PGME COMMITTEE MEETING

Minutes	Date: January 9th, 2019	Time: 7:00-8:00am	Location: HSA 101

Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean
Attendees	P. Basharat, G. Bellingham, A. Cave, P. Diamantouros, G. Eastabrook, D. Fortin, H. Ganjavi, A. Grant, A. Haig, R. Hammond, J. Howard, H. Iyer, S. L. Kane, J. Laba, S. Mioduszewski, B. Moote, D. Morrison, A. Power, M. Prefontaine, A. Proulx, J. Ross, J. Rosenfield, G. Sangha, A. Sarpal, M. Sen, A. Sener, F. Siddiqi, M.M. Taabazuing, G. Tithecott, T. Van Hooren, J.A. Van Koughnett, M. Weir, J. Wickett; PARO Reps: B. Chuong; Hospital Rep: B. Davis; P.A. Exec Rep: L. Dengler; Guests:
Note taker	Courtney Newnham; Courtney.newnham@schulich.uwo.ca

Agenda Topics

1. ANNOUNCEMENT	Dr. C. Watling
Discussion	. It was announced that Scott Rumas is no longer at Western; as Scott was the first point of contact for many PGE-related issues, contingency planning was discussed . An interim PGE Manager will be in place within a short period of time and the contact information for that individual will be shared as soon as possible . In the meantime, everyone within PGE knows everyone else's job which means whoever you contact will be able to address your issue or take it to the person who can . If you would have previously sent something to Scott, please use the generic email address for postgrad (postgraduate.medicine@schulich.uwo.ca); alternatively, you can email Dr. Watling directly

2. CBME REPORT	Dr. C. Watling
Discussion	. As a reminder, the 2017/18/19 programs who have transitioned to CBME are already working with Joan Binnendyk on a CBME curriculum map for accreditation . Any programs rolling out in 2020 and beyond need to use the template provided by the RCPSC within the AMS; please connect with Joan if you would like some assistance to ensure that what you are putting into the template will align with the RCPSC requirements . The scheduled CBME retreat on February 15th, 2019 will be moved to April/May; please release this date from your calendars

3. ACCREDITATION UPDATE	Dr. C. Watling

Discussion	. The Education Program Domain in the new standards was reviewed . This domain is very similar to the former B6 . Particular emphasis was made regarding: . The language has changed to acknowledge both CBME and not yet CBME programs; if you're not yet doing CBME, you must have learning objectives for your residents; if you're doing CBME the competencies and EPAs that guide CBME are going to meet that standard . Providing residents with competencies and/or objectives that articulate different expectations for the resident by stage or level of training has historically been a problem for programs, particularly for two-year subspecialty programs which tend to have seemingly similar requirements in the first year and second year; be conscious that if you have learning experiences that your residents re-visit at different stages of their training that you articulate different expectations if they are a PGY5 during that rotation compared to a PGY3, for example . Current examples to meet indicator 3.1.1.4 include: an effort through the Association of Faculties of Medicine of Canada to create some consistency in our approach to opioid education as a response to the societal issues related to opioid overuse in Canada – if in your program you dedicate some time to discussing opioid addiction or safe opioid prescribing you can identify that as an example of where your program has adjusted its expectations based on societal need. Another topical area would be issues of Indigenous health – if your program makes an effort to do some teaching or training related to Indigenous health, that is a good example of something that is responsive to community or societal needs . Take a close look at your specialty training requirements and make sure there isn't anything that has been overlooked . Examples of ways programs can address fostering a culture of reflective practice and life-long learning among its residents include using a self-reflection tool that is completed before meeting with their academic advisor (e.g. from Int. Med); the use of portfolios or any documents that a resident would own that they would be documenting their progress, thinking about it, and using that as part of a discussion with a PD; and in Anesthesia, there has been preparation for residents to really understand and own what their curriculum is so that they can think about what are the kinds of cases coming up the next day and how they might link to some of the EPAs they need to reach . Residents' clinical responsibilities must not interfere with their ability to participate in mandatory academic activities . An example of how to address 3.2.6.1 was shared from Radiation Oncology where there are regular quality assurance rounds where radiation plans are reviewed by the group and discussed/critiqued and changes can be made. . M&M rounds alone are not sufficient to demonstrate that programs are engaging in continuous quality improvement; following M&M rounds (if it exists) use that as an opportunity to build in some curriculum and teaching on what the M&M rounds are intending to accomplish which might include some of the principles of CQI, individual cases presented, and following up on those cases in 6 months to see how it is working . In the 3-4 months prior to accreditation, review with faculty to ensure they know where they can find the competencies and if you're in a CBME program make sure that faculty understand

