

POSTGRADUATE MEDICAL EDUCATION ADVISORY COMMITTEE
Minutes of Friday, December 16, 2016

C. Abrahams (PGME)	J. Goguen (Int Med)	M. Morris (PGME)
G. Babcock (PGME)	S. Glover Takahashi (PGME)	L. Murgaski (PGME)
T. Bahr (CTSI/PGME)	M. Hynes (PGME)	L. Muharuma (PGME)
G. Bandiera (Assoc. Dean, Chair)	J. James (Mt. Sinai VP Educ)	M. Paton (Edu Deans)
S. Bernstein (UG Clerkship)	R. Levine (Surgery)	L. Probyn (PGME)
A. Bezjak (Rad Onc)	J. Maggi (St. Mikes, PG Dir)-tc	S. Sade (Lab Med)-tc
P. Campisi (Otolaryngology)	D. McIntyre (PGME)	C. Toarta (PARO Rep)
M. Fefergad (Psychiatry)		E. Yu (Med Sub-Spec)
A. Freeland (VPEd THP/ADME Reg)-tc		

Regrets:

A. Atkinson (Core Peds), L. Bahrey (Anesthesia); E. Bartlett (Diagnostic Radiology), P. Houston (UG Vice Dean), K. Iglar (DFCM); J. Kirsh (CPSO), J. Lloyd (Ophthalmology), B. Pakes (PHPM), N. Rosenblum (CIP), R. Schneider (Peds Sub-Spec), S. Spadafora (VD Post MD Educ), D. Steele (ObGyn)

AGENDA/MINUTES

1. a) G. Bandiera requested an *in camera* item be added to the agenda. With this addition, the agenda was approved.
- b) Minutes of the October 28, 2016 meeting were approved as circulated. No meeting was held November.

REGULAR UPDATES & FOLLOW-UP

2. Follow-up from previous meetings

The CMPA focus group held in November was well attended. Dr. Nuth will be organizing a pilot workshop/seminar on CMPA safety for residents at NYGH in the Spring. Plans for the larger symposium in Fall 2017 targeted at PGY2 attendance are underway.

3. Updates from COFM, HUEC

G. Bandiera informed members that the Royal College executive (Dr. Padmore, Frank, Harris) visited the Faculty in November and attended HUEC to discuss CBD and potential impacts on the hospitals. A new policy on placement of students in training sites during emergency/crisis situations (such as SARS or other infectious diseases scenarios) is being developed. A new committee to coordinate and streamline access to simulation activities in the Faculty has been formed (Simulation Education Advisory Committee) under Dr. Doug Campbell – this was presented at HUEC and the clinical chairs meeting. P. Campisi noted that the committee is currently conducting an in-depth survey of the sites and activities and that a validation review will be conducted by an external reviewer. It was noted that resources expended by each site are a serious issue and will have to be addressed in the review.

At PG COFM, there was discussion regarding changes to the metric of “recency of clinical experience” when reviewing applications – which might now include experience as a Physician Assistant or RN. Proposed wording is being developed and will be brought forward for approval. The issue of over-prescribing opioids was also discussed. Schools have been asked for information by several bodies regarding the instruction in this area and an environmental scan is being conducted to respond. The Task Force on the Prevention of Sexual Abuse of Patients commissioned by the Ontario government submitted its recommendations. The Ministry of Health’s actions may include mandatory curricula and legislation changes regarding CPSO licensing in the Regulated Health Professions Act.

Regarding reporting remediation or unprofessional behaviour to the College for trainees, the CPSO is vague on the criteria for reporting. However, we are obligated to report professional misconduct, incompetence or incapacity that results in practice restrictions, suspension, failure, dismissal or withdrawal. The College representatives have indicated that the reported information may or may not affect the awarding of the trainee's IP license. Residents are required to self-report absences or remediation. CPSO often requests further documentation from a program in these instances. Please forward such requests to PGME, who will prepare support letters to the CPSO on a case-by-case basis.

