

Postgraduate Program Administrator



Reference Guide

July 2019

Preface:

This guide is a work in progress, created by the Program Administrator Executive Committee, and is for the use of PA's at the Schulich School of Medicine and Dentistry and affiliated hospitals.

Comments/Suggestions:

Any suggestions or comments should be forwarded to the PA Executive Committee

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Welcome

The first edition of this manual was a collaborative effort between the Postgraduate Program Administrator's Executive Committee and the Postgraduate Medical Education Office. We will continue to update and add information as necessary for the benefit of all Program Administrators, and we welcome any input you would like to submit.

Please visit our website at

https://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/program_administrator_resources/index.html

Our committee works with a mandate of inclusiveness and sharing of best practices across all sites for the advancement of resident education at Schulich and the professional and personal development of all Administrators. Please consider service on the committee and contact us if you would like to participate.

Best regards,

President, Postgraduate Program Administrator Committee
Schulich School of Medicine & Dentistry

References

In addition to this manual, you might find the following references helpful:

PGME office website: <http://www.schulich.uwo.ca/medicine/postgraduate/>

The PGME Resident's Handbook:

http://www.schulich.uwo.ca/medicine/postgraduate/current_learners/resident_handbook.html

PARO: <http://www.myparo.ca/>

CaRMS: <http://www.carms.ca/en/>

Royal College of Physicians & Surgeons of Canada:

<http://www.royalcollege.ca/portal/page/portal/rc/public>

Postgraduate Medical Education Office

The Schulich School of Medicine & Dentistry offers [54 Postgraduate Medical Education training programs](#), leading to certification either by the [College of Family Physicians of Canada \(CFPC\)](#) or by the [Royal College of Physicians & Surgeons of Canada \(RCPSC\)](#). Postgraduate trainees are referred to as residents (PGY1-8) and fellows. Residents are those trainees, who are enrolled in programs recognized by the RCPSC or the CFPC and are fulfilling the requirements for primary discipline certification, certification of special competence, or are enrolled in programs designated as accreditation without certification. It includes those who are engaged in a research experience for a part or whole year which could be credited towards the requirements of specialty or sub-specialty qualification. Residents are required to register with the University Postgraduate Medical Education Office. They may hold a certificate of registration for postgraduate education (educational licence) or a certificate of registration authorizing independent practice (independent licence). A certificate would not be required if they were pursuing non-clinical or purely research experiences without patient contact. Residents must also obtain [CMPA](#) coverage, undergo a health review, and an annual TB test. First year residents must provide proof of Advanced Cardiovascular Life Support (ACLS) certification.

Fellows are those trainees enrolled in a RCPSC specialty or subspecialty program (including programs designated as accreditation without certification) or an accredited program of the College of Family Physicians of Canada, who are gaining an educational experience beyond certification requirements. Training undertaken during fellowship appointments may not be credited toward RCPSC/CFPC certification. The fellowship must be supported by the residency Program Director to ensure availability of resources and assess potential impact on training programs. Clinical Fellows may hold a certificate of registration authorizing independent practice or postgraduate education. Research Fellows require no certificate (licence) while pursuing non-clinical or purely research experiences without patient contact which do not impact on patient care. Both Clinical and Research Fellows must register with the University Postgraduate Medical Education Office. Fellows must also obtain CMPA coverage, undergo a health review, and an annual TB test.

All graduates of Canadian and US accredited medical schools who have not had any previous postgraduate medical education should apply for first year (PGY1) positions through the Canadian Residency Matching Service ([CaRMS](#)). The majority of our postgraduate year one positions are funded by the Ontario Ministry of Health. A few positions may be available for physicians funded by the Department of National Defence. Position quotas and distribution must be determined by mid-February each year (prior to the Match). Medical students in their final year apply directly to either family medicine or a Royal College specialty program at Universities across Canada. This application process is facilitated by the Canadian Resident Matching Service (CaRMS).

An International Medical Graduate is a trainee who obtained their medical degree outside of Canada. They are either a Canadian citizen or Permanent Resident of Canada, and apply for residency training through CaRMS.

An internationally sponsored resident or fellow is a non-Canadian citizen pursuing postgraduate education who is funded by their home country for the duration of training. An internationally sponsored resident or clinical fellow differs from an international medical graduate in that they are not a citizen of Canada, and their salary and tuition are funded by a sponsoring agency in their home country. There are many international trainees in a variety of training programs at Schulich. We currently have contractual agreements with the following sponsoring agencies:

- Embassy of the State of Kuwait
- Oman Medical Specialty Board
- Saudi Arabian Cultural Bureau
- Aramco Services Company - Saudi Arabia
- Jaffna Health Foundation - Sri Lanka

Postgraduate Medical Office - Policies

The Postgraduate Medical Education Policies can be accessed through https://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/policies.html. These policies include Resident Evaluation and Appeals, Leaves of Absences and Training Waivers, Transfers and training credit, Resident Supervision/Health and Safety, etc. It is important that you direct your trainees to this site for reference. If you need assistance, please contact the Registration Coordinator at the PGME office.

Postgraduate Medical Office – Administrative Forms

The Administrative forms are housed under the Faculty & Staff Resources section of the website at https://www.schulich.uwo.ca/medicine/postgraduate/academic_resources/faculty_staff_resources/administrative_forms.html. These forms (which also contains guidelines) are updated on a regular basis. It is important that you direct your trainees to this site for reference. If you need assistance, please contact the Registration Coordinator at the PGME office.

Postgraduate Medical Office - Who Does What

Please let the Registration Coordinator (x86020) know if you are looking for something not already listed.

