



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine

All Program Directors & Family Medicine Site Directors' Meeting

Friday, December 13, 2024



Welcome Remarks

Dr. Meredith Giuliani

Associate Dean, Postgraduate Medical Education
Temerty Faculty of Medicine



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine

Acknowledging the land

We would like to acknowledge this sacred land on which the University of Toronto operates. It has been a site of human activity for [thousands] of years. This land is the territory of the Huron-Wendat and Petun First Nations, the Seneca, and most recently, the Mississaugas of the Credit.

The territory was the subject of the Dish with One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee Confederacy and Confederacy of the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes.

Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work in the community, on this territory.



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine

Medical Education Strategic Plan (2023-2025) Update and Next Steps

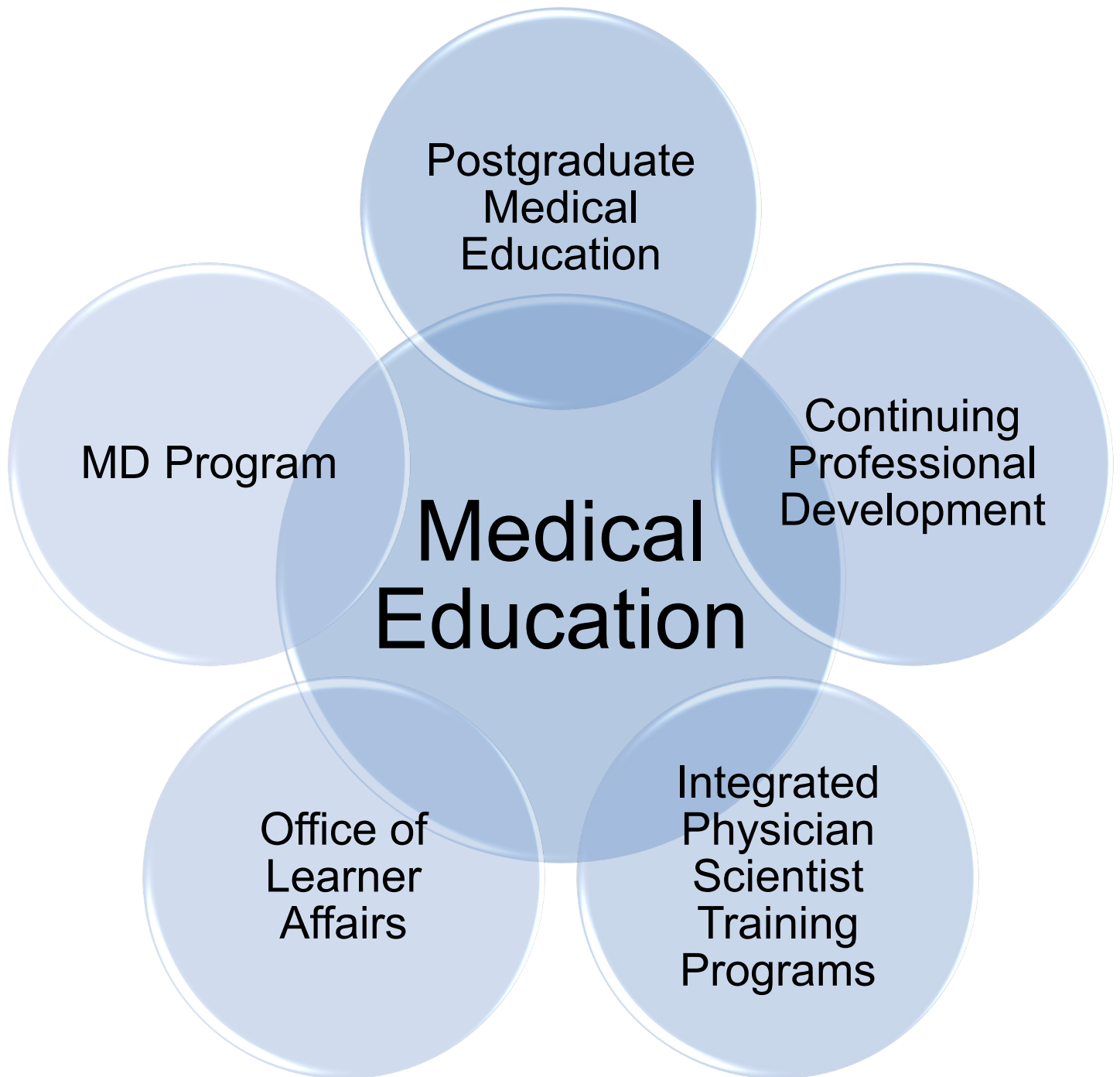
Paul Tonin, Senior Project Manager, Strategic Initiatives, Medical Education



Office of the Vice Dean, Medical Education

Role is to provide strategic and operational leadership for the alignment, integration and harmonization of learner supports and programs, faculty processes, and systems across the continuum of medical education

Strive to achieve that mandate in collaboration with other members of the Temerty Medicine community, including our hospital partners



Med Ed Strat Plan: Purpose and Scope

- Draw on the unique strengths and capacities of Temerty Medicine in general and the medical education portfolio in particular
- Identify, enable and support opportunities for integration, alignment and harmonization, while allowing space for unit-specific priorities
- Focus on activities or initiatives that can be completed or well underway over a two-year period (2023-2025)
- Med Ed Strategic Plan does not represent the full scope of the portfolio, but rather identifies and provides direction about specific initiatives and activities
- Dedicated leadership for initiatives and activities

Med Ed Strategic Plan (2023-25): Strategic Priorities and Initiatives



Transformative Teaching, Learning and Education Scholarship

- Social justice, anti-oppression and advocacy curricular integration
- Aligned/harmonized faculty development activities
- Enable and support education research and scholarship



Inclusive and Supportive Environments and Community

- Promote and support learner wellbeing
- Harmonized approach to preventing and addressing learner mistreatment
- Equity-informed and supportive approaches to learner professional identity formation



Collaborative Teams and Integrated Operations

- Enable and support staff talent development, recognition and engagement
- Enhanced technology for effective and integrated data management
- Harmonized approach to program evaluation, including accreditation

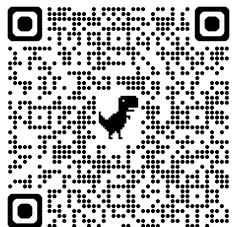




Transformative Teaching, Learning and Education Scholarship

<p>Social justice, anti-oppression and advocacy curricular integration</p>	<ul style="list-style-type: none">✓ Review methodology recommendations for renewal of MD Program Foundations curriculum submitted by the Advisory Committee co-chairs
<p>Aligned/harmonized faculty development activities</p>	<ul style="list-style-type: none">✓ Variety of faculty development resources and activities focused on themes and topics relevant across the continuum (social justice, anti-oppression, and equity; learner mistreatment; professionalism)
<p>Enable and support education research and scholarship</p>	<ul style="list-style-type: none">✓ EDF 2.0 and Med Ed Strategic Research Grant<ul style="list-style-type: none">○ Communications strategy to promote education research as well as award and research grant process alignment

<https://meded.temertymedicine.utoronto.ca/medical-education-strategic-plan-2023-25-year-1-status-update-june-2024>





Inclusive and Supportive Environments and Community

<p>Promote and support learner wellbeing</p>	<ul style="list-style-type: none">✓ Variety of resources adaptable for specific programs and learning contexts○ Development of Health and Wellbeing Guidelines for clinical learners
<p>Harmonized approach to preventing and addressing learner mistreatment</p>	<ul style="list-style-type: none">✓ Single learner mistreatment guideline applicable to all clinical learners and corresponding resources✓ Updated electronic case management system
<p>Equity-informed and supportive approaches to learner professional identity formation</p>	<ul style="list-style-type: none">✓ Revisions to the MD Program professionalism assessment form✓ O-week session focused on professionalism○ Curricular innovations informed by common professionalism issues/behaviours

<https://meded.temertymedicine.utoronto.ca/medical-education-strategic-plan-2023-25-year-1-status-update-june-2024>





Collaborative Teams and Integrated Operations

<p>Enable and support staff talent development, recognition and engagement</p>	<ul style="list-style-type: none">✓ Med Ed Staff Newsletter and Med Ed Staff Conference✓ Accredited professional communications certificate program○ Additional/other learning opportunities tailored to the medical education context
<p>Enhanced technology for effective and integrated data management</p>	<ul style="list-style-type: none">• Medical Education Information Technology Transformation (MEITT) Project✓ Power Automate platform and Power BI used to generate and distribute LACT reports to selected departments, with plans to expand to additional departments
<p>Harmonized approach to program evaluation, including accreditation</p>	<ul style="list-style-type: none">✓ Data Management and Analytics Advisory Committee revised to focus on providing strategic direction✓ Director, Med Ed Program Evaluation, Medical Education and Med Ed Program Evaluation Committee

<https://meded.temertymedicine.utoronto.ca/medical-education-strategic-plan-2023-25-year-1-status-update-june-2024>



**Retain Priorities and
Initiatives**

**Extend timeline
2023-~~2025~~ 2026**

**Refresh with revised and
new actions**



**WHAT'S
NEXT?**

Scarborough Academy of Medicine and Integrated Health (SAMIH) and program expansion



Questions?



FREEDOM OF EXPRESSION & ACADEMIC FREEDOM: HOW WE EXPRESS OURSELVES & OUR BELIEFS AS ACADEMIC FACULTY

Presented by:

Kendra Naidoo, Legal Counsel

Pier Bryden, Associate Dean, Clinical Affairs and Professional Values



UNIVERSITY OF
TORONTO

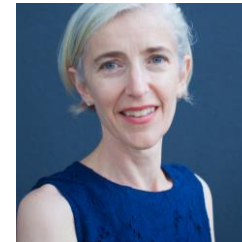


TODAY'S SPEAKERS



Kendra Naidoo
Legal Counsel,
Office of University Counsel

(she/her pronouns)



Pier Bryden
Associate Dean, Clinical
Affairs & Professional Values,
Temerty Medicine

(she/her pronouns)

With thanks to:

Archana Sridhar
Assistant Provost

U of T staff member since 2010
Focus on academic administrative
appointments, free speech, issues
management, strategic projects
JD, Harvard Law School



Learning Goals



1. Laying the Groundwork

- Academic Freedom
- Freedom of Expression
- Professionalism Standards

2. Questions/Discussion

UNDERSTANDING ACADEMIC FREEDOM



Academic freedom is ... a social compact between society and the professoriate in which the public agrees that the pursuit of truth without interference from political and economic interests or other individuals is in the best interest of society, and such an environment allows professors autonomy in deciding how best to pursue truth.

– Tierney & Lechuga (2010)

What is Academic Freedom?

“the freedom to examine, question, teach and learn, and the right to investigate, speculate and comment without reference to prescribed doctrine, as well as the right to criticize the University and society at large”

Policy for Clinical Faculty s.7

Activities



RESEARCH



TEACHING



INTRAMURAL



EXTRAMURAL

Form



SPOKEN



WRITTEN -
SCHOLARLY



WRITTEN -
NON-SCHOLARLY



SOCIAL MEDIA

ACADEMIC FREEDOM

FREEDOM OF EXPRESSION

INTERSECTING RELATIONSHIPS



Academic Freedom at U of T

- Established in a number of institutional documents including:
 - Article 5 of Memorandum of Agreement with UTFA
 - *Policy for Clinical Faculty*
 - CUPE 3902 Unit 1, Unit 3, and Unit 6 collective agreements
 - Policies for Professional and Managerial Staff (limited to PMs who lead clinical or experiential learning opportunities)

Free Speech or Expression at U of T

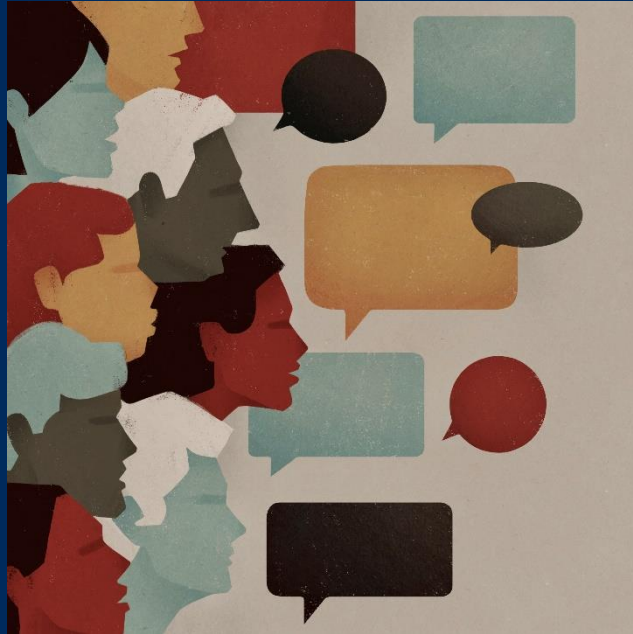
- Universities in Ontario are self-governing pursuant to their own statutes
 - Not considered state actors subject to the *Charter*
 - The University has separately assured these rights and values through institutional documents – e.g., *Statement on Freedom of Speech*

Academic Freedom ≠ Free Speech

“ Securing the right of free speech generally requires emphasizing our inability, or unwillingness, to distinguish between good and bad ideas.

