

## PGME COMMITTEE MEETING MINUTES

	<b>Date:</b> Wednesday, April 28, 2021	<b>Time:</b> 07:00 – 08:00	<b>Location:</b> Virtual
<b>MEETING CALLED BY</b>	L. Champion, Associate Dean, Postgraduate Medical Education		
<b>ATTENDEES</b>	<p>P. Basharat, V. Beletsky, P. Bere, K. Carter, A. Cave, A. Cheng, J. Copeland, S. Dave, S. Elsayed, A. Florendo-Cumbermack, K. Fung, A. Grant, D. Grushka, S. Gryn, A. Haig, J. Howard, N. Huda, A. Huitema, Y. Iordanous, H. Iyer, L. Jacobs, A. Kashgari, T. Khan, J. Laba, D. Laidley, S. Lam, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, K. MacDougall, M. Marlborough, B. Moote, D. Morrison, A. Mullen, ML. Myers, C. Newnham, M. Ngo, S. Northcott, M. Ott, K. Potvin, A. Power, S. Pritchett, M. Qiabi, K. Qumosani, M. Rieder, H. Salim, V. Schulz, P. Teefy, G. Tithecott, L. Van Bussel, T. Van Hooren, J. Van Koughnett, J. Vergel de Dios, P. Wang, M. Weir</p> <p><b>Hospital Rep:</b> S. Fahner; <b>PARO Reps:</b> M. Cookson, B. Chuong, <b>P.A. Exec Rep:</b> C. Sikatori, <b>Guests:</b> P. Morris, S. Ibdah, B. Ferreira, A. Edwards (Otolaryngology delegate)</p>		
<b>REGRETS</b>	B. Rotenberg		
<b>NOTE TAKER</b>	Andrea Good, andrea.good@schulich.uwo.ca		

### CALL TO ORDER (7:00 AM) & APPROVAL OF AGENDA/MINUTES

**DISCUSSION** Agenda, Minutes – Accepted, no changes or additions

### ANNOUNCEMENTS AND UPDATES

L. CHAMPION

### DISCUSSION

- [Royal College Program Director Policy](#) – does not impact CFPC programs. This policy will impact PDs going forward, but all current PDs are grandfathered in.
  - Requires PDs to have certification or equivalent in the specialty/subspecialty of the residency program.
  - If certification or equivalent has taken place in another jurisdiction (i.e. abroad) then the Royal College may require additional training or mentoring.
  - All new PDs require completion of training within 12 months (virtual modules through the Royal College) or mentoring.
  - One PD's (not Co-Directors) name must be provided to the Royal College.
- **Royal College Examinations** – written exams have all been completed. Internal medicine practical exams have been canceled due to lack of examiner availability. All other Royal College exams will continue as scheduled in virtual format with safety precautions. Some candidates may have concerns, and they are given the option to defer their exam to spring 2022 without penalty and a full refund. The consequences for licensing with MRA is unclear and under discussion. This information is subject to change with respect to restrictions, hotel availability, etc.
- **CFPC Examinations** – written exams were completed last week. There is no practical component required this year, except for individuals who have previously been unsuccessful with the SOO.
- **Electives** – Many provinces and universities have either cancelled incoming electives or require a 2-week self-isolation (+/- a negative COVID-19 test result). Alberta has cancelled all electives.

- This is a caution for any resident doing electives elsewhere. Self-isolation time ends up being a leave of absence or a holiday. All of our programs have a potential waiver where residents can miss some weeks and have it waived as long as a PD signs off on it. It is optional.
- Schulich has cancelled all incoming electives from out of province for the next two blocks. Self-isolation is not required for trainees when coming from within province.
- There is a limit on number of elective trainees coming to LHSC (unless previously planned) of 10. This is an LHSC-only issue and will not impact Windsor or Distributed Education. This is due to a workload issue at LHSC. This will be reassessed on September 21.
- **AVP vs. PEAP Comparison Chart** – new document to explain the similarities and differences between AVP and PEAP, written for Program Directors and Program Administrators. It is available on the [PGME policies website](#) under “resident evaluations and appeals”.

## COVID-19 UPDATE

L. CHAMPION

## DISCUSSION

- **Windsor** – taking 50 patients from GTA to ICU (10) and General Ward (40). Created two non-teach services to protect workflow and protect internal medicine teaching services. Outside of the transfer, there are relatively few COVID-19 patients in the community.
- **London** – 865 COVID-19 cases as of yesterday morning. The numbers seemed to have plateaued for now, but we are still waiting on this morning’s update. Averaging 60 admissions per date. Admission rate is higher than discharge rate, with some COVID-19 patients having long stays in ICU.
  - MOH Directives are to increase critical care capacity, which has included an LHSC transport team, to transfer patients across Ontario in order to provide additional capacity in the GTA.
  - Medicine expansion into UH 9<sup>th</sup> Floor, VH Zone E, managed as non-teach units and covered by hospitalists, with no requirements for additional residents yet. “Bed between the bed” is taking place to remove the wall between units and increase bed capacity.
  - Additional resident coverage requirements in the MSICU and CCTC at LHSC, in addition to faculty from anesthesia/surgery. This is being met by resident volunteers who will be “moonlighting” (using restricted registration) in units, with funding available from the MOH. This is currently meeting capacity needs without mandatory redeployment.
- **Internal Medicine** – additional beds at UH and VH, mostly managed by hospitalist coverage with no requirement for residents to provide additional coverage. Added a fourth non-teach COVID-19 team at UH. The program is on standby to see whether redeployment is required or to expand number of residents on service. The non-teach team at UH is manned by PGY4-5 from subspecialties and a consultant. The hope is for a plateau with no further expansion required. However, there are plans to increase ICU capacity at UH and VH. Expansion is limited by health and human resource availability with nursing and RT support. Some support has come from the operating room.
- **Restricted Registration and “moonlighting”**. A new PGME moonlighting policy was developed last fall, available on our policies website. See policy for details.
  - **Do I have to let my resident apply for/approve restricted registration (RR)?** No, moonlighting is a privilege, not a right.
  - **My resident applied for an ICU shift so do they get the next day off?** Yes, RR cannot violate the PARO work hour agreement. However, if the resident is on service, they need to take a LOA day. Most residents will be available for Fridays/Saturdays, so it does not take time away from their service.
  - **Where is the money coming from?** Funding is available via the MOH and time-limited (COVID-19 funding). In place until June 30 with options for renewal, under emergency orders and temporary legislation. Similarly, funding for vaccination clinics, faculty reassignment, etc. is limited in duration.