The Ministry of Health visit in November went well. They found the trainees were pleased with their training; The visitors were surprised at the amount of interprofessional experiences in training and the wide variety of training experiences across sites.

A reminder from AFMC for programs to adhere to CaRMS interview dates for Canadian medical students.

4. Resident Report – PARO

Social events for the season have been organized. The PARO awards have been launched. The second round of negotiations are planned for March.

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 38, and Follow-up Internal Reviews Requested are 15, with 9 resident reports. 20 programs required no follow-up. The Fam Med internal review committee have requested follow up written reports from 14 of 15 sites. G. Bandiera reiterated that the external joint survey cycle by the RCPSC + CFPC was changed to an 8 year cycle and will take place in Fall 2020. The RCPSC is close to issuing the final version of the new standards for both institution and programs. There will be a parallel process for the reviews at Laval and Edmonton. G. Bandiera is chairing the University of Alberta review. The new standards will be in effect in 2018.

L. Probyn noted that the Best Practices in Evaluation and Assessment report will be completed in January and she will report to the committee in February.

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

S. Glover Takahashi stated that Otolaryngology –Head and Neck Surgery and Anesthesia are set to implement CBME. The CBME newsletters contain valuable and updated information on implementation progress and tools used. <http://pg.postmd.utoronto.ca/faculty-staff/competency-by-design-cbd/> The next cohort consists of 13 programs (including 9 surgical programs). A “readiness checklist” is being fine-tuned and will be released shortly to all programs It was noted that the on-ramping will be faster and easier as we proceed through our cohorts.

7. Policy/Guidelines – no report

NEW BUSINESS

8. Internal Medicine Rotations Selection

J. Goguen presented the issue of external department use of internal medicine rotations highlighting the problems the department faced with late requests, which sometimes resulted in bumping their own residents from rotations. The department will now set deadlines for requests. If not met, the external departments will find themselves with little availability. A template to submit requests will be issued in mid-January to department. The schedule presented is as follows:

February 20 2017 –deadline to submit requests to IM for PGY2+ residents

February 20 – March 1 2017 – IM assign PGY2+ rotations

March 22-April 3 2017 - PGY1 rotation request period for IM rotations

April 3 – 24, 2017 Rotation Assignments Period

April 25-May 2 2017 – Review/Approval Period by programs

Communication of the new deadlines and process will be distributed by the PGME Office on behalf of the Department of Medicine, as widely as possible – in advance of deadlines. Exceptions will be made for residents requiring specific rotations to fulfill remediation requirements. (see slides)

9. Cyber-Security

T. Bahr informed members of the University's efforts to implement an education program to staff, technical groups, faculty and students regarding cyber-security. This is a tri-campus initiative led by an Information Security Council. Programming includes a social media campaign and posters across the campuses to raise awareness. She highlighted the sophistication of hackers with the experience at other Universities who were held "ransom" for their data. An email education pilot will be introduced with the university issuing fake emails to warn users of phishing and scams. (see slides)

10. Wellness update

G. Bandiera presented an update on Wellness prepared by Dr. Edwards
The Resident Wellness Office is in the midst of reevaluating services provision due to high demand for their services. Therefore, response time may be slow and programs are urged to plan ahead for Wellness Workshops. As always, urgent matters will be responded to immediately. The posting for an Associate Director is forthcoming. Programs were encouraged to identify local wellness leads. G. Bandiera will circulate a sample job description for wellness leads.

11. Medical Humanities Education Funding Grants

PGME has created a fund to support Humanities and the Arts in Medicine. Grants are to encourage engagement in humanism, compassionate care and clinical competencies in conjunction with PGME and the CanMEDS roles. Grants are a maximum of \$5,000 with matching commitment from departments. There will be a call for submissions twice a year with submission deadlines of March 31 and Sept 30th. An Adjudication Committee will review proposal according to set criteria. Further details will be distributed from the Vice Dean in the new year. (see slides)

The meeting adjourned at 2:30 pm.