead. A. Bezzak asked who this would be. S. Edwards responded that it is usually a faculty member but the appointment is open to interpretation by the program.

**BPEA:** Workshops on evaluation and assessment have been held as part of faculty development programming. There will be a BPEA presentation from L. Probyn at this meeting.

**Internal Medicine rotations:** Programs who had not yet submitted their requests for medicine rotations for 2016-17 to the DOM were encouraged to do so asap.

**3. Updates from COFM, HUEC**

L. Probyn reported that the preceptor payment funding will not be increased by the Ministry and asked Program Directors to inform G. Bandiera immediately of any planned increase or decrease in community rotations. A question was raised regarding refusal of preceptor funding for Radiation Oncology rotations. C. Abrahams clarified that due to lack of funding, the Rural Ontario Medical Program (ROMP) has stopped preceptor funding for specific disciplines. Previously, the PGME preceptor funding was a "top-up" to teaching activity organized by ROMP. Those discontinued rotations inherited from ROMP will now be fully funded by the PGME Office.

The Pre-Residency Program trainees in FM IMG stream will now be registered electronically with the University during their 6 week clinical orientation. The One-mail system will continue to be offered by the Ministry of Health as the secure email system to communicate patient care. The utoronto email system is not secure. The Learner Handover Project (from FMEC) is preparing a pilot of 20 cases and will gather feedback via post-match forms. The health and education sections of the federal Truth and Reconciliation Commission of Canada: Calls to Action report are under review. The MOHLTC Phase 1 of the funding review using fixed and variable component of funding for GFT and Hospital Academic costs is complete and will be implemented in the 2017-18 Transfer Payment Agreements. HUEC: TAHSN is working on a harmonized Conflict of Interest policy. Learners may be asked to sign a COI form annually covering their activities at all affiliated hospitals.

#### 4. Resident Report – PARO

Resident Awareness Week is occurring from February 27 to March 3 with a number of activities. Notices and promotional materials were distributed by email and congratulatory messages received. Some members expressed surprise as they were unaware of the week and had not received any notices or promotional material regarding Resident Awareness Week. Teaching to Teach workshops were developed and are available for use across the province. A pilot was offered in November 2016 for PGY2s and PGY3 in the UofT Pediatrics program. A. Atkinson provided feedback that the content was specific to Pediatrics, delivered by peer teachers and well received. S. Glover Takahashi reminded the group that there is a “Learning to Teach” module in PGCorEd and raised the issue of potential overlap in both curricula.

#### 5. Best Practices in Evaluation and Assessment (BPEA)

L. Probyn gave a summary of the Best Practices in Evaluation and Assessment report (see slides), outlining the research gathered by the working group in 9 identified themes: change management and implement of CBME, learner and faculty roles and responsibilities, programs of assessment, role of technology, program evaluation and monitoring of CBME, assessment for CBME, assessment/evaluation fatigue, residents in difficulty, remediation, Board of Examiners, and learner handover and appropriate disclosure of learner needs.

Priority actions in residency evaluation and assessment were identified: Review and update the PG Guidelines for Assessment of Residents; Change Management, Faculty Development, and Information Systems for CBME. The assessment guidelines revision has already been undertaken, faculty development sessions, and new IT implementation. The draft BPEA Report is now available on the PGME website [http://pg.postmd.utoronto.ca/wp-content/uploads/2017/02/BPEA-Report\\_penultimate\\_17feb13\\_WEB.pdf](http://pg.postmd.utoronto.ca/wp-content/uploads/2017/02/BPEA-Report_penultimate_17feb13_WEB.pdf)

#### 6. Competency Based Medical Education (CBME) (S. Glover Takahashi)

S. Glover Takahashi reported on the new CBME website <http://cbme.postmd.utoronto.ca/> and encouraged members to review the CBME newsletters which contain valuable and updated information on implementation progress, resources and tools available for use On track for July 1, 2017 implementation for Anesthesia and Otolaryngology-Head and Neck Surgery.

