

**POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE**  
**Minutes of Friday, April 27, 2012**

**Present:**

C. Abrahams (PGME)	W-C Lam (Ophthalmology)	B. A. Millar (Rad Onc)
G. Bandiera (AD PGME)	M. Levine (Anesthesia)	L. Muharuma (PGME)
T. Bahr (PGME)	R. Levine (Surgery)	S. Spadafora (VD PGME)
R. Byrick (CPSO)	J. Maggi (SMH)	K. Somal (PAIRO)
R. Fels-Elliott (PAIRO)	N. Marshall (PGME)	D. Steele (ObGyn)
J. Goguen (Medicine)	H. McDonald-Blumer (Int Med)	F. Scott (PHPM)
J. James (MSH)	D. McKnight (AD Eq & Prof)	I. Witterick (Otolaryngology)

**Regrets:**

A. Atkinson (Peds); S. Glover Takahashi (PGME); K. Iglar (Fam Med); L. Probyn (Diag Rad); A. Rachlis (UG Clerkship); S. Raphael (Lab Med); N. Rosenblum (CIP); J. Rosenfield (VD UGME); R. Schneider (Peds SS); J. Tepper (Sunnybrook); A. Zaretsky (Psychiatry);

**AGENDA/MINUTES**

1. a) The agenda was approved as circulated. An additional item #10 T2200 Tax Info was added to the agenda.
- b) The minutes of the March 30<sup>th</sup> meeting were accepted as circulated. I Witterick motioned and H. McDonald-Blumer seconded. R. Byrick made a comment regarding Item #8 "Reporting Leaves to the CPSO". He commented that the template would be sent back to PGME with feedback as the College is currently discussing balancing confidentiality vs meeting its requirements as a licensing body.

**REGULAR UPDATES**

**2. Update from COFM, HUEC**

- S. Spadafora reported on the COFM Retreat and planning for next year. Regarding the budget announcements from the Ministry of Health, he indicated there will be no new money for postgrad training for the next 2-3 academic years. The reductions announced were for:
  - IMG funding – cut from \$20K per trainee to \$10K
  - No indirect funding for preceptor funding (for community hospitals)
  - No \$20K per specialty expansion trainees past 2012-13.

Funding will remain for the 9 new specialty positions added in 2011 and 2012 CARMS. The type, number, and timing of the remainder of the specialty intake positions has not yet been decided.

- Regarding the 2<sup>nd</sup> iteration of the CaRMS Match, there were 41 Canadian medical grads who were unmatched – 12 from Ontario and 4 of them from UofT. Options are being investigated by UGME on a per student basis.
- There was no HUEC meeting this month.

**3. Resident Issues**

- The PAIRO-CAHO contracts negotiations are ongoing. After the budget announcements, mediation is being considered.
- Regarding leaves, residents are not comfortable about providing private information to the College.
- PAIRO will be engaged in sponsoring more Wellness events

#### 4. Pre-Accreditation Preparation

The Internal Review Committee cycle is complete with a few outstanding reviews left. An appreciation dinner was held to thank the members who had served on the committee for the last 3 years.

PSQs have been distributed to all programs and are due back to PGME after Labour Day for a 2 month edit/review period before the submission deadline to the RCPSC.

G. Bandiera reported that the RCPSC Education Committee supported removing "Provisional Approval" and the category will now just be Approval with Follow-up. May 29<sup>th</sup> will be a dual RCPSC and CFPC workshop with Maureen Topps and Louise Nasmith facilitating the FM workshop. Drop in and telephone consultations at the PGME office will also be arranged to help everyone complete their PSQs. The RCPSC will visit with Chairs, Program Directors, and residents in September 2012 to review the process. The Accreditation Committee is meeting in May to decide who will be reviewed. All programs requesting a review will receive one. The final list of programs to be reviewed is expected to be released in January-February 2013.