| Topic | Person Who Handles | Extension |
|--|--|--------------------|
| AAPANs | Courtney Newnham | 86005 |
| Academic Half Days | Kimberly Trudgeon | 87537 |
| Accreditation <ul style="list-style-type: none"> • External Accreditation Review Process • Internal Accreditation Review Process • Accreditation without Certification | Courtney Newnham | 86005 |
| ACLS (Advanced Cardiac Life Support) | Stacey Taylor | 75115 |
| Address Changes | Any PGME staff member can update this information in SAS | 82019 |
| Administrative fee | Kate O'Donnell | 87675 |
| Archived files | Sheryl Jones | 86020 |
| Attestation Letters | Sheryl Jones | 82019 |
| AVP (Assessment Verification Period) | Karen Lancey | 86020 |
| Awards | Sheryl Jones | 82019 |
| Billing | Tara Coletti | 86205 |
| Budget Transfers | Courtney Newnham | 86005 |
| Career Fair | Learner Equity & Wellness | 86250 |
| CaRMS (Canadian Residency Matching Service) | Tara Coletti | 86205 |
| Certificates of Completion of Training (CCTs) | Sheryl Jones | 82019 |
| CITERS | Karen Lancey | 86020 |
| Clerkship Inquiries | Jennifer Cordick – (UGME) | 86480 |
| Clinical Investigator Program (CIP) | Karen Lancey | 86020 |
| CMPA | Stacey Taylor (Medical Affairs) | 75115 |
| COFM | Courtney Newnham Dr. Chris Watling | 86005 |
| Committees <ul style="list-style-type: none"> • PGE Advisory Board, SPAC Committee • Internal Review Committee, AFC Committee, Policy Renewal Committee | Karen Lancey Courtney Newnham | 86020 86005 |
| Continuing Lists | Karen Lancey | 86020 |
| Credentialing | Sheryl Jones | 82019 |
| Clinical Education (CLINED) Budget | Tara Coletti | 86205 |
| Clinical Fellows | Kate O'Donnell | 87675 |
| Direct Deposit Information | Western Human Resources | |
| DND Billing | Tara Coletti | 86205 |
| Early departure notices for Clinical Fellows | Kate O'Donnell | 87675 |
| Electives | | |

| | | |
|--|------------------------------------|---|
| Canadian International | Tara Coletti Kate O'Donnell | 86205 87675 |
| Evaluations for Residents (CMGs & IMGs) | Karen Lancey | 86020 |
| Evaluations for Clinical Fellows & ISRs | Kate O'Donnell | 87675 |
| FITERs | Karen Lancey | 86020 |
| Hospital Letters | Stacey Taylor (Medical Affairs) | 75115 |
| Hospital Privileges | Stacey Taylor (Medical Affairs) | 75115 |
| IMG Submission Report | Tara Coletti | 86205 |
| ISR Billing | Tara Coletti | 86205 |
| Internationally Sponsored Trainees (ISR's) | Kate O'Donnell | 87675 |
| Internationally Sponsored Trainees (ISR) – HR • SANs, Direct Deposit, Employee IDs | Kate O'Donnell | 87675 |
| Invoicing | Tara Coletti | 86205 |
| Leave of Absence | Karen Lancey | 86020 |
| Letters of Appointment (LOAs) • Internationally Sponsored Residents and all Clinical Fellows • Canadian Residents | Kate O'Donnell Karen Lancey | 87675 86020 |
| Letters of Good Standing | Sheryl Jones | 82019 |
| Licensing Residents (CMGs & IMGs) | Karen Lancey | 86020 |
| Clinical Fellows & ISRs | Kate O'Donnell | 87675 |
| Mail | Sheryl Jones | 82019 |
| Medical Degree credentialing | Undergraduate Medical Education | 86251 |
| Medical student electives | Jen Foxcroft - (UGME) | 87392 |
| Ministry of Health & Long Term Care (MOHLTC) | Alan Campbell Program Officer | Tel: 416-327-8339 Fax: 416-327-0167 |
| MTCU Report | Tara Coletti | 86205 |
| Name changes | Karen Lancey | 86020 |
| New Residency Program Director's Workshop coordinator | Courtney Newnham | 86005 |
| OHIP | Kate O'Donnell | 87675 |
| OMFS (Oral Maximal Facial Program) | Karen Lancey | 86020 |
| One45 login information | Schulich Help Desk | 81377 |
| OPHRDC Report | Tara Coletti | 86205 |
| Orientation Day | Karen Lancey | 86020 |
| Pagers/BEEP | Medical Affairs | Pager Management / Switchboard Clerk LHSC (519)685-8500 Ext 53530 (519)685-8500 Pager 18827 |
| Payroll issues | Monica McKay (Medical Affairs) | 75128 |
| P-Card | Tara Coletti | 86205 |

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|--|--|---------------------|
| PDG – Vacation Tracking | Courtney Newnham | 86005 |
| PEAP (Pre-Entry Assessment Period) Evaluations | Kate O'Donnell | 87675 |
| Clinical Fellows & ISRs | | |
| PGE Dean Assistant (Calendar Management) | Sheryl Jones | 82019 |
| PGME emails and main phone line | Sheryl Jones | 82019 |
| PGME Policy and Procedure Handbook/Manual | Courtney Newnham | 86005 |
| Photos in One45 | Karen Lancey | 86020 |
| Policies and Procedures | Courtney Newnham | 86005 |
| Postgraduate Education Liaison | Courtney Newnham | 86005 |
| Probation | Courtney Newnham | 86005 |
| Program Contact List updates | Karen Lancey | 86020 |
| PRP (Pre-Residency Program) | Karen Lancey | 86020 |
| Re-Entry Program | Karen Lancey | 86020 |
| Registration Fees | Karen Lancey | 86020 |
| Remediation | Courtney Newnham | 86005 |
| | Karen Lancey | 86020 |
| Repatriation Program | Karen Lancey | 86020 |
| Reporting – MTCU, CEB, OPHRDC | Tara Coletti | 86205 |
| Residents (Canadian) | Karen Lancey | 86020 |
| Residents (Internationally Sponsored) | Kate O'Donnell | 87675 |
| Resident Evaluation and Progression : Appeals | Courtney Newnham | 86005 |
| | Karen Lancey | 86020 |
| SANs (Staff Appointment Notice) | Kate O'Donnell | 87675 |
| SAS (Schulich Administration System) | Schulich IS | 81377 |
| SAS Authorization | Courtney Newnham | 86005 |
| Schulich E-mail | Schulich IS | 81377 |
| Social Insurance Numbers (SIN) | Monica McKay (Medical Affairs) | 75128 |
| STACERS | Karen Lancey | 86020 |
| Student Loans | Financial Aid Office – Registrar's Office (Western Student Services, room 1100) | 519-661-2100 |
| Student numbers and PINs (access codes) | | |
| • For Internationally Sponsored Residents and Clinical Fellows | Kate O'Donnell | 87675 |
| • For Canadian Residents | Karen Lancey | 86020 |
| Supplies | Sheryl Jones | 82019 |
| T2202 tax forms | LHSC- Human Resources | 519-685-8500 x35222 |
| T2202a tax forms | Tara Coletti | 86205 |
| T4 tax forms | Monica McKay (Medical Affairs) | 75128 |
| T4A tax forms | Monica McKay (Medical Affairs) | 75128 |
| Termination Notices | Kate O'Donnell | 87675 |
| Training Credits | Karen Lancey | 86020 |
| Transition to Practice | Kimberly Trudgeon | 87537 |
| Transition to Residency | Kimberly Trudgeon | 87537 |

