

MEETING MINUTES

Postgraduate Medical Education Advisory Committee (PGMEAC)

Friday, November 24, 2023 | 12:00 – 2:00 pm
Zoom Meeting

Present: Meredith Giuliani (Chair), Caroline Abrahams, Shari Thompson-Ricci, Susan Done, Michele Farrugia, Jackie James, Mariana da Silva Jardim, Hadeel Aljazzaf, Caroline Thompson, Mary Bell, Stu Murdoch, Alison Freeland, Linda Probyn, Adrienne Tan, Kevin Weingarten, Aruz Mesci, John Granton, Maureen Morris, Linda Probyn, Lisa St. Amant, Melissa Hynes, Carolina Mitchell, Heather Flett, Shaheen Darani, Mojgan Hodaie, Lindsay Baker, Andrea Bezjak, Nicola Jones, Barry Pakes, Shannon Spencer, Janine Hubbard, Samantha Chin (Recorder)

Guests: Ryan Giroux, Bryan Abankwah

Regrets: Jeanette Goguen, Charlie Guiang

1. AGENDA/MINUTES

M. Giuliani welcomed the Committee and the minutes of the Friday, October 27, 2023 meeting were accepted as circulated.

2. CONSENT AGENDA

HUEC met the day prior and is the reason no consent agenda was circulated prior to this meeting. M. Giuliani gave the Committee an update that HUEC is actively discussing the work done by the Onboarding Working Group on modifying timelines for requirements such as vaccinations. PGME and HUEC representation will form a group to work with occupational health offices to look at these issues.

M. Giuliani advised the Committee PARO's Resident Doctor's Appreciation Week will occur the week of February 5th, 2024.

3. NEW BUSINESS

a. Admissions & Transitions Faculty Lead Update

J. Hubbard provided an overview of D. Noone's portfolio as Faculty Lead, Admissions & Transition as he was on consult. The BPAS document previously published in 2013 will be refreshed by D. Noone and members of this committee may be approached for input. Once this refresh is completed, the aim is to regularly update BPAS as it is ever evolving. A large area of focus will be the CaRMS Self-Identification Questionnaire (CSIQ) as recommendations were given to all schools and PGME will be forming a working group to address them and input a plan of action for the next cycle.

J. Hubbard confirmed the survey for the Conflict of Interest will be circulated in the following week and a BPAS Interview Workshop will be held in early January. Communication for both to be sent in the near future.

M. Giuliani advised the committee if they would like to pilot the CSIQ in their program to reach out to herself, D. Noone, or J. Hubbard.

b. RC External Reviews Update & Next Cycle

L. Probyn confirmed the past three years have been preparing programs for the stage of the accreditation cycle they now find themselves. Preliminary recommendations are for Anesthesia, Emergency Medicine, and Internal Medicine to have an external review in 2026. Other preliminary recommendations are for a follow-up at the next Regular Survey in 2028 for Neuropathology, Pediatric Cardiology and Psychiatry. The last external review to happen is Adult Neurology that will occur in Spring 2024. Amongst several programs, PGME as an institution must submit an Action Plan Outcome Report by November 30, 2023.

Training for new program directors to do internal reviews to come out and Faculty Leads for Internal Reviews will also be announced shortly.

c. Chief Resident Title

R. Giroux concern around using the title Chief Resident or Chief Fellow as it may be viewed as insensitive or derogatory to Indigenous People. Organizations have moved forward with ceasing to use the term Chief, such as Women's College Hospital in healthcare and outside of healthcare Toronto District School Board. Motivation for such change has been attributed to allyship and inclusivity. Some organizations did not make the change in response to large outcry from the Indigenous community.

R. Giroux spoke to the history of the word chief. It is not Indigenous in origin, but Latin in the 1300s. It came to mean the head of a clan in the 1500s, and first used to refer to Indigenous people in the 1700s as a noun. It was also pointed out that the term "chef" comes from the same origin as chief. In healthcare "Chief" is not only used as a noun, but as an adjective to mean leader. The area of concern is when it is used as a noun to cause harm to others, especially those marginalized. If there is concern, Chief Residents and Chief Fellows should be encouraged to correct others to use the full title instead of shortening it.

