

PGME COMMITTEE MEETING MINUTES

Date: November 12, 2025

Time: 07:00 – 08:00 AM

Location: Virtual

**MEETING
CALLED BY**

T. Van Hooren, Associate Dean, Postgraduate Medical Education

NOTE TAKER

L. Curtis

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

DISCUSSION

Minutes and agenda approved.

2.0 ANNOUNCEMENTS

T. VAN HOOREN

DISCUSSION

2.1 WELCOME TO OUR NEW MEMBERS

- Dr. John Stein – Program Director, Plastic Surgery
- Dr. Malcolm Howard – Associate Program Director, Anesthesiology
- Dr. David Hudson – Assistant Program Director, Internal Medicine
- Dr. Oonagh Scallan – Assistant Program Director, Vascular Surgery
- Dr. Michael Thomson – Associate Program Director, Psychiatry

2.2 PROGRAM DIRECTOR RETREAT

- Final call for registration to attend the Program Director Retreat on Thursday November 27, 2025, at Sunningdale Golf & Country Club; AFC Program Directors and Associate/Assistant Program Directors are encouraged to attend.

2.3 COMPETENCE COMMITTEE CHAIRS BREAKFAST

- The event has been postponed to the new year; please let your Chairs know of the change; further communication from PGME to follow.

2.4 RCPSC VISIT

- The visit is scheduled for January 26, 2026; the PD and CC Chair meeting will be held from 10:00 to 11:15; an in-person resident lunch will be held from 12:30 to 1:30; please respond to the PGME email by November 21.

3.0 FOLLOW UP TO PREVIOUS ACTION ITEMS

T. VAN HOOREN

DISCUSSION

3.1 QUEBEC MEDICAL STUDENTS: AFMC STRIKE MITIGATION MEASURES

- Reference letter accommodations are in place for Quebec students applying through CaRMS; we will accept reference documents completed by any physician able to support the applicant's candidacy; we will not require references from physicians practicing in the same discipline as the program to which they are applying; applicants are required to submit two reference documents but can submit a maximum of three.
- MSPR accommodations are also in place for Quebec students, and for those who had planned visiting electives in Quebec during the strike period; an incomplete MSPR is one that may be missing final assessments from placements expected to be completed by the date of submission but delayed due to the strike; a complete MSPR will not be a criterion for file review of ranking of these applicants.

3.2 OUTSTANDING ACTION ITEMS

- PGME
 - One45 Access – contract negotiations ongoing
 - Faculty Evaluations and Elentra – removing 'Task Completed on Faculty' from Program Director view in response to confidentiality concerns, PA will still have access and will be able to pull summaries.
- Medical Affairs
 - PEAP/AVP Signing Orders, LHSC Workplace Violence Training, Privacy Breaches, Recording Procedures Policy