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| Transfer Requests | Tara Coletti | 86205 |
| Training coordinator | Karen Lancey | 86020 |
| UHIP | Kate O'Donnell | 87675 |
| Visas | Kate O'Donnell | 87675 |
| Waivers of Training | Karen Lancey | 86020 |
| Web site (PGME) Updates | Anyone in PGME | 82019 |
| Western E-mail | Western ITS | 83800 |
| Western ID | Western ITS | 83800 |
| WesternOne Cards | Karen Lancey | 86020 |
| Work Permits | Kate O'Donnell | 87675 |

You can also find this information at the following link:

https://www.schulich.uwo.ca/medicine/postgraduate/people/pgme_office.html

Duties of a Program Administrator

The Program Administrator (PA) is responsible for the day to day operation of the residency program. This section is not meant to be a job description, but rather a list of potential duties common to all or most PA's:

- Create and maintain resident rotation schedules and input into One45/New Innovations; organize, maintain and distribute evaluations
- Schedule educational/academic sessions for residents; this may include organizing a teaching schedule including teaching topics and presenters (this is program specific and in addition to the PGME Academic Half Day sessions)
- Schedule and minute Residency Program Committee (RPC)/Competence Committee meetings; typically held quarterly
- Schedule and participate in Resident Evaluation meetings which may take place at the RPC level or as a separate subcommittee; usually occur biannually before the resident reviews with the Program Director
 - generate resident portfolios which may include procedure log reports and distribute amongst the committee prior to the meeting
- Schedule bi-annual reviews with the Program Director for all residents
- Organize monthly Journal Clubs
 - secure venue, circulate articles
- Create Grand Rounds schedule and circulate weekly reminders
- Book rooms for all meetings, teaching, Grand Rounds, etc.
- Keep track of incoming elective residents, communicate instructions, and collect information for CaRMS if needed (e.g. CV, internal evaluation, etc.)
- Input call schedule information into hospital online system, make updates, and circulate changes as required
- Plan and organize annual Resident Research Day:
 - book venues and arrange catering
 - create and circulate any internal posters (“save the date” and a more detailed invitation closer to the date)
 - apply for any applicable grants (e.g. Royal College)
 - make travel arrangements and accommodations for Visiting Professor
 - collect abstracts from residents
 - send invitations to potential guests (e.g. staff, alumni, etc.)
 - invite industry sponsors, plan various sponsorship levels
 - create an agenda and outline for syllabus/printed program; arrange for printing of these and any other handouts
 - create evaluation form for attendees
 - after event, generate invoices/receipts for sponsors, create a balance sheet
- CaRMS:
 - verify CaRMS timetable, update information on CaRMS website (for reviewers, residency program description, etc.)
 - inform interview committee of file review; print and distribute applicant documents, if required
 - schedule interviews for candidates, send invitations

- reserve rooms for interviews, breaks, etc. and arrange for any catering
- book social event, if required
- after interviews, submit rank order list (ROL) through CaRMS
- Liaise with residents:
 - orientation at beginning of academic year
 - complete appointment process for incoming house staff
 - create and maintain a calendar of important events/deadlines (e.g. conferences, exam registration deadlines), send reminders to residents
 - communicate educational events
 - track resident vacation time, process vacation requests according to PARO guidelines
 - keep track of conference time and process reimbursements for resident travel as necessary
 - write and update resident manual
- Process credential verification requests from Western for previous residents (usually sent by PGME to programs)
- Maintain files on all residents
- Maintain resident and fellow lists, update alumni list
- Schedule practice oral exams for senior residents
 - organize exams, recruit examiners, reserve venue and catering if required
- Coordinate and administer specialty board and in-service examinations
- Maintain program website; announce current events, compile information for and create departmental newsletter (if applicable)
- Process applications for fellowships annually
- Process observership requests and liaise with Medical Affairs
- Assist the Program Director as needed
 - correspondence for resident letters of reference/good standing
 - FITER preparation
 - development and implementation of new procedures in response to new or revised policies issued by governing agencies (e.g. Western, Royal College) or Program Director

A Year in the Life of a Residency Program Administrator

This section is only intended as guide and may not necessarily reflect what is most appropriate for your program. An academic year runs from July 1 to June 30 each year.

JULY

- July 1 is the beginning of the academic year in all PGME programs. It is the day the majority of new residents and fellows begin their training.
- Prepare for division orientation
- Begin the process of answering questions about your Residency Program from 4th year medical students

AUGUST

- Make preparations for upcoming interview season
- Update program information on CaRMS website
- Update all interview materials including Interview Evaluation Forms

SEPTEMBER

- CaRMS opens for applicants to apply to programs
- Upload reference letters to CaRMS website
- Start preparing chief resident practice oral schedule

OCTOBER

- Determine interview date(s), if not already done; notify faculty and appropriate personnel both administrative and clinical
- Secure venue for entertaining CaRMS applicants, if applicable
- Start preparing resident oral exam schedule
- Order CAGS exam
- Coordinate residents semi-annual reviews with the program director
- Using portfolio in New Innovations setup interview schedule
- Confirmation of Completion of Training (CCT) for Spring certification examinations received from the Royal College; you will receive a spreadsheet listing the names and anticipated end of training date of the residents who have applied for the spring certification examinations; must be verified and accepted by Program Director and returned to PGME office

NOVEMBER

- Beginning of interviewing of residency and fellowship candidates
- Coordinate scoring of applicants
- Start application process for all international fellows (this can take up to 6-months)
- Continuing lists received from PGME; confirm beginning and end dates for all trainees (available in SAS)

DECEMBER

- CaRMS file review opens for surgical programs
- Distribute list of applicants for file review to Resident Selection Committee
- Send out letters of acceptance and /or rejection to candidates before the Xmas break

JANUARY

- Finalize CaRMS interview schedules and distribute to Resident Selection Committee and candidates
- Assist during interview days by developing itineraries, greeting applicants, and providing an overview of the program
- Coordinate with faculty in interview process by providing them with applicant information
- Begin submitting Clinical Fellow re-appointment materials to the PGME office (January-February)
- Confirm continuing lists with PGME
- Final In-Training Evaluation Report (FITER) for Spring certification examinations received from the Royal College; you will receive a spreadsheet listing the names and anticipated end of training date of the residents who have applied for the spring certification examinations; must be verified and accepted by Program Director and returned to PGME office

FEBRUARY

- Start preparing academic half day schedule for next academic year
- Submit rank order list to PGME office
- Send requests for attendance certificates for graduating residents and fellows to the PGME office
- Start preparing for PGY1 rotation schedule; to be coordinated by the PGME office
- eFITERs due to PGME for Spring certification examinations

