POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, September 30, 2011

Present:

C. Abrahams (PGME)
A. Atkinson (Peds)
G. Bandiera (AD PGME)
R. Byrick (CPSO)
D. Damaraju (PAIRO)
R. Fels-Eliot (PAIRO
K. Iglar (Fam Med)
J. James (MSH)
W-C Lam (Ophthalmology)
H. McDonald-Blumer (Int Med)
D. McKnight (AD Eq + Prof);
L. Muharuma (PGME)
G. Mukerji (PAIRO)
F. Scott (PH + Prev Med)
S. Spadafora (VD PGME)
I. Witterick (Otolaryngology)
N. Wong-Chong (PAIRO)

Regrets:
S. Glover Takahashi (PGME); J. Goguen (Medicine); M. Levine (Anesthesia); R. Levine (Surgery) B. A. Millar (Rad Onc); L. Probyn (Diag Rad); A. Rachlis (UG Clerkship/SBK); S. Raphael (Lab Med); J. Rosenfield (VD UGME); R. Schneider (Peds SS); P. Houston (SMH); N. Rosenblum (CIP); H. Shapiro (Ob/Gyn); J. Tepper (Sunnybrook); A. Zaretsky (Psychiatry)

Agenda/Minutes

1. a) With the addition of one item, the CPSO's May 2011 revision of the *"Professional Responsibilities in Postgraduate Medical Education*" policy, the agenda was approved as circulated.

   b) Approval of Minutes, May 20, 2011. Approved as circulated.

New Business

2. Quotas Allocation Committee

G. Bandiera reported that on the work of the Quotas Allocation Committee and the various CARMS matches. The June match for the 2012 Ped subspecialties matched 21 in the MOH funded category and 3 in the non-MOH funded. The R4 Medicine sub-specialty match quota for 2012 is 62 positions, down from 5 in 2011-12. The quota for FM-Emerg is 7.

The proposed PGY1 quota for CARMS 2012 is 414, an increase of 16 over 2011:
- For CMGs, the increase is 15: 9 Fam Med, 3 Internal Med, 1 Dermatology, 2 Vascular Surg.
- For IMGs, the increase is 1: 1 each in Psychiatry and Vascular Surg; 1 decrease in General Surg.

UofT is submitting applications to the RCPSC for the 3 new sub-specialty programs in Psychiatry – Geriatric, Forensic, and Child & Adolescent. Vascular Surgery is in transition from a sub-specialty to a direct entry PGY1 program.

Other issues discussed regarding admissions were: potential for conflict of interest of faculty members on admission committees, knowledge of medical student, reference letters, and "forward feeding. R. Byrick stated that student membership in the CPSO would be one mechanism which could assist PG faculty in selection as the College would be the repository of any UGME professionalism or other issues. This would only occur if the Act was opened up for other reasons, for example, to include Physician Assistants.

The vote on the quotas allocation will be deferred to the October 28, 2011 meeting.

3. Guidelines/Policy Review:

a) **The "Guidelines to Address Intimidation and Harassment"** were created in May 2006. They were brought forward at the May 20th PGMEAC meeting as part of the Committee's regular review of policies and guidelines. Comments/recommended changes were submitted to PGME over the summer. A working group will be formed to review the document, led by Dr. Susan Edwards, as she is the co-chair of the TIME working group on Learner Experience. The working group will include D. McKnight, at least one program director, hospital and resident representation. R. Byrick noted that the policy for Clinical Faculty must be added, and any resolution mechanism in the revised guidelines must mirror those identified in the Clinical Faculty policy.

b) Confidentiality and Use of Data in the UG and PG Medicine Information Systems

C. Abrahams presented the document, stating that the plan was to have the statement appear when users enter POWER or MedSIS stating that the data is confidential 1) to ensure learners and teachers know that their comments are not anonymous and can be traced back to the owner if required by University policy; 2) to identify who has access to the data 3) how the aggregated data will be used and 4) that administrators will report only aggregate TES and only if there are 3 or more evaluations.

