PGME COMMITTEE MEETING

Minutes	Date: February 13th, 2019	Time: 7:00-8:00am	Location: HSA 101

Meeting called by	Dr. Chris Watling, Associate Dean Postgraduate Medical Education
Attendees	C. Akincioglu, P. Basharat, G. Bellingham, J. Binnendyk, R. Butler, P. Diamantouros, S. Gryn, R. Guo, A. Haig, J. Howard, N. Huda, H. Iyer, M. Jenkins, S. L. Kane, S. Macaluso, S. Mioduszewski, B. Moote, D. Morrison, C. Newnham, M. Ott, A. Power, M. Prefontaine, A. Proulx, K. Qumosani, J. Rosenfield, B. Rotenberg, H. Salim, M. Sen, T. Van Hooren, J.A. Van Koughnett, J. Wickett, C. Yamashita, A. Yazdani; **PARO Reps**: B. Chuong, D. Gillett; **Hospital Rep**: B. Davis; **P.A. Exec Rep**: L. Dengler; **Guests**: S. Dave, S. Jarmain, K. Nitz
Note taker	Kate O'Donnell; kate.odonnell@schulich.uwo.ca

Agenda Topics

1. ANNOUNCEMENT	**Dr. C. Watling**
	. Dr. Courtney Newnham has been appointed as acting Manager, PGME effective January 28, 2019 for a four month period. She will maintain her role as Accreditation specialist during this period.

2. CBME PROGRESS REPORT	**Dr. C. Watling**
Discussion	. Committee on Health Workforce asked for study to be done of CMBE costing, and asked that implementation be put on hold until completion of cost analysis. Cost analysis has been completed, and decision was made to move forward as planned. This was the result of the national PGME Deans group requesting that implementation be slowed down. . Medical schools nationally are experiencing the same pressure to identify a cost for CBME. Cost analysis is reassuring in that a trained economist was unable to identify an exact cost of CBME implementation. Primary cost has been identified as technology support for CBME, as well as hiring of CBME implementation staff. Western's cost for CBME is somewhere in the middle relative to other medical schools. . All required documentation necessary for creation of 2019 CBME programs within Elentra is expected to be received from the RCPSC by end of February. Mapping of contextual variables has begun with approximately half of the programs being built in Elentra.

	. Important reminder to connect with J. Binnendyk regarding curriculum map regardless if program is in CBME or transitioning. The AMS has curriculum map templates available for non-CBME programs but per the RCPSC, they have been identified as non-satisfactory.

3. ACCREDITATION UPDATE	**Dr. C. Watling**
Discussion	. The Resources Domain in the new standards was reviewed. . This domain is the most specialty-specific, and focuses on programs having the facilities, people, and patients to be able to train residents in the discipline. . Particular emphasis was made regarding: . If programs are struggling to meet the resource requirements outlined, please connect with Dr. Watling to address the problems. There is no issue with programs not having all resources required provided the program has an Inter-Institutional Agreement in place to have the missing component supplied by another program at another school. . The Resources domain is what Specialty Committees will be most attentive to. . Please identify to PGME if program lacks facilities such as call rooms, internet access, or work spaces, as those deficiencies can be problem solved in advance of accreditation. . Resources Domain now includes that, in addition to residents, Program Directors, RPC, and Program Administrators require adequate space, information technology, and financial support to carry out duties. . Possible issue faced by smaller programs is lack of research supervisors due to smaller number of faculty. Important that programs establish mechanisms by which residents can link with appropriate research mentors even if outside the immediate group of clinical researchers; the expectation isn't that all faculty members must be able to do everything, but that the program has a plan in place for meeting research requirements. . Programs should have a designated individual who facilitates resident involvement with research and scholarship. . Every Discipline has specialty-specific standards of accreditation. The standards that have been reviewed in Committee apply to all programs, but all disciplines will have specific standards which elaborate on existing standards, particularly in the Resources area. The specialty-specific standards can be found on the RCPSC website under Medical Educators, Information by Discipline, and within the AMS profile under Documents. . After April 1st deadline of program submission of AMS profile, profiles will be reviewed by Drs. Watling and Newnham, and feedback will be provided well in advance of November survey, allowing programs time to tweak submissions. Deadline for PGME submission to RCPSC is September 2nd. . Internal Review Committee may also be called upon to review profiles and offer feedback, and any members of PGME Committee are welcome to volunteer to review profiles.