MARCH

- Match Day occurs in early March (surgery programs). Results are posted on the CaRMS web site <http://www.carms.ca/>
- Submit required information regarding match applicants to PD and Surgical Education Office
- Prepare checklist of all tasks to complete for incoming and outgoing house staff.
- Begin appointment process for new house staff. Mail out or send electronic forms and information (program dependent)
- Update web site, if necessary
- Generate lists of residents for next academic year and distribute to appropriate personnel and departments
- Start preparing resident rotations
- PGME begins sending out Letter of Appointment (LOA) information to all new and continuing resident trainees and Clinical Fellows. It is important for you to assist the PGME office in ensuring residents are on track with the registration process (you can check status through a report in SAS)

APRIL

- Begin updating goals and objectives, policies and procedures, etc. for next academic year
- Coordinate resident semi-annual reviews for non-graduating residents with program director

MAY

- Create new academic year in New Innovations and begin to enter rotation block
- Plan events for graduating residents and fellows
- Order certificates and/or plaques for graduating residents and fellows
- Update and print resident manual for the next academic year
- PGY1 rotation schedules to be uploaded to one45 by PGME

JUNE

- Finalize goals and objectives, policies and procedures and other program documents for distribution to new house staff
- Setup evaluations in new innovations for residents and fellows
- Coordinate department orientation program for new residents and fellows
- Follow up new/continuing trainee registration requirements to ensure July 1 start

A Year in the Life of a Subspecialty Program Administrator

The academic year has many activities/deadlines/requirements that occur throughout the year imposed by Royal College, Schulich and/or your department (e.g. Dept. of Medicine, Dept of Surgery).

Subspecialty training is for those residents that may have already completed their core training in a specialty (e.g. Internal Medicine, Anesthesia, Emergency Medicine). Subspecialty residents usually enter your training program at a minimum of a PGY4. Examples of subspecialty training programs include Nephrology, Respiriology and Critical Care.

The following is a list to help guide your life as a subspecialty PA. You will have additional activities such as subspecialty-specific conferences or research days to add to this list. Please feel free to revise the list based on your training program.

July (July 1st = 1st day of new academic year)

- Orientation on or near July 1st for new incoming Senior Residents

Mid-July – Medicine Subspecialty Match (MSM) program description due to CaRMS; interview dates must be provided for posting on the website, so must be determined. Once you have selected your interview dates and submitted your updated program description to CaRMS, you should:

- Book interview rooms
- Poll RPC, other faculty for availabilities for interviews

You may be required to set up one-on-one meetings with Division Chair/Chief and/or Program Director for all residents early in the academic year

August

August 31st = Royal College deadline for residents to confirm their eligibility to write the Fall subspecialty exam in September of the following year

- Send reminder to Seniors early in month that it is their responsibility to submit to Royal College.
- Residents that fail to do so by the August 31st deadline will be assessed a penalty
- Royal College will not provide a Confirmation of Completion of Training (CCT) later in the year until resident has applied for assessment of training

September

1st Wednesday in September – CaRMS files open for review

- Program Director/RPC will review files and decide on candidates they wish to interview
- Extend invitations for interviews based on dates listed on CaRMS website
- See CaRMS chapter re: procedures to follow for arranging interviews

Check for Spring examination dates on RC website – usually published by mid-September. As a subspecialty, you will have residents that may be writing their specialty exams in the Spring. You may need to take this into account when setting up your rotation schedules for the year.

- Quarterly Community Rotation report due to Schulich PGME for previous quarter

October

- CaRMS Rank Order lists due – last week of October
- Call for Schulich Travel Awards due by October 31st

November

- CaRMS Match Day – usually 2nd Wednesday of month
 - If any unmatched spots, you may require 2nd iteration (see CaRMS chapter)
 - Second iteration files open – 3rd Thursday of month
 - Rank order list for 2nd iteration due end-Nov (or beg-Dec)
- Schulich Career Fair applications due for programs wishing to participate
- Continuing lists received from PGME; confirm beginning and end dates for all trainees (available in SAS)

December

- Quarterly Community Rotation report due to PGME for previous quarter
- CaRMS match day for 2nd iteration – usually 3rd Wednesday in December

January

- Continuing lists to be confirmed with PGME
- Request second year Seniors to provide their “wish lists” for following year’s rotation schedules
- Send summary of rotations completed to date to Seniors to confirm
- Continuing lists due to PGME
- Start draft of upcoming academic year schedule

February

- Confirmation of Completion of Training (CCT) for Fall certification examinations received from the Royal College; you will receive a spreadsheet listing the names and anticipated end of training date of the residents who have applied for the fall certification examinations; must be verified and accepted by Program Director and returned to PGME office
- If no CCT received for resident that should be graduating, contact PGME office to troubleshoot
- e-FITERS due to PGME office for Seniors writing Spring specialty (e.g. Internal Medicine) exams
- Annual call for booking rooms at LHSC due by February 28th for upcoming academic year (for rounds, academic sessions)

March

- Western Career Fair
- eCCTs for Fall certification examinations due to PGME
- LOA and Registration packages for continuing residents emailed out by PGME
- ABIM registration opens for subspecialty certification exams (Mar 1- May 15)
- Certificates of Attendance to be ordered – confirm names, credentials to list (as of 2015, due date = March 31).
- Verify that your resident(s) have or will obtain the minimum mandatory requirements of your training program to graduate
- Quarterly Community Rotation report due to PGME for previous quarter

April

- Schedules for upcoming academic year to be sent out to new and returning trainees
- Poll consultants for teaching availability for academic half day (AHD) for upcoming year; start draft of AHD schedule
- Room booking confirmation for upcoming academic year should be received from Customer Support re: rounds, academic sessions

- Follow-up and/or register your incoming residents for programs that are mandatory for your training program (e.g. Critical Care trainees require ACLS training)
- Call for Schulich Travel awards due by April 30

May

- Final In-Training Evaluation Report (FITER) for Fall certification examinations received from the Royal College; you will receive a spreadsheet listing the names and anticipated end of training date of the residents who have applied for the Fall certification examinations; must be verified and accepted by Program Director and returned to PGME office
- Review your training program handbook for new academic year – complete revisions if required

June

- Quarterly Community Rotation report due to PGME for previous quarter
- Prepare for Orientation of new Senior Residents
- Circulate the academic session schedule to residents, faculty, website manager (if applicable)
- Set up electronic access to the AHD sessions (e.g. GoTo Meeting, GoTo Webinar, etc)
- eFITERs for Fall certification examinations due to PGME
- Follow up new/continuing trainee registration requirements to ensure July 1 start

CaRMS (Canadian Residency Matching Service)

“The Canadian Resident Matching Service (CaRMS) is a national, not-for-profit, fee-for-service organization established in 1969 at the request of medical students seeking an independent entity to provide a fair and transparent application and matching service for entry into postgraduate medical training throughout Canada.”