- **What about fairness and equitable opportunities, etc.?** Physicians are practicing with RR regularly in a variety of programs (i.e. medical oncology, cardiac surgery recovery unit, etc.). Critical care is providing guidance to residents re: opportunities and limitations.
- N. Huda – GIM residents have been assigned to a non-teach team at UH. The schedule has been filed to the end of May. Some residents not approached for non-teach services have volunteered for ICU shifts. If the DOM extends non-teach services beyond the end of May, can the trainees be pulled out of non-teach services? Yes, moonlighting is a privilege not a right. Redeployment principles require residents to be pulled back to their home services (i.e. from research, etc.). N. Huda is encouraging residents to fill out EPAs while on non-teach services to provide educational credits. Residents are receiving their resident stipend and after-hours stipend while on non-teach services. H. Iyer has stated that DOM subspecialty PGY4-5 residents may be available to backfill previously scheduled shifts if available.
- M. Ott – General surgery has difficulty meeting their own call schedule as well as others (i.e. pediatrics). Concerns have been raised regarding inequities around trainees having the opportunity to moonlight in programs that do not have the same call schedule demands. Will there be a way of tracking moonlighting opportunities to determine whether these inequities exist? L. Champion has noted that the Critical Care team will be tracking call schedules, and PDs must approve moonlighting in advance. The funding for ICU coverage will not continue long term so this should not be a huge discrepancy going forward. Moonlighting was happening but not as apparent.
- N. Huda – GIM has having resident be in charge of scoping all opportunities around them, then having open conversations with other residents in the program to make everything as equitable as possible. As PD, N. Huda only gets involved to ensure trainee’s educational requirements are being met.
- S. Elsayed – Are PGY4 subspecialty residents able to have an independent license to practice? L. Champion – yes, it is possible. If a trainee has an RR, it falls under the scope of the PD to determine whether the trainee can “moonlight”. If the resident has an independent license through the CPSO, they are able to take extra shifts without the PD necessarily knowing or being involved.
- A. Huitema – Will there be any hospital funding for the CCU? L. Champion – No, only MOH funding for COVID-19 patients.
- Please note that there may be changes to this information coming soon, as legislation was recently passed with implications for RR and moonlighting. A memo and briefing note are supposed to be coming that will answer some of these questions. This information will be coming in a newsletter. PGME Deans in Ontario have a meeting with the MOH next week to try to answer some of these questions.

**CARMS UPDATE**

**L. CHAMPION**

**DISCUSSION**

- April 20 was first iteration and May 20 will be second iteration.
- 142 Canadian Medical Graduate positions and 42 International Medical Graduate PGY1 positions are available at Schulich.
- There were 21 unfilled positions (18 family medicine; 1 cardiac surgery; 1 neuropathology; 1 nuclear medicine).
- FM Update – fill percentage was 86.7% which is much lower than previous years. The reasoning for this low percentage is unclear. Interestingly, many urban positions across the country have remained unfilled which has not happened in years. This is a national occurrence, and not a Western issue. The second iteration match has a very tight timeline for file review, so family medicine will be busy.
- Western’s 18 unmatched positions was (14 in London and 4 in Windsor) is higher than expected and than typical for Western. Questionnaires will be going out after the second iteration to try and determine the causes behind the data.
- S. Northcott – Western’s match rate was 89.4%, and it was approximately 94% across the country. No other institutions had exposures to electives either, so we cannot state that a

lack of electives is the root cause of this discrepancy. The numbers this year are consistent with 2018. There are a few considerations: 1) Of the 18 unmatched, only 5 had a back up plan; 2) Concerns raised about a Windsor bias, where Windsor trainees did not have facetime with London-based Program Directors (although unmatched students in Windsor is directly proportional to unmatched students in London); 3) Learner Experience and PGME received calls the day after the match to request transfers (i.e. into FM) because they did not rank their desired programs high enough. Learner Experience will be doing a reflective exercise with unmatched students and surveys to try to learn more.

- M. Reider – Another consideration is that Western has many students who come from across the country and want to return to their home provinces. There can be extra pressures at times when electives cannot be completed.
- L. Champion will circulate CaRMS data with the minutes or a newsletter as it is no longer confidential.

#### **ADJOURNMENT (8:00) AND NEXT MEETING**

**DATE AND  
TIME**

**Next Meeting: Wednesday, May 12, 2021, 0700 – 0800, Virtual**