

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, October 8, 2025	Time: 07:00 – 08:00 AM	Location: Virtual
MEETING CALLED BY	T. Van Hooren, Associate Dean, Postgraduate Medical Education		
ATTENDEES	<p>F. Accorsi, N. Adunuri, S. Bains, P. Basharat, J. Bjazevic, S. Blissett, P. Cameron, A. Cheng, M. Chin, M. Chiu, T. DeLyzer, L. Diachun, D. Driman, S. Elsayed, A. Ens, C. Fayowski, A. Florendo-Cumbermack, D. Fortin, D. Grushka, S. Gryn, H. Iyer, L. Jacobs, J. Jang, T. Jevremovic, V. Juncal, T. Khan, D. Laidley, J. Landau, A. Lum, J. Manlucu, A. McConnell, J. Megyesi, P. Morris, M. Mrkobrada, L. Myers, C. Newnham, V. Ng, M. Ngo, M. Nicholson, T. Phillips, M. Qiabi, K. Qumosani, M. Rajarathinam, A. Ranger, R. Reardon, W. Reisman, J. Ross, M. Shimizu, R. Stein, P. Stewart, J. Thain, L. Valdis, J. Van Koughnett, S. Venance, J. Walsh, P. Wang, M. Wilejto, Q. Zhang, R. Zhu</p> <p>Hospital Rep: A. Dukelow, M. Kahng, A. Pistan</p> <p>PARO Reps: A. Alobaid, Z. Mansoor, M. Yousif</p> <p>Guests: F. Arsalan, P. Bere, A. Clemens, C. Herremans, K. Kilbreath, D. Lewis, D. McLaughlin, D. McVeeney, S. Taylor, N. Voorn</p>		
REGRETS	W. McCauley		
NOTE TAKER	L. Curtis		

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

DISCUSSION	<ul style="list-style-type: none"> Additional topic added to agenda; AFMC Strike Mitigation Measures for Quebec Medical Students. Minutes and agenda approved.
-------------------	--

2.0 ANNOUNCEMENTS

T. VAN HOOREN

DISCUSSION	<p>2.1 WELCOME TO OUR NEW PROGRAM DIRECTORS</p> <ul style="list-style-type: none"> Dr. Lulu Bursztyn and Dr. Verena Juncal - Co-PDs Ophthalmology <p>2.2 WELCOME TO OUR NEW PROGRAM ADMINISTRATOR</p> <ul style="list-style-type: none"> Cassandra Herremans - Prehospital & Transport Medicine AFC Nicole Voorn - Sleep Disorder Medicine AFC
-------------------	---

3.0 UPDATES

DISCUSSION	<p>3.1 PARO UPDATE – Z. MANSOOR</p> <ul style="list-style-type: none"> Roles and leadership positions have been designated within the PARO Committee; second site meeting on October 9. Will be putting out a call for applications for PARO's Resident Enhancement Fund, please let residents know they can apply for resident room improvements to help augment resident well-being; application deadline is November 1 and March 1 and all PARO members are eligible to apply. Third iteration of the Resident Pulse Check survey has been distributed to RCSPC residents; deadline to complete the survey is November 23; results of past surveys have helped inform changes to CBD. <p>3.2 MEDICAL AFFAIRS UPDATE – A. DUKELOW</p> <ul style="list-style-type: none"> The Safe Ride Home program will be modified while still supporting residents; program has been around for a few years and is part the PARO-OTH Collective Agreement; program has been fairly generous in the past, LHSC is spending \$12000 a month on the program, 10x what
-------------------	---

hospitals across the province are spending; 20-30 residents are responsible for most of the cost; the criteria for the program will be more strict and departments/programs will need to approve the rides the residents are taking.

- Communication around privacy breaches is occurring; working through an iterative process to figure out how Medical Affairs and PGME are engaged in privacy breaches; trying to work with both hospitals to determine what approved access is when people are engaged in the care of someone that may not be in the traditional manner; the Privacy Commissioner of Ontario has become more strict about what a privacy breach is and the outcomes; may hear of staff being fired for privacy breaches.
- Roughly 50% of residents still need to complete Dynamic documentation training; those that have completed are enjoying using Dragon Medical One; there is some hesitancy among certain specialties regarding the transition; resident training is well underway and faculty will have received an email about the training process for staff physicians.
- Clinic for influenza vaccines to be held October 15 at St. Joseph's and October 20 at LHSC; same requirements for both residents and faculty; must either get the vaccine or submit a signed vaccine attestation explaining why you are not getting it.
- M. Kahng asked program directors to remind learners and residents about the hospital's scent free policy; Occupational Health and Safety has received a few concerns around strong scents being used by learners.
- A member asked about the use of AI: St. Joe's has an AI policy and LHSC is developing one; conversations are happening nationally and with hospital partners; trying to come up with guidance for trainees regarding the use of AI; currently no AI programs within the hospitals or clinics, but some may be using AI scribes in a cut and paste function; OntarioMD has vetted a number of AI scribes, hospital has not allowed vetted ones to be used; OneChart has Clinical Digital Assistant which is more than a scribe.
- A member asked if residents are allowed to refuse when patients or their families want to video record them doing procedures: LHSC is in the process of changing the current policy; current policy states you cannot but trying to find balance; legislation also states it's one-way consent but determining how that extends to a healthcare setting.
- **Action Items:**
 - *Privacy breaches will be brought back to a future meeting to provide specific language about what's okay and not okay when reviewing patient outcomes when a resident is no longer in the circle of care, as well as using medical images.*
 - *An update to the recording procedures policy will be provided once a new policy is in place.*

3.3 EDUCATION UPDATE – T. VAN HOOREN

- Certificate in Leadership will start in November; program consists of two 3-hour Zoom sessions and a full-day in-person session in May; registration opened 5 days ago and limited spots are available (37/42 spots already filled).

