OPEN FORUM TOWN HALL
WEDNESDAY APRIL 22, 2020 AT 12:30 – 1:30 PM

UPDATE FROM PG DEAN

Dr. Glen Bandiera opened the Town Hall with a special thanks to all trainees involved with the ongoing changes during this pandemic including: redeployment activities, safety training, flexibility with new challenges and much more. A highlight of recent events were shared:

- Faculty of Medicine was the recipient of a generous donation to assist with urgent COVID-19 educational and research activities - thanks to the Temerty Foundation
- Reminder of housing/car rental support for trainees requiring isolation, please contact Lisa Bevacqua lisa.bevacqua@utoronto.ca
- Incoming international trainees – PGME is working with UofT Government Relations office and AFMC to advocate streamlining work permit requirements, following success of exemption of this group from travel ban
- Working with programs to process extensions of training for those who cannot return home due to travel ban
- Electives – resumption of incoming and outgoing UofT electives as of July 1, 2020, recognizing some jurisdictions may require self-isolation and some rotations may not be able to provide a full educational experience
- RCPSC reviewing status of Fall RCPSC subspecialty exams
- CaRMS – will adhere as much as possible to current timelines for the subspecialty matches (Medicine, Pediatrics, Family Medicine/Enhanced Skills). R1 Match – timelines under review based on when medical students return along with their elective opportunities
- PGME Contacts - We would like to remind you of the following support options available to assist all postgraduate trainees: UofT Postgraduate Wellness Office pgwellness@utoronto.ca or (416) 946-3074
- Reminder that the latest information on COVID-19 can be found on the Postgraduate Medical Education webpage https://pg.postmd.utoronto.ca/
Q&A

1. **Q:** What should those of us who are doing a +1 year do in regards to provisional licencing? Is this the same application as the application for those wanting to moonlight? Should we apply for the provisional licence given the likelihood that our electives get cancelled beyond July 2020?

   **A:** ‘Moonlighting’ can be done either as part of the ‘Restricted Registration’ program already in place for residents (in concert with the educational license), or one could apply for the provisional license as an exam eligible candidate in which case work for pay can be done outside of the residency as an independent provider. Further details re: Restricted Registration Programs at [http://www.restrictedregistrationontario.ca/](http://www.restrictedregistrationontario.ca/)

2. **Q:** Most fellows in my program are not going to be able to return home due to travel restrictions. Are we going to extend their work agreement to keep their visa and UHIP/OHIP ie so that the commencement of such needs to start now?

   **A:** Any fellows who wish to extend their stay due to travel restrictions need to advise their Fellowship Supervisor/Fellowship Director as soon as possible so that the paperwork can be started and yes, the benefits will continue during the extension, if granted.

3. **Q:** If Clinical Fellows stay to assist and complete their fellowship, what provisions will be made to ensure that, in the event they cannot go home, that they still have access to OHIP and an income to survive? What do they need to do? What do their supervisors need to do?

   **A:** Benefits will continue should a fellow need to extend their stay due to the pandemic. Additional funding does need to be confirmed with their department for extension. If its a MOH funded residency extension, funding in place to continue.

4. **Q:** What time length are you advising incoming clinical fellows to arrive in Canada, given that there is now a two-week mandatory quarantine upon arrival? These fellows will not be able to roam around town putting in their paperwork at the Police Station, CPSO, PGME and Service Ontario, find suitable accommodation. Usually this takes two weeks. So this may mean arriving in Canada in four weeks early instead of the usual two weeks.

   **A:** Yes, that is correct. The earlier a fellow can arrive in Canada the better. PGME will be flexible with start dates to accommodate the required quarantine period.
5. **Q:** I’m a scheduled incoming international clinical fellow (due to start at Sunnybrook), and I’m curious to know what the status is for scheduled July 2020 clinical fellowships. Is that still happening, and should we proceed as planned in terms of bureaucracy (PGME, Work Permit, CPSO, CMPA, etc)?

**A:** IRCC has indicated that incoming visa trainees are considered essential workers and those who have obtained a work permit or a letter of approval may cross the border at this time. There is advocacy at highest level with IRCC to see what can be done for those fellows who have not yet completed biometrics and or medical exams, due to closures. Incoming fellows should continue to progress as they are able to come to Toronto for their training.

6. **Q:** Will the CPSO be expediting this new provisional license given we are already within 3 months of July 1?