R. Giroux cautioned the group that little evidence exists that moving away from these titles is a priority for the community, learner, or staff.

H. Aljazzaf confirmed that if the title was changed or not, the terms of the collective agreement would still apply. For example, UOttawa has changed the title to Lead Resident, McMaster has decided not to change the title, but the duties, as described in the PARO-CAHO agreement, remain the same.

d. THP Site Update

B. Abankwah gave an overview of the learner's experience at Trillium Health Partners (THP). Feedback was gathered formally and informally from residents throughout their rotations at THP.

- Call rooms are being audited by the Education Office at THP to ensure the space is being used appropriately and is available for residents on call. Call Rooms are also being made available for study purposes during the day but must be vacated by a specified time.
- Wi-fi is free on the "guest" network. If learners are on longer rotations (>3 months), dedicated access can be requested.
- No dedicated space where deliveries can be stored until pick up, but discussion with units are being had to identify space.

- THP 100% committed to building an antiracist organization. Currently, there is a focus on anti-black racism and THP completed their first Anti-Black Racism Climate Review to provide a baseline of the experience of Black-identified staff, professional staff, volunteers.

e. **PARO Update**

H. Aljazzaf provided the following update:

- We've had a few successful events lately: the volleyball and badminton tournament in Scarborough was well attended last weekend.
- Puppy yoga on October 21st sold out the same day.
- We are looking ahead to Resident Doctor's Appreciation Week 2024 in February and planning some initiatives to recognize the important work that residents do.
- We are planning to do call room reviews in the coming weeks. This is something we try to do every 2 years by has been delayed due to covid.

A concern raised by residents is whether there is a timeline for back-pay as residents from other schools have received theirs. M. Morris confirmed MOH has not transferred the back-pay for distribution, and it is a priority for MOH.

f. **Subspecialty Exam Affiliation Program (SEAP)**

J. Hubbard described how Clinical Fellows have not done their base specialty training in Canada and are seeking affiliate status with the RCPSC. Eligibility to write the RCPSC exam is granted for a 2-year period after which the learner must meet all the credential, training and examination requirements for affiliate status.

CPSO has announced new licensing pathway for IMGs who complete the SEAP and clarity around who is eligible for SEAP needs to be communicated.

Training of the Clinical Fellow in the SEAP must mirror the residency program and reflected in the original letter of offer and Goals and Objectives. These learners do not fall under PARO as they are Clinical Fellows. However, the appointment to SEAP training must be approved by the Residency Program Director as well as the Fellowship Director; they must work closely together. Discussions around capacity, program requirements (i.e.- rotations, frequency of evaluation, assessments, participation in program events, review by Competence Committee, etc.) and entry requirements must be had as Residency Program direct can only attest successful completion of training.

M. Giuliani provided further confirmation around questions for the SEAP:

- back-dating into the SEAP program is not allowed nor practiced.
- Practice Eligibility Route (PER) for the Royal College is not offered in Toronto
- It is important to consult the provincial licensing body as to how it will impact licensure
 - the Royal College is a national credentialing body and not the provincial licensing body nor the PGME office that would register the learner

Action point: request for PGME to create a flow chart regarding eligibility.

g. **Accredited PEAP training**

M. Giuliani confirmed that based on previous discussion, this topic will be presented to COFM in January 2024. M. Morris reminded the Committee that any IMG coming for training in Ontario must first complete a PEAP and a Canadian IMG for PGY 1 position must complete an AVP. The PEAP for IMG fellows counts towards their training as does the AVP for Canadian IMGs. However, PEAP for IMG IFT (Sponsored) PGY 1 learners does not count towards their training and are not paid for the time they are here in the PEAP, equity around this issue is being sought.

h. Curriculum & Assessment Survey

L. St. Amant provided insight into a Curriculum & Assessment Survey that is to be distributed the following week to all program directors. The aim of the survey is to inventory all assessment modalities that inform resident progress and promotion decisions as well as key curriculum needs in key topic areas from an accreditation perspective. The hope is that feedback would identify any gaps and opportunities for central supports to inform CBD discussions at the national level.

Next Meeting: Friday, January 26, 2024; 12:00-2:00pm – virtual