Academic freedom, by contrast, incorporates within itself the effort of a scholarly discipline to filter out bad ideas. Knowledge produced within a scholarly setting is routinely vetted, assessed, and, if necessary, censored.

– Whittington (2019) ”



Charter Section 2(b)

- Guarantees freedom of thought, belief, opinion and expression for individuals
- Not an absolute or unfettered right

“When individuals join a **regulated profession**, they do not lose their *Charter* right to freedom of expression. At the same time, however, they take on obligations and must abide by the rules of their regulatory body that may limit their freedom of expression.”

- Justice Schabas, *Peterson v. College of Psychologists of Ontario*

WHAT IS “HATE SPEECH” AND IS IT REGULATED?

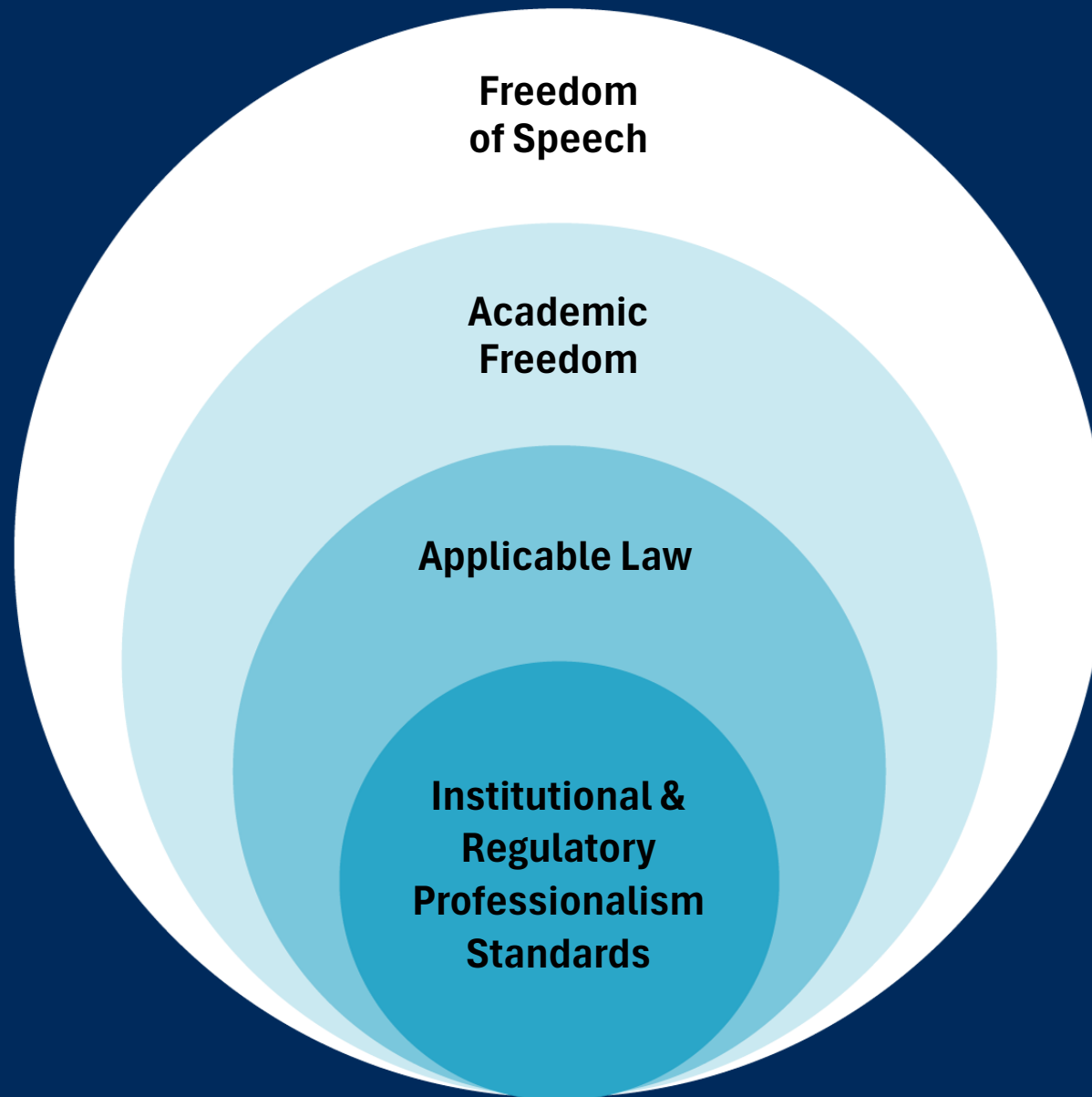
- “Hate Speech” is generally understood to be any form of communication that expresses detestation or vilifies an individual or group based on colour, ethnicity, place of origin, race, creed, gender, or sexual orientation.
- In Ontario, Hate Speech (as generally defined above) is not regulated although there are statutes that place restrictions on certain types of speech/expression in certain contexts:
 - *Human Rights Code* (with respect to services, housing accommodation, employment and vocational associations)
 - *Occupational Health and Safety Act* (if the Hate Speech constitutes workplace violence or harassment)
- Also, there are limited offences under the *Criminal Code* of Canada related to genocide, public incitement of hatred and willful promotion of hatred/antisemitism (condoning, denying or downplaying the Holocaust).

CRIMINAL CODE OF CANADA

Criminal Code Section	Offence
s. 318(1)	<p>Advocating genocide Advocating or promoting genocide</p> <p>genocide means any of the following acts committed with intent to destroy in whole or in part any identifiable group, namely,</p> <p>(a) killing members of the group; or</p> <p>(b) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction.</p>
s. 319(1)	<p>Public incitement of hatred Communicating statements in any public place that incites hatred against any identifiable group where such incitement is likely to lead to a breach of the peace</p>
s. 319 (2)	<p>Wilful promotion of hatred Communicating statements, other than in private conversation, that wilfully promote hatred against any identifiable group</p>
s. 319 (2.1)	<p>Wilful promotion of antisemitism Communicating statements, other than in private conversation, that wilfully promote antisemitism by condoning, denying or downplaying the Holocaust</p>

OTHER RELEVANT LEGISLATION

- ***Human Rights Code***: prohibits discrimination and harassment on protected grounds in services, housing, employment, unions / vocational associations and contracts
- ***Occupational Health and Safety Act***: provides protections against workplace violence or harassment

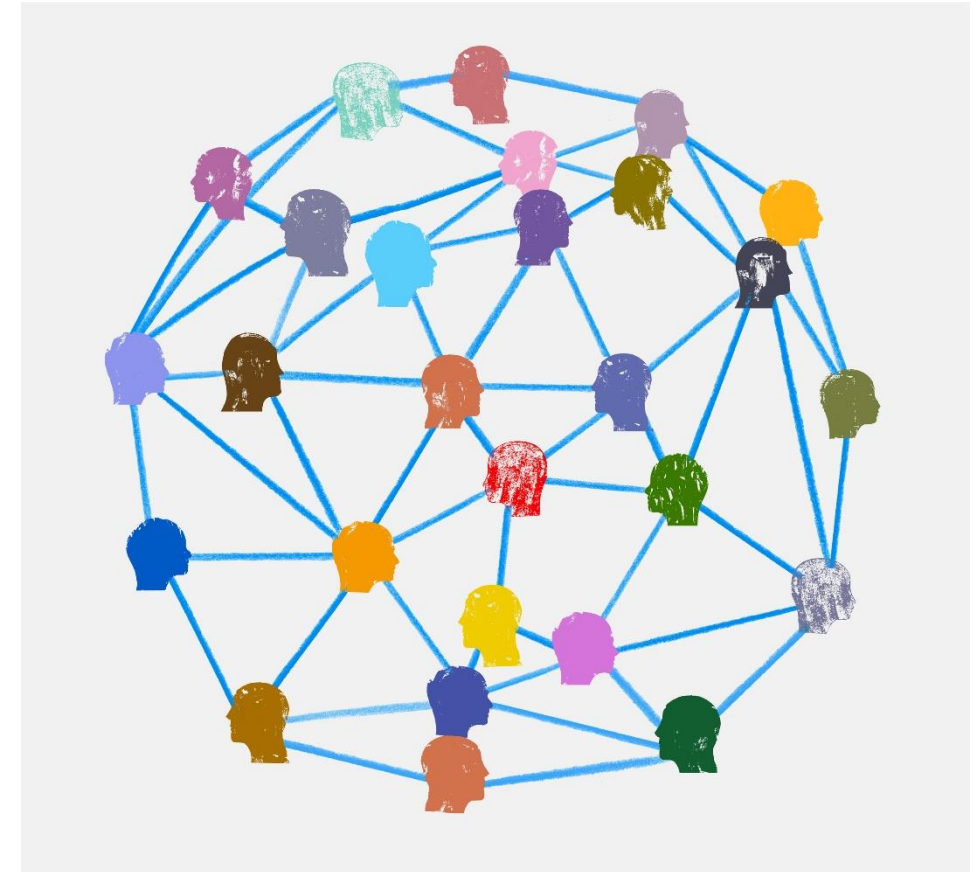


PROFESSIONALISM

Consider the impact of the expression on:

- Patients
- Public
- Colleagues
- Institution
- Profession

Freedom of expression must be balanced with professional standards.



STANDARDS OF PROFESSIONAL BEHAVIOUR



Medicine

Regulatory Body: College of Physicians and Surgeons of Ontario

- Must act professionally on professional and personal social media
- Medical professionalism includes maintaining public trust and confidence in the profession

Related Act: *Medicine Act, 1991*

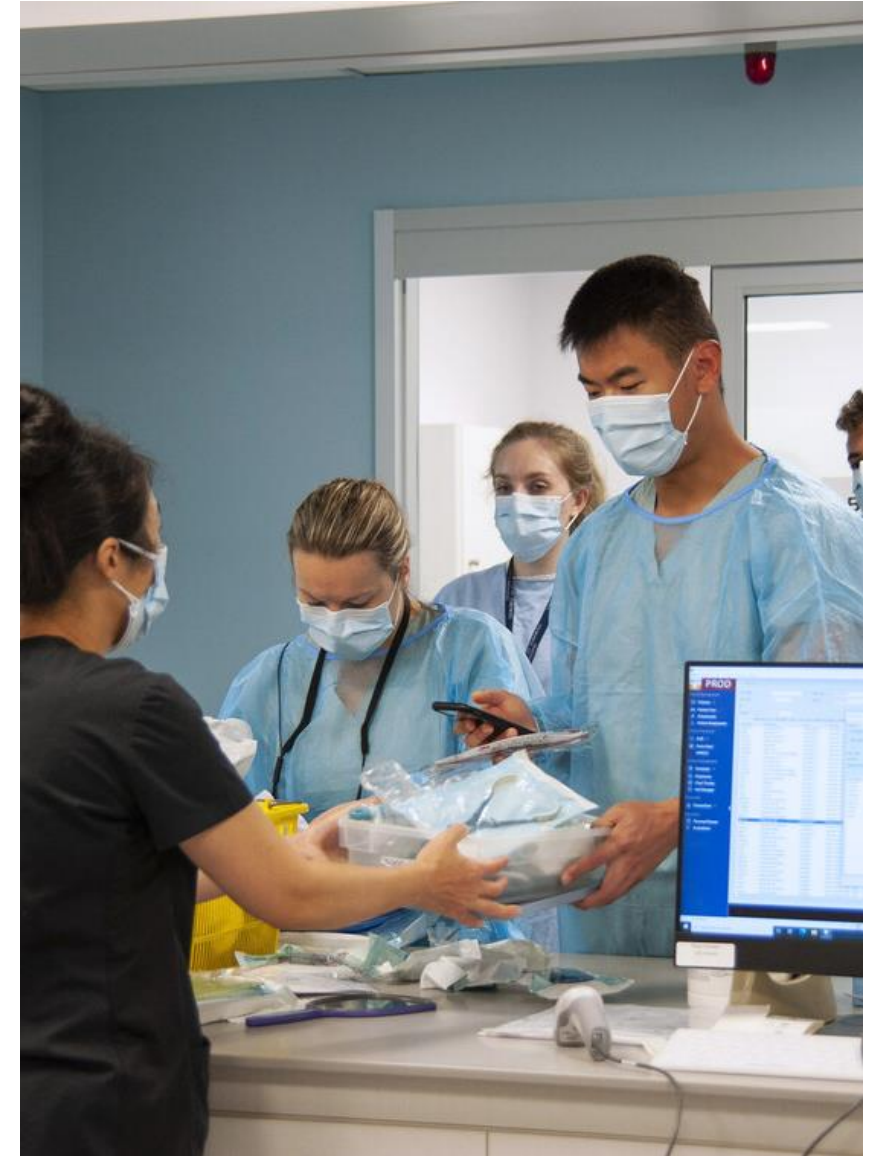
Per section 1(33) of the Professional Misconduct Regulation, professional misconduct includes:

An act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.