	<ul style="list-style-type: none"> ○ Ongoing work being done to update hospital policies and procedures, updates expected in December.
4.0 REPORTS	
DISCUSSION	<p>4.1 PARO REPRESENTATIVES – Z. MANSOOR</p> <ul style="list-style-type: none"> ▪ Call for applications for the Resident Enhancement Fund closed on November 1st; four applications were received; reminder that anything below \$200 can be approved all year round; big ticket items have two application deadlines in November and March; please encourage your residents to apply; will be reviewing the applications in the next couple of weeks and responding to applicants in December. ▪ Resident Doctors Appreciation Week is scheduled for February 9th to 13, 2026; this is an annual initiative organised by the Resident Doctors of Canada, to promote the important work done by residents; it provides an opportunity for PARO, PGME, and programs to celebrate residents. ▪ A call for members to serve on this year's PARO Award Selection Committee going out by the end of the month; the deadline to apply is December 12; the PARO Awards are basically an opportunity for members to influence who and what is valued and awarded in the medical community; award nominations will open in early December. ▪ <i>ACTION ITEM: PARO to provide an update on plans for Resident Doctors Appreciation Week at a future meeting. L. Diachun indicated LEO would like to partner with PARO again this year, PARO to get in touch to discuss.</i> <p>4.2 POSTGRADUATE MEDICAL EDUCATION – T. VAN HOOREN</p> <ul style="list-style-type: none"> ▪ Resident/Fellow Research Travel Reimbursement Fund <ul style="list-style-type: none"> ○ Changed from an award to a reimbursement fund; process is resident initiated with a short program recommendation form; application deadline is November 30; expenses already reimbursed by the program cannot be resubmitted for reimbursement fund, this happened twice last year; leadership portion has been removed and will become a separate award in Spring 2026. ▪ Upcoming Resident Education <ul style="list-style-type: none"> ○ Registration for Certificate in Leadership has closed; first session will be held on November 20; PGY2+ and Family Medicine residents prioritized; selected candidates have been contacted; six residents are awaiting PD permission. ○ Resident as a Teacher Bootcamp will be held in March; invitations to trainees will be sent in December. ○ Serious Illness Conversation Workshop will be held in February; attendees can self nominate or be nominated by their PD; PD approval is required. ▪ Overdue e-Learning <ul style="list-style-type: none"> ○ LHSC has sent a final notice to trainees who have not completed their eLearning requirements; PDs, Chairs, and PGME have been copied on the notices; final extension to November 14 has been granted. ▪ IRC: Program Document Review <ul style="list-style-type: none"> ○ Process previously shared with Committee in October 2024; this 'mini-review' is based on documents which would be provided to the reviewers during the internal review process, but without the scheduled meetings or the need to complete CanAMS; 7 programs will undergo this process and will be contacted by PGME before the end of November; sign-up list for review team members will be distributed in early December. ○ If a program is interested in undergoing a document review, please reach out.
5.0 NEW BUSINESS	
DISCUSSION	<p>5.1 WHAT WORKS – J. ROSS AND B. FRANZE</p> <ul style="list-style-type: none"> ▪ The Psychiatry Resident Portfolios were created as a way of meeting the new expectations for CBD and CanERA; the program is 5-years with close to 50 residents spread across 2 sites with many longitudinal requirements rotations. ▪ Portfolios are accessed in Teams by the PAs, PD and APD, and the CC for file reviews; they streamline the CC process, create a single source of information for questions regarding specific residents, and create a consistent paper trail for the system of assessment. ▪ A portfolio is created for each resident at the start of their training; they are designed to capture each resident's progression throughout training; provides a concise snapshot of documents received and key timelines, allows for quick reference without the need for a full

	<p>document inventory, and helps identify any rotations missed by residents who are off-cycle; helps improves efficiency for both the CC and program team.</p> <ul style="list-style-type: none"> Portfolios are updated quarterly by the program team in advance of CC meetings; process takes approximately 10 hours to complete; CC members review the portfolios in conjunction with EPA data and present their findings at meetings; portfolios are reviewed annually and adjusted as needed based on program requirements. <p>5.2 SEMI-ANNUAL EPA REPORTS – T. VAN HOOREN</p> <ul style="list-style-type: none"> Semi-annual EPA reports were distributed to programs at the end of September; covers EPA data between January 1 and June 30, 2025, and is based on encounter date; charts shared during meetings will no longer be anonymous, program names will be visible at future meetings. Overall numbers have remained fairly static; programs should be reviewing their data and identifying where they are running into challenges; reminder that expired EPAs should be considered complete by the CC. A shortened on-demand EPA report is now available through PGME. Top 5 Programs for Faculty Triggered EPAs: Hematology (59.8%), Medical Oncology (30.1%), Physical Medicine & Rehabilitation (26.4%), Geriatric Medicine (25.8%), and General Surgery (21.9%). <p>5.3 PROGRAM DIRECTOR PERFORMANCE SUMMARY – T. VAN HOOREN</p> <ul style="list-style-type: none"> Part of the accreditation standards for PGME; will include metrics on PGME Committee attendance, participation in internal reviews, subcommittee involvement, mentor activity, and other PGME related activities; annual distribution at the end of each academic year and shared with PD and Division/Department Chair; attendance requirements can be shared by Co-PDs who may attend alternate meetings. <p>5.4 CaRMS: NAVIGATING CONFLICT OF INTEREST – T. VAN HOOREN</p> <ul style="list-style-type: none"> PGME Policy outlines any COIs must be brought to the attention of the PD; any potential COI should be disclosed for review by your selection committee and the process documented; managing a PD COI can be tricky, reach out to PGME with any questions or concerns. A few suggestions were shared including the PD not providing any reference letters to avoid a potential COI in the future, ensuring there are standardized scoring rubrics for file review and interviews, and having the PD attend the interviews but not participate in the scoring. <p>5.5 FACULTY EVALUATION – T. VAN HOOREN</p> <ul style="list-style-type: none"> Faculty Evaluation process is noted as an area for improvement for many of our programs; additional oversight is required by the Institution Standards; this is a focus as we prepare for our review; will work with Clinical Chairs to improve the process at the program level. A request was made for programs to standardize the scoring to help with the promotions process; standard PGME form has been revised to use the same 7-point scale as UME but all programs may not have transitioned to the updated form. <p>5.6 PGME COMMITTEE TERMS OF REFERENCE – T. VAN HOOREN</p> <ul style="list-style-type: none"> Approval of terms of reference; voting and non-voting members clearly identified, officially added several new membership categories, representatives of the Program Administrator group to be elected by peers, attendance requirements for voting members (70% of meetings), new responsibility added “Develop central monitoring measures, specific policies, and educational resources to support equity, diversity, and inclusion in all training programs, specifically related to marginalized, Black, and Indigenous communities.”, clarified that responsibilities may be delegated to specific subcommittees, subcommittees must provide annual report. <ul style="list-style-type: none"> Motion to approve revised terms of reference: approved by virtual vote.
6.0 MEMBER TOPICS	
DISCUSSION	No topics submitted.
7.0 QUESTIONS & ADJOURNMENT (8:00 AM) AND NEXT MEETING	
Next Meeting: December 10, 7:00 – 8:00 AM, Virtual	