#### 5. Policy/Guidelines/Consultation:

a) **Resident Safety Guidelines** – The draft guidelines developed by the Learner Experience group were reviewed. The differences between this draft and the existing March 2009 Safety Guidelines are the breakdown of Personal Safety and Workplace/Environmental and Occupational and the outline of responsibilities of 1) program/training site 2) Trainee, and 3) Reporting protocol for each. Members are asked to review and provide comments to L. Muharuma. The next version will be reviewed at a future meeting. Once approved, it will be forwarded to HUEC for approval before implementation. L. Muharuma noted that for PSQs and program referral, the current Resident Health and Safety Guidelines on the PGME website can be referred to if required

b) **ITER Minimum Standards** – G. Bandiera presented the ITER minimum standards document, responding to questions/comments submitted on the document (see slides). Changes made were:

3. ( c ) adding the words "for that item"

4. (a) adding words clarifying that 1 is the lowest and 5 is the highest

Adding 4 ( c ) to state that a rating of less than 3 on the global overall question means a failure of the experience

With those changes, S. Spadafora asked for a motion to approve the document for implementation as of July 1, 2012. J. Maggi made the motion for approval, seconded by M. Levine. Members voted approval.

c) **Guidelines Regarding Infectious Diseases and Occupational Health for Applicants to and learners of the Faculty of Medicine Academic Programs** – Dr. Spadafora explained that the Faculty Communicable Disease Policy had been to this Committee previously in September 2011. There have been additions/revisions to it since that time. This document has become a Faculty-wide policy covering all UG + PG applicants and learners as noted at the top of the document. This will eventually go to Faculty Council for approval. There are now separate sections making it explicit how applicants and learners are informed of the requirements, specific compliance direction for those with an Infectious Disease, and separate sections and direction to those learners with an adverse exposure 1) in the course of training and 2) outside of training activities. I. Witterick made the motion for approval, seconded by G. Bandiera. Members voted approval.

R. Byrick noted that in the upcoming meeting May/June meeting of the CPSO Council, the issue of BBP will be reviewed regarding mandatory annual testing for those who do exposure-prone procedures and those who assist (hands in a closed cavity).

## **NEW BUSINESS**

### **6. Internal Transfers**

L. Muharuma presented an update on internal transfers. 41 were received and 12 were successful – approx. 30% success rate. Several charts were displayed showing the increase in transfer requests over the years.

### **7. A) Resident Participation in UGME Accreditation**

UGME Accreditation schedule includes a breakfast meeting for invited residents. S. Spadafora requested Program Directors make their residents available to attend as it is an important part of UGME Accreditation.

### **B) Report on PGCorEd Completion: Resident as Learner + Teacher**

T. Bahr presented summary statistics on the completion of the RALT module. It was noted that most residents leave completion of the modules to Year 2 and complete them during the last 2 months of their PGY2 year. The average of the pre-test marks were 50% and post test were 90%. Individual program results for RALT were distributed in hard copy to the PDs present. T. Bahr will prepare a summary comparison of the results across all modules and provide to PDs. In response to a question on the most “popular” module, T. Bahr indicated that it was likely End of Life Care and Patient Safety, according to the evaluation data.

### **8. Medical Trainee Days**

C. Abraham discussed a brief presentation concerning Medical Trainee Days. A provincial working group recommended that the counting and administration of this data be undertaken by the faculty instead of hospitals. UofT established a small working group of UG, PG, and hospitals to see how to best approach this project. Minor system changes are being made to POWER/MedSis so that every learner can have all of their schedules, electives, vacations and rotations including multi-site rotations delinked from evaluations so that they can all be entered to properly allocate training days. A meeting was held with hospital medical education office administrators in April, and on May 16<sup>th</sup>, a workshop will be held with program administrators to illustrate the changes required and how this might impact how this will impact workloads. The Ministry of Health has already applied the “discount” of weekends, vacation and holidays – adjusting the maximum number of days per trainee from 365 to 275.

## **Other Business/Information**

### **9. FMEC Implementation**

Deferred to next meeting

### **10. T2200 Tax Info**

L. Muharuma stated that the T2200 Form is created by the PGME Office with CPSO and CMPA dues populated only, and is downloadable from POWER. Whether other items such as prografor car, cellular charges, laptop, etc can be claimed as work-related expenses is up to the Program Director. The THPPA payroll office has written to the employer CAHO for clarification on this item – requesting standardization across the provincial paymasters. PAIRO have prepared a letter to the PG Deans requesting a standard approach re items to claim. Psychiatry has prepared a form letter stating the items that a considered essential to train in the program and has placed on their website for the use of residents as reference. It was noted that UofT is not the employer as CAHO is the signatory to the collective agreement.

The meeting was adjourned at 2:45 pm.