

	PGME COMMITTEE MEETING MINUTES		
	Date: Wednesday, December 9, 2020	Time: 07:00 – 08:00	Location: Teleconference
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	 P. Basharat, V. Beletsky, G. Bellingham, P. Bere, R. Butler, A. Cave, A. Cheng, J. Copeland, G. Eastabrook, S. Elsayad, S. Dave, A. Florendo-Cumbermack, K. Fung, R. Ganesan, P. Garg, S. Gryn, A. Haig, J. Howard, A. Huitema, Y. Iordanous, H. Iyer, L. Jacobs, T. Khan, J. Laba, E. Lovett, A. Lum, S. Macaluso, K. MacDougall, M. Marlborough, B. Moote, D. Morrison, A. Mullen, M.L. Myers, C. Newnham, M. Ngo, S. Northcott, M. Ott, A. Power, S. Pritchett, M. Qiabi, K. Qumosani, M. Rajarathinam, B. Rotenberg, H. Salim, V. Schulz, M. Sharma, J. Thain, G. Tithecott, T. Van Hooren, J. VanKoughnett, J. Vergel de Dios, P. Wang, J. Wickett, C. Yamashita Hospital Rep: S. Fahner; PARO Reps: M. Cookson, K. Desai; P.A. Exec Rep: C. Sikatori, C. Kinsman Guests: J. Binnendyk, P. Morris, A. Zaki, K. Trudgeon 		
REGRETS	W. Sischek		
NOTE TAKER	Andrea Good, andrea.good@schulich.uwo.ca		

CALL TO ORDER (7:03 AM) & APPROVAL OF AGENDA/MINUTES				
DISCUSSION	USSION A PARO Update was added to the agenda. Agenda, Minutes – Motion to accept (B. Rotenberg, A. Huitema), Approved			
ANNOUNCEMENTS				
CERI MPHE CA	LL FOR APPLICATIONS	L. CHAMPION		
DISCUSSION	 All those interested in applying to the CERI r application deadline is January 4, 2021. Plea information. 			
CALL FOR POTENTIAL SURVEYORS L. CHAMPION		L. CHAMPION		
DISCUSSION	format. The Royal College is seeking review	good learning experience as it allows you to res, but it can be a lot of work.		
UPDATES				
PARO UPDATE		K. DESAI		
DISCUSSION	 Redeployment, service demands, and Roya residents right now. 	I College exams are issues for a number of		

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	 Some exams have shifted but many are still taking place and residents might experience issues taking their exams given the current service demands. The PARO Reps request that Dr. Champion support hospital resources being used wisely. Dr. Champion will be discussing this topic later in the meeting, but noted that a number of programs are under a great deal of stress and resident wellness breaks are important. 	
ROYAL COLLE	GE & MCC EXAMS L. CHAMPION	
DISCUSSION	 Both Royal College and CFPC exams will be held virtually in the Spring 2021. Any residents needing accommodation for their Royal College exams are required to make them known by December 11. Information about these exams has been circulated in the recent update to PDs. There is no new update on the MCCQE Part II. The MCC is considering all options, but under the current environment, it is expected that the exam will be held virtually. The earliest it is likely to occur is in May 2021. Dr. Champion will provide updates as they become available. A moonlighting policy was recently approved. Residents who do not have independent licensing typically require MCCQE I and II to moonlight. Given the circumstances, PG Deans in Ontario are allowing moonlighting to take place with only MCCQE Part I. 	
CARMS DATES	L. CHAMPION	
DISCUSSION	 Medical students across Canada have not had elective opportunities this year as they would have in past years. Thus, a program cannot require a letter of reference from their own discipline or from our site. Please provide instructions (i.e. max word count, etc.) for letters. Students have been made aware that only electives approved by the undergraduate medical education program within which they are enrolled can be included in the application. G. Tithecott – Students had been given options of 2-week blocks in their career choice disciplines, some of those spanning the month of January. Due to the evolving local situation, UME has to reassess those plans. The model that has been built by UME allowed for six weeks of spare time in the spring for students who may be unable to work in their career choice disciplines in January. Please be aware that students may have letters of reference from a related discipline as a result. The letters are from people of integrity who have supported and endorsed the student. Please take the letters into consideration. This is a national challenge. Certain schools have had inpatient units totally devoted to COVID-19. Undergraduate Deans are reiterating the message that students have worked as best they can, and programs should consider students if they have not worked in their discipline. The main message is that undergraduate students have not had the opportunity to do electives, so it cannot be a requirement for a student to have worked in your program's discipline because it is inequitable. Video introductions are not allowed as part of the application process. Video introductions involve programs requesting that prospective trainees submit a short video clip introductions requirement for a student to have worked in short video clip introductions here not allowed as part of the application process. Video introductions involve programs requesting that prospective trainees submit a short video clip introductions ar	
CBME UPDATE	J. VERGEL DE DIOS / A. ZAKI	
DISCUSSION	 A. Zaki (RAC-CBME Resident Co-Chair) - A survey was circulated to Program Administrators to distribute to their CBME residents. Some surveys have not yet been sent to residents, so please request that your PAs circulate the link. The survey is about residents' experiences and challenges (i.e. around EPAs, obtaining feedback, etc.). A. 	

