

**POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE**  
**Minutes of Friday, October 28, 2016**

C. Abrahams (PGME)	J. Goguen (Int Med)	L. Murgaski (PGME)
G. Babcock (PGME)	S. Glover Takahashi (PGME)	L. Muharuma (PGME)
L. Bahrey (Anesthesia)	M. Hynes (PGME)	B. Pakes (PHPM)
G. Bandiera (Assoc. Dean, Chair)	A. Kumagai (Med Sub-Spec)	M. Paton (Edu Deans)
C. Bernard (for DFCM)	J. Li (PARO)	L. Probyn (PGME)
A. Bezjak (Rad Onc)	J. Maggi (St. Mikes, PG Dir)	M. Ruetalo (PGME)
P. Campisi (Otolaryngology)	D. McIntyre (PGME)	S. Sade (Lab Med)
M. Fefergrad (Psychiatry)	M. Morris (PGME)	C. Toarta (PARO Rep.)

**Guest: Dr. Janet Nuth, CMPA**

**Regrets:**

A. Atkinson (Core Peds), E. Bartlett (Diagnostic Radiology), S. Bernstein (UG Clerkship), A. Freeland, (VPEd THP/ADME Reg), J. James (Mt. Sinai VP Educ.), P. Houston (UG Vice Dean), J. Kirsh (CPSO), R. Levine (Surgery), J. Lloyd (Ophthalmology), N. Rosenblum (CIP), R. Schneider (Peds Sub-Spec), S. Spadafora (VD Post MD Educ), D. Steele (ObGyn)

**AGENDA/MINUTES**

1. a) An item on **Workshops** was added to the agenda. With this addition, the agenda was approved.
- b) Minutes of the September 23, 2016 meeting were approved as circulated.

**REGULAR UPDATES & FOLLOW-UP**

**2. Follow-up from previous meetings**

**The Quotas Allocation Committee Terms of Reference** changes were highlighted by C. Abrahams, including adjustments to membership and changes in criteria and processes. The document was approved by all with changes noted.

**3. Updates from COFM, HUEC**

**COFM UPDATE**

G. Bandiera noted that S. Spadafora attended the last meeting of PG COFM on his behalf. There were two presentations made: one on a proposed Practice Ready Assessment program by Touchstone Institute. Touchstone would undertake the intake and assessment, anticipating annual entry of 20 positions across the province. The Medical Council of Canada is assisting in implementation of this assessment program on a national basis. The second presentation was by Health Force Ontario who indicated they want to do research on the impact of their programming.

There was discussion regarding the funding under the Pools Framework. It was clarified that funding does not follow the learner re transfers, and that PGY1 funding was from the Ministry of Health, DND, or sponsored trainees (Pool C).

Further discussion of the alignment of national, provincial and school transfer policies was also discussed at PG COFM. M. Morris presented a summary (see slides). The alignment includes deletion of a paragraph on priority of transfer which is: *Priority will be given to transfer based on evidence of wrong career choice or demonstrated need, e.g. disability, health issues that prevent residents from completing their initial program, etc.* Other criteria and processes highlighted from the guidelines were:

- residents must meet the program's admissions criteria
- schools must balance flexibility with physician specialty needs in the province

- funding residents with the schools Transfer Payment Agreement and is not transferable
- transfer decisions for external requests are usually made following the 2<sup>nd</sup> iteration of CaRMS
- residents must contact home PGME office and provide ITERS and full training record
- Communication is from PGME to PGME office across schools
- IMGs must respect ROS contract with the government

Some members indicated that the timing of transfers is not ideal and some programs prefer to consider all applicants at one time. G. Bandiera stated that traditionally UofT has prioritized internal transfers, asking departments to review UofT requests in February prior to CaRMS. He also noted that the purpose of the documentation requirement to PGME was the deans desire for a consistent/baseline evaluations for program consideration. Additional funding for transfers has been requested from the Ministry of Health.

#### **4. Resident Report – PARO**

It was reported that a recent Toronto site meeting had been held, with discussion of contract provisions.

#### **5. Internal Review Committee; Best Practices in Evaluation and Assessment (BPEA)**

An update on the progress of the internal reviews was presented (see slides). Written reports requested are 36, and Follow-up Internal Reviews Requested are 15, with 8 resident reports. 18 programs required no follow-up. The Fam Med internal review committee have requested written reports from 13 sites. Upcoming Internal review are the Family Medicine core program and the Enhanced Skills program. G. Bandiera reiterated that the external joint survey cycle by the RCPSC + CFPC was changed to an 8 year cycle. L. Probyn stated that we plan to start to prepare for the 2020 accreditation in 2018. A question arose regarding which standards will be used during the external survey in 2020. G. Bandiera indicated that the Colleges knows the schedule and implementation at each school and will be realistic in their approach to review by the new vs old standards. Mitigation of weaknesses will be viewed against the standards in existence at the time of the previous review.

Faculty Development session were noted:

November 16 – Curriculum Mapping

December 6 – Best Practices in Applications and Selection: Interview

February 7 – RPC Improvement

May 16 – Building a Robust Teacher Evaluation Process

June 6 – Remediation Workshop

#### **6. Competency Based Medical Education (CBME) (S. Glover Takahashi)**

S. Glover Takahashi highlighted the CBME Faculty Development sessions offered: October 27<sup>th</sup>, January 12, March 7<sup>th</sup>. Meetings with departmental Vice Chairs, Education are continuing. The Psychiatry FIRE application has been implemented as a pilot project for PGY1s at one site.

#### **7. Policy/Guidelines – no report**

### **NEW BUSINESS**

#### **8. CMPA Workshop for Residents – Dr. Janet Nuth**

Dr. Janet Nuth, Physician Advisor, Practice Improvement at the CMPA presented a proposal for education sessions for residents. The plan of the Association is to disseminate a national curriculum education risk and improve patient safety. They have been working with RDoC on the program and would like to engage PGY2 residents in a 2-day program at each school. A trial of the modules will be implemented in May 2017 at North York General. For UofT, the plan is for 4 or 5 symposiums to ensure that residents will engage in the program before completion of training. The role of the PG Dean and program directors will be to support and state that the program is mandatory. G. Bandiera thanked Dr. Nuss for her presentation and agreed that UofT would engage in the program and assist the Association in organizing a focus group with residents.

## **9. Voice of the Resident**

M. Ruetalo and G. Babcock presented preliminary results of the newly implemented resident survey which was in the field during the May 14 to June 12<sup>th</sup> period. With a 54% response rate, the topline results revealed that 48% identified themselves in the upper middle-class economic category. 4 in 10 indicated that have excellent or very good health and 70% indicated they have “good” mental health. It was emphasized that these were preliminary results and the survey was designed to be longitudinal, not just an exit survey so there will be further results forthcoming which will inform PG and program directors of the resident needs in the training environment. There were questions on the survey regarding diversity, which were developed in collaboration with Dr. Lisa Robinson, Faculty Diversity Officer. G. Bandiera thanked them for the presentation and stated that the Committee looks forward to further learnings from the survey.

The meeting adjourned at 2:30 pm.