

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, March 27, 2015

A. Atkinson (Core Peds)	M. Hynes (PGME)	H. Meng (PARO)
C. Abrahams (PGME)	K. Iglar (Family Med)	B. A. Millar (Rad Onc)
G. Bandiera (Assoc. Dean PGME)	J. Kirsh (CPSO)	M. Morris (PGME)
E. Bartlett (Diagnostic Radiology)	A. La Delfa (PARO)	L. Muharuma (PGME)
P. Campisi (Otolaryngology)	M. Levine (Anesthesia)	K. Pardhan (PARO)
K. Eadie (PGME)	R. Levine (Surgery)	A. Pattern (PGME)
M. Fefergrad (Psychiatry)	J. Lloyd (Ophthalmology)	L. Probyn (PGME)
L. Fechtig (Office of EduVD)	J. Maggi (SMH via teleconf.)	S. Sade (Lab Med)
J. Goguen (Med SS)	A. Matlow (PGME)	D. Steele (ObGyn)
	H. McDonald-Blumer(CoreMed)	

Regrets:

R. Chen (Acting CIP); D. McKnight (Assoc. Dean E+P); B. Pakes (PGME);

AGENDA/MINUTES

1. a) Agenda approved as circulated.
- b) Minutes of February 27, 2015 meeting were approved.

REGULAR UPDATES & FOLLOW-UP

2. Updates from COFM, HUEC (G. Bandiera)

COFM:

KPMG – PGME Funding Review: The Ministry of Health commissioned KPMG to review specific components of the Ministry's clinical education budget funding to the 6 Ontario schools. The Ministry's objective is to increase accountability re audit reporting and more flexibility for the schools. Once available after the Spring budget, the Ministry will share with the COFM Deans.

IMG Primer/Orientation: This was the first year of the "Canadian Primer" orientation program offered by Touchstone to sponsored trainees. Although it is expected that this program will prove valuable as an introduction to the Canadian health care system and training environment, the PG Deans decided that, due to travel logistics and the additional cost to non-UofT trainees, the primer will remain optional

Internal Medicine – 4th year option: With the advent of the 2-year GIM sub-specialty program, there was a discussion at PG COFM regarding those who opt to do the 1-year internal medicine program to qualify for the RCPSC certification exam, plus those in Year 1 of the new GIM program. Program content for Year 1 could include a menu of options, including training in a rural area or a year in a community hospital. However, as funding does not follow the trainee and UofT does not have DME funding re travel, these options may be difficult to implement.

HUEC:

Common Hospital Orientation Day – July 2, 2015: On March 25, 2015, HUEC formally endorsed July 2nd as Hospital Orientation Day. This decision has been circulated to members of HUEC. A notice will be sent out to PGMEAC members and all program directors asking for their support to allow resident to attend their on-site orientation. G. Bandiera noted that not all sites will be able to adhere to this date due to previous scheduling, but it is hoped that a common scheduling date for most sites will be achieved for next year

TACT Survey – Teaching and Academic Capacity in Toronto: This survey is about to be distributed to clinical service leads at hospitals. The purpose is to identify the barriers to capacity such as space, fellows, faculty; identify who does the teaching, number of residents by service, etc. There are no questions on the survey regarding amount of service/procedures performed by trainees or faculty. C. Abrahams indicated that the annual resident exit survey does ask about their clinical exposure.

Sunnybrook Hospital Wait Times in Emergency Department

The topic of excessive resident service in Emergency Departments to meet performance targets set by the Ministry of Health was discussed at HUEC. G. Bandiera stated that hospital executive must collectively rally to meet the target and not rely on residents to solve. Hospital VPs at HUEC indicated they wanted to know to be part of the solution. Residents assigned to excessive ER time are urged to contact PARO for assistance.

Visa Trainees – New Process to Obtain Work Permit

As of February 21st, we were informed that work visa applicants must now complete a new extended form, and employers must submit a declaration form and pay an additional fee of \$230. Work permits have already been denied, and lack of completion will affect the start date of approximately 400 trainees. Previously, UofT PGME has processed visa permits indicating that our office is the single point of contact but not the employer. As this new declaration is precedent-setting, we are awaiting legal counsel advice on completion of the form

3. Resident Update – PARO (K. Pardhan)

K. Pardhan's term is coming to an end and Dr. Natasha Snelgrove from McMaster University will take over as President officially on June 5th. K. Pardhan will remain as past president for one year. The PARO Awards dinner is on May 8. Drs. Ophyr Mourad and Edsel Ing were the UofT recipients of the Clinical Teaching Awards.