PROFESSIONALISM CASES IN ACADEMIC MEDICINE (SOCIAL MEDIA)

- Disparaging of specific faculty or students
- Derogatory towards certain types of patients (i.e., low income, race or religion, etc.)
- Comments about work – including about colleagues, patients or stress
- Political contributions
- Violations of confidentiality
- Profanity
- Sexually suggestive content

(Kitsis, 2016)



PROFESSIONALISM – HEALTHCARE PROVIDERS

What is Medical Professionalism?

In medicine, professionalism consists of the words and actions of physicians that foster trust and respect with patients,¹ colleagues,² and the public.

Trust and **respect** are the core values of the medical profession. Competent physicians foster trust and respect and deliver quality care by:

- Practising with **integrity**
- Committing to **responsibility**
- Practising with **humility**
- Recognising and honouring **humanity**

Recognising and Honouring Humanity

By honouring their own humanity and the humanity of others, physicians create the foundations for trusting, respectful, and empathetic relationships.

For physicians, honouring humanity means recognising the inherent value and dignity of all people, including themselves, and keeping the varied experiences of patients at the centre of health care delivery. It also means acknowledging that physicians and other care providers themselves need care and compassion in order to provide effective and sustainable care. In the practice of medicine, recognising and honouring humanity means caring for people, not simply treating diseases.

Physicians honour their own humanity by:

- Acknowledging their physical and social needs, vulnerabilities, and limitations;
- Demonstrating self-compassion in the face of personal pain and moral injury;
- Recognising personal impairment or decline;
- Asking for help from colleagues and making use of available [wellness resources](#), when necessary.

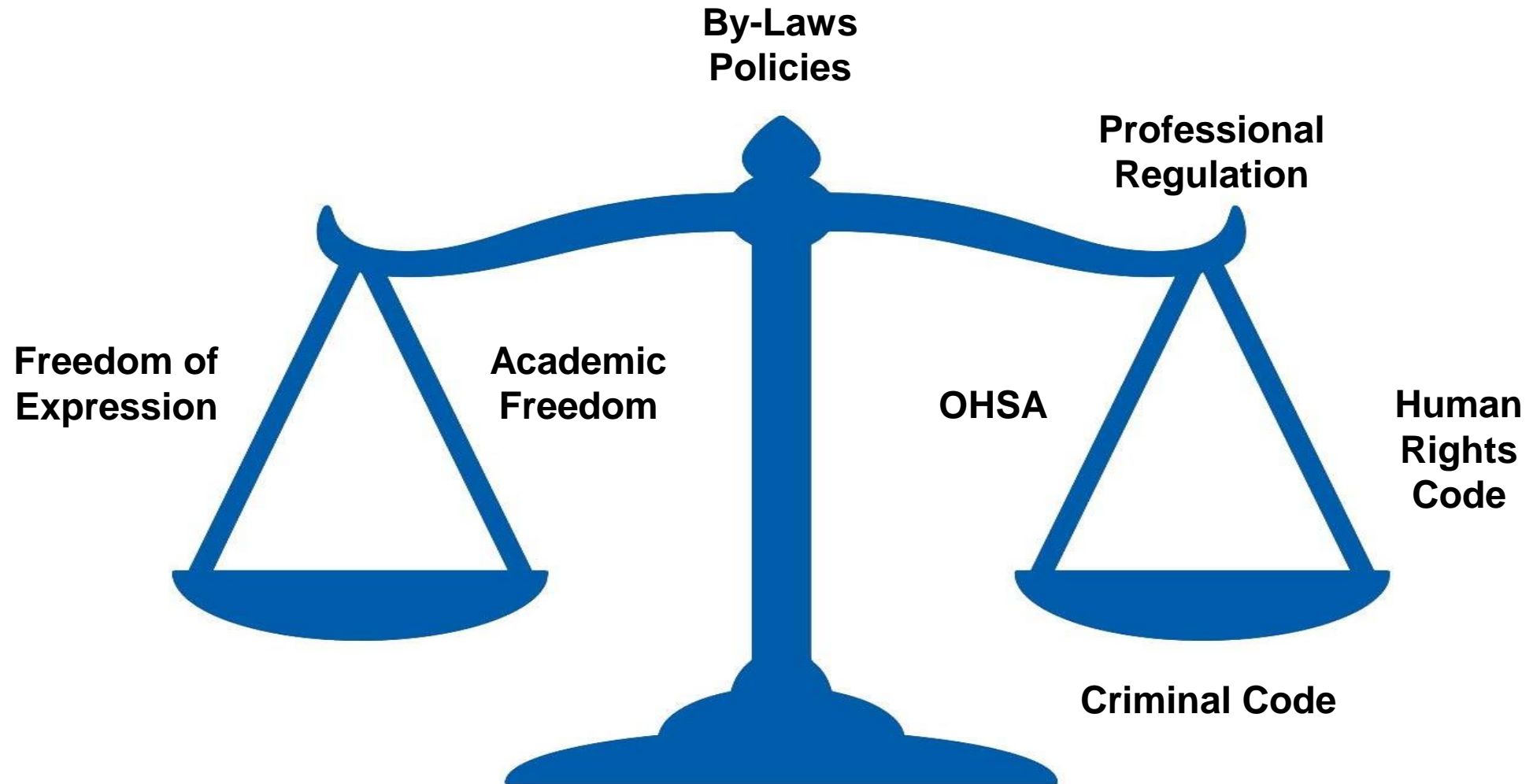
Physicians honour the humanity of their patients by:

- Respecting the autonomy of their patients;
- Reflecting on their biases;⁴
- Fostering welcoming and inclusive spaces for everyone;
 - Using patients' preferred names, titles, and pronouns;
- Recognising the unique opportunities and barriers faced by each patient;
 - Committing to allyship⁵ and acknowledging the discrimination faced by patients from marginalized populations.

Physicians honour the humanity of their colleagues by:

- Recognising the individual needs and lived experiences of colleagues and other care providers;
- Modelling kindness, ethical care, and compassion for colleagues, staff, learners, and other care providers;
- Fostering an emotionally and physically safe workplace that is conducive to the delivery of quality health care.

THE BALANCING ACT



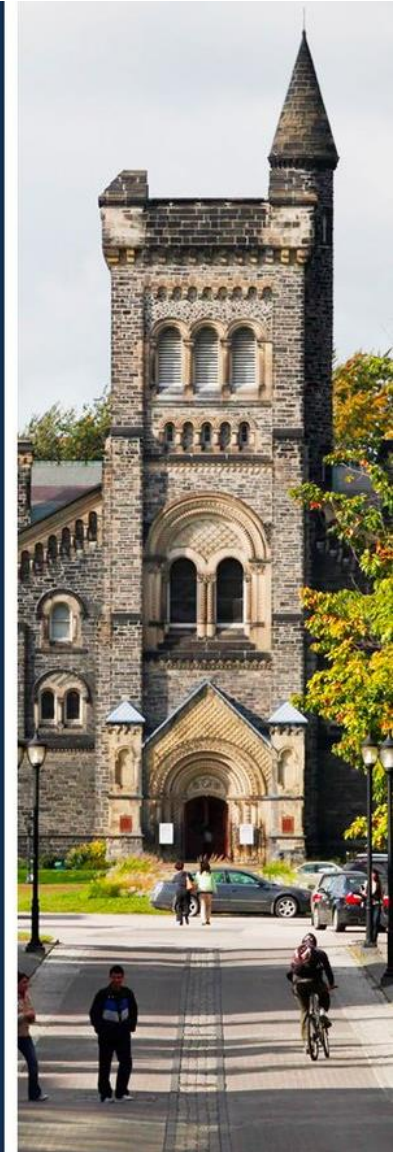
POLITICAL CONTEXT

- Ontario free speech directive
 - www.freespeech.utoronto.ca
- Ontario Minister's Anti-Racism/Anti-Hate Directive
- Quebec Bill 32 on classroom speech
- Alberta's free speech report cards
- Pierre Poilievre's "free speech guardian"
- Canada is not alone

UNIVERSITIES MUST
PROTECT FREE SPEECH
AND ACADEMIC FREEDOM

THOSE THAT DON'T ***WILL***
NOT RECEIVE FEDERAL
RESEARCH GRANTS
OR OTHER GRANTS

PIERRE
POILIEVRE
For
PRIME MINISTER



U OF T POLICIES AND RESOURCES

- U of T Free Speech resources and policies
- Provostial Guideline on the Appropriate Use of Information and Communication Technology
- Policy with Respect to Workplace Harassment
- Guideline on Workplace Harassment and Civility
- Guideline on Discrimination on Prohibited Grounds and Discriminatory Harassment
- Memorandum of Agreement with the University of Toronto Faculty Association (UTFA)
- Code of Student Conduct and other student-related policies
- Policy on Sexual Violence and Sexual Harassment
- Temerty Standards of Professional Behaviour for Clinical (MD)

See also:

Social Media Resources and Supports for Faculty Members and Librarians (June 2022)

Community Safety Office E-Safety Tips

Links available at
www.provost.utoronto.ca

<https://freespeech.utoronto.ca/>

FINAL THOUGHTS



[The university] should be an intellectual experiment station, where new ideas may germinate and where their fruit, though still distasteful to the community as a whole, may be allowed to ripen until finally, perchance, it may become a part of the accepted intellectual food of the nation or of the world.

– AAUP (1915)



Thank you!

FURTHER RESOURCES

Local Resource sites

<https://freespeech.utoronto.ca/>

<https://temertymedicine.utoronto.ca/social-media-guidelines-faculty>

<https://centreforfacdev.ca/social-media-resources/>

<https://www.caut.ca/about-us/caut-policy/lists/caut-policy-statements/policy-statement-on-academic-freedom>

Toolkits

- Curtis, P. (2022). A Guide to Twitter and Social Media Safety for Academics (and Everyone Else). <http://prcurtis.com/docs/twitterguide2/>

Books

- Marron, D. (2022). Conversations with People Who Hate Me.
- Weckerle, A. (2013). Civility in the digital age: how companies and people can triumph over haters, trolls, bullies, and other jerks.

Podcasts

- Cancel Me, Daddy – especially June 10, 2021; Sept. 16, 2021; Feb. 24, 2022. <https://www.cancelmedaddy.com/>
- Professor-ing (Feb. 17, 2021). “Embracing Social Media.” <https://www.facultydiversity.org/professoringpod>

KEY WORKS CITED

- American Association of University Professors (1915). 1915 declaration of principles on academic freedom and academic tenure. In *AAUP Policy Documents & Reports* (9th ed.) pp. 291–301. Washington, DC: Johns Hopkins University Press.
- Cortina et al (2019). Regulating rude: Tensions between free speech and civility in academic employment. *Industrial and Organizational Psychology: Perspectives on Science and Practice* (12:4) pp. 357–375.
- Kitsis et al (2016). Who’s misbehaving? Perceptions of unprofessional social media use by medical students and faculty. *BMC Medical Education* (16:67).
- Menand, L. Ed. (1996). *The Future of Academic Freedom*. Scott, J.W. (2019). *Knowledge, Power, and Academic Freedom*.
- Tierney, W. G., & Lechuga, V. M. (2010). The social significance of academic freedom. *Cultural Studies, Critical Methodologies*, 10(2), 118–133. Whittington, K. (2019). Academic freedom and the scope of protections for extramural speech. *Academe*, 105(1).

Fellowship Portfolio

JOHN GRANTON (he, him)

Faculty Lead, Fellowships

VERONICA MARRONE (they, them)

Project Manager, Fellowships



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine

Vision

- Global in scope – Foster international leaders in health care through sponsorship and innovation.
- Develop ambassadors for our university and programs.



Temerty
Medicine

1,800 registrants from 90 countries

Comprises 50% of all fellows in Canada and 2/3 of Ontario.

655 Fellowship programs

Opportunity through the breadth of training programs, resources and faculty

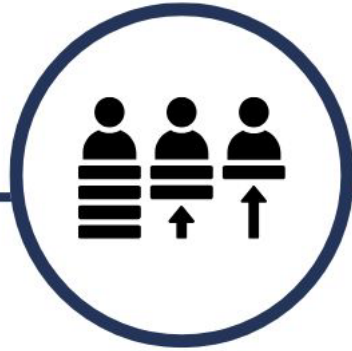
Temerty
Medicine



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

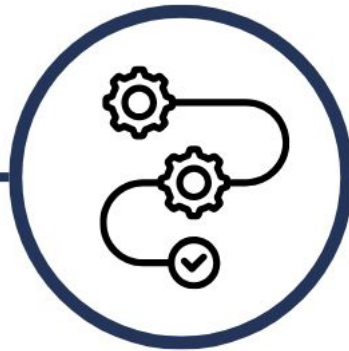


Brief Fellowship Portfolio Overview



BUILDING EQUITY

Establish consistent, transparent, and fair practices across clinical fellowship programs.