Mission

CaRMS’ mission is to enhance the excellence of Canada’s medical education system by providing:

- *A fair and transparent electronic application and selection process for medical students, residents and medical schools;*
- *Information services to learners and qualified applicants on medical education opportunities in Canada;*
- *Objective, unbiased data collection and analysis on career and candidate selection; and*
- *Data to medical education partners, stakeholders and health policy decision-makers in order to assist in health human resource planning.*

Excerpt from <http://www.carms.ca/en/about/corporate-information/mission-and-vision/>

Medical students applying for a residency in Canada, must apply through CaRMS (not all programs use CaRMS and will take applications directly).

Medical students create an on-line file on the CaRMS website, upload the required documentation, and apply within the CaRMS website to their selected programs. Individual programs upload their Program Description and the documents that the program requires from the applicants (ie. proof of citizenship, personal letters, photo, curriculum vitae, school transcripts, reference letters, etc).

Each program will have criteria or a scoring system of the applicants in order to determine who to grant interviews. Some programs will assign a grade/score to the visit (if the student has completed an elective at their site) and the CaRMS file in order to determine a Rank Order List (ROL). Each program will decide on the number of candidates they wish to interview (e.g. 20 candidates). Once the program’s CaRMS committee (or Residency Training Committee) decides on the list of candidates for interview, the Program Administrator logs on to the CaRMS website to select the applicants to be interviewed.

The location of the interviews varies per program. Some programs hold the interviews in their city so Program Administrators will have to arrange rooms, send letters to candidates with interview dates/times, prep files and organize the interview day as a whole. Other programs have a dedicated Program Administrator (volunteer) who organizes the interviews for the region and the interviews take place in a central large city like Toronto – the CaRMS committee (or Residency Training Committee) then travel to the centralized location and spend a day interviewing candidates.

The Program Administrator will likely have to arrange travel, hotel accommodation, and files on each candidate for their committee attending the centralized location once the date and location have been provided.

Once the interviews are complete, candidates are scored and ranked by the interviewers and the results are submitted to the Program Administrator (PA). The PA will compile a finalized spreadsheet depending on what was decided upon in terms of the weight of each category (visit, application file, interview) which is to be sent to the committee for final review. Once the entire committee has decided on the rank list, the PA will log on to the CaRMS website to submit the ROL based on the applicants they wish to train in order of preference. Once all interviews have taken place, the applicants will log on to CaRMS and rank the universities they wish to match to in order of preference. Then, all is left for the PA is to wait for “Match Day”.

How CaRMS Works:

How does the Match Algorithm work?

The Match Algorithm compares rank order lists (ROLs) submitted to CaRMS by the applicants and by programs and matches applicants to programs based on both parties' stated preferences.

The algorithm starts with an attempt to place an applicant into his or her most preferred program. At the end of the matching process, each applicant has either been matched to the most preferred choice possible from their ROL or all choices submitted by the applicant have been exhausted and they have not been matched.

Guidelines for the preparation of applicant rank order lists

1. Applicants should rank, in sequence, those programs that represent their true preferences.
2. Factors to consider in determining the number of programs to rank include the competitiveness of the specialty, the competition for the specific programs being ranked, and the qualifications that the applicant offers.
3. Applicants should rank all acceptable programs, i.e., programs in which he or she is willing undertake residency training. Conversely, if an applicant finds certain programs unacceptable and is not interested in accepting offers from these programs, these program(s) should not be ranked.

Program rank order lists

Programs should rank all applicants whom they are willing to train to avoid the risk of having vacation positions.

Each applicant's rank order list is traversed "downwards," from the most preferred program to the least preferred program until the first program to which the applicant can be tentatively matched is reached, or until the applicant's list of choices is exhausted. Each program accepts applicants "upwards" on its rank order list, continually removing less preferred matches in favor of more preferred applicants, until the program is matched to the most preferred applicants who wish to be matched to the program.

At the end of the matching process, each applicant has either been matched to the most preferred choice possible, or all choices submitted by the applicant have been exhausted.

Match Types/Processes

Programs participate in the CaRMS process at different times of the year depending on the program.

1. **The R1-Main Residency Match**

For entry level postgraduate positions and is CaRMS' largest match, encompassing all 17 Canadian medical schools and is offered in two iterations each year. The first iteration includes all graduating students and prior year graduates from Canada and the United States who meet the basic eligibility criteria and have not had prior postgraduate training in Canada or the US. It is also open to graduates from international medical schools (IMGs) who meet the basic criteria and have no prior postgraduate training in Canada or the US (not all programs accept IMGs – this is program specific).

The second iteration includes positions and applicants who did not match in the first iteration, as well as applicants with previous Canadian or US postgraduate training and other applicants who did not participate in the first iteration.

R1-Main Residency Match timelines (1st Iteration):

July: CaRMS provides access to programs to update Program Descriptions for the next match, and new PA's receive access to CaRMS.

September: Program Descriptions are posted to CaRMS.

November: Program Setup – PA's can log into CaRMS Online and create access for their programs' file reviewers (selection committee)

November: File Review Begins – the CaRMS Online program opens for file review to reviewers

December: Letters of Reference become available to file reviewers

- January: National Interview Period (mid-January to first week of February) -- Programs are responsible for scheduling interviews with applicants.
- February: Ranking Period Opens – programs prepare for online ranking
Rank Order List (ROL) deadline (usually mid-February)
Postgraduate Medical Education Office (PGME) reviews ROLs and approval begins (after ROLs deadline)
PGME office approves ROLs (mid to late February)
- March: MATCH DAY (beginning of March) – programs log on to CaRMS at 12:00 noon on Match Day to obtain their match results.

R1-Main Residency Match timelines (2nd Iteration):

- March: Program Setup (after Match Day above) – program administration logs on to CaRMS online to create access for their program's file reviewers
File review is opened to file reviewers (mid-March)
Ranking Period Opens (one week after file review opens)
Program ROL deadline (one week after Ranking Period opens)
ROL deadline (end of March) and PGME office begins review and approval of ROLs
- April: PGME office ROL approval deadline (beginning of April)
MATCH DAY (mid-April) – programs log on to CaRMS at 12:00 noon on Match Day to obtain their match results.