	 Zaki will collate the information to provide recommendations. The survey is anonymous so residents can opt out of providing their program's name. A RAC-CBME meeting took place on December 7 and the main discussion topic was around the challenge of EPA expiries. One way to mitigate this issue is to set your PIN so that residents requesting feedback can have it completed in the moment. A guide on how to set your PIN has been circulated with the minutes for this meeting. J. Vergel de Dios – J. Binnendyk and K. McLean have put together a guide for Program Administrators on everything CBME-related. This resource is available for your Program Administrators to use. Meetings are taking place with all 2019 programs. Competence Committee meetings are being observed. Only two programs still need to connect with J. Vergel de Dios and those are Internal Medicine and Rheumatology. An Innovator Incubator will be taking place in the Spring 2021, as well as a coaching and feedback session being facilitated by C. Watling. 	
NEW BUSINES		
APPEALS COM	MITTEE TERMS OF REFERENCE L. CHAMPION	
DISCUSSION	 The Appeals Committee ToR have not been updated since 2012 and the previous version no longer reflected committee's membership and purpose. The revised ToR have been reviewed by Western's legal team and are aligned with the current committee's scope, responsibilities, and membership. The Appeals Policy will be updated in the Spring 2021 to make processes and timelines clearer. Revised Transfer and Assessment and Verification Period (AVP) policies will be reviewed 	
	 at Friday's policy subcommittee meeting. Motion to approve Terms of Reference: M. Ott, D. Morrison. ToR approved. Next step: Take to ECSC for approval. 	
COVID-19 UPDA	Motion to approve Terms of Reference: M. Ott, D. Morrison. ToR approved.	