PROCESS IMPROVEMENT

Standardize fellowship processes and streamline administrative procedures.



COMMUNITY SUPPORT

Collaborate across PGME to develop programming for fellows, leadership, and administrative support.



Focused Priorities for 2024-2025

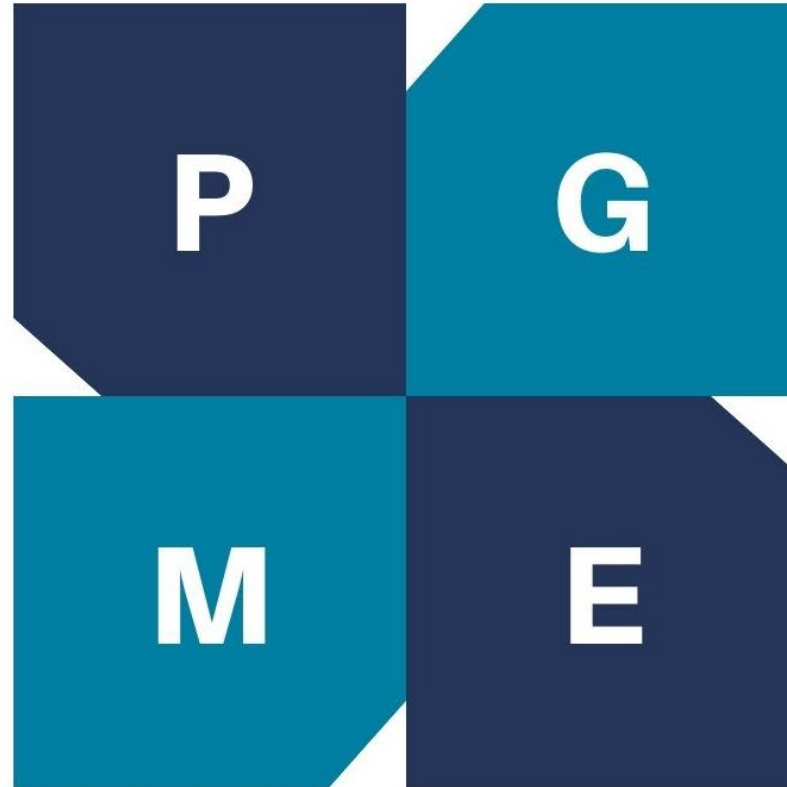
Equity Building	Baseline Remuneration Established	Standardize Contracts	Build Framework for Enhancing Employment Practices
Process Improvement	Revised Pre-Entry Assessment Program Guidelines	Set Minimum Standards of Assessments	Revise 'The Role of the University in Clinical Fellowship Education'
Community Support	Facilitate Fellows' Transition to Canada & Onboarding	Develop Clinical Fellow Leadership Initiative	Design Programming for Fellowship Directors & Administrators



Opportunities for Collaboration Across PGME

MINIMUM STANDARD OF ASSESSMENTS

with Dr. Julie Johnstone &
Dr. Melissa Hynes



FELLOWSHIP DIRECTOR & ADMIN MENTORSHIP

with Dr. Jennifer Croke

FELLOW LEADERSHIP INITIATIVE

with Dr. Anne Matlow

FELLOWSHIP BPAS

with Dr. David Chan



Other Areas to Highlight

Fellowship Grant Opportunity:

Dimitrios Oreopoulos International Learner Transition Fund Application 2024

The Dimitrios Oreopoulos International Learner Transition Fund, established by Dr. George Oreopoulos in honor of his late father, Dr. Dimitrios Oreopoulos, aims to provide essential financial assistance to international learners within their first year of training at Postgraduate Medical Education, Temerty Medicine, University of Toronto.

This grant addresses non-standard fellowship expenses, offering crucial support for your initial transition. Funding decisions are made on a case-by-case basis, determined by a subcommittee of the Fellowship Educational Advisory Committee.

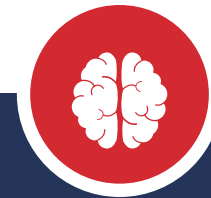
Upcoming Events:

- Fellow Leadership Event
 - Friday, March 7th, 2025 9:00am - noon @ The Faculty Club
- All Fellowship Directors Meeting PM portion of All PDs
 - **TENTATIVELY** Friday, June 6th, 2025 1:00 pm - 4:00 @ The Doubletree by Hilton



Metrics of success

Voice of the Clinical Fellow Survey



Questions/Discussion

**Temerty
Medicine**

Subspecialty Examination Affiliate Program (SEAP)

**PGME – All PDs and FMDSs Meeting
December 13, 2024**

Elizabeth Kim, Project Coordinator, Specialized Programs
Elizabethliz.Kim@utoronto.ca

Janine Hubbard, Manager, Admissions & Registration
Janine.Hubbard@utoronto.ca



**TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO**

Learning Objectives

01

Describe an overview of Subspecialty Examination Affiliate Program (SEAP)

02

Identify common reasons learners choose to enroll in SEAP

03

Understand the administrative practices and procedures needed to support learner enrollment and ensure seamless program completion



Background

- Feb 2014: Approved by the Royal College of Physicians and Surgeons of Canada (RCPSC)
- Aim: To provide pathway for non-certified, internationally-trained subspecialists practicing in Canada to challenge the Royal College subspecialty examinations; provides an opportunity for learners to receive training in their desired subspecialty
- Initially piloted with six programs, expanded to 29 subspecialties in 2016, and to 43 in 2017
- Jul 2023: The College of Physicians and Surgeons of Ontario (CPSO) announced the recognition of RCPSC Subspecialty Affiliate Status
 - As a result, PGME is experiencing a growing demand for SEAP applicants and will likely continue to see this trend

CPSO – Announcement from July 2023

RECOGNITION OF RCPSC SUBSPECIALIST AFFILIATE STATUS



The Royal College of Physicians and Surgeons of Canada (RCPSC) can grant Subspecialist Affiliate status to internationally trained subspecialists who are not certified in their primary specialty.

CPSO may issue you a restricted certificate of registration to practise independently in your subspecialty if you have:

- A medical degree from an acceptable medical school;
- Successfully completed postgraduate training in the subspecialty in which your Subspecialist Affiliate attestation was granted;
- Obtained the LMCC or completed an [acceptable qualifying examination](#); and
- Obtained Subspecialist Affiliate status from RCPSC.

In addition to the eligibility requirements above, you must satisfy the non-exemptible requirements set out in *Section 2(1) of Ontario Regulation 865/93* to be issued a certificate of registration.

❖ <https://www.cpso.on.ca/en/Physicians/Registration/Registration-Policies/Recognition-of-RCPSC-Subspecialist-Affiliate-Statu>

Importance

- Benefits to the Learners:

RCPSC-related

- Recognition of training as a Subspecialist Affiliate
- Highly regarded by patients
- Recognized pathway to a higher tiered position globally
- Allows participation in Maintenance of Certification (MOC) Program

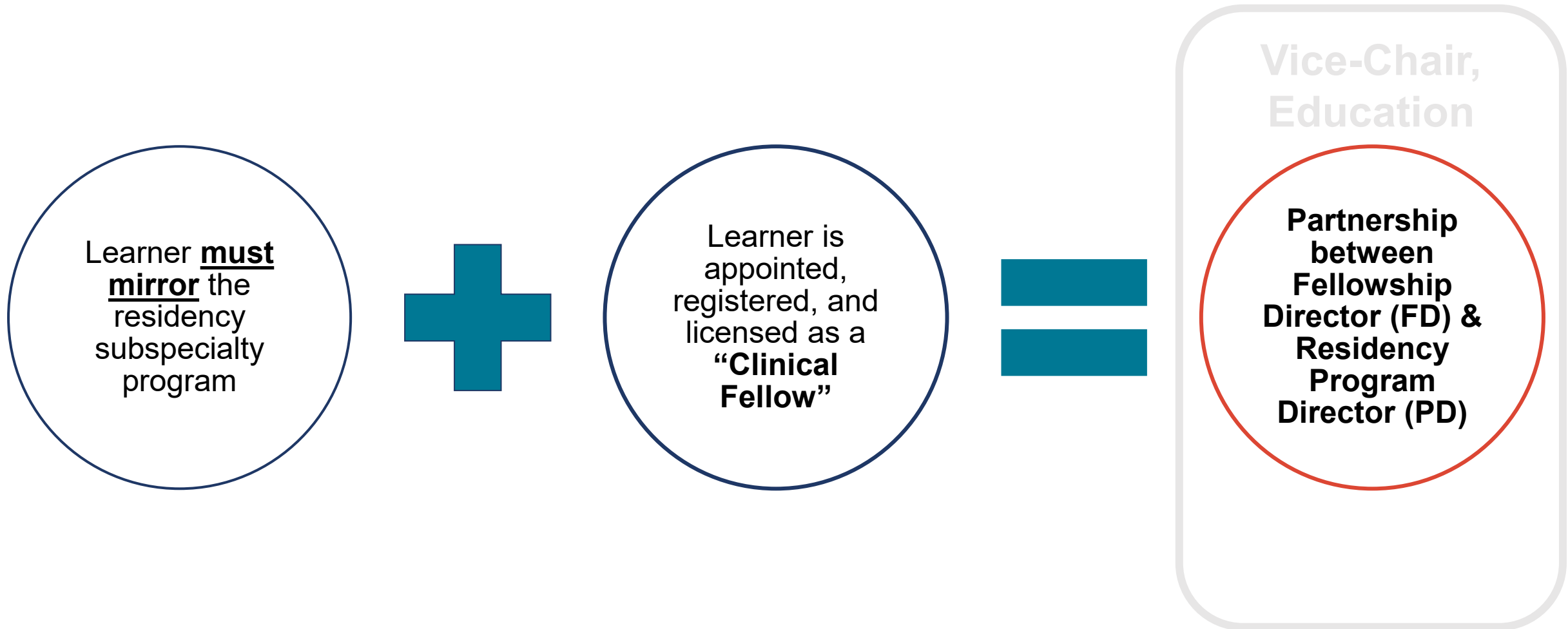
CPSO-related

- Offers a pathway for independent licensure
- Approx. 80 clinical fellows are registered in SEAP at U of T currently, representing 16 different subspecialties

Eligibility Criteria for Learners

- Have interest in completing training in their desired subspecialty
- Internationally trained physician with base specialty outside of Canada or its partnered jurisdictions
- Not RCPSC certified in primary specialty
- Must submit an application (including training verification, proof of identity, medical degree, etc.) through the RCPSC website the year before the intended examination

Administrative Framework Overview



Admission & Program Oversight – Part 1



Partnership between Residency Program Director (PD) & Fellowship Director (FD)

- **Capacity** – may need to be reviewed by the Residency Program Committee (RPC)
 - **Protected time** – PD and their program administrator must have this secured
 - PGME Guidelines for RCPSC Accredited Program Support can be located by [clicking here](#)
- **Entry Requirements** – must be held to the same standards as the residents accepted into the program
 - **Salary Remuneration** – although the learner do not fall under PARO like residents, their benefits and compensation must be aligned with their peers for equity
 - PARO Scale of Remuneration can be located by [clicking here](#) under “Salary and Benefits”
 - Please keep in mind that it is also a requirement of Immigration, Refugees and Citizenship Canada (IRCC) that clinical fellows be compensated at a rate commensurate with that of their Canadian counterparts performing the same duties in the same location of work. ‘The same duties in the same location of work’ refers to the residency subspecialty program in which the SEAP learner is enrolled.

Admission & Program Oversight – Part 2



Partnership between Residency Program Director (PD) & Fellowship Director (FD)

- **Program Requirements** – curriculum must mirror *residency* curriculum, including:
 - Program Length
 - Rotations
 - Frequency of Evaluations
 - Assessments – ITARs, EPAs, Practice Exams (written & oral)
 - Review by Competence Committee (CC) – to ensure SEAP learners are progressing and meeting CBD requirements
 - Learner Participation in Residency Program Activities – academic half days, research symposiums, mandatory program events, OSCE, etc.