2. Family Medicine/Emergency Medicine Match (FM/EM match)

For applicants who are completing or have completed postgraduate training in Family Medicine in Canada and wish to pursue enhanced skills training in Emergency Medicine.

3. Medicine Subspecialty Match (MSM)

The match for residents currently in an Internal Medicine Residency Training Program and are seeking subspecialty training.

4. Pediatric Subspecialty Match (PSM)

For residents who are currently in a Pediatric Residency Training Program and are looking to apply for subspecialty training.

Pediatric Subspecialty Match Timelines:

- January: Program Descriptions Available and posted to CaRMS

- January: Online requests for registration opens (mid-late January) for eligible applicants
- February: Applicant Web Station (AWS) opens for applicants to complete the registration process and complete online application
- March: PA username and passwords distributed and Program Setup begins – Pas log onto the Program Web Station (PWS) and designate access for their program’s file reviewers
Program Director usernames and passwords distributed (mid-March)
File review begins (mid-March)
- March-May: Interview period – programs are to schedule interviews with applicants during this period
- April: ROL Period begins – ROL opens to applicants and programs for online ranking (mid-end April)
- May: Program ROL deadline (mid-May) and PGME office review and approval begins
PGME ROL approval deadline (mid-end May)
- June: **MATCH DAY** (beginning of June) -- programs log on to CaRMS at 12:00 noon on Match Day to obtain their match results.

5. **Electronic Residency Application Service (ERAS)**

The application process for Canadian residents applying to a position in the United States. The main residency match itself is managed by the National Residency Matching Program (NRMP). In order to apply to ERAS, Canadian residents must apply to ERAS but CaRMS acts as a “supervisor” in the process. For more information regarding ERAS, please visit the Association of American Medical Colleges website: <https://www.aamc.org/students/medstudents/eras/>. The complete list of programs participating in ERAS can be found at: <https://services.aamc.org/eras/erasstats/par/>.

Applicants to ERAS must then apply to CaRMS and the National Resident Matching Program (NRMP) in order to facilitate the process for applicants who wish to participate fully in both the US(ERAS) and Canadian (CaRMS) matches.

Once the match results are obtained, the PA usually will send an email to the consultants and residents in the division notifying them of who the incoming PGY1s will be. The PA or the PD will then write a letter to each of the incoming PGY1s welcoming them to the division and providing any information they require.

PARO - Professional Association of Residents of Ontario

Overview

The Professional Association of Residents of Ontario (PARO) is the official representative voice for Ontario's doctors in training (aka residents). PARO's priority is to advocate on behalf of its members, addressing professional and educational concerns in order to optimize training and working experiences for all residents.

Members of PARO are, by definition, post-graduate medical residents training in accredited programs which lead to certification by either the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC), in one of their recognized specialty or subspecialty programs.

All residents (both specialty and sub-specialty) are covered by the PARO agreement. PARO negotiates a contract with CAHO (The Council of Academic Hospitals of Ontario) which affects all medical schools in Ontario.

In order to support and facilitate the work of Program Administrators, PARO has produced [this guide](#) with information related to the PARO-CAHO Agreement, scheduling advice and practical tips to assist you in carrying out your duties.

Leave Types as per the PARO Agreement

Christmas/New Year's

- All housestaff are entitled to 5 consecutive days off during the 12-day period encompassing Christmas Day and New Year's Day
- These five (5) days off are to account for the three (3) statutory holidays (Christmas Day, Boxing Day, New Year's Day), and two (2) weekend days.
- There are generally 2 periods for the holiday season:
 - Period 1 encompasses Christmas
 - Period 2 encompasses New Year's
- No stat replacement days are given for days worked during either of these two holiday periods
- Each resident must get either Christmas or New Year's Day off
- Residents do not get additional lieu days for working on either of the statutory holidays during the period
- PARO does not set the dates for when the holiday period is. The Holiday Block dates (Christmas and New Year Period) are set by the program/service

Exams

- Each resident shall be entitled to paid leave for the purpose of taking any Canadian or American professional certification examination; for example, Royal College examinations, LMCC, ECFMG, CFPC.

- This leave shall include the exam date(s) and reasonable travelling time to and from the site of the examination. This leave shall be in addition to other vacation or leave.

Maternity Leave

- A resident shall receive up to seventeen (17) consecutive weeks of pregnancy leave at her discretion. In no case will she be required to return to her duties sooner than six (6) weeks following delivery.
- A resident shall be required to give four (4) weeks notice of her intentions regarding timing of said leave in order to ensure that professional and patient care responsibilities are met.
- A resident who is eligible for a pregnancy leave may extend the leave for a period of up to twelve (12) months duration, inclusive of any parental leave
- A resident who is the parent of a child shall receive up to thirty-five (35) weeks parental leave if the resident took pregnancy leave, or thirty-seven (37) weeks if the resident did not take pregnancy leave, following the birth of the child or the coming of the child into custody, care and control of the resident for the first time at the resident's discretion. Parental leave may begin no more than fifty-two (52) weeks after the day the child is born or comes into the custody, care and control of a parent for the first time.
- A resident shall be required to give four (4) weeks written notice of her/his intention regarding the timing of such leave in order to ensure that professional and patient care responsibilities are met.
- A resident who is eligible for a parental leave who is the natural father or who is an adoptive parent may extend the parental leave for a period of up to twelve (12) months duration, inclusive of any parental leave
- Pregnancy shall not constitute cause for termination of employment
- In the event that a resident takes pregnancy or parental leave, subsequent to the completion of the leave she or he shall be entitled to work for the same period as the leave in order to complete her or his year of post-graduate training
- Residents are not required to participate in on call duties after 27 weeks of gestation. This includes in-hospital, home call, and back up call.

