

MEETING MINUTES

Postgraduate Medical Education Advisory Committee (PGMEAC)

Thursday, November 27, 2025 | 9:30 – 11:30 am

In-Person

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- Present:** Meredith Giuliani, Ahmed Al-Awamer, Caroline Abrahams, Adelle Atkinson, Yvonne Chan, Mojgan Hodaie, Mary Boulos (PARO), Eric You-Ten, Heather McDonald-Blumer, Carolina Mitchell, Janine Hubbard, Sheri Johnston, Vaibhav Kamble, Linda Probyn, Shaheen Darani, Stu Murdoch, Susan Done, Jenna Spring, May Tsao, Adrienne Tan, Andrea McCart, Nora Letechipia Mendoza, Tessa Catchpole (Recorder)
- Guests:** Lisa St. Amant, Yasmine Ishmael, Mariela Ruetalo
- Regrets:** Barry Pakes, Patricia Houston, Melissa Hynes, Julie Johnstone, Julia Kfoury, Arno Kumagai, Laura Simone, Allan Slomovic
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1. AGENDA/MINUTES

- a) M. Giuliani welcomed committee members and roundtable introductions ensued. The agenda was approved as written.
- b) Minutes of the Friday, October 23, 2025 meeting were accepted as circulated.

2. NEW BUSINESS

a. PARO Update

M. Boulos provided an update on PARO activities:

Resident Enhancement Fund:

- Supports initiatives to improve resident well-being (e.g., call room and lounge enhancements such as coffee machines, mattresses, pillows).
- Recent cycle closed on November 1 with a record 15 applications.
- Residents can submit requests for items \$200 or less anytime; next deadline for larger items is **March 1**.

Resident Doctor Appreciation Week (RDAW):

- Scheduled for **February 9 – 13, 2026**
- PARO will organize events and welcomes program involvement, suggestions available.

Collective Agreement Changes:

- Effective **October 1**, the “home by noon” exception clause removed.
- Surgical residents must be dismissed after 24 hours in-hospital + 2 hours handover.
- Handover clarified: limited to essential tasks (sign-out, investigations, rounding); no new patient responsibilities.
- Survey sent to Toronto surgical residents to assess impact; early feedback shows:
 - Resource shortages hinder compliance, especially weekends.
 - Residents still assigned new tasks post-call.

- Departments/hospitals responsible for ensuring compliance / appropriate resource allocation.

b. CaRMS Update

M. Giuliani discussed the ongoing CARMS injunction case regarding the new IMG eligibility criteria (Ontario high school requirement). Updates were provided on its potential impact on IMG stream applications and attestation requirements. Programs were advised to continue their processes for now and await further instructions. Further discussion planned for January meeting regarding second iteration.

c. Waivers & Accelerated Training Guidelines (see attachment)

L. St. Amant presented the *Guidelines on Waivers and Accelerated Training* for review and approval. The revised guidelines incorporate Family Medicine and Royal College programs, with new provisions for accelerated training under Competence by Design (CBD). Previous guidelines dated from 2015.

Key Changes:

- Two waiver types:

Leave of Absence Waivers:

- Residents typically make up missed time; waivers allowed if competence expected by program end.
- Family Medicine: minimum 24 months; waiver max 4 weeks.
- Royal College: max 6 weeks for 2–3-year programs; max 3 months for 4–6-year programs.

Accelerated Training:

- For residents demonstrating exceptional proficiency. Options include enrichment selectives, tailored transition to practice, or revised end date.
- Considerations: impact on funding, contracts, exam scheduling; reinstatement not possible if certification exam failed.

Operational Process: Resident submits request; reviewed by Program Director, Competence Committee, and Residency Program Committee; PGME Associate Dean approves. Departments must define and share waiver criteria.

The group discussed waiving training for residents who take leave of absence, with a focus on whether planned study leave for exams should qualify as an exceptional circumstance. The discussion highlighted that while programs must consider individual circumstances through competence committees, planned leaves are generally not considered exceptional enough to warrant a waiver.

M. Giuliani tabled the motion to approve the *Guidelines on Waivers and Accelerated Training*, as presented. A. Atkinson seconded.

Vote: All members voted unanimously in approval of the *Guidelines on Waivers and Accelerated Training* as presented.

Action: Table the *Guidelines on Waivers and Accelerated Training* for a Spring PGMEAC – roundtable to discuss implementation and address any questions that arise from program directors.

d. Guideline for Appealing an Unsuccessful AVP/PEAP (see attachment)

J. Hubbard presented the *Guideline for Appealing an Unsuccessful AVP/PEAP* for review and approval.

Key Points:

- **Eligibility:** Residents and fellows may appeal on procedural grounds per COFM guidelines (e.g.,

significant process error or insufficient assessments/feedback).

