

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, May 24, 2013

Present:

C. Abrahams (PGME)	J. James (MSH)	K. Pardhan (PAIRO)
G. Bandiera (AD PGME)	W. Kubasik (OIME)	M. Paton (Edu Deans)
P. Campisi (Otolaryngology)	M. Levine (Anesthesia)	R. Roshan (PAIRO)
M. Fefergrad (Psychiatry)	J. Maggi (SMH)	N. Rosenblum (CIP)
R. Goldberg (PAIRO)	H. McDonald-Blumer (Core IM)	J. Rosenfield (UG Dean)
S. Glover Takahashi (PGME)	D. McKnight (AD Eq & Prof)	S. Spadafora (VD PGME, Chair)
J. Goguen (Medicine)	B. A. Millar (Rad Onc)	D. Steele (ObGyn)
K. Iglar (Fam Medicine)	L. Muharuma (PGME)	J. Tepper (Sunnybrook)

Regrets:

A. Atkinson (Peds); S. Bernstein (UG Clerkship); R. Byrick (CPSO); W-C Lam (Ophthalmology); R. Levine (Surgery); L. Probyn (Diag Rad); S. Raphael (Lab Med); R. Schneider (Peds SS); F. Scott (PHPM)

AGENDA/MINUTES

1. a) One item was added to the agenda – the Stepping Stones Program and ESP programs offered by the Centre for Faculty Development. With this addition, the agenda was accepted as circulated.
- b) The minutes were accepted as distributed.

REGULAR UPDATES & FOLLOW-UP

2. Update from COFM, HUEC

HUEC:

- a) The PGME Statement on General Principles for Accommodation was approved at the May HUEC meeting.
- b) The Vulnerable Sector Screen Working Group of HUEC was formed and is reviewing current practices and procedures at the hospitals.
- c) The e-learning modules on sharps and hand hygiene have been developed by the e-TAHSN group and were presented at the May HUEC meeting. These standardized modules are to be completed by all learners at all sites without requiring the learner to complete a hospital-specific training module. The implementation and frequency of completion by the FOM learners as well as consequences of non-compliance has yet to be decided.

COFM:

The Medical Trainee Days project has a Provincial Steering Committee which is working on standardization of data collection of trainee utilization at hospitals and the transfer of that data collection from hospital to Faculties of Medicine. There has been some progress but hospitals will continue to collect their own data for 2013-14 and report to the Ministry with a view to a Faculty of Medicine takeover by April 2014.

At PGE: COFM, non-traditional call models were discussed. The extension of the Assessment Verification Period (AVP) was discussed with the CPSO. The College has agreed that in addition to the usual 4-week extension granted without going to the Registration Committee, the College will now allow a 6 week remediation period to be added to the 12 week AVP --- if an AVP report and a remediation plan is sent to College.

The College is fully engaged in the electronic Letter of Appointment project with the 6 Ontario schools and has planned a roll-out of the new system this month. LOAs of new trainees must still be printed on paper and sent to the College.

Implementation of the Thomson Report recommendations will result in a change in some CARMS processes, including a mandatory NAC-OSCE for 2015 entry. There was a great deal of discussion with CEHPEA and the MCC regarding the exam availability to such a large number of applicants.

Dates for the NAC-OSCE for Ontario are Sept 15, 16, March 15, 16, and in September 2014: on the 13th, 14th, 20th, and 21st. The exam will be a requirement in CARMS for IMGs in 2015. By November 2013, the Medical Council of Canada will centralize registration.

The provincial Quotas Allocation Committee is targeting approval of PGY1 intake in the Fall. CEHPEA will be requesting programs for capacity in the PGY2 and Practice Ready Assessment slots.

The Ministry is engaged in a major audit and has put out an RFP for a review of how Postgraduate Medical Education is funded.

3. Resident Update

The Working Group on Duty Hours has met twice to date, focusing on Medicine and Surgery. Currently there are various methods of call. It was noted that some structures do not work due to size of program. PAIRO will continue to work with COFM and the deans. Terms of Reference will be reviewed as well as financial implications.

PAIRO will be at the PGME June 27th PGME Welcome event and will be distributing the CAIR call kits, and a separate welcome party will be held by PAIRO later that evening.

Dr. John Centofanti (McMaster, Anesthesia) is the new president of PAIRO.

4. Accreditation

G. Bandiera reported that the survey reports will soon be sent to us from the RCPSC and forwarded to programs for comment. The PGME Office will assist all programs in preparing the comments, which are for corrections of content only, not to refute the statements or issues identified. Comments and reports are also reviewed by the specialty committees after submission. The final decisions will be issued by the Accreditation Committee in October 2013. For Family Medicine, the report will be reviewed at the June Accreditation meeting of the College of Family Physicians of Canada. The Associate Dean and Vice Dean will meet with the department chairs and program directors of those programs requiring a follow-up report or internal/external review.