PARO Meeting

- Residents designated to represent PARO at meetings of PARO or other official PARO business ordinarily shall be temporarily relieved of their duties, without loss of pay, for the purpose of carrying out these duties, provided only that professional and patient responsibilities are met to the satisfaction of the hospital department head

Statutory Holiday Replacement

- All housestaff shall be entitled to the following recognized holidays:

- New Year's Day
 - Family Day
 - Easter Friday
 - Victoria Day
 - Canada Day
 - August Civic Holiday
 - Labour Day
 - Thanksgiving Day
 - Christmas Day
 - Boxing Day
 - One (1) floating holiday
- Please note that Remembrance Day, Easter Sunday nor Easter Monday are not considered statutory holidays
 - If a resident is scheduled to work on a recognized holiday, he/she shall be entitled to a paid day off in lieu of the holiday to be taken at a time mutually convenient within ninety (90) days of the holiday worked.
 - Residents must work on a recognized holiday in order to get a stat replacement day

Vacation

- Residents are entitled to four (4) weeks of paid vacation during each year
- A week of vacation is defined as five (5) working days plus two (2) weekend days
- Vacations may be taken by house staff at any time, but, subject to article 11.4, the timing of vacation may be delayed only where necessary, having regard to the professional and patient responsibilities of the hospital department for the time the vacation is requested.
- Housestaff may request their vacation to be taken in one (1) continuous period, in one or more segments of at least one (1) week in duration, or in segments of less than one week, which request will be scheduled provided professional and patient responsibilities are met.
- Requests for vacation shall be submitted in writing to the department head at least four (4) weeks before the proposed commencement of the vacation. In, addition each resident taking a certification examination in the Spring shall have until one month prior to the date of the examination to make a written request for one week of his/her vacation entitlement.
- Vacation requests submitted before March 1, or one month prior to the date of a certification examination, will be considered in priority to those submitted after that time.
- All vacation requests must be confirmed or alternate times agreed to, in accordance with Article 11.2, within two (2) weeks of the request being made.
- Where the hospital department rejects the vacation request, it will do so in writing and include the reasons for rejecting the original vacation proposal.

- There can be no blanket policies restricting the amount of vacation in any rotation. Any blanket policies should be reported to PARO
- Residents cannot be post call on the first day of vacation
- If a resident chooses to observe religious holidays that are not specifically listed in the Collective Agreement, his/her program may have a duty to accommodate his/her religious practice to the point of undue hardship (“undue hardship” may include a number of factors, such as patient safety, the hospital’s service requirements, and the resident’s educational/training requirements). It is the resident’s responsibility to request accommodation, explain what measures of accommodation are required and allow a reasonable time for reply.

Lieu Days

- Where a resident works any part of one of the recognized statutory holidays, they are entitled to a lieu day to be taken at a time mutually convenient within 90 days of the holiday worked. This includes residents working home call for any portion of the 24 hours of the date of the holiday
- No lieu days for Christmas Day, New Year’s Day & Boxing Day (this is included in the 5 days off over the holiday period)

Professional Leave

- Maximum of 7 working days per year (Note: weekends are not considered “working days” for this purpose)
- Residents DO NOT need to be attending a seminar, course or conference to take a professional leave day, and the resident does not need to provide proof of what the day was used for
- Residents are entitled to take paid leave for the purpose of taking any Canadian or American professional certification exam. This leave time shall include the date(s) of the exam and reasonable travel time to and from the exam site. This leave is in addition to other vacation or leave time

Call

1. How much call can I work for in-house call rotations?

Based on the collective agreement, in-house call maximum is 1 in 4 for a 28 – 31 day rotation

- The maximums are as follows:

| Number of Days on Service | Number of Calls |
|---------------------------|-----------------|
| 19-22 | 5 |
| 23-26 | 6 |

| | |
|-------|---|
| 27-29 | 7 |
| 30-34 | 8 |
| 35-38 | 9 |

2. How much call can I work for Home call?

- The home-call maximum is 1 in 3, or 10 per 30, or 11 per 31

| Number of Days on Service | Number of Calls |
|---------------------------|-----------------|
| 17-19 | 6 |
| 20-22 | 7 |
| 23-25 | 8 |
| 26-28 | 9 |
| 29-30 | 10 |

3. How does call on weekends work?

- Residents must have 2 complete weekends off per 28 days; including Friday night/Saturday morning as well as Saturday and Sunday
- Residents cannot be on call on 2 consecutive weekends
- Residents cannot be required to round (or perform other clinical duties) on weekends when not on call. If you are not otherwise on-call are scheduled or required to round on weekends, and actually attend in hospital for such rounding, you will be paid the Home Call Stipend (\$52.50)

4. How much do I receive for call stipends?

- Refer to the PARO contract online for updated stipend amounts
 - <http://www.myparo.ca/your-contract/#call-stipends>
- In-hospital call stipend: \$127.60
- Home call stipend: \$63.80
- Home call conversion: A resident on home call, who works more than four hours in hospital during the call period, of which more than one hour is past midnight and before 6 a.m., is entitled to be paid the in-hospital call stipend. For example, if a resident is called in to perform clinical duties in the hospital at 23:00 and stay until 04:00, he/she is entitled to claim the in-hospital call stipend. If a resident is called into the hospital to perform clinical duties at 23:00 and stay only until 01:30, he/she is not eligible for a conversion and are entitled to the home call stipend

5. How will I be paid for the calls I work?

- If a resident's shift is on the hospital switchboard schedule, Medical Affairs will run a report to pick up any calls worked and pay the resident automatically

- If a resident needs to convert a call, he/she should contact the service they worked on to have the call converted. If the call is beyond 30 days after being worked or if it does not appear on the hospital call schedule, Medical Affairs can be contacted directly by emailing the details to callschedules@lhsc.on.ca

*** Further FAQs can be found on <http://www.myparo.ca> ***

Resources

PARO

<http://www.myparo.ca/>

Phone: 1.877.979.1183

Email: paro@paroteam.ca

PARO Representatives

A listing of the PARO representatives at Western can be found on the PARO website: http://www.myparo.ca/Western_GC_2014.

These residents can be contacted for contract clarification. You can also direct any resident inquiries to these representatives if you are unable to find an answer on the PARO website or if you feel a resident needs some advice.

Observerships

An observership is a clinical learning opportunity during which a student observes a licensed and registered physician interacting with patients in a clinical setting. Observerships are typically one week in length and have no university status as there is no educational component to it. The applicant may be a Schulich or non-Schulich medical student. If you have questions regarding the application process for observerships, please contact Tracey Pace at tracey.pace@lhsc.on.ca

Schulich Medical Students:

Medical students in Year 1 & 2 may participate in an observership but must follow a specific process set out by the Undergraduate Medical Education (UME) program. Further information can be found on the Schulich UME website:

http://www.schulich.uwo.ca/medicine/undergraduate/academic_resources/preclerkship/observerships/index.html

Non-Schulich Medical Students:

All non-Schulich students must be processed through Medical Affairs. Whether the medical student is required to contact the Program Administrator or the faculty member's office directly is up to the individual program. There are organization specific (St. Joseph's Health Care and LHSC) forms that must be completed and signed by both the observer and supervisor. Included are an observer request form, a confidentiality agreement, a self-screening health evaluation and the completion of infection prevention and control core competency training modules.