In discussion, it was felt that more clarity was needed on the anonymity of comments and who may view individual comments made by a learner. Sections 2.1 (c) and 3. 1 (d) (ii) should be strengthened. Section 4.2 should include a point regarding time limit, that gathering of the 3 evaluation forms is not limited to a one-year cycle.

Other comments: there should be examples of what would be reportable – both unprofessional comments and incidents reported by residents – what is the mechanism to do so; residents should evaluate fellows and ensure their scores and comments are reviewed; dissemination of comments to Division heads are good, but one-off, libelous comments should not be included; an small "executive summary" of the Statement would be useful. Regarding training on how to fill in evaluations, G. Bandiera indicated that there is a multi-site study examining that issue.

S. Spadafora thanked everyone for their comments and stated that a revised version of the document will be brought back to the Committee.

4. UGME Procedure for Conflict of Clinical and Educational Roles

This document outlines the reporting procedure to follow if a faculty member is assigned to teach/assess a student who is a current or former patient or to provide care to a current or former learner. The Committee felt that such a statement/guideline would be useful for PGME. S. Spadafora noted that a working group is seeking harmonize the Faculty's policies and guidelines to encompass both UGME and PGME where possible, but in the interim stated that a similar guideline for PGME could be drafted for use of residents and fellows

5. Clerk Evaluation of Residents

Regarding ED24 requirement in the UG accreditation that clerks must evaluate residents and ensure those evaluations are reviewed and acted upon. S. Spadafora stated A. Rachlis is responsible for this activity, and it is happening – but our programs are handling this activity in a variety of ways. We should propose a standard method to collect this information in POWER and MedSIS to satisfy learners and teachers, satisfying both the ED24 requirement as well as informing the Program Directors on Standard B6 and the Scholar role. G. Bandiera stated that the Best Practice in Teaching Assessment implementation group is working on this and a central,

integrated plan for clerks to evaluate the residents and have their scores recorded in POWER will be brought forward before the 2012-13 academic session.

6. **Integrated Medical Education (IME)** – deferred to next meeting

7. Pre-Accreditation Activity

G. Bandiera stated that the IRC will wrap up its activities by April 2012. Our Accreditation is scheduled for April 2013 and the first pre-accreditation workshop for All PDs is taking place on Friday December 9th to help PDs identify gaps and opportunities for their role in accreditation. In addition, the Education and Research group under S. Glover Takahashi is offering development sessions for Program Directors to assist with challenges in their programs identified during the Internal Review process and help with the remedial work required. A pre-accreditation survey of the PGME Office under the "A" standards is taking place on November 7-8th, 2011 and we hope for a good turnout from PGMEAC, despite the proximity of the AAMC annual conference. The RCPSC and CFPC pre-survey visit with chairs and program directors will take place next Spring 2012.

S. Spadafora thanked G. Bandiera for leading the IRC since 2009, as well as A. Zaretsky for serving as interim chair during 2010-11

Matters Arising/Regular Updates/Follow-up

8. Update from COFM, HUEC

The Thompson Review of IMGs was submitted to the Ministry of Health. Criminal Record Checks/Vulnerable Sector Screens are becoming a registration requirement for 2 Ontario schools. The Medical Trainee Database report was finalized and was to be sent to the COFM Deans for review.

9. Resident Issues

The PAIRO-CAHO contract negotiations are ongoing. PAIRO is very interested in the Intimidation and Harassment revisions and want to participate in the working group reviewing those guidelines. S. Spadafora indicated that they will be part of the membership of that group

10. **Internal Review Committee** – as noted in #7 above

11. Professional Responsibilities in PGME – CPSO Policy

R. Byrick outlined the main areas of change from the approved May 2011 policy vs previous versions. He noted that the policy now refers to trainees (encompassing residents and fellows). In addition, it formally addresses procedures done by trainees, that they can be delegated, but the patient must know. Similarly, examinations done only for "educational" purposes (i.e. unrelated to patient care or treatment) can be performed, but the patient's express consent must be obtained. R. Byrick also noted that FAQs will be added to the website to accompany the policy, and he urged members to submit them to himself or Rajni Sandhu at the CPSO.

The meeting was adjourned at 2:30 p.m.