

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, Dec. 8, 2021	Time: 07:00 – 08:00	Location: Virtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	<p>P. Basharat, V. Beletsky, P. Bere, R. Butler, K. Carter, J. Copeland, S. Elsayed, A. Florendo-Cumbermack, D. Grushka, A. Haig, A. Huitema, Y. Iordanous, H. Iyer, A. Kashgari, T. Khan, J. Laba, S. Lam, J. Landau, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, K. MacDougall, M. Marlborough, Dr. Morrison, A. Mullen, ML. Myers, C. Newnham, M. Ngo, S. Northcott, S. Pritchett, K. Qumosani, M. Rajarathinam, P. Rasoulinejad, B. Rotenberg, V. Schulz, M. Sharma, P. Teefy, L. Van Bussel, T. Van Hooren, J. Vergel de Dios, M. Weir</p> <p>Hospital Rep: R. Caraman, PA Exec Reps: Carrie Kinsman; PARO Reps: R. Barnfield, R. Woodhouse; Guests: P. Morris, B. Ferreira, S. Ibdah</p>		
REGRETS	S. Venance		
NOTE TAKER	Andrea Good, andrea.good@schulich.uwo.ca		

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

DISCUSSION	No agenda additions. Motion to approve minutes: K. Qumosani. Approved.
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COVID-19 UPDATE

L. CHAMPION

DISCUSSION	<ul style="list-style-type: none"> ▪ LHSC and SJHC will not be opening more areas for teaching, rounds, etc. at this time due to the high levels of uncertainty over the next few months. ▪ There has been an update to the Science and Modelling Consensus Tables from Dec. 7 (Source: Science Table): <ul style="list-style-type: none"> ▪ Testing rates are flat since mid-July in Ontario; however, test positivity is rising (Ontario, 2.5%; Windsor, 5.1%; Southwestern, 5.5%), largely due to the Delta variant in most Public Health Units. ▪ The vaccine continues to be highly effective. Unvaccinated people have a five-fold higher risk of symptomatic COVID-19 disease, a 13-fold higher risk of being in the hospital and a 23-fold higher risk of being in the ICU compared to the fully vaccinated. ▪ COVID-19 hospitalizations and ICU admissions are stable for now; however, as cases increase, ICU occupancy will also increase, likely exceeding 250 by the end of December (without accounting for Omicron). ▪ Ontario ICUs have been under unprecedented pressure and will have trouble responding to another surge in patients. Due to the need for urgent non-COVID-19 patient care, fewer staff are available to be redeployed and fewer staffed surge spaces are available. The number of patients on ventilators has been above average for over a year; the pressure on ICUs has not let up. ▪ There is a growing crisis in staffing for critical care patients with significant contribution from health care worker burnout. Despite new beds and strong management, ICUs will be challenged in responding to any new surge in patients because of staffing constraints. ▪ The current situation is very uncertain, but the potential impact of omicron on cases could be substantial.
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- Even without Omicron, ICU occupancy will likely grow to 250-400 beds in January, putting hospitals under strain again.
- However, the current public health measures are [effective against Omicron](#). To control cases and the impact on our health system, we need to increase vaccination (particularly in 5-11 year olds) and continue to use public health measures to reduce transmission now.
- Spread of the new Omicron variant will likely drive COVID-19 cases above current projections. In South Africa data, vaccination appears to protect against serious illness due to Omicron and most hospitalizations are in the unvaccinated. There is likely an increased risk of re-infection even amongst those who have had COVID-19, emphasizing the importance of vaccination. Low global vaccine coverage means that we can expect new variants to arise.
- The positivity rate in London is lower than the provincial average. This is likely due to the city-wide response we have available compared to other areas. Most COVID-19 cases are the Delta variant. London will be able to do its own testing for variants, including Omicron, soon.

WINDSOR UPDATE

A. MULLEN

DISCUSSION

- There have been additional restrictions implemented by the Windsor Board of Health. Effective this Friday, Dec. 10, there is a max of 10 people allowed at indoor gatherings, and people are discouraged from holding holiday gatherings.
- There has been an uptick in hospital usage related to COVID-19 cases, but it is still manageable at this time.

PARO UPDATE

L. CHAMPION

DISCUSSION

- PARO had their last meeting of 2021 on Nov. 25. At this meeting, they finalized the timeline for resident wellness events. The first event is a virtual pet fashion show on Dec. 16 (email has been sent to all residents). In the new year, there will be a virtual escape room planned.
- Tentatively, PARO is able to do outdoor events in the new year, but it is unclear whether this will be impacted by rising case counts and the Omicron variant.

