

PGME COMMITTEE MEETING MINUTES	
	Date:Time:Location:Wednesday, September 11, 202407:00 - 08:00 AMVirtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education
ATTENDEES	T. Awani, S. Bains, H. Banner, A. Barghi, P. Basharat, S. Blissett, L. Bondy, P. Cameron, A. Cheng, M. Chiu, C. Cookson, R. Degen, T. DeLyzer, L. Diachun, D. Driman, S. Elsayed, A. Ens, A. Florendo-Cumbermack, D. Grushka, S. Gryn, H. Iyer, L. Jacobs, T. Jevremovic, M. Kahng, A. Kashgari, R. Khanna, D. Laidley, J. Landau, Y. Leong, K. Lotfy, A. Lum, S. Macaluso, K. MacDougall, I. Makar, W. McCauley, A. McConnell, P. Morris, C. Newnham, V. Ng, M. Ngo, M. Nicholson, M. Phung, M. Qiabi, K. Qumosani, R. Reardon, J. Ross, B. Rotenberg, , M. Shimizu, J. Thain, T. Van Hooren, J. Van Koughnett, S. Venance, J. Walsh, P. Wang, Q. Zhang, Q. Zhang, R. Zhu Hospital Rep: R. Caraman, K. Chan, A. Dukelow, D. McVeeney PARO Reps: A. Branch, M. Kirolos Guests: P. Bere, A. Clemens, L. Curtis, K. Lancey, D. McLaughlin, K. Okonski-Scovell, J. Quesnelle, S. Taylor
REGRETS	M. Myers, P. Rasoulinejad
NOTE TAKER	Lindsay Curtis
1.0 CALL TO ORDER (7:00 AM) & APPROVAL OF AGENDA, MINUTES	
DISCUSSION	Minutes and agenda approved.
2.0 ANNOUNCEM	MENTS
DISCUSSION	 2.1 WELCOME TO OUR NEW PROGRAM DIRECTORS – L. CHAMPION Dr. Fabio Accorsi, PD Interventional Radiology Dr. Michael Chiu, PD Nephrology Dr. Ryan Degen, Assistant PD Orthopaedic Surgery Dr. Brendan Maxwell, Assistant PD Emergency Medicine Dr. Timothy Nguyen, PD Radiation Oncology Dr. Rachel Reardon, Associate PD Physical Medicine & Rehab Dr. William Reisman, Co-PD Sleep Disorder Medicine AFC Dr. Rongbo Zhu, PD Clinical Immunology & Allergy
	 2.2 WELCOME TO OUR NEW PARO REPRESENTATIVES – L. CHAMPION Dr. Anna Branch (Site Chair) Dr. Merit Kirolos Dr. Priyanka Singh
	2.3 RESIDENT AWARDS – L. CHAMPION
	Resident Travel Award Recipients Congratulations to the following residents: Tamoor Afzaal (Gastroenterology), Imran Bagha (Physical Medicine and Rehabilitation), Brandon Herrington (Orthopaedic Surgery), Danning Li (Internal Medicine), Jasmin Nari (Echocardiography AFC), Daniel Pau (Family Medicine Enhanced Skills Primary Care Rheumatology), Sydney Selznick (General Surgery), Ge Shi (General Surgery), Osama Smettei (Echocardiography AFC), Yi Nong Song (Internal Medicine), Tian Xiao (Medical Oncology) and Chris Zhang (General Surgery).



 Leadership Award Recipients: Anastasiya Vinokurtseva (Ophthalmology) and Eric Walser (Critical Care Medicine).

Class of Meds `49 Award for Excellence in Teaching by Residents

 Congratulations to the following residents: Senior Resident Andy Jiang (Internal Medicine) and Junior Resident Valera Castanov (Plastic Surgery).

CSCI Annual Resident Research Award

Congratulations to this year's winner: Silvio Ndoja (Orthopaedic Surgery).

2.4 R-1 MATCH VIRTUAL INTERVIEWS - L. CHAMPION

 The AFMC Board has confirmed that virtual interviews for the R1 Match will continue; motions for virtual interviews in the Medicine Subspecialty Match, Pediatric Subspecialty Match, Family Medicine and Enhanced Skills Match were previously approved.