**A:** As long as applications are received by May 15th, the CPSO has assured us that the provisional licence will be ready for July start. Do your best to get the paperwork in as soon as possible.

7. **Q:** Do we know what the CPSO and CMPA fees will be for the new license? I ask in case I am not eligible for a fellowship license in the event that my program cannot offer me a position for the previously mentioned reasons. I would have to get a provisional independent license to be able to simply assist in the operating room in that case to pass the time. I’m hoping that wouldn’t result in my going further into debt for just a couple of months of assisting.

**A:** Same fees with CPSO and CMPA will apply as they previously did. No additional fees for extension of IP, or conversion of the provisional license to a full IP license.

8. **Q:** It was stated at the last town hall meeting that if a hospital cannot provide residents with appropriate PPE to provide care, we will not be expected to work under these circumstances. My understanding is that this is also a part of the Occupational Health and Safety Act. However, PARO sent out a notification that this only applies to routine, non-urgent situations. In urgent situations, if required PPE is not provided and we feel unsafe providing care, we may be subject to disciplinary action by the hospital, the CPSO, and civil litigation. Can you just clarify this as many of us may be redeployed to the ED or ICU where much of the work will involve urgent situations?

**A:** This creates opportunities for personal decisions, and PGME still stands by the principle that a trainee has the right to refuse work under the circumstances of inadequate PPE. This is also stated in the provincial ethical framework around rationing PPE- those who have it will be the only ones to provide care.
9. **Q:** Will residents be paid for vacation they didn’t take or allowed to carry it over to next year? Will PGY5 residents be paid for vacation they didn’t take?

**A:** PG is advocating for vacation to be carried over to next year – for those who were not able to take their planned vacation due to the pandemic. However, this is not PGME’s decision to negotiate as it is between PARO, the hospitals and MOH and when all parties agree the current PARO agreement would need to be amended to reflect this decision. For all details regarding COVID matters, please visit the PARO website at: [http://www.myparo.ca/residents-and-covid-19/](http://www.myparo.ca/residents-and-covid-19/)

10. **Q:** Will PGME extend access to PGME/UofT resources like library access for PGY5s until we complete the Royal college exams?

**A:** Yes. The library will provide ongoing access for trainees who are preparing for their exam.

11. **Q:** Will there be an extension of deadline, or reduction in the amount, for the $780 PGME Fee we are due to pay in May? This is a very high amount, and given that there is no additional pay being given to us for the increased risk during COVID, an adjustment would be appreciated.

**A:** Visa processing fee and annual registration fee will be waived for those whose training is extended for activities due to COVID. Fees for regular appointments and extensions will stand. Please contact PGME if you have individual challenges.

12. **Q:** Some residents in SUBSPECIALTY FELLOWSHIP programs have been getting emails from the Royal College about payment for the exams scheduled in the fall (NOT the delayed spring exams). For example endocrinology or rheumatology. Does PGME have any information about whether the subspecialty exams in the fall will be delayed and whether there will be an oral exam component? Should we be paying for these exams given that they may be deferred?

**A:** The RC will be issuing a statement regarding this very shortly.

13. **Q:** Should PGY5s be expected to participate in spring/summer in house exams (for which they have never ever participated in the past)?

**A:** In-house exams take three forms: 1) Exams that programs do to prepare for the oral exam at the national level – is at the discretion of the program if they feel it is of benefit (may not be necessary at this time as oral exams are cancelled); 2) Some programs deploy exams to inform their assessment of a trainee; therefor, if they use the results of this exam as an assessment strategy as part of their assessment system, they will continue; 3) Some specialties deliver national exams for your own information/preparation purposes or for assessment – if it’s for the latter then most programs will continue to mandate that, if it’s for the former, it would be an assessment as to the utility of that in light of the decision of the RC exams.
14. Q: Is there a possibility that there will be Royal College exam sessions in large US cities, given that it might be difficult and cause problems for people to return to Canada to do the fall exam?

A: Once a decision is made by the RC, they will advise.

15. Q: Are there any details regarding plans for the LMCC 2 exam available? The spring session was pushed to fall, but it seems like CCFP and Royal College have both decided that hosting oral exams in fall would be unsafe.

A: No change in direction, but awaiting final decision from MCC.

16. Q: I would also like to ask about PGME’s instructions to programs regarding resident coverage of services. Should programs limit resident attendance to only what is required to meet patient care requirements? Having residents attend the hospital if not essential to essential patient care seems to needlessly expose residents and their families, while partially undoing societal distancing measures. Additionally, we should be preserving man-power for redeployment, and not risk exposing residents from that perspective.