Administrative Practices and Procedures – Part 1



Partnership between PD, FD, & Program Administrators (PAs)

- SEAP **must** be reflected in the appropriate initial appointment documentations
 - Letter of Offer
 - Educational Objectives (i.e., Goals & Objectives)
 - Departmental Appointment Letter
- **PGME will not backdate requests into SEAP**

Administrative Practices and Procedures – Part 2



Partnership between PD, FD, & Program Administrators (PAs)

- **PEAP enrollment** – mandatory for International Medical Graduates (IMGs) for Clinical Fellowships, unless exempted
 - PEAP submission reminders are sent to the fellowship office
 - *PGME input – while the exemption may be appropriately granted by the Royal College-recognized Program Director (e.g., Residency PD), it may be reasonable for the FD to manage the PEAP submission process to PGME*
- **Leave of Absence** – up to each department's discretion
 - *PGME input – it may be appropriate for the PD to manage these requests*
- **PGME Certificate of Completion** – up to each department's discretion
 - *PGME input – as the certificate signifies fellowship completion, it may be reasonable for the FD to manage these requests*
- **RCPSC Confirmation of Completion of Training (CCT)** – mandatory for the Royal College-recognized Program Director to sign off (*see next slide*)

Credentialing Process: A Guide to CCT Completion



Partnership between PD, FD, & Program Administrators (PAs)

1. Internal Review is required between FD and PD
 - To ensure all residency training program required goals and objectives, examinations and evaluations are met
2. PD and PGME complete Confirmation of Completion of Training (CCT)
 - PD sign-off must match subspecialty residency program reported on the Royal College website
3. PGME will submit the completed CCT to RCPSC
4. RCPSC will review and will invite the learner to sit in the national subspecialty RCPSC examination
 - Those who pass will receive an attestation from the Royal College confirming successful completion and will be offered the opportunity to become a Royal College Subspecialist Affiliate

Important Considerations & Challenges

- 1. Residency Program Alignment** – while learners must mirror the residency program, the rolling entry of clinical fellows, which many are unable to start on July 1st, can complicate enrollment and program oversight, along with administrative procedures, which can place a significant administrative burden on the program
 - Example – rotation schedules would need to be completely rearranged to accommodate these “fellowship” learners
- 2. Cost Implications** – significant administrative resources and funding are required to support SEAP learners, highlighting its overall expense
- 3. Funding Sources** – typically, learners enrolled in SEAP are those funded by sponsored agencies or external government bodies/institutions
 - Career Benefits – learners gain valuable job opportunities and enhanced status upon returning home/sponsoring country through the Subspecialist Affiliate program

Key Highlights for Directors & Administrators

01

Maintain clear and close collaboration with the Fellowship side

02

Ensure the salary remuneration aligns with PARO guidelines

03

Ensure appointment documents clearly indicate SEAP:

- Letter of Offer
- Educational Objectives
- Departmental Appointment Letter

04

Establish clear delineation of responsibilities regarding the administrative practices and procedures

05

Important Reminder:
PGME will not backdate requests into SEAP



Questions?



Primary contact: Elizabeth Kim
(Elizabethliz.Kim@utoronto.ca)

Faculty Lead Presentation

SARAH KIM (she/her)

Faculty Lead, Health Humanities



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine

Brief Portfolio Overview

Temerty Theme Lead for Health Humanities: MD Program, PGME, CPD

Narrative-Based Medicine Lab - Scientific Planning Committee, Advisory Committee

Director – Health, Arts & Humanities Program, University of Toronto
Interprofessional Health, Arts & Humanities Certificate Program

Vice-Chair, Physician Wellness & Resilience MIG, College of Family Physicians of Canada

Council member, Council on Anti-Racism, Equity and Social Accountability, Unity Health Toronto



Temerty
Medicine



Focused Priorities for PGME 2024 -2025

- PGME Curriculum Committee – mapping critical health humanities skills to CanMEDS
- Lead by Example, PGME Leadership Certificate Program
- Health Humanities Working Group
- Faculty development in critical health humanities, integrations of arts-based tools in medical education
- Education scholarship and research



Opportunities for Collaboration Across PGME

- Collaboration with other faculty leads to meet strategic priorities at Temerty
- Faculty support for presentation design, curriculum review, education innovation, fatigue management, CanMEDS accreditation standards

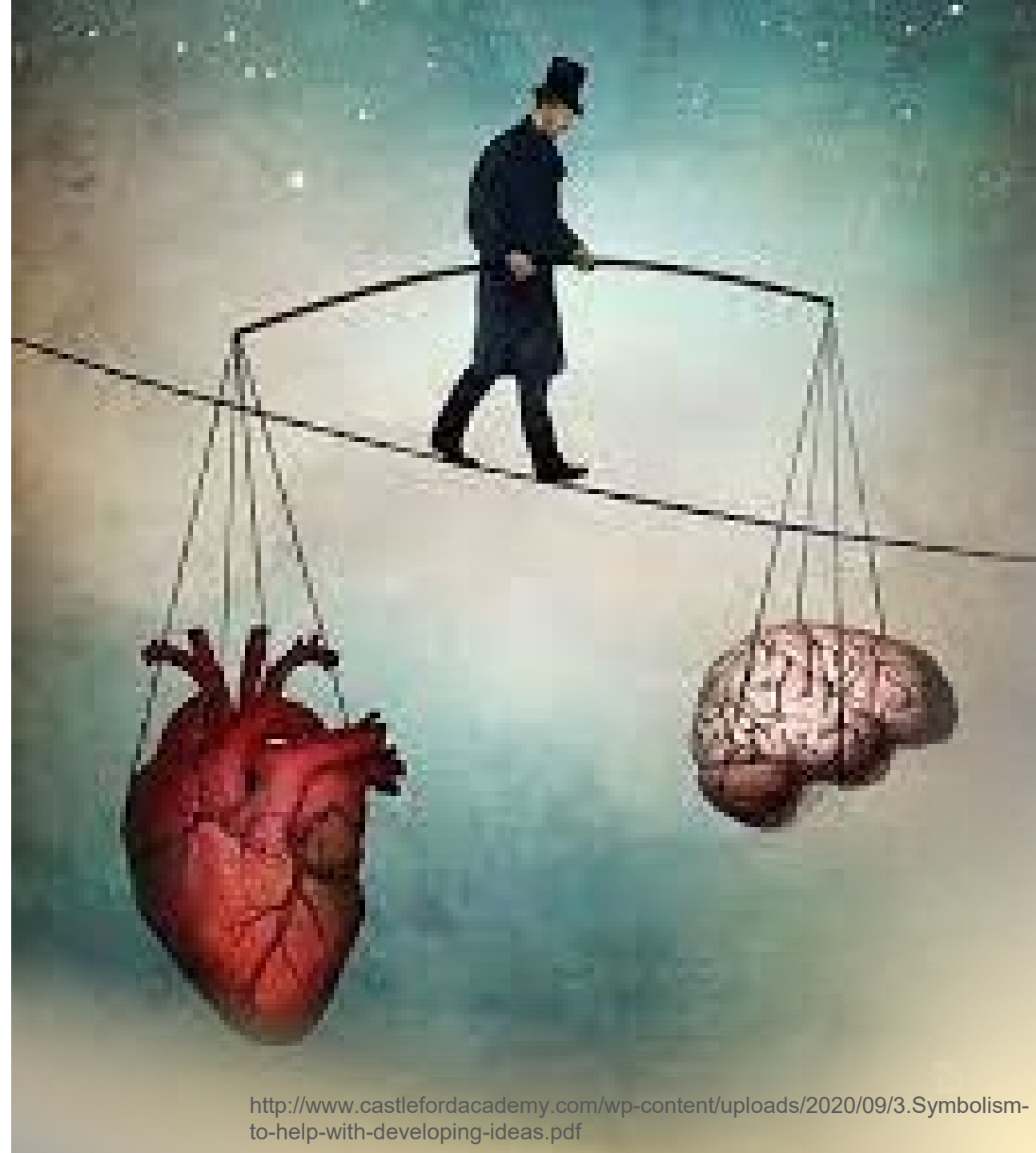
<https://meded.temertymedicine.utoronto.ca/health-arts-humanities>

Other Areas to Highlight

Health, arts humanities as a tool

- Professional development: <https://narrativebasedmedicine.ca/>
- Leadership, Communication, Fatigue Management
- CanMEDS, Medical culture
- Critical and adaptive thinking
- Physician as Patient
- Inter-professionalism, team dynamics

Applying transformative and social constructivist paradigms of education



Questions/Discussion

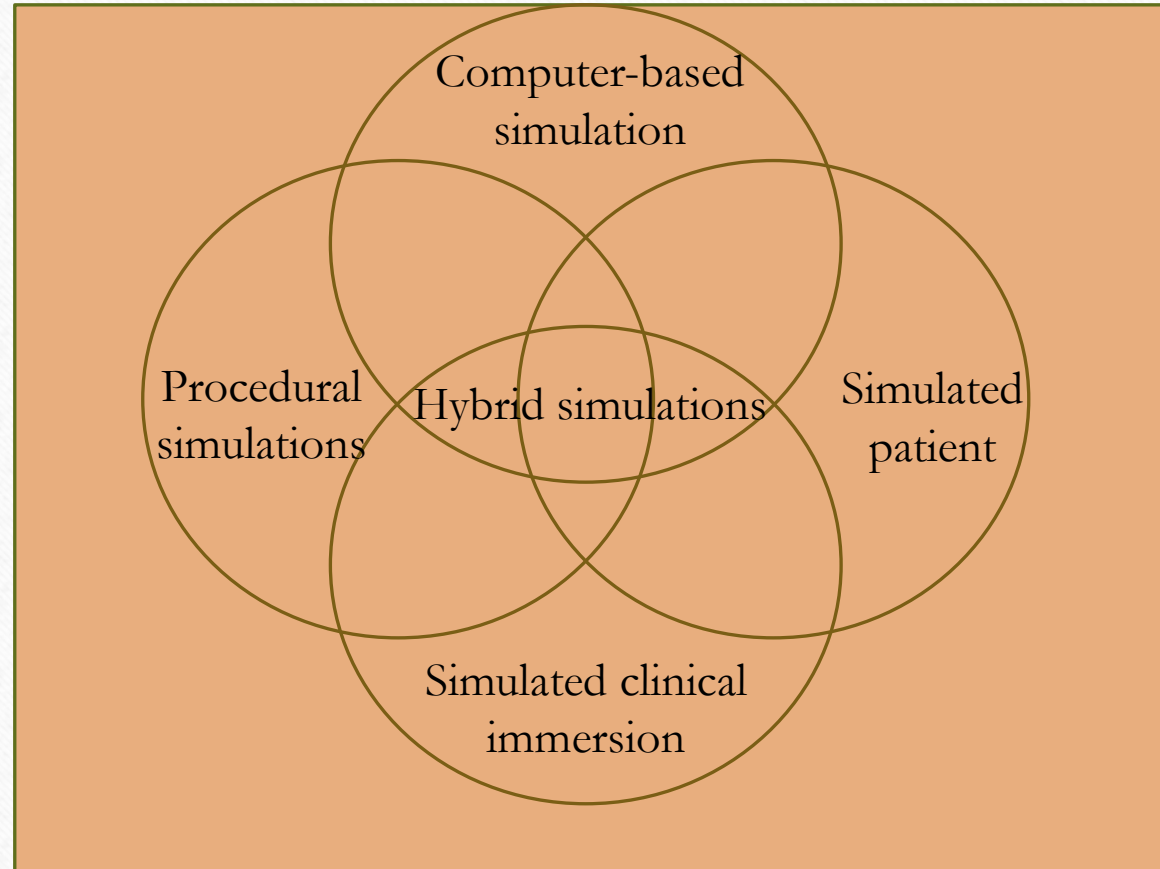
Simulation Education Integration Update

Dr. Petal S. Abdool

Faculty Lead, Simulation Education
Integration

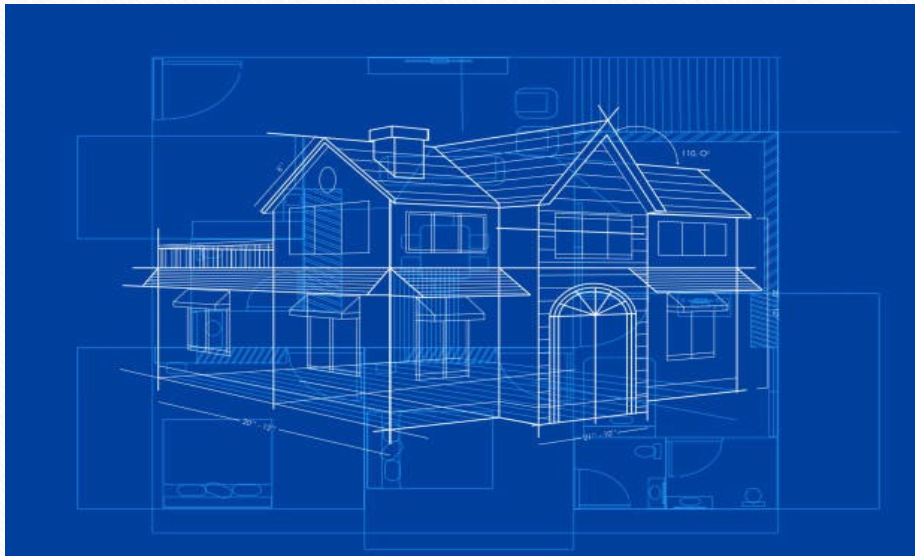
Temerty FoM

Dec 13th, 2024.