2.5 CHAIRS NEEDED - L. CHAMPION

Chairs are still needed for the following internal reviews: Family Medicine Enhanced Skills (2-day virtual review February 18 & 19 or March 4 & 5) and Neuropathology (May 5, 12, 26, or June 9); if you can help, please reach out to Lindsay Curtis or use the sign-up link previously sent via email.

3.0 UPDATES

3.1 PARO UPDATE - A. BRANCH

Western General Council Representatives have been selected and onboarded to their roles;
 attending first provincial General Council meeting later this week.

3.2 PGME EDUCATION UPDATE - L. CHAMPION

- Resident as Teacher Bootcamp (RTBC) will be held November 14 and 15, 2024 at Sunningdale Golf and Country Club; programs are being asked to nominate two exceptional trainees; 45 participants will be selected; nominations are due September 27, 2024, and successful trainees and their PDs will be notified by October 4, 2024.
- 2025 Certificate in Leadership will be held November 21, 2024, February 13, 2025, and May 16, 2025; 45 participants will be selected; trainee applications are due October 11, 2024, and successful trainees will be notified by October 18, 2024.
- 2025 Serious Illness Conversations Retreat (SICR) will be held February 6 and 7, 2025 at Sunningdale Golf and Country Club; 36 participants will be selected; program nomination forms will be sent out by the end of October; nominations are due at the end of October, and successful trainees and their PDs will be notified in early November.

DISCUSSION

3.3 LHSC WORKPLACE VIOLENCE PREVENTION TRAINING - L. CHAMPION

- Information received from Medical Affairs and Occupational Health; LHSC has been mandated by the Ministry of Labour to require training for all physicians, residents and fellows; not required by other hospitals at this time; will be required for all new faculty, residents and fellows starting in 2025.
- Two components: a module and a 2.5 hours in-person physical training session; limited to 12-18 participants at a time; currently no deadline to complete; sessions are booking into 2025.
- Medical Affairs has confirmed that elective trainees and distributed sites are exempt from the training; accommodations will be granted in a case-by-case basis; some programs will be exempt due to no direct patient contact.
- Occupational Health not able to say if this is one-time only or if a refresher will be needed.
- Concerns were raised by PDs due to the logistics of the training and inability to accommodate AHDs for programs currently trying to book the training.

Final training format is evolving and may simplified; PGME's advice is to wait until final format is confirmed.

3.4 PRE-OPERATIVE CHECKLIST FOR RESIDENTS - P. WANG

- Urology is piloting a new initiative as the result of a recent never event; developed a preoperative checklist for residents to be completed by faculty before every OR case; designed
 to gage resident's comfort level, preparedness, and knowledge of each procedure; checklist
 also covers roles and expectations; helps faculty and resident reflect on areas they want to
 focus on and areas requiring attention.
- Although this was designed for a surgical program, the concept is transferrable to many programs.

3.5 CBD 2.0 - H. IYER

- The fundamental design of CBD is not changing: four stages of training, EPAs, milestones and contextual variables, robust assessment of learning and competence, and CCs making evidence-informed decisions on progression and promotion.
- Programs and PGME Offices will have more authority and flexibility for decision making around CBD implementation (this was already incorporated into the technical guide document from 2020); RCPSC will update existing CBD resources and technical guides for further guidance.
- Programs cannot choose to stop using EPAs; demonstration and documentation of competence for all EPAs is required for certification is still required.
- Programs cannot change the EPAs; the language and wording of EPAs and associated milestones can only be changed by the disciplines' specialty committee.
- Programs may change the number of EPAs (not new); the number of EPA observations in the discipline-specific standards are guidelines, not requirements; residents must be assessed on every EPA; with oversight from the PGME office, CCs have the discretion to determine the number of entrusted observations required for each EPA and each resident; the number of observations will not be audited for accreditation.
- Beginning in Fall 2024, each discipline's specialty committee will conduct an in-depth review of the EPAs/associated milestones/ contextual variables, competencies, training requirements and Standards of Accreditation.
- Relying solely on ITERs for promotion decisions is not compatible with CBME principles; programs must ensure that their assessment program is based on multiple assessments of competencies over time, by multiple assessors, and in multiple contexts; if using ITERs, PGME recommends that programs complete these by the end of the block.
- EPAs are not the best way to identify leaners in difficulty; PGME recommends continuing to use ITERs as this is where a lot of the narrative feedback and red flags on professionalism tend to appear.
- RPC can delegate all of the decision making to the CC; ratification by RPC not needed if delegated to CC; CC will still need to provide a report to the RPC; PGME's CC resources reflect this option.

