

Postgraduate Medical Education Advisory Committee (PGMEAC)

SPECIAL MEETING

Wednesday, January 19, 2022

12:00 – 1:00 pm

Via Zoom

MINUTES

Attendees:

M Giuliani (Chair), W. Gold, A. Atkinson, I. Britto, L. Murgaski, A. Xu, A. Bezzak, L. Fechtig, M. Morris, C. Guiang, C. Jaigobin, N. Chin, M. Tsao, A. Davies, C. Abrahams, S. Miles, S. Murdoch, G. Milo-Manson, M. Hynes, A. Kumagai, M. Farrugia, T. Kay, R. Walker, J. James, G. Hawker, A. Niazi, D. Bui, A. Donovan, A. Odza, L. St. Amant, S. Clancey, J. Bodley, V. Sochka, E. You-Ten, S. Sockalingam, P. Nixon, M. Hodaie, S. Spencer, G. Sirianni, B. Bulmer, A. Tan, A. Furlan, C. Ramirez, J. Goguen, L. Murgaski, M. Lowe, C. Chessex, R. Freeman, V. Snell

Recorder: Charlene Sturge

Welcome

1. Welcome

The special meeting of the PGMEAC was called to order at 12:05 pm.

2. Updates

This will be the last of the Special PGMEAC huddle for now. The Special PGMEAC Meeting scheduled for **Thursday January 27 at 12:00 pm is CANCELLED.**

More discussion around these matters will take place at the regular PGMEAC meeting on **Friday January 28th.**

We would like to have one Special PGMEAC meeting in mid-February to touch base, and if it's not required, we will cancel it. **ACTION:** C. Sturge will poll the group for availability.

The various tables are experiencing good traction on knowing how to reach out, and there have been many volunteers for redeployment. All spots are being filled, and MRRP is being used widely.

TASHNe continues to remain in alignment with all aspects of MRRP.

New Business

3. Redeployment Data

N. Chin provided an update on redeployment data that PGME has to date. The purpose of this data is to keep track of the trainees who have been redeployed during this wave in order to provide a report to the programs these apply to. This report will ensure that the education leaders are aware of who is available for redeployment, as well as their eligibility for MRRP. Request from PGME to collect information from programs of redeployed volunteers will be sent out weekly.

Internal Block-Based Redeployments by Program

- Family Medicine – 2
- Family Medicine Enhanced Skills - Palliative Care – 1

4. Contact Lists

PGME will be reaching out to the hospital sites and leaders on this call to collect a list of contacts of who to reach out to if you have volunteers for redeployment and who to reach out to if you need assistance.

5. MRRP and Back-Up Call

Various programs shared their best practices for applying MRRP and supporting back-up call. Key examples were provided from:

Internal Medicine

Internal Medicine always has a back-up call schedule. Currently during the pandemic and last-minute shortages, IM residents are asked to volunteer for MRRP call and the list is quite full. The back-up call list is protected for other urgent needs and the volunteers are used for the immediate requests. In the short-term, if a resident is called last minute to cover a shift, they are given a post-call day following. This has put a strain on our system, but it's the best solution at this time.

Radiation Oncology

A back-up call schedule is created for every day of the week for both sites (SB and PMCC) and has been activated from time-to-time. As the pandemic improved, in July 2021 the back-up call schedule only was used for weekends and holidays. Discussion on how to submit for MRRP payment is still in the works.

OBGYN

A back-up call schedule (UHN, MSH or SB) has always been in place for seven days per week and is only activated once or twice per month and the resident will bill for home call. Since December 2021, the back-up call schedule has been activated almost every night. These trainees have been eligible for MRRP due to the extraordinary need for volunteers. Still navigating ways to ensure there are enough trainees for back-up call and trainees available to volunteer for MRRP.

PARO requested clarification on a few items in the MRRP Framework document and PGME FAQ:

Questions to Clarify in MRRP Framework Document:

Q: Backup residents who are not actually called into the hospital or who will take calls from home without coming into the hospital are not eligible to be paid with MRRP funds.

A: Language can be refined to say, "back up residents who are not activated are not eligible for MRRP."

Q: It is expected that residents with remediation and/or accommodation plans in place that limit duty hours or involved added supervisory or curricular requirements would not participate in the MRRP. Request to remove "accommodation" in this section.

A: The PD or Site Director has the final decision on who can participate in MRRP if a trainee has volunteered. No disclosure of why a trainee is denied is required.

Action: PGME will recommend to TASHN that they remove the words "and/or accommodation" to read "It is expected that residents with remediation plans in place would not participate in the MRRP."

Q: Residents will receive the MRRP only if they volunteer to participate in after-hour call coverage or a day-shift or a weekly redeployment

A: Will recommend to TASHN that it be reworded to say, “Residents will receive the MRRP payment for providing additional patient care outside of the normal expectations of their training program in an approved setting. This extra pay does not apply if it is service that you would normally be providing as part of your training and for which you are receiving credit – that is covered by your regular salary and call stipends as applicable”

Question re PGME FAQ MRRP Document

Q: #5. Does anything change if I have a restricted registration certificate? No. If a resident holds a restricted registration certificate with the CPSO through the Restricted Registration Program, please follow usual processes.

A: This statement would be clearer if stated "If I have a restricted registration certificate, can I still volunteer for MRRP activities" Answer – Yes. Those with RR can still participate in MRRP activities. PGME will update the FAQ document to reflect this clarification.

General Comment referring to PARO Maximums

PARO would suggest using "PARO-CAHO Collective Agreement maximums" where it has been noted.

6. PARO Report

A. Xu provided an update on PARO activities, including:

- February 7 – 11 is Resident Appreciation Week
- PARO team continues to brainstorm ways to advocate for access to healthy food/snacks while on call at the hospitals
- Seeing great progress on promoting and implementing the use of MRRP for residents. The question was raised if there was an update on sponsored trainees ability to participate in MRRP – PGME does not have any more updates from the other three sponsors at this time, and will advise as soon as they hear.

7. Office of Learner Affairs (OLA) Update (see attachment)

C. Guiang provided an overview of Navigating Learner Wellness including learner wellness and available resources to all PG learners including:

- The wait times for PG Learners to meet with someone in OLA is less than a week’s time
- PHP – Physician Health Program, OMA (<https://php.oma.org/about-php/>)
- PARO 24-hour Helpline (www.myparo.ca/helpline/)
- CMA Wellness Helpline (www.cma.ca/supportline/ontario)
- CAMH (www.camh.ca/covid19gethelp)

8. Other Business

No other business was discussed.

Next Special PGMEAC Meeting | Mid-February | Date TBA