CBME and SBME

CBME



Simulation





Outcome
 Competencies

Outcome
 Based

Progressive
 Sequencing

Scalable



Tailored
 Experiences

Tailored

Competency
 Focused

Competency
 Focused

What types of assessment can Simulation be used for?

- Milestones and EPAs
- Promotion to next stage of training
- Readiness for independent practice
- Remediation
- Re-certification
- Team Performance (vs individual)
- CanMEDS roles

Simulation for Teaching/Assessment

Barriers

- Protected time
- Access to equipment/ support
- Trained Faculty
- Financial support

Facilitators

- Demonstration of learning/gaps
- Standardization
- High acuity/ low frequency
- Direct Observation

Success stories

- CanNASC – Kane’s Validity Framework- presented at ICRE
- Surgical Skills Bootcamp; FLS

Goldenberg, M.G., Grantcharov, T.P. (2018). The Future of Medical Education: Simulation-Based Assessment in a Competency-by-Design Curriculum. In: Safir, O., Sonnadara, R., Mironova, P., Rambani, R. (eds) *Boot Camp Approach to Surgical Training*. Springer, Cham.

Surgical Foundations EPA Focus

- Transition to Discipline #4 – Handover *
- Foundations #5 – Consent *
- Foundations #7B – Collaborative care (breaking bad news)

Geriatric Psychiatry

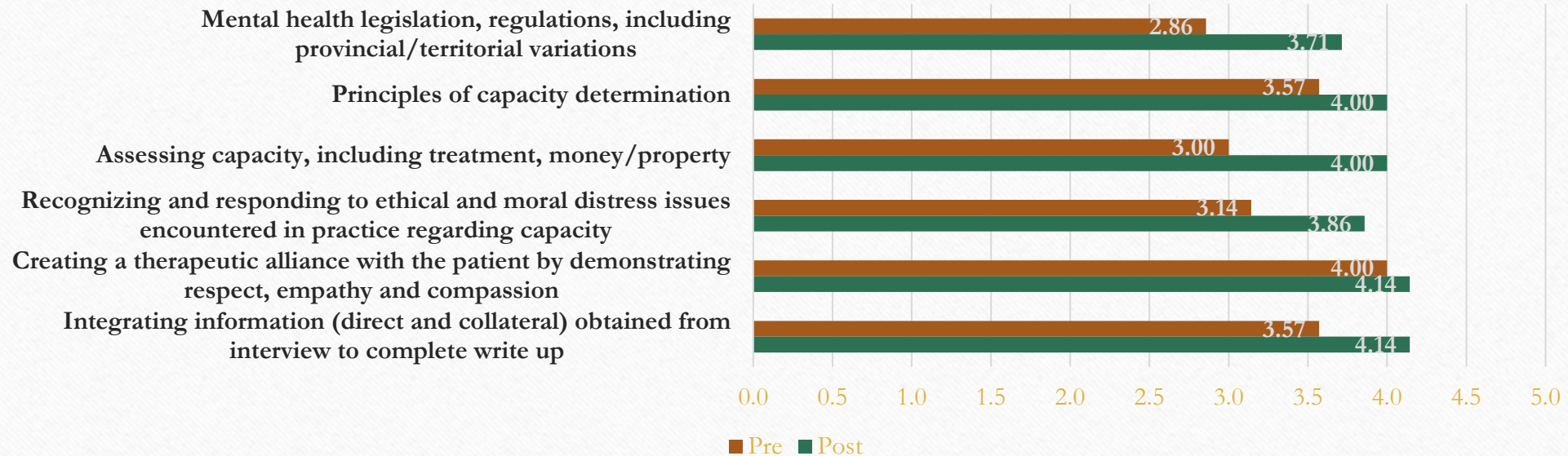
Geriatric Psychiatry Core EPA #3: Performing assessments of capacity in multiple domains (other than capacity to consent to treatment)

Learning objectives:

- Create a therapeutic alliance with the patient by demonstrating respect, empathy and compassion
- Demonstrate the ability to gather necessary information from the patient to determine capacity to manage property
- Integrate information (direct and collateral) obtained from interview to complete write up
- Determine capacity to manage property/finances

Geriatric Financial Capacity Simulation Results

Please rate your current level of confidence (n=7):



“It helped me practice a skill in a safe and supportive environment with experts on the topic and in simulation learning. I haven't had much practical experience in doing financial capacity assessment so this was a highly valued opportunity.”

General Psychiatry EPA Cod 7A/7B

ECT Bootcamp revived and adapted to CBME in 2024

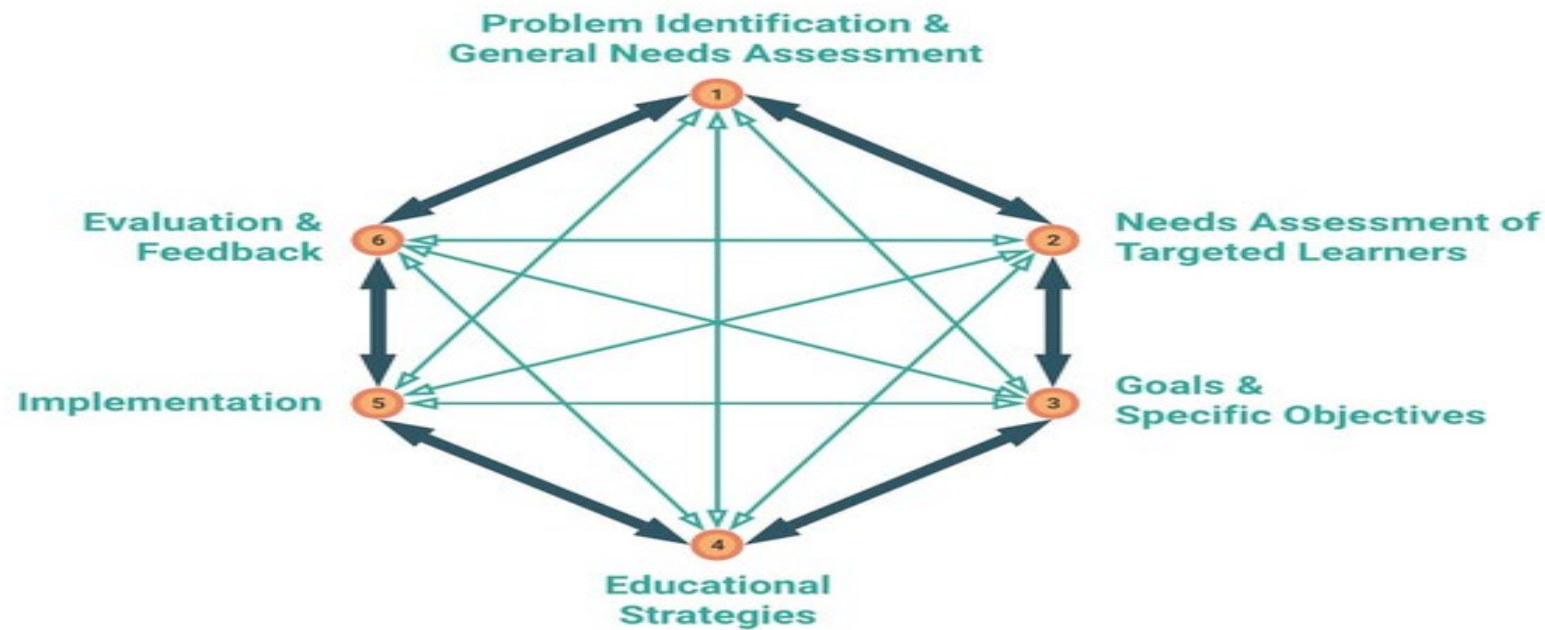
- 12 residents at one site(CAMH) obtained EPAs in both COD 7A/7B
- Plan to roll out to entire cohort of PGY2s

Rationale and Benefits

- Resident feedback around difficulty in getting EPAs at internal review/PCS
- Faculty not always present when certain EPAs can be obtained
- Simulation –debriefing can enrich learning, standardized, safer experience
- Opportunity to innovate and integrate Simulation and CBME
- Can study impact and incorporate LEAs/Patient Advisors, EDIIA principles

KERN'S 6 STEPS

CURRICULUM DEVELOPMENT for Health Professions Education can be divided into **6 STEPS**.



By convention, **KERN'S 6 STEPS** are presented in a specific order, however curricular development involves fluidly transitioning among all steps.

PGME EPA-Sim Analysis

Thematic Analysis of all EPAs that can be done using Simulation

- Patient Assessment and Management
- Procedural Skills
- Health Promotion/Disease Prevention
- Emergency and Critical Care
- Ethical and Legal Considerations
- Communication and Consultation

EPA Inventory across PGME

- Total # of EPAs generated- 90,164 from July 1,2023 to Jun 30, 2024 inclusive
- 1911 EPAs completed or 2.1% selected Simulation as “Setting, Type of Assessment or Type of Activity ”*
- Studied across Programs – IM and EM at 3 and 4% respectively

*included incomplete/expired EPAs.

Next steps

- Explore more opportunities to complete EPAs using Simulation across PGME- need PD/PCS support
- Focus on inter-professional; multi-discipline team Simulations that align with Sim Centre's area of expertise
- Study impact on EPA completion and learner outcomes

“

Thank you!

”

**Special thanks to Justin Fletcher, Charles Andreassen and
Lisa St. Amant**

References

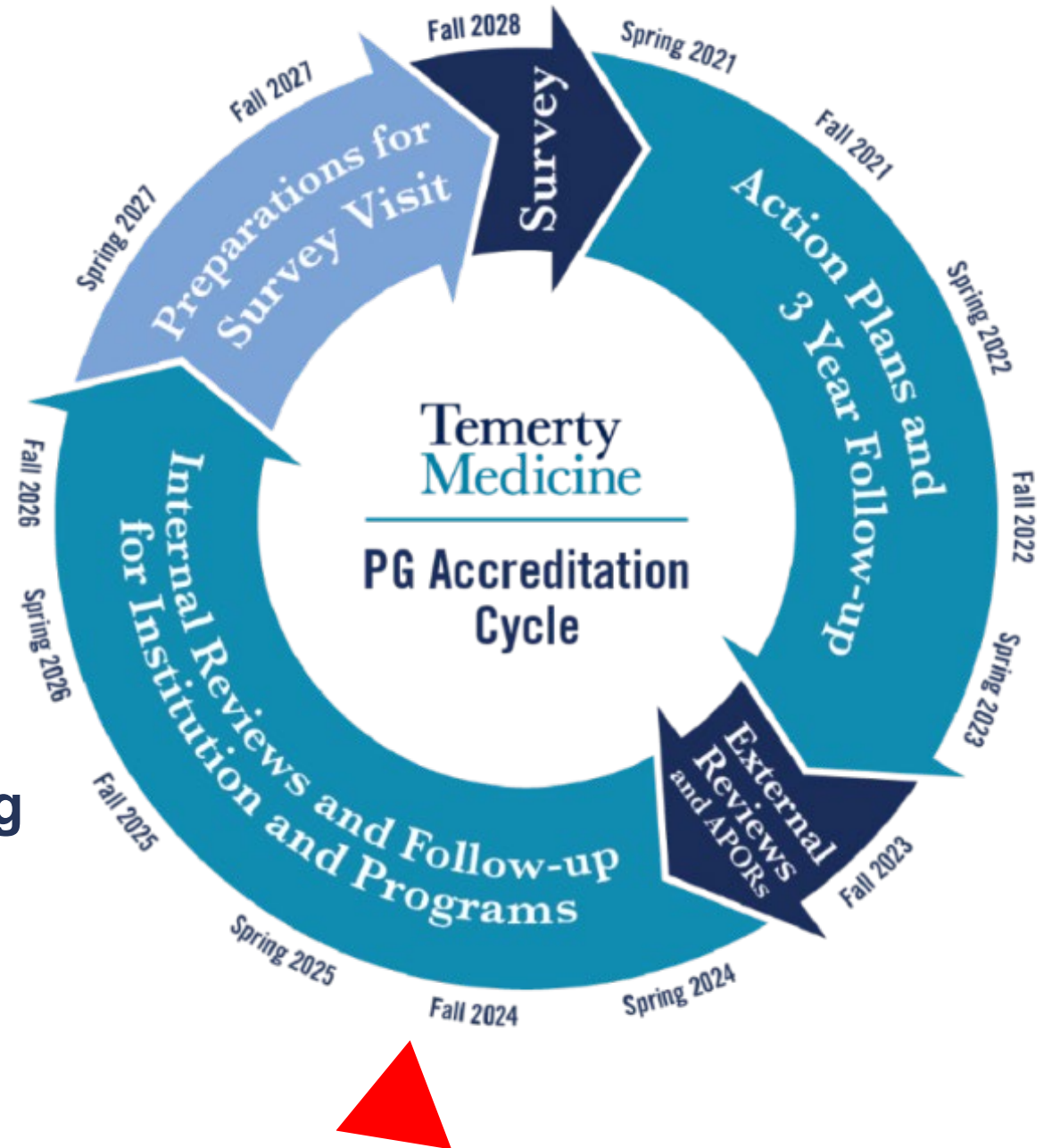
- Cook DA, et al. Mastery learning for health professionals using technology-enhanced simulation: a systematic review and meta-analysis. *Acad Med.* 2013a;88(8):1178–86.
- Cook DA, et al. Technology-enhanced simulation to assess health professionals: a systematic review of validity evidence, research methods, and reporting quality. *Acad Med.* 2013b;88(6):872–83.