#### 7. Policy/Guidelines

The revised **Guidelines for the Assessment of Postgraduate Residents** (previously distributed) were presented. The purpose of undertaking the revisions was to Update the terms and language, improve understanding and ensure that the guidelines align and support both the traditional and competency-based approaches to resident assessment and promotion at the University and in the FOM. There was consultation with PGMEAC, the Board of Examiners, legal counsel, PARO and the University Vice Provost, Academic Programs. A summary of the changes were outlined (see slides): the title; language changes to reflect current practices (e.g. 'Program Assessment Plan' and 'Scoring Rubric'); replacement of single mid-way assessment to plans with multiple, longitudinal assessments with feedback; clarification of 1) formal and informal resident assessment; 2) ongoing procedures for resident assessments; 3) identifying, implementing and supporting residents during remedial period; 4) processes for identifying remedial periods, suspension, and dismissal outlined by the Board of Examiners.

The document was approved in principle by the Committee. Next steps include approval at Faculty Council and wide dissemination.

### NEW BUSINESS

#### 8. Re-appointments and Funding Considerations

M. Morris reminded programs to complete their trainee re-appointments for 2017-18. A reminder that any extensions for remedial purposes require program documentation and BOE review. Decisions on internal transfer requests and Re-Entry applicants are required by end of month. Directly after the CaRMS match, we will receive the list of the 407 matched residents and issue Letters of Appointment by mid-March. Confirmation of Completion of Training forms are due back by March 8<sup>th</sup>. On April 14<sup>th</sup> after the second iteration of CaRMS, the schools will begin reviewing the intra-provincial transfer requests. By May 2017, PGME should be able to confirm which transfers we can support. On May 12<sup>th</sup> registration opens in the POWER system. M. Morris emphasized that all residency training

including extensions, transfers, Re-Entry, Repatriation must be supported within UofT's funding envelope and that funding does not follow the learner. PGME must be informed of changes to trainee registration status as soon as possible. Residents who finish off-cycle and who wish to work until their exams results are released may consider applying for a Restricted License through the CPSO

#### **9. Changes in RCPSC Policies and Procedures**

The document outlining the changes in the RCPSC Policies and Procedures was previously distributed. L. Murgaski summarized the changes in:

- Inter-Institution Affiliation and non-affiliated sites
  - Standards clarifications
    - Elected resident representative on RPC
    - Safety Policy
    - Statement of overall goals of the program
  - Documentation: Templates for mandated internal reviews and progress reports; PSQ updates with CanMEDS 2015 content starting July 1, 2017; New guidelines on missed deadlines; Form for Program Director Changes
  - AFC accreditation status changes
- See attached slides for further details.

#### **10. Funding Notices: Medical Humanities, NEAL, ICRE**

L. Muharuma reminded members of the Medical Humanities Education Funding Grants which was distributed this month. Grants are a maximum of \$5,000 with matching commitment from departments. Post MD Education also supports matching funding of the registration fee for faculty members enrolled in the New and Evolving Academic Leaders program, and the \$800 subsidy for administrators attending the Program Administrators track of the ICRE conference October 18-19 in Quebec City.

#### **11. Resident Wellness Director**

L. Probyn announced the Dr. Julie Maggi is the new Director, Resident Wellness. She will begin her transition phase as of April 1, 2017 and fully take on the position as of July 1 2017 when Dr. Edwards leaves.

#### **12. Common Rotation Schedule**

The presentation of the 5-year common rotation schedule initiated discussion. Some members thought that the introduction of 13-block schedule with the Tuesday start date (to co-ordinate with the other Ontario schools) was a pilot for 2016-17. Issues identified:

- Block 13 is problematic as it is truncated by the beginning of the next academic year
- Monday was a preferred start date as some programs used Tuesday as their academic half-day back. Back on service for one day (Monday) interfered with vacation plans. Also there are only 2 holidays which fall on the Monday.
- Not sure if moving to the 13-block – Tuesday start is mandatory for all programs, all training levels, all hospitals

L. Probyn clarified that the 13-block schedule as distributed by PGME was mandatory for the PGY1 year where trainees are doing many rotations/electives outside their department. Scheduling may differ for higher level trainees where all training is in their own departments. J. James stated that operationally, the hospital medical education offices prefer one standard start dates for rotations to plan for new intake, orientation, ID.

Further discussion of the issue was deferred to the next PGMEAC meeting.

**A reminder that the April 21, 2017 meeting has been rescheduled to April 28, 2017.**

The meeting adjourned at 2:30 pm.