ATTENDANCE

Voting Members

Associate Dean, PGME (Chair): T. Van Hooren

Vice Dean, Medical Education: S. Venance

Chair of Clinical Chairs: D. Driman

Associate Dean, Windsor: L. Jacobs

Assistant Dean, Postgraduate Learner Experience: L. Diachun

Associate Dean, Continuing Professional Development: W. McCauley

Associate Dean, Equity and Social Accountability: S. Bains

Program Directors of RCPSC and CFPC Accredited Training Programs: T. Awani, H. Banner, A. Barghi, P. Basharat, J. Bjazevic, S. Blissett, L. Bursztyn, P. Cameron, A. Cheng, M. Chin, M. Chiu, R. Degen, S. Elsayed, A. Ens, A. Florendo-Cumbermack, D. Grushka, S. Gryn, A. Gunz, T. Jevremovic, T. Khan, R. Khanna, J. Landau, R. Leeper, Y. Leong, A. McConnell, M. Ngo, M. Nicholson, T. Phillips, M. Phung, A. Ranger, R. Reardon, J. Ross, J. Stein, P. Stewart, J. Thain, J. Van Koughnett, M. Wilejto, Q. Zhang, R. Zhu

Program Directors of RCPSC Accredited AFC Programs: W. Reisman, L. Valdis

PARO Representatives: Z. Mansoor, M. Yousif

Non-Voting Members

Vice Dean, Clinical Academic Affairs: A. Lum

Associate Dean, Undergraduate Medical Education: P. Wang

Associate Dean, Learner Experience: R. Stein

Two representatives from Medical Affairs, London Hospitals: A. Dukelow, M. Kahng

Two Representatives from Medical Affairs, Windsor Hospitals: M. Curtis, A. Pistan

Director, Medical Education: C. Newnham

Director, PGME Curriculum and Assessment: H. Iyer

Director, PGME Accreditation and Quality Improvement: D. Fortin

Manager, PGME: P. Morris

PGME Staff Member: L. Curtis

Associate and Assistant Program Directors of RCPSC and CFPC Accredited Training Programs: N. Adunuri, L. Bondy, C. Fayowski, D. Hudson, P. Rasoulinejad, O. Scallan, M. Thomson

Program Director, Oral & Maxillofacial Surgery: M. Shimizu

Guests: F. Arsalan, P. Bere, A. Clemens, B. Franze, E. Goebel, J. Goetz, K. Kilbreath, K. Lancey, D. Lewis, R. Liston, D. McVeeney, T. Noyes, S. Taylor, B. Telford, L. Williams