- Cook DA, et al. What counts as validity evidence? Examples and prevalence in a systematic review of simulation-based assessment. *Adv Health Sci Educ Theory Pract.* 2014;19(2):233–50.
- Dedy NJ, et al. Teaching nontechnical skills in surgical residency: a systematic review of current approaches and outcomes. *Surgery.* 2013;154(5):1000–8.
- Goldenberg, M.G., Grantcharov, T.P. (2018). The Future of Medical Education: Simulation-Based Assessment in a Competency-by-Design Curriculum. In: Safir, O., Sonnadara, R., Mironova, P., Rambani, R. (eds) *Boot Camp Approach to Surgical Training.* Springer, Cham.
- Kane, M. T. (2013b). Validity. In B. L. Brennan (Ed.), *Educational measurement.* Westport, CT: Praeger Publishers.
- Kern DE. *Curriculum Development for Medical Education : A Six Step Approach.* Johns Hopkins University Press; 1998.
- Mishra A, Catchpole K, McCulloch P. The Oxford NOTECHS System: reliability and validity of a tool for measuring teamwork behaviour in the operating theatre. *Qual Saf Health Care.* 2009;18(2):104–8.
- Riley W, et al. Didactic and simulation nontechnical skills team training to improve perinatal patient outcomes in a community hospital. *Jt Comm J Qual Patient Saf.* 2011;37(8):357–64.
- Undre S, et al. Observational teamwork assessment for surgery (OTAS): refinement and application in urological surgery. *World J Surg.* 2007;31(7):1373–81.
- Yule S, et al. Surgeons' non-technical skills in the operating room: reliability testing of the NOTSS behavior rating system. *World J Surg.* 2008;32(4):548–56.

- **ACKNOWLEDGEMENTS – DR. CURTIS NICKEL , U OF OTTAWA**

All PDs Meeting
December 13, 2024

Dr. Linda Probyn
Vice Chair Education, Medical Imaging
Director of Accreditation, PGME



Standards of Accreditation for Institutions

General Standards of Accreditation for Institutions with Residency Programs

Version 2.1

3 Domains
9 Standards

DOMAIN: INSTITUTIONAL GOVERNANCE

STANDARD 1:

There is effective leadership for residency education.

STANDARD 2:

Residency programs are collaboratively overseen and supported by the postgraduate dean and postgraduate education committee.

STANDARD 3:

All learning sites contribute to resident learning and the achievement of accreditation standards for residency education.

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

STANDARD 4:

Safety and wellness are promoted throughout the learning environment.

STANDARD 5:

Residents are treated fairly and supported adequately throughout their progression through their residency program

STANDARD 6:

Teachers are valued and supported in the delivery of residency programs.

STANDARD 7:

Administrative personnel are valued and supported in the delivery of residency programs.

DOMAIN: CONTINUOUS IMPROVEMENT

STANDARD 8:

There is continuous improvement of the postgraduate governance and structure, and of residency programs.

STANDARD 9:

There is continuous improvement of the learning sites to improve the educational experience, ensuring the learning environment is appropriate, safe, and conducive to preparing residents for independent practice.



Standards of Accreditation

General Standards of Accreditation for Areas of Focused Competence Programs

Version 1.1

General Standards of Accreditation for Residency Programs

Version 1.1

**Discipline Specific Standards:
RC and FM programs

DOMAIN: PROGRAM ORGANIZATION	<p>STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the residency program, teachers and residents.</p> <p>STANDARD 2: All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.</p>
DOMAIN: EDUCATION PROGRAM	<p>STANDARD 3: Residents are prepared for independent practice.</p>
DOMAIN: RESOURCES	<p>STANDARD 4: The delivery and administration of the residency program is supported by appropriate resources.</p>
DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL	<p>STANDARD 5: Safety and wellness is promoted throughout the learning environment.</p> <p>STANDARD 6: Residents are treated fairly and adequately supported throughout their progression through the residency program.</p> <p>STANDARD 7: Teachers effectively deliver and support all aspects of the residency program.</p> <p>STANDARD 8: Administrative personnel are valued and supported in the delivery of the residency program.</p>
DOMAIN: CONTINUOUS IMPROVEMENT	<p>STANDARD 9: There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.</p>

Updates to Institution Standards

New Indicators for 2028

- **39 (potential) new indicators out of 161 total indicators**
- **Key themes**
 - Anti-racism and inclusion (~75% of new indicators)
 - Collaborative relationships with marginalized communities
 - Training and educational resources
 - Mechanisms to respond to all racism in all its forms
 - Policy development
 - Assessment-related

Anti-Racism and Inclusion

Collaborative relationships with marginalized communities

- **NEW 2.2.1.5:** The postgraduate dean and postgraduate education committee prioritize **Truth and Reconciliation with Indigenous communities** to ensure residency education and training meet the needs of the local Indigenous communities served.
- **NEW 5.1.2.2:** **Dedicated, culturally specific support is available to all marginalized residents**, including Black and Indigenous residents, for their academic progression.
- **NEW 6.1.3.5:** **Teachers are supported and recognized for their contributions to community wellness**, including building connections with community, developing community capacity, and advocating for community needs.

Anti-Racism and Inclusion

Training and Educational Resources

- **NEW 4.2.3.1:** Individuals involved in residency education, including residents, teachers, program leaders, and staff **have access to and are expected to engage in anti-racism training.**
- **NEW 7.1.1.3:** Administrative personnel **have access to and are expected to engage in training on cultural safety and all forms of anti-racism, including anti-Black racism and anti-Indigenous racism.**
- **NEW 8.2.1.4:** All internal reviewers **receive anti-racism and implicit bias training prior to reviewing programs.**

Anti-Racism and Inclusion

Mechanisms to Respond to All Racism in All Its Forms

- **NEW 4.2.2.1:** The institution has a well-defined, transparent, effective, and safe mechanisms to receive, respond to, and adjudicate incidents of **racism** in all its forms, including anti-Black racism and anti-Indigenous racism, racial discrimination, and racial harassment.
- **NEW 4.2.2.2:** The mechanism for responding to and adjudicating instances of racism, racial discrimination, and racial harassment involves **individuals with the lived experience of racism**.
- **NEW 9.1.1.6:** Review of the learning environment **considers safety with respect to all forms of oppression, racism, racial harassment, systemic racism, and racial microaggressions**.

Policy Development

- **NEW 4.1.3.2 – 4.1.3.5:** The institution has well-defined, transparent, and effective policies and processes in place addressing residents' **physical** safety, **psychological** safety, **cultural** safety, and **professional** safety.
- **NEW 2.1.1.3:** Policies and processes governing residency education are **free from oppression, racism, discrimination, and bias.**
- **NEW 4.2.1.1:** The institution has a well-defined, transparent, and effective policy in place that **specifically addresses racism in all its forms, including anti-Black racism and anti-Indigenous racism.**

Assessment

- **NEW 5.1.1.3:** The postgraduate office's policy governing assessment decision-making **clearly states the postgraduate office's role in the oversight of decisions made by residency programs related to the assessment, progress, and promotion of residents.**
- **NEW 5.1.1.5:** The institution has an appropriate and transparently governed process to **review concerns of academic performance or progression for racial bias among all racialized residents, including Black and Indigenous residents, when requested by the resident.**
- **NEW 8.2.2.2:** The institution has an **appropriate and transparently governed data collection strategy related to race and racism in program improvement processes** (e.g., recruitment, retention, formal remediation, probation, outcome of appeals, transfers, dismissal rates, etc.) that are informed by racialized and underrepresented residents, teachers, and others, as appropriate.



Royal College Requirement

Institutional Accreditation Standard

1.3.3: The postgraduate education committee structure is composed of appropriate residency education stakeholders.

- **1.3.3.8:** [Royal College Requirement]: The program director or delegate attends **at least one specialty committee meeting per year in person or remotely.**

PGMEAC Membership

Institutional Accreditation Standard

Requirement 1.3.1: The postgraduate education committee structure is composed of appropriate residency education stakeholders.

- **1.3.1.1:** The postgraduate education committee is a forum for input from **all residency programs**.
- **1.3.1.2:** There is **effective representation from residents, program directors, learning sites, and postgraduate administrative personnel on the postgraduate education committee**.

Notes

- **Twice a year: ALL PDs (Dec 13th)**
- **Representative for every program on PGMEAC**

Institutional Accreditation

Requirement 8.1.1: There is a systematic process to regularly review and improve the postgraduate governance and structure.

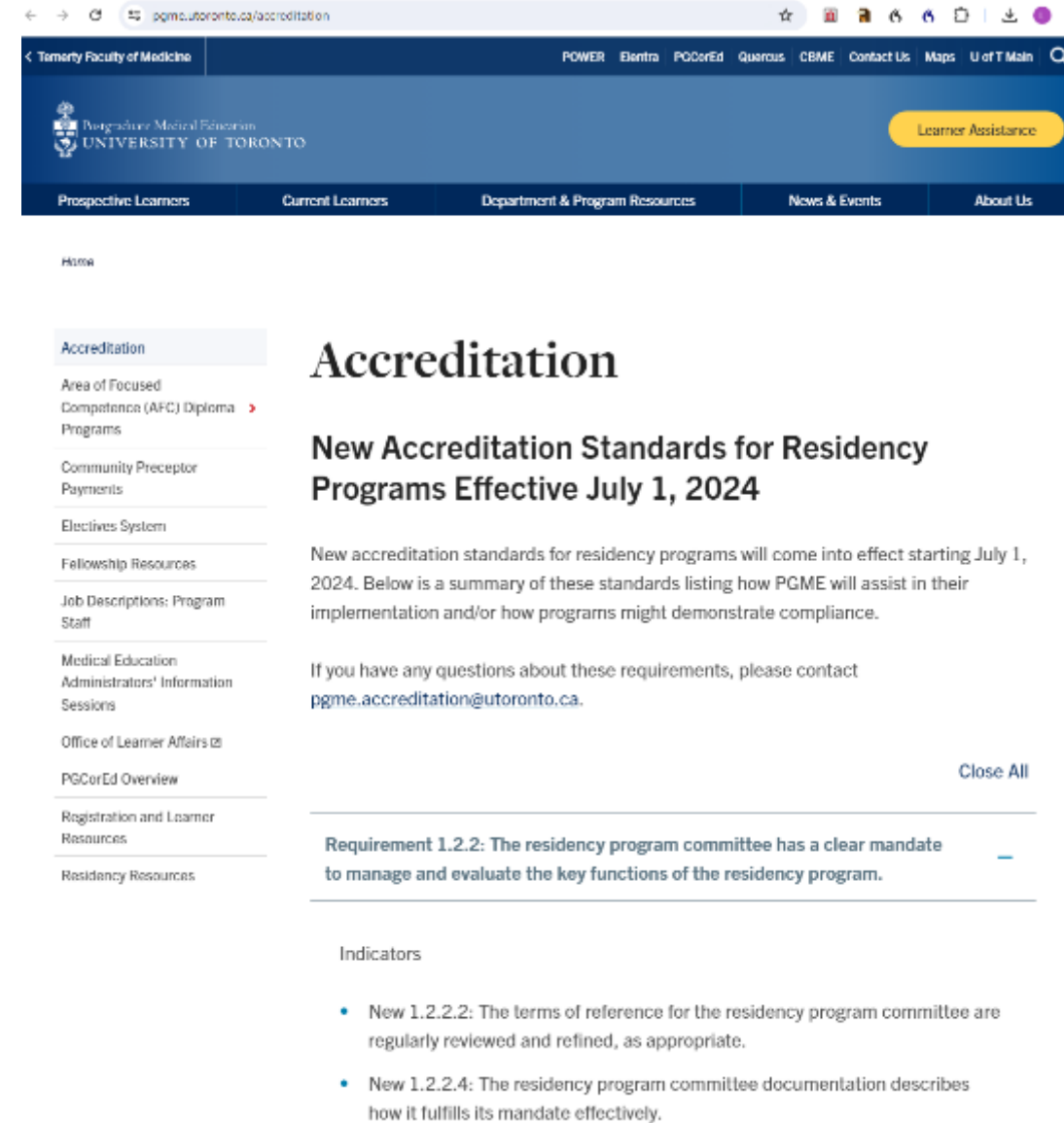
Indicator 8.1.1.1: There is an evaluation of the postgraduate governance and structure. (AFI)

Approach

- Governance Working Group established in 2021; reviewed committee structure and committee terms of reference. [once per accreditation cycle]
- PGME Office Survey. [frequency TBD]

New Accreditation Standards for Residency Programs

- Effective July 1, 2024
- Notification sent to all programs
- PGME website outlines new standards and resources (available and in-development)
- New standards are incorporated into this internal review cycle
- <https://pgme.utoronto.ca/accreditation>



The screenshot shows the PGME website interface. The top navigation bar includes links for POWER, Elntra, PGCoEd, Quorus, CBME, Contact Us, Maps, and U of T Main. The main header features the University of Toronto logo and a 'Learner Assistance' button. A sidebar menu on the left lists various resources such as Accreditation, Area of Focused Competence (AFC) Diploma Programs, Community Preceptor Payments, Electives System, Fellowship Resources, Job Descriptions: Program Staff, Medical Education Administrators' Information Sessions, Office of Learner Affairs, PGCoEd Overview, Registration and Learner Resources, and Residency Resources. The main content area is titled 'Accreditation' and features a sub-heading 'New Accreditation Standards for Residency Programs Effective July 1, 2024'. The text explains that new accreditation standards will take effect starting July 1, 2024, and provides a contact email for questions: pgme.accreditation@utoronto.ca. A table of indicators is partially visible, with the first row showing 'Requirement 1.2.2: The residency program committee has a clear mandate to manage and evaluate the key functions of the residency program.' and 'Indicators' listed below it.