3.6 EPA REPORTS - L. CHAMPION

- Most recent semi-annual EPA reports were distributed to programs at the end of August; covers EPA data between January 1 and June 30, 2024; Gynecologic Reproductive Endocrinology & Infertility and Infectious Diseases will be included in the next reporting cycle covering July 1 to December 31, 2024 (to be distributed in February 2025).
- Target for EPA Completion Under 14 Days is 90%; programs are not quite there; current average is 79.8%.
- Target for EPA Expiry is 5%; current average is 9.9%; some programs are outliers; next accreditation newsletter will include information on how to delete an incorrect EPA; PGME has met with some Department/Division Chairs regarding high expiry rates hoping there will be some work with faculty at the department level.
- If an EPA expires, the resident should not be penalized, and the CC should consider the EPA complete.

3.7 STANDARDS OF ACCREDITATION FOR RESIDENCY PROGRAMS 2024 - L. CHAMPION

- New standards came into effect July 1, 2024 (v3.0); accreditation newsletter will be sent after the meeting and focuses on the revisions; very little changes for programs; key changes are highlighted below:
- 3.4.1.5: System of assessment meets the requirements within the specific standards for the discipline. (Removed 'including the achievement of competencies in all CanMEDS roles/CFPC'.)
- 3.2.2.6: The curriculum plan includes fatigue risk management, specifically education addressing the risk posed by fatigue physician impairment to the practice setting, and the individual and team-based strategies organizational supports available to manage the risk.
- 3.4.3.4 New: The competence committee, assessment committee, or equivalent body is able to access resident assessment data in a way that supports its recommendations and decision-making about resident progress in alignment with assessment guidelines.
- Standard 5: Safety incorporates 'physical, psychological, cultural and professional safety'.
 - Removed requirement for safety policy to include information about hazardous materials, travel, etc. Revised standards require well-defined, transparent, effective policies and processes addressing each of the safety components: physical, psychological, cultural and professional safety.

3.8 CANAMS UPDATES - L. CURTIS

- New CanAMS profile instruments have been created for each RCSPC residency program; delayed for those undergoing internal review in fall 2024 and external review before June 30, 2025; no change for AFC or CFPC programs; previous responses and documentation carried over; may notice additional pages as discipline-specific questions have been separated from the general questions applicable to all programs.
- Most of the changes to the program standards are editorial in nature, minor edits to clarify expectations; there are two entirely new questions in CanAMS:
 - Program Organization (Standards 1 and 2): Describe the process for residents to select their representatives on the residency program committee
 - Education Program (Standard 3): Explain how residents are made aware of the processes for assessment and decisions around promotion and completion of training.

3.9 NEW RESOURCES FOR PROGRAMS - L. CHAMPION

- Program Evaluation Schedule Template has been revised to include clearer instructions on how to use the template and additional examples of items that require regular review.
- New Appeals Process Flow Chart created to help visualize the process.
- AVP Policy Flowchart and PEAP vs. AVP Guidance Document have been revised to match the language used in the respective PGME policies and reflect CPSO changes.
- All documents were distributed with meeting material and have been added to PGME's website.

4.0 NEW BUSINESS L. CHAMPION

4.1 POLICIES

DISCUSSION

- Policy on Program Responsibilities in Clinical Fellowship Education: approval of policy; previously approved at May's PGME Committee meeting but not approved at JSC; added additional wording to clinical vs research fellow definitions, and additional language clarifying how clinical care is defined.
 - Motion to approve revised policy: approved by virtual vote.

5.0 QUESTIONS & ADJOURNMENT (8:00 AM) AND NEXT MEETING

Next Meeting: Wednesday, October 9, 7:00 – 8:00 AM, Virtual