

**POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE**  
**Minutes of Friday, October 22, 2010**

**Present:**

C. Abrahams (PGME)	D. McKnight (AD Eq + Prof)	M. Shandling (MSH)
A. Atkinson (Peds)	L. Muharuma (PGME)	H. Shapiro (ObGyn);
N. Bryant (PGME)	L. Probyn (Diag Rad)	C. Shiau (PAIRO)
K. Iglar (Fam Med)	N. Rosenblum (CIP)	S. Spadafora (VD PGME)
M. Levine (Anesthesia)	F. Scott (Comm Med)	I. Witterick (Otolaryngology)
H. McDonald-Blumer (Int Med)		A. Zaretsky (Psychiatry)

**Regrets:**

R. Byrick (CPSO); S. Glover Takahashi (PGME); J. Goguen (Medicine); A. Rachlis (UG Clerkship/SBK); J. Rosenfield (VD UGME); P. Houston (SMH); R. Levine (Surgery); W-C Lam (Ophthalmology); B. A. Millar (Rad Onc); S. Raphael (Lab Med) R. Schneider (Peds SS);

Guests: Dr. Kelly Leitch

**Agenda/Minutes**

1. a) Approval of Agenda.  
  
b) The minutes of the September 17, 2010 meeting were revised as indicated below in bold re #2 COFM Report, and then approved by general acceptance:  
  
2. *COFM REPORT* – At present, our ratio of UG graduates to CARMS positions is **1 to1:4**.

**Matters Arising/Regular Updates/Follow-Up**

**2. COFM Report**

S. Spadafora reported that the MOHLTC will provide funding for preceptors teaching specialty rotations in community hospitals, as well as some one-time capital funding to support expansion positions. UofT share is 26 over the next several years, and the increase in 2011-12 is 3. Preceptor funding for the province is insufficient to cover the current teaching activity. A system will be developed to track the teaching activity for payment. Funding is set at \$1000 per 4 week block and will apply to specialty preceptors outside existing DME programs and not covered by AFPs.

The COFM transfer policy was revised to reflect that 2<sup>nd</sup> iteration entrants will be considered after 6 months of training, and that intra-provincial transfers will not be considered until after the 2<sup>nd</sup> iteration of CARMS.

The MOHLTC commissioned the Conference Board of Canada to prepare a needs-based model for health human resources planning, with predictions of shortages by specialty and LHIN. The data model will be presented at a future meeting and this will inform our future

**3. HUEC – No report**

#### **4. Resident Issues**

The Loan Interest Relief program will be launched November 1<sup>st</sup> by a joint MOH-OMA program. The program allows interest on residents' student loans to be paid by the government in exchange for a return of service agreement. Also, Since Feb 2010, the CPSO does not accept USMLE as equivalent to MCCQE, and are requiring residents to do the MCC exams before granting an IP license. PAIRO was successful in petitioning the College to allow residents currently in training to "grandfather" USMLE acceptance. Residents accepted after the criteria changed will have to do the MCCQE exams.

#### **5. Policies and Procedures**

The "Guidelines for the Assignment of PG Medical Trainees" was reviewed. Dr. McKnight noted that these guidelines were purpose-built for a situation at the time where all residents were to be re-assigned from a service at the hospital and there was no mechanism or procedure to handle this. Comments included reference to the experience during SARS or H1N1, reference to the RCPSC standards, the need for an appeal/resolution mechanism, documentation, and lead time. Dr. Spadafora asked for feedback via email from members. Comments will be incorporated into a revised document which will be reviewed for approval at the next meeting.

#### **6. Health Innovation and Commercialization – Dr. Kelly Leitch**

Dr. Leitch gave a presentation on the University's strategic initiatives regarding commercialization, and encouraged Faculty members to contact her office regarding project funding. A copy of her slide presentation is on the website.

#### **7. Quotas Allocation for CARMS 2011**

UofT has been allotted 26 of the 75 positions for the province for the next wave of expansion, which will be rolled out over the next 5 years. For 2011, we will be increasing by 3 positions, and additional funding is attached to them, which will be distributed to departments.

#### **8. Expansion - MIME Update**

N. Rosenblum indicated that the expansion of UG and PG at the Mississauga hospital is an ongoing negotiation. Developments are occurring at the individual departmental level (clinical faculty to clinical faculty) and the Vice Dean should be informed of those discussions. It was acknowledged that joint co-ordination of UG and PG initiatives at the decanal level will be the key to our success. A 2-year start-up budget is in place. It is not known at this point if site coordinators will be required for both UG and PG learners, but the experience of the first phase will inform future developments in that area.

The meeting was adjourned at 2:15 pm.