INTERNAL REVIEW SUBCOMMITTEE (IRC) UPDATE

L. JACOBS

DISCUSSION

- Thank you to all members of the IRC for their work this year. For APOR programs, report submissions have been reviewed and follow up has taken place with all programs. While not a formal internal review, it was helpful to prepare programs for their 2022 submissions to the Royal College or CFPC.
 - Lessons learned: written documentation and evidence is key in terms of providing APOR reports. For example, some programs may implement changes, but it is not clear through the documentation for the outside observer. Ensuring the narrative has evidence to support objectives being achieved is important.
 - A program that did really well in their internal APOR submission was Medical Oncology. They had evidence of addressing their areas for improvement, a comprehensive curriculum map, CanMEDS teaching and assessments, etc. With their permission, we have been sharing some of their resources with other programs. If anyone is interested in seeing some of their documents, please contact Andrea Good.
- Internal reviews have taken place for all external and notice programs. All programs that underwent internal review have had or will have a follow-up with PGME scheduled.
 - Thank you to all faculty and residents who acted as reviewers. It takes a lot of work and PGME is very appreciative.
 - Key themes from internal reviews:
 - Areas for improvement are not created equal. I.e., issues with service education balance and culture may be more of an issue than a job description for a PA not having been updated recently.

- Many areas for improvement interlink (i.e., an AFI with respect to faculty resources will appear in several standards/elements)
- Focus on some areas for improvement: persistent problems, learning environment, service education, and program continuous improvement.
- Requirements such as learning environment, and specialty-specific teaching and assessment of CanMEDS Roles, may impact accreditation decisions on their own.
- Themes that came out of the internal reviews include learning environment, service education and program continuous improvement (standard 9). The February 2022 PGME Meeting will have a session focusing on standard 9. We will provide a summary, resources, and some examples.

ACCREDITATION UPDATE

A. GOOD

DISCUSSION

- Action Plan Outcome Report (APOR) Programs:
 - All APOR programs must have their narrative responses and evidence documents completed and uploaded into CanAMS by Friday, Sept. 9, 2022, for PGME Review.
 - APOR Responses and narratives must be added to the AFIs tab within CanAMS. If you have trouble accessing this tab, please contact Andrea Good to assist.
 - A reminder that all AFIs will be listed within this tab, but to respond to AFI-2Y ONLY. Also, describing the action taken to address an issue is not sufficient without supporting evidence that the objectives were achieved. An APOR Guidance document is available in CanAMS under “Documents” and “Shared”. It will also be emailed out to all APOR programs shortly once more notification from the Royal College and CFPC has been received.
- External Review Programs:
 - External review scheduling will begin very soon. The Royal College is finalizing plans (i.e., determining whether the sessions will be in-person or virtual, etc.) and PGME will liaise between programs and the Royal College to select dates in November 2022.
 - All external review programs must have their instruments updated in CanAMS by Tuesday, May 31, 2022, for PGME review.
 - Documents will be submitted to the Royal College likely in September 2022 (exact date TBD) (reminder, PGME will hit “submit” in CanAMS).
 - More information will be sent to applicable programs soon once more information has been received from the Royal College.
- Regular Review Programs:
 - A reminder that regular review programs will be undergoing internal reviews between 2023-2025. PGME will be booking these reviews in advance and emails will be sent to programs in early 2022. Please keep an eye on your inbox for more information.
 - Reminder: treat internal reviews like external reviews. Consider all participants’ availability when selecting dates and strongly encourage attendance and participation from faculty and applicable Committee members.

CBME UPDATE

J. VERGEL DE DIOS & P. MORRIS

DISCUSSION

- A CBME Retreat took place on November 25 and was well attended. This included a debate and small group mock Competence Committee cases. Recordings will be on Schulich on Demand.
- We will soon circulate materials with [updated templates](#), including CC Terms of Reference and Process and Procedure documents. These have been recently updated by PGME and include the most recent information from the updated PGME Resident Appeals Policy. Both these template documents are mandatory so please ensure you review them and have your own version in place for your CC. Please also review them with all RPC and CC members, and not just the Program Director.
- Other upcoming events: Royal College’s Competence Committee Chair Forum (this is open to all CC members and not just Chairs); ongoing RC webinars (meant for all levels of

comfort and knowledge in CBD); PGME spring town hall on CBD (including the Royal College's Dr. Jason Frank).