3.4 RCPSC TECHNICAL GUIDES – H. IYER

- Assessment Technical Guide:
 - Programs are required to establish a clearly defined system of assessment that supports residents' ongoing development, create opportunities for informal, low-stakes feedback that is not recorded so residents can grow without pressure of constant evaluation, and gather data on EPA and non-EPA based assessments.
 - Programs need to maintain a curriculum map, allow residents to identify and address their individual learning objectives, have a multi-modal assessment system, assess all competencies and EPAs, monitor training experiences, give residents feedback, document and communicate, record residents' progress, and inform the CC.
 - Programs have flexibility in Assessment methods, assessment forms and tool, number of assessments, and entrustment scales.
- Competence Committee Technical Guide:
 - CC is responsible for resident assessment; reviews different types of assessments from multiple sources to determine readiness for promotion; it is task focused.

	<ul style="list-style-type: none"> ○ RPC is accountable for resident assessment; it is informed of and responsible for overseeing CC activities and decision-making-processes; it is outcomes-focused. ○ CCs must have a clear TOR, align their process with the General Standards for Accreditation, have access to assessment portfolio, make informed decisions about successful completion of training requirements and stage of progression, record their decisions, and ensure transparency for residents. ○ CCs have flexibility in the number of CC meetings, the membership, and the number of assessments. ○ For smaller program where the members of the CC and RPC may be the same, it is important to have a clear distinction between the function and work of each committee, can be shown through TORs and minutes. <p>3.5 UNDERGRADUATE MEDICAL EDUCATION – P. WANG</p> <ul style="list-style-type: none"> ▪ Quebec Students and Clerkship Opportunities <ul style="list-style-type: none"> ○ Quebec passed Bill 106 which links physician performance to pay; FMSO began a job action September 15 and FMOQ began job action on October; this means no teaching for medical students and clerks in Quebec. ○ AFMC suspended the Electives Diversification Policy and the Visiting Electives Cap. ○ UME is working with AFMC to is there is capacity for Quebec students; UME has been reaching out to programs, if you have capacity please reach out. <p>3.6 OFFICE OF EQUITY, DIVERSITY, INCLUSION, AND DECOLONIZATION – S. BAINS</p> <ul style="list-style-type: none"> ▪ Several EDID resources, services, and educational opportunities were shared, including the Office's website and newsletter, LHSC's Indigenous Health Team, and Western's EDI online modules. ▪ In Summer 2025, Western implemented a policy and associated procedure to verify declarations of Indigenous citizenship and membership for designated or preferred opportunities for Indigenous students, staff and faculty; more information can be found here. ▪ Action Item: <i>the slides from this presentation will be distributed to members after the meeting to allow programs to share resources and embed existing educational opportunities in their curriculum.</i>
4.0 NEW BUSINESS	
DISCUSSION	<p>4.1 MINISTRY OF HEALTH AND IMG POSITIONS – T. VAN HOOREN</p> <ul style="list-style-type: none"> ▪ Ontario government is making changes to the IMG's eligibility for the first iteration CaRMS match; only Ontario IMGs will be eligible for the first iteration match, to meet this definition must have completed at least two years at an Ontario high school. ▪ Programs do not need to update anything, CaRMS to update the criteria for all involved programs today; applicants will be emailed directly by CaRMS; common response letter being provided to all Ontario Program Directors and Administrators; eligibility decisions will be made through CaRMS, not at the program level. ▪ Program directly impacted at Western: Family Medicine (23), Family Medicine Windsor (3), Anesthesia (1), Orthopedics (1), Internal Medicine London (8), Neurology (1), Pediatrics (2), Psychiatry London (3), and Psychiatry Windsor (1). ▪ Communications is aware and can help steer any messaging, do not try to do that independently. <p>4.2 AFMC STRIKE MITIGATION MEASURES FOR QUEBEC MEDICAL STUDENTS – T. VAN HOOREN</p> <ul style="list-style-type: none"> ▪ For Quebec students applying to the 2026 R1 match, reference documents from the institution where the applicant is applying must not be a criterion for file review or ranking for students applying to Quebec schools; letter of reference, or application support forms, completed by any physician able to support the application must be accepted by all programs, students cannot be expected to have references from a physician practicing in the discipline they are applying to; each program can request a maximum of two reference documents; a complete

	<p>MSPR must not be a criterion for file review or ranking, an incomplete MSPR must be accepted.</p> <p>4.3 AFMC TRAINEES FROM ABROAD – T. VAN HOOREN</p> <ul style="list-style-type: none"> ▪ AFMC has put out a document which helps us speak to how visa trainees for not detract from the ability of Canadians to pursue medical school or residency and bring a wealth of knowledge and expertise into the Canadian medical system. ▪ Document will also be shared with Chairs. <p>4.4 CMPA PATIENT SAFETY PRIMER – T. VAN HOOREN</p> <ul style="list-style-type: none"> ▪ A Resident Education Resource hub and a Patient Safety Primer workshop are available; please share with your trainees. <p>4.5 SEMI-ANNUAL EPA REPORTS</p> <ul style="list-style-type: none"> ▪ Topic deferred to next meeting.
5.0 QUESTIONS & ADJOURNMENT (8:00 AM) AND NEXT MEETING	
	Next Meeting: Wednesday, November 12, 7:00 – 8:00 AM, Virtual