- Basically, anyone working at UH must self-isolate for 14 days before working in another centre and limit movement between hospitals as much as possible.
- Victoria Hospital and SJHC are **not** in outbreak status. Residents who have worked clinically at VH may work at SJHC and vice versa, if alternate arrangements cannot be made (recent guidance from SJHC).
- Residents may go **on** to rotations at VH **or** UH. Residents at VH may move to other rotations.
- Residents at UH may rotate within UH, unless they have been put under work quarantine. But, if they are leaving UH to go to another site/centre, they will need to selfisolate for 14 days. If they have been on work quarantine, they cannot rotate within UH without self-isolating.
- Residents on medicine rotations are currently on work quarantine. This impacts offservice residents as well. These residents have been under a great deal of stress because of the prevalence of COVID-19, the testing requirements, severity of illness, deaths occurring, and overall disruption to their lives. The direction from medicine leadership is that these residents need and deserve a two-week break for mental health and wellness, as continuing on work quarantine is not a viable option for them right now.
- The main issue with Internal Medicine and UH being in an outbreak is that UH has been locked down, and as a result, patients are getting dropped off at VH. They need to shift manpower to VH but this is difficult given the two-week work quarantine. Another concern with the lack of movement is that residents on COVID-19 wards are burning out. The change in movement restrictions right before Block 7 means that Internal Medicine has had to reschedule about 120 residents (internal medicine plus off-service) and a lot of time has been put in to allocate resources as best as possible. It is difficult to have equal manpower at UH and VH when UH will likely remain under lockdown until the end of the year. Medicine has taken on a lot of the burden with COVID-19 and they are looking for redeployment from other services to help with the influx of patients at VH.
- Many of the residents being rescheduled and redeployed are R3s who have exams scheduled at the beginning of March. These exams are costly, and R3s are taking on a heavy emotional burden, coming home exhausted, etc. Now is the time to lean on other services.
- M. Marlborough (Assistant Dean, Learner Experience) has had the opportunity to connect with many residents via virtual drop ins and support groups. Residents have been sharing many of the concerns that are being brought forward now. Residents are taking on a heavy burden right now and deserve a break. The concerns around PGY3s are echoed, as trying to manage the pandemic and study is challenging. Please let residents know that they can reach M. Marlborough via email
 - (michelle.marlborough@sjhc.london.on.ca) or cellphone (647-272-1188).
- The current plan in Internal Medicine is for residents on work quarantine to begin their last day on December 14, then start Block 7 after a two-week quarantine. In terms of redeployment and bringing in other residents from medicine subspecialties, two changes have been made: (1) residents have been removed from ambulatory blocks to man CTUs and other inpatient services, and (2) moved to a 7-days on, 7 days-off schedule so all residents will only work two weeks of the entire Block 7.
- 7-days on, 7-days off will alleviate stress and provide study time for R3s. The concern is the following Block 8. Many residents have been redeployed for months already so attention needs to be drawn to the fact that this is a Royal College year, and there needs to be protected time for residents as there would be in regular years.
- Can the 14-day requirements be shortened to one week given a negative test? Guidance was provided to the medicine department by infectious diseases that a shortened isolation period could take place. However, the hospital has stated that a 14-day requirement stands.
- There are many unknowns regarding COVID-19 regarding the ideal quarantine time. The US CDC has said 7-10 days. M. Silverman sits in SJHC meetings regarding quarantine time and a shortened length may be a reality in the future. In addition, there have been

	 exposures in the hospital, but it is difficult to define high risk vs. low risk, or the degree of exposure. The MLHU has been more involved in confirmed cases; whereas Occupational Health and IPAC at LHSC/SJHC make decisions based on their requirements, leadership, and stakeholders. Meetings take place regularly, but it is not one individual making decisions regarding quarantine/self-isolation timelines. L. Champion – Please support medicine right now. I ask that off-service residents not be pulled from medicine rotations for Block 7, so these rotations are not underserviced. It puts all at risk, and medicine will be in a very difficult position. General Surgery is not in the same position as medicine, but in reality, they do not have enough residents to run service either so faculty have been doing the jobs that residents typically complete. Perhaps programs need to be more creative and not overburden residents. Some clinics may need to be cancelled so manpower can be reallocated. H. Salim will be meeting with Medicine leaders today at noon to discuss options for internists to help with consults, and not offload it onto residents. They are hoping to have their go-forward plans (based on what is applicable now) finalized by tomorrow (Dec 10) at noon. Windsor's core CTUs have been putting faculty on first call as well to protect residents through high stress times. Faculty should be supporting residents in that work. Is the Royal College aware if the issue for internal medicine residents? This is happening across the country and L. Champion believes the Royal College is aware. There is a meeting with Postgraduate Deans and the Royal College next week but there likely will not be many changes at this point. A number of FM residents have volunteered to be redeployed to Medicine so Family Medicine can consider it an option for their residents os upport. L. Champion – I support the initiatives taking place where faculty are picking up extra work
ADJOURNMENT	(8:04) AND NEXT MEETING
DATE AND	
TIME	Next Meeting: Wednesday, December 16 th , 0700 – 0800 by Teleconference