A: Residents need to be a part of whatever clinical aspects that happen in hospital activities to maintain educational continuity. Any activity that is happening in a hospital, residents should be a part of. If a resident is not partaking in clinical activities then there is no need to be in the hospital. Hospitals are working on two-week rotation schedules for balance and rest and must be based on a service-level response.

17. Q: Is there a policy to get us tested as a screening method?

A: We are following direction of hospitals, Public Health Ontario to test those who have been exposed, but mass testing could change based on the above changes in decisions.

18. Q: Any suggestions, to get the trainees relived from time to time? What about dividing the work between the trainees and staff, divide in two groups, lets say 2 weeks on, 2 weeks off.

A: This has been done mainly at a service level in an equitable way. Adopting new models with this in mind. If you feel this is not happening, please speak to PGME, PGME Wellness office, Vice Chair Education to come up with a possible solution.

19. Q: Where do residents find PPE training videos?

20. **Q:** Could you please share the number of COVID positive U of T residents so far, and which specialties they are in? Is there a way for us to regularly access and track this information as residents?

**A:** This information cannot be shared in order to preserve PHI. Those who have tested positive are being tracked by public health and the University to ensure appropriate contact tracing is done.

21. **Q:** Is there any information available about the non-UofT elective policy beyond June 30th? Would residents who can avoid air travel be permitted to rotate at nearby Ontario schools?

**A:** Electives incoming to and outgoing from the University of Toronto will be permitted again as of July 1, as long as the sending PD and receiving PD agree. Travel restrictions may be in place and/or isolation requirements may be imposed, so planning for these will be needed on a case by case basis.

22. **Q:** Who does the redeployment implementation/plans come from? The guidelines state that the CEO of the hospital has the authority to make the call. I am just asking because it isn’t very transparent at the moment with regards to ICU redeployment and I don’t know where the NEED is coming from - is it the ICU specifically requesting, is it the HOSPITAL, and does it all go through program directors?

**A:** The programs are working closely with the hospitals on decisions as to who goes where based on the greatest need and/or reassign residents within the hospital they are currently at; including priority deployment to ICUs, Emerg, etc, while allowing variability across the system to manage redeployment.

23. **Q:** For those in family medicine, are there any limitations to the types of moonlighting activities for someone in their +1 year of PGY3 and is the billing going to be any different for these people compared to their colleagues who are not doing the extra year of training and getting the provisional license?

**A:** Your PD would need to sign off (if done as part of the Restricted Registration program) and whatever activity you do cannot exceed the PARO agreement. For the provisional license, activity and the billing would be the same as if the individual had a full IP license

24. **Q:** In order to obtain provisional licensure, supervisors are required to provide “minimal supervision” for residents entering practice - however, because there is no guidance provided on what minimal supervision entails, residents are finding it difficult to find a supervisor to sign on board of their CPSO document and move forward with their careers. This is resulting in missed opportunities for residents transitioning to practice. Is there a way for PGME to provide these residents who would otherwise be fully practicing, with supervisors?

**A:** We are working with programs to be as accommodating as they can to ensure every resident has a supervisor. Talk to your PD if you are having difficulties and if you still aren’t getting anywhere, contact the PGME office for assistance.
25. **Q:** For the May 15 deadline for CPSO application, does this include all supporting documentation such as police check, etc. or can that be submitted later on? (for July 1 start)  
   **A:** Toronto Police Services is now accepting applications for the Vulnerable Sector screens online and has waived fees for health professionals.

26. **Q:** For family medicine residents in their +1, will there be additional fees for those who are going to convert their educational license during their +1 mid-year when we hopefully pass our CCFP exam to switch to an independent license?  
   **A:** While PGME is not an authority on the CPSO fee structure, my understanding is that there will not be a change and so if you want to switch from an educational license to IP there is a fee for the application, but once one secures a provisional license there will be no fee to switch to an IP.

27. **Q:** For services that have made a 'COVID rotation schedule' with rotating 2-weeks home / 2-weeks in-hospital, will PGME or hospitals (or public health) dictate when we should go back to 'normal' schedules? Or is it up to programs to decide that?  
   **A:** It is up to programs and given the nature of how this will likely unfold it will affect some disciplines sooner than others, but we encourage programs to work on an altered schedule model.