- **Initial Steps:**
 - Candidate has **2 days** after notification of failure to submit written intention to appeal.
 - During appeal, candidate **ceases practice** and CPSO is informed of unsuccessful status.
- **Documentation:**
 - Candidate has **10 business days** to submit appeal documentation (grounds, reasons, desired outcome, supporting evidence).
 - Program has **10 business days** to respond with assessments and supporting documents.
 - Candidate may optionally respond within **5 days** (max 5 pages).
- **Decision Process:**
 - Associate Dean/designate reviews and issues decision within **5 business days**.
 - Decision communicated in writing to candidate and program.
- **Outcomes:**
 - If appeal upheld: Request sent to CPSO to reissue AVP/PEAP (CPSO determines license reinstatement).
 - If unsuccessful: Decision is final; no further appeal.
- **Transparency:** Process will be documented, posted online, and linked in Final PEAP form. Candidates should be informed of appeal option upon failure.

The discussion emphasized ensuring transparency and support in the appeals process for unsuccessful PEAP or AVP assessments. Recommendations included making it mandatory for programs to inform candidates of their right to appeal and provide a direct link to the policy document. Additional suggestions were to include language in the policy advising candidates that they may request a support person and access resources such as PARO, OLA, or fellowship-specific supports, given that many candidates are unfamiliar with the Canadian system. The group agreed to embed this information in standard communications, including AVP extension notices and orientation materials.

M. Giuliani tabled the motion to approve the *Guideline for Appealing an Unsuccessful AVP/PEAP* as presented. S. Done seconded.

Vote: All members voted unanimously in approval of the *Guideline for Appealing an Unsuccessful AVP/PEAP* as presented.

e. Updated Learner Wellness Guideline (see attachment)

H. Flett introduced draft *Learner Wellness Guidelines*, circulated for review; final approval targeted for early next year. Existing PGME guidelines are outdated due to structural changes (e.g., creation of Office of Learner Affairs, integrated medical education portfolio).

Key principles:

- Emphasize shared responsibility for learner well-being across individuals, supervisors, programs, and institutions.
- Integrate wellness practices into routine program/site-level initiatives rather than separate portfolios.
- Address intersections with diversity, inclusion, mistreatment, CBME feedback culture, professional identity, fatigue risk management, and career development.

Development process: Environmental scan, review of internal/external policies, broad consultation across MD, PGME, allied health programs, and Learner Wellness Advisory Committee.

Next steps:

- H. Flett asked PGMEAC members to review draft and provide feedback via [email](#) by **December**

12, 2025.

- Focus on balancing high-level applicability with actionable detail for programs and supervisors.
- Appendix includes policy references and a checklist for programs to assess current practices and identify gaps.

f. Internal Review Preparations: January 19 – 20, 2026 Institutional Accreditation Review

L. Probyn provided an overview of the accreditation cycle and process for upcoming Institutional Internal Review.

Internal Review Scheduled: January 19 – 20, 2026, at 500 University Avenue (Boardroom, 6th floor). Committee meeting with reviewers: **Jan 20, 2:35 – 3:20 PM**. Attendance strongly encouraged to demonstrate engagement. External reviewers (Melinda Davis – Calgary, Lauren Weisenfeld – Ottawa, plus two residents from Memorial and Dalhousie) will meet with multiple groups, including this committee.

Next Steps:

- Briefing notes and sample questions to be sent early January.
- Members asked to review and prepare responses on committee role, strengths, challenges (e.g., size and communication), and continuous improvement processes.

PGMEAC members were asked to confirm the invites are in their calendars; prepare for review questions; maintain communication with represented groups.

g. “Does Not Meet” Indicators from Self-Study (see attachment)

Y. Ishmael provided an overview of the DNM indicators from the self-study, which were previously reviewed by PG Exec.

Current Status: of 161 institutional accreditation indicators, **139 met, 16 unmet** (13 are new), and **6 exemplary**. Y. Ishmael discussed the identified gaps areas, including Anti-Racism & Anti-Discrimination, Policies & Guidelines, and Processes.

Next Steps:

- Finalize updated guidelines (health/safety, program support) in 2026 academic year.
- Implement universal anti-racism training and tracking system.
- Embed lived experience in adjudication processes and strengthen data governance.
- Strategic communication plan for PD remuneration rollout starting with department chairs in early 2026.

Full details can be found in the attached slides.

h. PGMEAC Meeting Format

PGMEAC members discussed preferences for meeting format. January and February will be **hybrid** to accommodate winter travel concerns, and the April meeting is planned as **in-person**, potentially combined with institutional report review and informal networking.

Action: Tessa to confirm calendar invites; group agreed to reassess meeting format in February.

With no other business, the meeting was adjourned at 11:30am.

Next Meeting: Thursday, January 29; 9:30 – 11:30 am | Hybrid; PGME Boardroom A & Zoom