

## MEETING NOTES

### Postgraduate Medical Education

### All Program Directors & Family Medicine Site Directors Meeting

Friday, December 13, 2024 | 12:00 – 2:00 pm  
Zoom Meeting

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#### 1. WELCOME/LAND ACKNOWLEDGMENT

- a) M. Giuliani welcomed attendees and read out a land acknowledgment.

#### 2. MEDICAL EDUCATION STRATEGIC PLAN – Mr. Paul Tonin (*see attachment*)

P. Tonin, Senior Project Manager for Strategic Initiatives in the Office of the Vice Dean of Medical Education, provided an update on the [medical education strategic plan](#). The medical education portfolio, established in 2020, aims to identify and support opportunities for alignment, integration, and harmonization across medical education. The plan focuses on initiatives that can be completed or well underway within a two-year period (2023-2025) and includes three main priorities: transformative teaching, learning, and education scholarship; inclusive and supportive environments and community; and collaborative teams and integrated operations.

Key initiatives include the launch of the Education Development Fund (EDF) 2.0, which no longer requires matched funding and offers grants up to \$2,000, and a new medical education strategic research grant of up to \$50,000. Efforts are also being made to improve learner wellness, address learner mistreatment, and align professionalism teaching and assessment across programs. Additionally, there is a focus on administrative staff development, education technology, and program evaluation.

The plan's timeline has been extended to 2026, with a slight refresh of actions and the addition of a standalone initiative for program expansion. Detailed information is available in the attached slides and on the [website](#).

#### 3. ACADEMIC FREEDOM – Dr. Pier Bryden, Ms. Kendra Naidoo (*see attachment*)

K. Naidoo discussed the concept of academic freedom, emphasizing that academic freedom allows academics to engage in research, teaching, and scholarship without censorship, with the understanding that these activities are subject to academic and scholarly rigor. At UofT, academic freedom is outlined in various documents, including the Memorandum of Agreement with the University of Toronto Faculty Association and the Policy for Clinical Faculty. Academic freedom includes the right to criticize the university and its policies/initiatives, and it applies to intramural (within the UofT environment) communications. However, its boundaries, especially regarding extramural expression and social media, are still debated.

Academic freedom was distinguished from freedom of expression, noting that the latter is broader and applies to all UofT community members, while academic freedom is limited to certain academic staff and subject to scholarly discipline.

Key points:

- **Charter of Rights and Freedoms:** Freedom of expression originates from the Charter, but it does not apply to Universities in Ontario. Universities, including U of T, uphold Charter values even if the Charter doesn't directly apply.
- **Regulated Health Professions:** Individuals in regulated health professions, like medicine, must abide by their regulatory body's rules, which may limit their academic freedom and freedom of expression.
- **Hate Speech:** Hate speech is defined as expression that vilifies individuals based on grounds under the Human Rights Code. While not a standalone criminal act, it can constitute prohibited conduct under other legislation.
- **Legislation and Policies:** Freedom of speech and academic freedom are limited by laws like the Human Rights Code, the Criminal Code, and the Occupational Health and Safety Act, as well as university policies, clinical site policies and professional standards.

P. Bryden discussed professional regulation, emphasizing the impact of expression on patients, colleagues, and the institution. She highlighted the CPSO guidelines on physician expression, particularly regarding social media. The CPSO's recent revisions provide more specifics on professional expectations.

Key points:

- **Professional Expectations:** Physicians must consider the impact of their expression on various stakeholders and adhere to CPSO guidelines, which have been updated to address social media use.
- **Self-Regulation:** The CPSO's mandate includes addressing unprofessional behavior, with peers assessing whether actions are disgraceful, dishonorable, or unprofessional.
- **Social Media:** Issues around professional communication on social media have been prominent, with recent cases highlighting concerns such as disparaging comments, patient confidentiality violations, and controversial political opinions.

K. Naidoo concluded by discussing the political context, noting that discussions on expression and academic freedom are happening at a government level, as well as across Canada and internationally. The UofT PGME, Clinical Affairs & Professional Values, and Legal offices are committed to supporting faculty and learners in navigating these challenges while protecting fundamental expression-related rights.