	what the EPAs are and which EPAs are relevant to which residents when they are rotating with them . Hidden curriculum: Residency programs need to be aware that at times, what they say and what they do is different and residents tend to learn more from what you do rather than what you say; reflect on whether you believe there are any problems you anticipate . For larger programs, PDs are not expected to be the only one meeting with residents on a regular basis. This task can be delegated to an Associate PD. **Announcement:** Accreditation Drop-In Sessions are scheduled for January 29th, 2019, 11-1pm (Victoria Hospital, E4-005) and January 30th, 2019, 11-1pm (University Hospital, C3-170). PAs and PDs welcome. On April 10th, 2019, the RCPSC and CFPC are coming for the second pre-survey visit to review with programs what to expect during the on-site visit. Program Directors, Program Administrators, and anyone else relevant to Accreditation are invited to these sessions. Calendar appointment were sent on Thursday, November 15th, with meeting times.
4. ON-SITE SURVEY – WHAT TO EXPECT	**Dr. D. Fortin**
Discussion	. Dr. Fortin is an experienced reviewer for the RCPSC and provided some insight into the on-site visit using the new Accreditation Management System after participating in the Dalhousie review in the fall . In November, each program will be reviewed by two surveyors – 1 primary/1 secondary and potentially a resident representative . Each "team" of surveyors has between 3-4 residency programs to review . Surveyors take notes directly on the AMS – no ability to work offline . All surveyors expect to have access to WIFI; plan meetings in rooms where signal is adequate and a nice touch is to include a power bar . When including information in your program instrument, limit long descriptive text, bullet points can be used, and address the requirement/indicators in your answers – the requirement the question is addressing is above each question within the AMS . Upload documents that prove things are done – date your documents (last reviewed) . Prior to the on-site visit, gather all supporting documents/resident files, etc. in order – if electronic, make sure surveyors have access . There is now a separate interview with your PA . There are no longer "strengths" and "weaknesses" . For each "requirement" the surveyors will give a rating (MT- Meets all mandatory indicators; PM – Partially Meets at least one of the mandatory indicators; DNM – Does Not Meet, none of the mandatory indicators met) . This rating scale relates to the General Standards but also the Specialty Specific Standards . If the requirement is MT, there is no longer a long description of "why or how" in the report . If the requirement is PM, then the specific indicators "not met" will be specified and why . If the requirement is DNM, then a longer explanation will be provided . Each PM or DNM are potential Areas for Improvement (AFIs – formerly listed as weaknesses)

	. Surveyors and the whole survey team decide if the identified AFIs necessitate a follow-up review in 2 years . Categories of accreditation have changed: . Accredited program . Next regular survey . Action Plan Outcomes Report (APOR) – former internal review . External Review . Notice of Intent to Withdraw = external review . Withdrawal . The final report may have little text in it if the majority of the requirements are met . The final report summary will only mention AFIs (requirements, indicators) that need a follow-up in two years (via APOR or external review) . The final report will mention the Leading Practices and Innovations – Something unique that your program uses to advance residency education . Themes of the on-site visit include: . Continuous improvement . Functioning/preparedness for changes (CBD) . Resident safety and wellness . Assessments . Value of teaching
5. INTERNATIONAL OBSERVERS AT ON-SITE REVIEW	**Dr. C. Watling**
Discussion	. Dr. Watling was asked by the RCPSC if Schulich would consider allowing two observers from Kuwait to be part of our accreditation site visit. This would mean that a couple of our programs would see an observer who would simply sit in during the review day but would not participate. . The Committee was asked to think about whether they would agree to this request and to email any concerns to Dr. Watling . One suggestion raised was to limit their observations to larger programs so that the review team did not outnumber the residents present in the resident meeting.
6. ADJOURNMENT AND NEXT MEETING	
Date and time	The meeting was adjourned at 8:05 am. Next meeting scheduled for **Wednesday, February 13th, 2019, 7:00-8:00am, HSA101**