Site specific links for policies and application forms:

<https://www.lhsc.on.ca/student-affairs-non-medical/observerships-job-shadow>
<https://www.sjhc.london.on.ca/medical-affairs/resources/forms>

Observerships are approved through Medical Affairs to grant access for the individual to be present in clinical areas of the hospital. It is up to the individual faculty as to whether they have the time and are willing to provide an observership. ***It will be the responsibility of the preceptor to supervise the student in regard to all patient interactions.***

Limitations:

Observers have zero patient contact and no clinical activity. Students participating in Clinical Observerships are required to maintain the standard of ethical behaviour stated in the CMA Code of Ethics (<https://policybase.cma.ca/documents/policypdf/PD19-03.pdf>).

All students, regardless of program location, are required to complete the mandatory online training modules offered prior to participating in an Observership as a principle of best practice in pre-clinical training.

An Observer is not permitted, in any circumstances, to provide any patient care.

This prohibition includes but is not limited to:

- Taking a medical history
- Conducting physical examinations
- Diagnosing or treating a patient's condition
- Ordering, preparing, or administering drugs
- Documenting on patients' health records, either in electronic or hard copy format
- Having independent access to health records, either in electronic or hard copy format
- Performing or assisting in surgical procedures, or diagnostic patient interventions
- Obtaining consent
- Interacting directly with patient/substitute decision maker (SDM)
- Providing health care advice

Visiting Resident Electives

Overview

Trainees can apply for an elective rotation at Western University in any of our accredited residency training programs. To be eligible for elective training, applicants must be currently enrolled in a residency or clinical fellowship training program and must be eligible for licensure from the College of Physicians and Surgeons of Ontario (CPSO). Elective training is short-term training that does not exceed 6 months in duration; common requests are in a block basis.

If an interested resident is from a Canadian medical school, they are considered a domestic visiting resident elective. If they are a resident from outside Canada, they are considered an international visiting resident elective.

To find more information about Visiting Resident Electives, visit https://www.schulich.uwo.ca/medicine/postgraduate/future_learners/visiting_resident_electives/index.html

The site will provide information on the following items:

- Who to contact for inquiries
- Department of Medicine rotations, Distributed Education Network – Rural rotations
- Medical Affairs requirements
- Observerships
- Principles for outgoing elective rotations
- Process for trainees enrolled in Ontario, for trainees from out of province but within Canada, and International trainees

Process-Elective Approval

Once contacted by a prospective elective resident, the P.A. must contact the preceptor/program director of the rotation being requested to obtain approval.

It is important to ensure that visiting elective residents are scheduled at a time that does not take away from the home residents' experience on the rotation.

Once the elective has been approved, an email must be sent to the Postgraduate Medical Education Office to advise of the approval. The email should include:

- Program/rotation name and preceptor
- Start and end date of elective
- Name, PGY level, and program of prospective visiting resident
- Email address of resident

Record the elective rotation on the master rotation schedule for the particular program.

Other information:

The PGME office receives a large volume of request for electives. During peak registration season (May/June), please try to allow at least 4 weeks of prior notification. Be sure to advise international electives to begin the application process six months prior to the desired elective start date.

When responding to the resident with approval of the elective, include the link to the application process on the PGME website pertaining to their type of elective, as follows

Depending upon the rotation/program, you may also be responsible for:

- Contacting the preceptor/program director to request reporting information for the resident
- Supplying the resident with prospective housing options during their elective
- Providing the resident with access to BEEP

Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC)

The Royal College of Physicians and Surgeons of Canada (RCPSC) is the regulatory college that sets the national standards for medical education and continuing professional development in Canada.

UPDATE: All the CCTs and FITERs are sent electronically directly to the Program Directors. The spreadsheet will list the names and anticipated end of training date of the residents who have applied for the either the fall or spring certification examinations. You will need to confirm the end dates (as self-reported by the trainee), verify and accept the dates indicated.

***NEW as of June 2019:**

End of Training Date Requirements: The Royal College has removed the requirement that residents complete training by February 28 in order to appear at the fall exams or by December 31 to appear at the spring exams. This requirement was dropped because there were concerns about individuals requesting leave (sick, maternity/paternity) but having the desire sit the exam with their cohort. Further, under CBD, these deadlines will no longer be relevant. As always, completion of training will be required before being conferred Certification. Please note, this change is effective immediately.

Accelerated Achievement of EPAs from Prior Clinical Experience: An addition was made to Royal College credentialing policy to recognize accelerated achievement of EPAs in exceptional circumstances – this would typically be for residents who attained significant training or clinical experience prior to entering the CBD residency program (e.g., completion of similar training in another program or jurisdiction). If evidence of this is provided to the Competence Committee, they may recommend achievement of EPAs. In such circumstances, the previous clinical experiences must be thoroughly documented and justified as to why they represent a valid substitute for clinical observations and workplace-based assessments. (See Section 5.5 of the Policies for Certification in a Competence by Design Model of Residency Training). Please note, this change is effective immediately.

CITER: The Royal College has changed its CITER (core in-training evaluation report) submission requirements with the same rationale as the previous changes to the FITER. Program directors will no longer need to submit the itemized ratings within each CanMEDS role on the CITER. Exam candidates only need summative attestation of training from an accredited training program in Canada. Please note, this change is effective immediately.

The Royal College supports the completion of a final assessment of training that provides information to the programs and candidates. However, we will not collect these

with the summative attestation from program directors to confirm candidates' exam eligibility.

Indigenous Cultural Safety Training Course: The Royal College will begin recommending to all individuals receiving exam eligibility that they complete an approved Indigenous Cultural Safety Training Course. The recommendation will be stated on all eligibility ruling letters and will refer to a list of courses approved by the Royal College. It will be recommended that this course is completed before applying for Certification but will not be a requirement.

The College of Family Physicians of Canada (CFPC) is the professional organization responsible for establishing standards for the training, certification and lifelong education of family physicians and for advocating on behalf of the specialty of family medicine, family physicians and their patients. The CFPC accredits postgraduate family medicine training in Canada's 17 medical schools. You can find more information on the CFPC through <https://www.cfpc.ca/Home/>.

Scheduling/Evaluation Software

While several departments have proprietary/alternate resident tracking software, [one45](#), along with [Elentra](#), are the evaluation tools for use within the Schulich School of Medicine and Dentistry. Currently, one45 houses the rotations schedules as well as the evaluation forms for residents. In some programs, it is used to track vacations and leaves. Moving forward, and with CBME implementation, Elentra will be used. Over the next couple of years, programs will be using both evaluation softwares to track resident progress.