#### 4. FELLOWSHIPS UPDATE – Dr. John Granton (*see attachment*)

John Granton presented an update on the fellowships portfolio, including an announcement of his departure from the position in the new year. The vision is to foster international leaders in healthcare through sponsorship and innovation, emphasizing the importance of providing a good learning experience for fellows, who serve as strong ambassadors for UofT and its programs.

The fellowship program is extensive, with nearly 1,800 registrants from 90 countries and 655 fellowship programs, comprising more than 50% of fellows in Canada and two-thirds in Ontario. There is an ongoing focus on improving the fellows' journey from application to completion, ensuring equity, process improvement, and community support. Efforts include establishing transparent and fair practices, standardizing administrative procedures, and developing a community of support for fellows.

Key priorities and Initiatives include:

- Equity building, process improvements, and supporting fellows through the transition phase. Developing standard contracts, setting minimum compensation levels anchored to the PARO PGY3 level.
- Providing wellness resources.
- Clinical fellow leadership initiative (working with Dr Anne Matlow and the PG Leadership Portfolio) and supporting fellowship coordinators and program directors with tools for success.

Upcoming events include a leadership event on March 7<sup>th</sup> at the Faculty Club and a learning opportunity for All Fellowship Program Directors meeting, tentatively planned for the afternoon of June 6<sup>th</sup>. Success will be measured through the Voice of the Clinical Fellow survey and other metrics to gauge the effectiveness of the fellowship experience improvements. Additionally, the Oreopoulos International Learner Transition Fund has seen increased applications, highlighting the need for financial support for fellows transitioning into the programs.

Full details can be found in the attached slides.

#### **5. SEAP UPDATE – Ms. Elizabeth Kim (see attachment)**

E. Kim, Projects Coordinator, Specialized Programs provided an overview of the Subspecialty Examination Affiliate Program (SEAP). This program allows internationally trained subspecialists to pursue specialty training and take the Royal College subspecialty exam. In July 2023, SEAP became a potential licensing pathway for international medical graduates to practice independently in Ontario, leading to increased demand for SEAP applicants.

E. Kim highlighted the benefits of SEAP, including dual recognition from the University of Toronto and the Royal College, and the ability to apply for independent licensure with the CPSO. She explained that SEAP learners must exactly mirror the residency subspecialty program while being appointed, registered, and licensed as clinical fellows. This structure requires close collaboration between residency and fellowship program directors. SEAP learners' salaries must align with those of the residents in their program and the curriculum and assessments mirror the residency program requirements.

Key administrative practices and an overview of the credentialing process was discussed, highlighting the administrative workload involved in supporting SEAP learners.

Full details can be found in the attached slides.

#### **6. HUMANITIES PORTFOLIO UPDATE – Dr. Sarah Kim (see attachment)**

S. Kim provided an overview of the Humanities portfolio, which spans the MD program, PGME, and CPD. As theme lead for Humanities, S. Kim is involved in various programs and committees, including the narrative-based medicine lab and the Health Arts and Humanities Program, as well as the PGME Curriculum Committee, Leadership Certificate Program, and Health Humanities working group. Focus areas include integrating critical health humanities into the curriculum, leadership development, and faculty development using arts and humanities as tools in medical education.

S. Kim offers support for presentation design, learner resilience, and fatigue management. For 2024 and 2025, the portfolio priorities include collaborative and compassionate leadership, communication skills, and integrating arts-based tools into CANMEDS competencies. They are also

developing themes like "physician as patient" and emphasizing transformative and social constructivist paradigms in education.

Full details can be found in the attached slides.

#### 7. **SIMULATION EDUCATION INTEGRATION UPDATE – Dr. Petal Abdool** (*see attachment*)

P. Abdool, Faculty Lead for Simulation Education Integration, discussed her portfolio and efforts in integrating simulation into medical education at UofT. She highlighted the importance of simulation as a tool for competency-based medical education and its alignment with CANMEDS competencies. Petal mentioned various success stories, including Surgical Skills Bootcamp and Fundamentals of Laparoscopic Training. A Communication bootcamp for PGY1s is planned for January. She also discussed collaborations in geriatric psychiatry and general psychiatry to improve training through simulation.

The need to address barriers such as protective time, access to simulation centers, trained faculty was emphasized. She shared data showing the current use of simulation in Entrustable Professional Activities (EPAs) and identified opportunities for increasing its use. Next steps include conducting surveys to identify gaps, focusing on interprofessional simulations, and studying the impact on EPA completion and learner outcomes.