- Migration from One45 and New Innovations to Elentra will tentatively take place in July 2024.
- Royal College & National Leads Update:
 - ePortfolio is officially closing. This will only impact the Anesthesiology program locally at Western as all other programs do not or no longer use ePortfolio.
 - There have been Royal College discussions around a benchmarking project. As PDs, please think about whether you feel it is important to know how you are doing nationally. This project also must consider the need for resident data confidentiality, which would be an especially important consideration for very small programs.
 - Completing all EPAs does not mean that a resident can finish their residency early. There are other considerations (i.e., certification, contracts with Medical Affairs, etc.). PGME will be updating their LOA and Training Waivers policy in the new year and will include language around this in the new policy, as applicable.
- Royal College & RDoC Feedback:
 - Residents feel their inability to meet EPA requirements is threatening their career. This is very serious, so please investigate your own programs and determine if residents feel this way. If it is the case in your program, act. PGME is available for support and assistance.
 - Programs are interpreting the EPA targets as literal (i.e., need 10 EPAs, have 9 and therefore cannot get promoted). The Royal College says that local CCs have flexibility. A reminder to consider flexibility as applicable regarding promotion eligibility. Ensure expectations are fair and transparent.
 - There is a push for more resident champions at each institution. We have the RAC-CBME and welcome any interested resident to participate. There is no limit on membership.
 - The Royal College may develop a campaign to programs to speak on these matters.
- EPA Reports from PGME will be provided two times per year going forward, rather than quarterly (July-December, January-June). Andrea Good will be developing and sending out these reports in mid-January.
- Dr. Champion and Dr. Vergel de Dios met with the Clinical Chairs Committee on Dec. 3. Discussions were around faculty accountability and EPA completion. There was a strong interest from Clinical Chairs in taking EPA completion seriously. Suggestions were provided regarding Chairs broaching the topic with faculty, incorporating EPA completion discussions into CDP meetings, etc. PGME can also provide individual consultations with Chairs and PDs so please reach out if there is interest.
- Elentra Update – P. Morris:
- Highlighting an existing Elentra Feature – the Trends Feature. This is accessible to anyone who has access to the dashboard via the resident dashboard. Clicking the trends button will allow you to see overall entrustment scores and milestone ratings for the resident.
 - A feature flyer is available for this feature, which is available on the PGME CBME website and [here](#).
 - Users can filter for various items and it will give you a visual representation of resident ratings based on filters in place. Forms can be opened and easily reviewed for any items of concern.
- The IS team is working on updating Elentra to version 1.2.1. There will be very few visible changes to the end user experience. There will be improvements in speed, etc. and a few enhanced features as well. The PGME CBME team will be doing testing over the next month and will be in touch to provide more information to end users.

B. FERREIRA

DISCUSSION

- An EDI session for all residents and program teams will be provided on Wednesday, Jan. 26 from 3 - 5pm, facilitated by Dr. Melanie Katsivo.

- Your CPSO Session, hosted by Dr. Rob Gratton, is taking place on Wednesday, Jan. 19 from 1:30 – 3:30pm.
- Hidden curriculum sessions are available. Please contact PGME any time for more information about the sessions.
- The Resident Toolkit Module on Teaching Other Residents is now available. The articulate link is available [here](#).
- A patient safety webinar (CMA-Joule) is taking place on Wednesday, Feb. 3, from 1:30 – 4:45pm. We are still hoping for a few more residents to make it free for all participants.

POLICY REVIEW

L. CHAMPION

DISCUSSION

- Practice Ready Assessment (PRA) Policy:
 - PRA is a program designed for International Medical Graduate (IMG) fellows to become Royal College exam eligible.
 - Royal College residency programs in which the fellowship is being held must have transitioned to CBD.
 - The fellow would have to be nominated and accepted into the PRA. At that point, it would change out of the fellowship to focus on attaining the required EPAs. This is overseen by the residency program’s competence committee.
 - This policy has been developed to clarify the PRA process, as some programs are beginning to fully transition to CBD and may be interested in exploring this option.
 - Motion to Approve: M. Ott, seconded by K. Qumosani, no dissents. Policy is approved. Next steps: Approval at ECSC in January.
- Fellowship Probation, Suspension and Termination Policy
 - This has been reviewed and updated by the Policy Subcommittee, a few Fellowship Directors, as well as Western’s Legal Department. This is an update of a prior policy that had a mix of terminology, as well as some assessment information and information about Letters of Appointment. This policy has been updated to only relate to probation, suspension, and termination (including the appeals process) and all other fellowship-related items are in the Fellowship Policy. The fellowship policy was recently approved at ECSC, posted on [PGME’s website](#), and circulated via email to PDs, PAs, and Fellowship Directors. Please notify all program stakeholders and RPCs accordingly.
 - Fellowships are short (1-2 years), so a unique policy was required as it differs from the residency programs due to the compressed timelines available.
 - Motion to approve: S. Lam, seconded by H. Iyer. Approved with no dissent. Next steps: Policy approval at ECSC.
- Guidelines for Support of Postgraduate Programs
 - Updated with applicable standards and incorporation of language around CBD.
 - Updated table which previously had days per week for PDs and FTEs for PAs. Now both PAs and PDs have both represented.
 - Reviewed the size of our programs and updated to better suit our local context.
 - Language regarding combined support (i.e., PD, Assistant PD, CBME Lead, etc.) was provided for clarity.
 - Numbers from across Canada have been considered to make sure we are about average in our recommendations.

ADJOURNMENT (8:02AM) AND NEXT MEETING

Next Meeting: Wednesday, Jan. 12, 2022, 7:00 – 8:00 a.m., Virtual