5. Policy/Guidelines/Consultation:

- a) **Statement on Accommodation of PG Learners:** The PGME Statement on General Principles for Accommodation was approved at the May meeting of HUEC. It had been previously reviewed by PGMEAC at the January and March meetings, with suggested revisions to wording and changes to the flow chart. These have now been incorporated into the final document and will be posted on the PGME website.
- b) **The Vulnerable Sector Screen/Police Check:** S. Spadafora outlined the history of the request for the Vulnerable Sector Screen (VSS), informing members that the Police Check for all trainees is currently part of the CPSO application process. The VSS is different from the Police Check as it reports anything of significance on the applicant's record with the police, including charges that have been dropped. The Physician Assistants and some undergrad learners currently undertake a VSS, and some of our affiliated sites also require the screen. The report of the HUEC VSS Working Group and recommendations will be reviewed at the June meeting of HUEC and then brought forward to PGMEAC.

NEW BUSINESS

6. Best Practices on Admissions and Selection (BPAS) – G. Bandiera

G. Bandiera provided an overview of the process and activities in preparing the report which included a literature review and environmental scan, input from guest speakers, and a data review. Under recommendations, the report lists 13 Principles and 20 best practices in 8 categories (Transparency, Fairness, Selection Criteria, Process, Assessors, Assessment Instruments, Knowledge Translation, and Ranking). The implementation steps and timeline are outlined in the report and include distribution for comments, preparation of admissions and selection tools, and approval at the September PGMEAC meeting. The plan is to distribute the principles and best practices for use in the 2014 CARMS PGY1 cycle.

Number 7 in the Implementation Steps and Timeline section is: “Bring to PG: COFM for discussion in December/January”. This was questioned. S. Spadafora clarified that we offered the Thomson Working Group access to the preliminary BPAS report as they were very interested in using some of its findings to respond to the admissions changes recommended in the Thomson report.

In discussion, it was noted that # 5 under fairness might be difficult to implement “Application scores should be based solely on information contained in the application and interview assessment/ratings only on information gathered during the interview.” There was reference to the footnote on page 12 regarding participation of UG faculty members in residency interviews.

The report will be distributed over the summer, and reviewed again at the September 20, 2013 PGMEAC meeting.

7. Learner Experience Group and the Office of Integrated Med Educ Update - W. Kubasik

W. Kubasik provided an update on key developments in OIME this year including the website, newsletter, annual reports, and new IME community-based teaching awards. Work has begun on an OIME key performance indicator report. In addition, the Letters of Understanding/agreements with affiliated sites will be renewed. Plans for the 3rd annual summit in December 2013 are underway.

There was reported growth of 12% from 2012 to 2013 in preceptor payments to community hospitals. Another area of growth was community-based academic appointments rising from 774 in June 2010 to 2,075 in March 2013. Challenges included office-based physicians re academic appointments and payments.

W. Kubasik also reported on the Learner Experience Working Group which completed its review of learner related policies and procedures. It continues to work with hospitals and learners to decrease learner irritants around orientation and registration processes at hospital sites.

The work priorities identified for the Learner Experience group were:

- A common hospital orientation program for learners
- Pre-printed hospital security ID badges
- Common pagers
- Access to Electronic Medical Records (re on-call coverage issues)
- WIFI, Youtube and Vimeo access in hospital for educational purposes

Other ongoing issues to be researched/resolved are parking fees and clerk and resident support services.

8. Transfer Updates

L. Muharuma reported on the number of 2012-13 transfers requested to date for a July 2013 start.

There were 43 transfer requests and 30% (13) were successful. 42% of the requests were for Family Medicine to specialty, 33% from Specialty to FM, and the remainder specialty to specialty. Regarding the intra-provincial and inter-provincial transfer requests, to date we had 6 exits via the 2nd iteration of CARMS or the transfer process. The same number were incoming from other Ontario schools, the US, and Quebec.

OTHER BUSINESS

Faculty Development/Educational Leadership Programs – Dr. B. A. Millar

B. A. Millar outlined 2 programs offered by the Centre for Faculty Development: the Stepping Stones Program and the Education Scholars Program.

The Stepping Stones Program is designed to assist teachers in their educational and teaching roles. Commitment is for 26 hours of half-day workshops and round presentations. It takes 2 years to complete the requirements, including 14 hours in journal club once a month during the academic year. The program is offered to both faculty and non-faculty members. A certificate is provided at the end of the program.

The Education Scholars Program (ESP) is a leadership development program for educators of health professional students. Core themes are Scholarship and Curriculum Design; Education Leadership, Teaching Excellence, and Faculty Development. Classes are held on Tuesday afternoons from September to June for 2 years. All course work and assignments are relevant to the participant's practice. The program is eligible for up to 4 course credits in the Masters in Community Health Science - Health Professions Teaching Education at the University of Toronto.

Interested members were invited to an information session and brochures were distributed. Applications for the 2014-2016 session are to be submitted by November 29, 2013. B. A. Millar is the Associate Director of the ESP, and B. Mori is the Director.

The meeting was adjourned at 2:35 pm.