	. Each program's AMS profile includes specialty-specific requirements; profiles are tailored to individual programs, particularly the Resource section.
4. QUALITY IMPROVEMENT OPPORTUNITIES	**Dr. S. Jarmain**
Discussion	. Of particular relevance to RCPSC Standards Domain: Education Program which has robust expectation for training of residents in continuous quality improvement and improvement sciences. . Opportunities exist for resident engagement in Quality Improvement, but resident participation has been challenging. The goal is for residents to be involved both on an administrative level with a role in overseeing quality improvement in the hospitals, as well as instilling the skills and abilities in residents that allow them to implement quality improvement. . Goal is to identify examples of where QI work is already taking place, then link what programs are doing with what is happening across the two hospitals, and focus on setting common standards in quality improvement across all programs. . Hospital objective is to demonstrate and grow a commitment to safe care and require the input of residents as the frontline care providers, where slightly different need for PGME is obligation to educate residents in science of quality improvement. The close relation between both needs indicate there is opportunity for collaboration and discussion between hospitals and university. . Proposed idea of a Resident Quality & Safety Council; residents across all disciplines participating in patient safety incident reviews of incidents more relevant to resident experience, both learning that skill and being able to inform hospitals of opportunities for improvement. . Only a minority of programs felt confident that their program has a robust Quality Improvement curriculum; emphasis on how to try to improve that lack, and prevent programs from having to create a curriculum when there are extant examples occurring in other programs that can be followed.
5. AFFILIATION AGREEMENTS	**Dr. C. Watling**
Discussion	. Western Legal requires legal agreements with every site where residents are sent, including one-time elective placements. This agreement differs from the Inter-Institutional agreement currently in place when a resident undertakes a mandatory rotation at an external site, and excludes rotations at sites within our Distributed Medical Education region e.g. Windsor, Chatham, Sarnia etc. . Purpose is to put in place a legal agreement that outlines the relationship between the institutions, what the expectations are, and determines who is responsible if any incidents occur with residents while outside of London and the DME network. . Dr. Watling will discuss with Western Legal and determine the following: whether we have agreements in place with all Canadian medical schools, what will be the procedure for international elective placements, the required lead time for entering into the legal agreement,

	procedures in place if host institution won't sign agreement, whether separate agreements are required for each service at one site or if the agreement covers the entirety of programs at that site, what the process will be if the placement is at a clinical site not affiliated with a medical school, and if exceptions can be made for this requirement when the placement is either one-time or short term.

6. OPIOID PRESCRIBING CHANGES IN LONDON	**Dr. B. Rotenberg**
Discussion	. Opioid Stewardship Committee reviewed data and made changes to how opioids are prescribed through Cerner system. Changes take effect February 19, 2019, as follows: 1. Prescriptions will now have a watermark which is the patient's name, DOB, and institution 2. Information sheet will come with Schedule A medications designed to be patient friendly to be reviewed with patient by prescriber and nurse at time of opioid dispensation 3. Default number of tablets and days for any new opioid prescription will be 3 days, 18 tablets. Default can be easily changed as any prescription would be changed. Designed thus after evidence-based review found this number to be sufficient for most types of acute pain. . Changes will not impact chronic pain management, focus is on ambulatory, acute pain settings, main areas being Emerg and the OR. Oncology and Pain Medicine will not be impacted by these changes.

7. PARO EXAM LEAVE	**Dr. C. Watling**
Discussion	. PARO contract mandates that residents are allowed paid leave to attend, with reasonable allowance for travel time, and complete a Canadian or American professional certification exam. . Residents are entitled not to be scheduled on call up to 14 days prior to a CFPC or RCPSC certification exam, subject to operational requirements. . Residents are allowed 7 consecutive days off, which isn't to come out of other leave allowances, during one of the four weeks preceding a CFPC or RCPSC exam. This can be split between the oral and written exams, but is not 7 days for each exam. . Our obligation is to grant these requests unless there are significant operational reasons why it isn't possible.

8. ADJOURNMENT AND NEXT MEETING	
Date and time	The meeting was adjourned at 8:10 am. Next meeting scheduled for **Wednesday, March 6th, 2019, 7:00-8:00am, HSA101**