Accreditation

New Accreditation Standards for Residency Programs Effective July 1, 2024

New accreditation standards for residency programs will come into effect starting July 1, 2024. Below is a summary of these standards listing how PGME will assist in their implementation and/or how programs might demonstrate compliance.

If you have any questions about these requirements, please contact pgme.accreditation@utoronto.ca.

Requirement	Indicators
Requirement 1.2.2: The residency program committee has a clear mandate to manage and evaluate the key functions of the residency program.	<ul style="list-style-type: none">• New 1.2.2.2: The terms of reference for the residency program committee are regularly reviewed and refined, as appropriate.• New 1.2.2.4: The residency program committee documentation describes how it fulfills its mandate effectively.

New Accreditation Standards for Residency Programs

Requirement 5.1.2: Residency education occurs in a physically, psychologically, culturally, and professionally safe learning environment.

- New 5.1.2.3: Well-defined, transparent, and effective policies and processes are in place addressing residents' **psychological safety**.
- New 5.1.2.4: Well-defined, transparent, and effective policies and processes are in place addressing residents' **cultural safety**.
- New 5.1.2.5: Well-defined, transparent, and effective policies and process are in place addressing residents' **professional safety**.
- New 5.1.2.6: Policies and processes regarding resident safety consider discipline, program, resident, and culturally specific contexts.

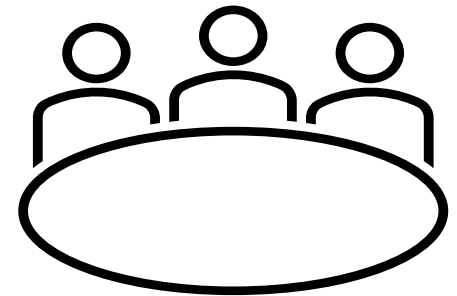
Other Updates



Internal Review Team Members

***NEW* 1 Program Administrator Observer (Optional)**

- Like to give program administrators who would like to learn more about internal reviews the option to attend as an observer
- Review a program from a different department
- One day in person time commitment



Task Force on Best Practices in PGME Program Support

Purpose: Recommend updates to the Guidelines for Residency Program Support. <https://pgme.utoronto.ca/guidelines-residency-program-support>

Original guideline based on a 2014 Task Force report (Gullane), last reviewed in 2019

- Align with Canadian Residency Accreditation Consortium (CanRAC) standards.
- Revising PD Job/Position Description
- New PDs: Collaborative effort with PGME representation



Kim O'Hearn



Laura Leigh Murgaski



Yasmine Ishmael



Nina Chana



Emma O'Neil

The Accreditation Team

pgme.accreditation@utoronto.ca



Dr. Linda Probyn



Dr. Hemen Shukla



Dr. Julia Alleyne



Dr. Mark Rapoport

Questions?



Curriculum: PGME

Heather McDonald-Blumer,

MD, FRCPC, MSc (HPTE)

Faculty Lead, Curriculum

Lisa St Amant

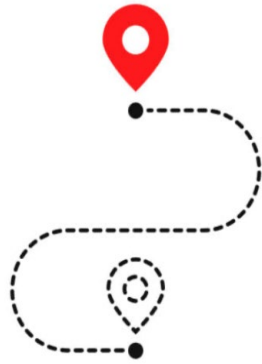
Project Manager, Curriculum



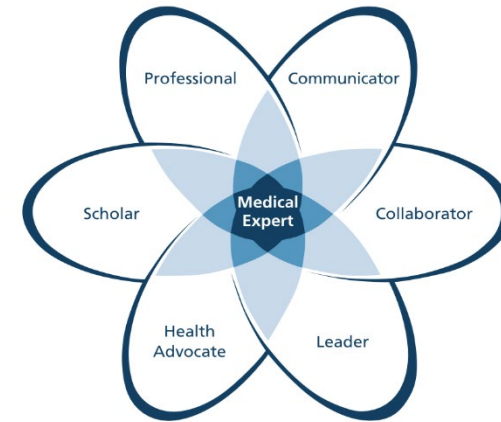
TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine

Activities:



CBD Adaptations ("CBD 2.0")



Central Curriculum

- CanMEDS
- Emerging Concepts
- Teaching in Residency

CBD Adaptations : Priorities

Reducing the burden of assessment

Increasing opportunities for authentic feedback and coaching

Providing clear and consistent communication about CBD

Revising and reconceptualizing the Royal College approach to evaluation of CBD

Optimizing electronic portfolio use

CBD Adaptations: Resources

- Specialty Committee
- PGME One Drive (link to follow)
 - CBD Adaptations 2024 – 2025
 - Royal College CBD Adaptations Report
 - Royal College + PGME Slide deck

CanMEDS Update:



Medical expertise is an essential, fundamental defining competency for physicians



Addressing **social determinants of health** are critical features of contemporary medical expertise

CanMEDS: Emerging Concepts

- Adaptive Expertise
- Anti racism
- Clinical reasoning
- Complex Adaptive Systems
- Data Informed Medicine
- EDI and Social Justice → Social Determinants of Health, Health Equity
- Indigenous Health
- Humanism/Professionalism
- Planetary Health
- Virtual Care and Telemedicine

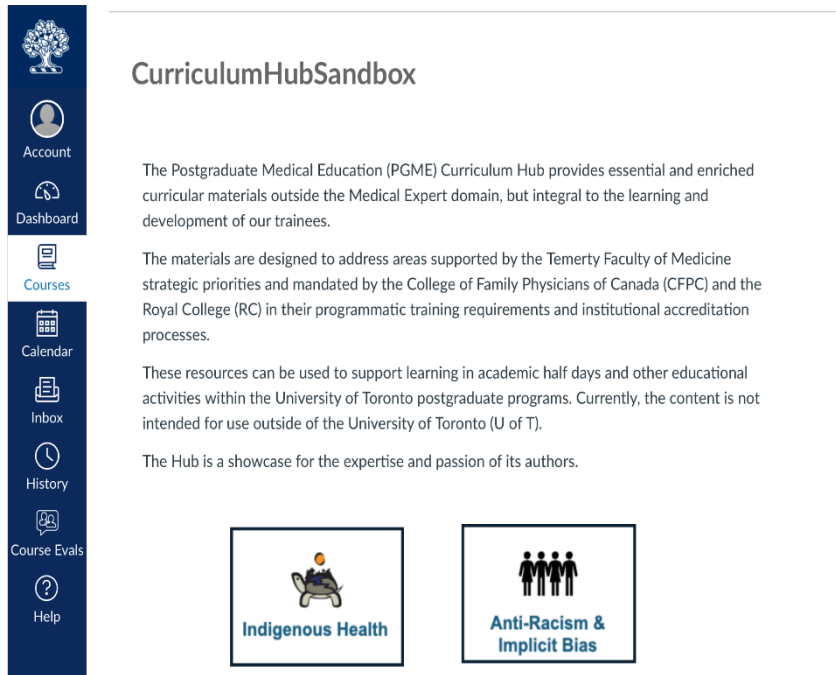
? If or how
these will
be
integrated
going
forward

Survey for Emerging Concepts



Resources

- Curriculum Hub




CurriculumHubSandbox

The Postgraduate Medical Education (PGME) Curriculum Hub provides essential and enriched curricular materials outside the Medical Expert domain, but integral to the learning and development of our trainees.


The materials are designed to address areas supported by the Temerty Faculty of Medicine strategic priorities and mandated by the College of Family Physicians of Canada (CFPC) and the Royal College (RC) in their programmatic training requirements and institutional accreditation processes.

These resources can be used to support learning in academic half days and other educational activities within the University of Toronto postgraduate programs. Currently, the content is not intended for use outside of the University of Toronto (U of T).

The Hub is a showcase for the expertise and passion of its authors.



Indigenous Health



Anti-Racism & Implicit Bias

Navigation Menu: Account, Dashboard, Courses, Calendar, Inbox, History, Course Evals, Help

- PG Port



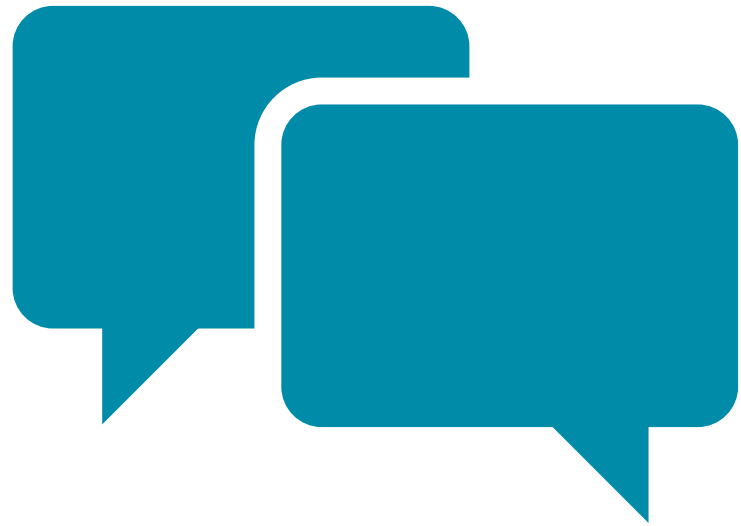
Temerty
Medicine

Session 1 - Open Topic/Intro to PGPORT and Reflective Practice



Let's dive in to Post Grad Portfolio, known herein as PGPORT!"

The intention of this session is to create a safe space to connect with your peers and to



Questions?

pgme.curriculum@utoronto.ca

h.mcdonaldblumer@utoronto.ca

BPAS Program Self-Assessment and Accountability Form

All Program Directors & Family Medicine Site Directors Meeting
December 13, 2024

Dr. David Chan, MD, MEd, FRCPC
Faculty Lead, Admissions & Transitions, PGME



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine

Best Practices in Applications & Selection (BPAS)

- 13 principles and 24 best practices outlined in the 2013 report
- Association of Faculties of Medicine in Canada (AFMC) has supported adoption by all residency programs since 2018
- AFMC re-iterated in the 2024 match that all residency programs must adhere to BPAS
- Integrated into CaRMS program description template (2019-2020)
- Transparency, effectiveness and regular review of selection processes are part of the accreditation standards for both programs and institutions
- Currently being revised and updated

Program Self-Assessment and Accountability Form

- **For Programs:** Provide a checklist to self-assess and reflect on their selection processes and identify areas for iterative improvement
- **For PGME:** Create future educational and professional development sessions, workshops, mentoring relationships, and additional resources to assist programs in improving and refining their selection process

Program Self-Assessment and Accountability Form

- All items are directly tied to BPAS recommendations and grouped under:
 - Transparency and accountability
 - Selection committee
 - Selection criteria, instruments and processes
 - Interview process
 - Candidate ranking
 - Maintenance of confidentiality
- Ratings: *Meets, Partially Meets, Does Not Meet*
- Comments are encouraged to provide further details and allow a better understanding of the challenges faced, and to share exemplars and innovations
- Aim to build a strong community of practice among PDs where best practices and challenges in selection can be shared with each other

Distribution Timelines for 2024-2025

- Distribute to programs after each application cycle's match day
- **MSM, FM/ES:** early January 2025 (due February 2025)
- **Non-CaRMS programs:** January 2025 (due end of June 2025)
- **R-1:** March 5, 2025 (due 4 weeks after 2nd iteration match day)
- **PSM:** March 27, 2025 (due end of April 2025)

Closing Remarks from the Associate Dean

Dr. Meredith Giuliani

Associate Dean, Postgraduate Medical Education
Temerty Faculty of Medicine



TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Temerty
Medicine