4. Internal Review Committee Update (L. Probyn)

We are 1/3 way through the accreditation cycle. In January and September of 2015, RCPSC Internal Reviews will be carried out on programs that did not have an onsite survey in April 2013. In January 2016, Family Medicine internal reviews will begin. In the last cycle Royal College created new ways for reviewing programs, asking for program reports, something Family Medicine has been doing for a long time. The Pain Medicine application has been approved.

The mandated and external review schedule is as noted below:

Forensic Psychiatry – Mandated Internal review (April 16)
Vascular Surgery – Mandated Internal review (April 20)
Orthopaedic Surgery – External Review (April 20 & 21)
Adult Respiriology – External Review (October 7)
Emergency Medicine – External Review (October 7 & 8)
General Surgery – External Review (September 30, Oct. 1 & 2)
Urology – External Review (October 7)

G. Bandiera thanked Program Directors for their efforts and asked all to engage when approached to be a reviewer.

NEW BUSINESS

5. Gullane Task Force: PD and PA Job Descriptions (G. Bandiera)

The Gullane Task Force was established at the Dean's request to address the April 2013 RCPSC/CFPC Accreditation report which stated the resourcing of residency programs is deficient: *uneven support provided to many program directors and especially program administrators requires immediate attention. Exceptions noted where the departments of Pediatrics and Radiology. (A1.3.4)*

The Gullane Task Force has seven recommendations which respond to the issues raised, including generic job descriptions for Program Directors and Program Administrators. These have been included in the agenda package and identify terms of appointment, responsibilities and competencies. G. Bandiera asked for members review and feedback. Regarding Program Director/Site Director financial support, a working group has been struck chaired by Drs. Hegele and Witterick to review how funds flow to the faculty members and review models from other schools, based on number of residents in the program. A series of information sessions for program administrators has been developed and a menu of professional development activities for program directors.

J. Kronick informed the committee that this would be his last meeting as the Sick Kids representative. G. Bandiera stated that this was sad news for us, and thanked him for his time and contributions.

6. 2015 CARMS Results (L. Probyn)

Dr. Probyn reported that 417 PGY1 positions were filled in the first iteration of CARMS on Match Day. 346 were filled by Canadian Medical Graduates (CMGs) and 71 were filled by International Medical Graduates (IMGs). 130 were graduates of UofT; 130 from other Ontario medical schools; 75 from other Canadian medical schools; 11 from U.S. medical schools.

161 positions were allocated to Family Medicine, representing 32% of all Ontario FM positions in the match. For the third year in a row, UofT is the only school to fill all its positions in the first iteration.

7. Rotation Effectiveness Score (C. Abrahams)

The new RESE form includes questions in the following areas

- Organization of rotation
- Educational design
- Learning supports
- Learning climate
- Educational Experience
- Facilities at site

plus an overall question. The new form was piloted in 36 RCPSC programs and 18 FM programs for 2015/16 with an 8% increase in RE completion rates. This year we received more 4 scores than 5s. We are also encouraging trainees to provide comments, which provides the most significant feedback.

The RES will include 3 measures:

- Rotation and Site (N): Mean score for same rotation at the same teaching location within this program.
- Rotation All Sites (N): Mean score for same rotation at all teaching locations within this program.
- All Rotations at this Site (N): Mean score for all rotations at the same teaching location within this program.

Any trainee scoring 2 or lower for 1 rotation evaluation would result in the Program Director getting an alert, which can be used by the Program Director to report any issues with the rotation back to the site hospital. Barring any issues, the form will be implemented across all programs for the next session.

8. Transfers 2014-15 (M. Morris)

We emailed all PGY1 and PGY2 residents asking if they were interested in a transfer. Out of the 38 that were interested, 8 were accepted; 1 was declined; 2 withdrew and 2 were not eligible. We are in the middle of the transfer process and can report back in September on the final numbers.

9. 2015-2016 Meeting Dates: The meeting dates for 2015-16 were distributed

The meeting adjourned at 2:30 p.m.