Full details can be found in the attached slides.

#### 8. **CanRAC INSTITUTIONAL STANDARDS UPDATE – Dr. Linda Probyn** (*see attachment*)

L. Probyn, Director of Accreditation provided an update on institutional accreditation standards, emphasizing the ongoing process of continuous improvement and the upcoming accreditation survey in Fall 2028.

##### **Institutional Standards:**

- Three domains and nine standards, with a focus on continuous improvement.
- Anticipated new indicators for 2028, with key themes including anti-racism, inclusion, collaborative relationships, and mechanisms to respond to racism.
- **New Indicators:**
  - 39 potential new indicators, focusing on anti-racism and inclusion.
  - Training and educational resources, policy development, and assessment related to anti-racism and inclusion.

Ongoing efforts to meet the incoming institutional standards:

- Internal reviews of programs are underway.
- Anti-racism and implicit bias training for individuals involved in residency education.
- Development of policies on physical, psychological, cultural, and professional safety.

L. Probyn discussed the institutional accreditation standards related to PGMEAC membership, requiring effective representation for all residency programs in the PGMEAC and regular review of the postgraduate governance and structure.

##### **New Residency Program Accreditation Standards:**

- Effective July 2024, with a focus on psychological, cultural, and professional safety.

- Opportunities for program administrators to observe internal reviews of other programs.

L. Probyn reminded the group of the Task Force on Best Practices in PGME Program Support, which was launched to update support practices and revise program director job descriptions, with an emphasis on collaborative efforts in selecting new program directors.

Full details can be found in the attached slides.

## 9. CURRICULUM PORTFOLIO SURVEY – Dr. Heather McDonald-Blumer *(see attachment)*

H. MacDonald-Blumer, Faculty Lead for Curriculum provided updates on Competence by Design (CBD) adaptations and the curriculum portfolio.

### Competence by Design (CBD) Adaptations:

- The Royal College is working on the next iteration of Competence by Design, known as CBD adaptations or CBD 2.0.
- Focus on reducing the burden of assessment and increasing opportunities for authentic feedback and coaching.
- Specialty committees are reviewing EPAs and training experiences to identify essential elements.
- Improved communication strategy from the Royal College, with a link to resources and documentation to be provided in January.

### CanMEDS Update:

- Medical expertise remains a core feature of training.
- Emphasis on social determinants of health.
- Emerging concepts identified by the Royal College include various themes that may impact curriculum development.

A survey link was provided to gather feedback on emerging concepts and teaching priorities.

H. McDonald-Blumer gave an overview of curriculum resources:

- Central curricular materials are in development to support academic health and informal teaching.
- The Curriculum Hub will use Quercus for access, with initial resources available in January.
- Resources on Indigenous health, implicit bias, and anti-racism are already in development.
- PG Port is an additional resource for educational materials.

Full details can be found in the attached slides and PG Port handout.

## 10. BPAS SELF-ASSESSMENT / ACCOUNTABILITY FORM – Dr. David Chan *(see attachment)*

D. Chan, Faculty Lead for Admissions and Transitions provided an update on the self-assessment form related to Best Practices in Admissions and Selection (BPAS), highlighting its purpose and implementation process. The self-assessment form serves two main purposes:

- At the program level: Provides a checklist for self-assessment and iterative improvement after each match cycle.

- At the PGME level: Helps identify areas where programs may need support, enabling the creation of workshops, educational resources, and mentoring relationships.

The form includes items directly tied to BPAS recommendations, grouped under topics such as transparency, selection committee, selection criteria, interview process, ranking meetings, and confidentiality. Programs are asked to rate items and provide comments to facilitate dialogue and share best practices and challenges.

The form will be distributed to programs after each match day for each application cycle. Responses will be collected within a four-week interval after match day, and aggregate data will be shared at future meetings.

Full details can be found in the attached slides.

## **11. CLOSING REMARKS**

M. Giuliani thanked the attendees for joining and for all their work within PGME programs over 2024. She noted that the next All PDs-FMSDs meeting on Friday June 6, 2025 and is planned to be in-person, more details to come in early 2025.