Schulich
MEDICINE & DENTISTRY

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, November 13, 2024	Time: 07:00 – 08:00 AM	Location: Virtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	F. Accorsi, N. Adunuri, T. Awani, S. Bains, H. Banner, S. Blissett, L. Bondy, P. Cameron, A. Cheng, M. Chin, M. Chiu, L. Diachun, D. Driman, S. Elsayed, A. Ens, A. Florendo-Cumbermack, D. Grushka, S. Gryn, T. Jevremovic, M. Kahng, A. Kashgari, T. Khan, D. Laidley, Y. Leong, K. Lotfy, A. Lum, S. Macaluso, K. MacDougall, W. McCauley, A. McConnell, P. Morris, M. Myers, F. Myslik, C. Newnham, V. Ng, M. Ngo, T. Nguyen, M. Nicholson, M. Qiabi, K. Qumosani, M. Rajarathinam, R. Reardon, M. Shimizu, P. Stewart, J. Thain, J. Van Koughnett, S. Venance, J. Walsh, P. Wang, M. Wilejto, Q. Zhang **Hospital Rep**: K. Chan, A. Dukelow, D. McVeeney **PARO Reps:** A. Branch, M. Kirolos **Guests:** C. Anderson, P. Bere, A. Clemens, V. Cullen, L. Curtis, M. Dow, S. Jones, K. Kilbreath, K. Lancey, D. Lewis, K. Okonski-Scovell, J. Quesnelle, S. Taylor		
REGRETS	H. Iyer, P. Rasoulinejad		
NOTE TAKER	Lindsay Curtis		

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

DISCUSSION

- Minutes and agenda approved.

2.0 ANNOUNCEMENTS

DISCUSSION

2.1 WELCOME TO OUR NEW PROGRAM DIRECTORS – L. CHAMPION

- Dr. Maria Paz Garcia – Assistant PD, Interventional Radiology
- Dr. Nabil Sultan – Associate PD, Nephrology

2.2 WELCOME TO OUR PROGRAM ADMINISTRATORS – L. CHAMPION

- Carrie Chen - Rheumatology
- Deb McLaughlin - Endocrinology & Metabolism

2.3 MATCH TENDER PROCESS – L. CHAMPION

- AFMC planned to have tender for CaRMS Match; plan opposed by RDoC, PARO, and many PG Deans; concerns that not legally required; CaRMS provides a reliable service for programs, applicants, and PG offices, potential for increased workload and learning new system for applicants, referees, programs and PG offices; AFMC has now put this on pause.

3.0 UPDATES

DISCUSSION

3.1 PARO UPDATE – M. KIROLOS

- Earlier this month Schulich's General Council attended provincial General Council meeting.
- Team has developed a dashboard of initiatives for this year; some are building on initiatives from past years while others are new.
- Creating an exciting calendar of events that includes tobogganing, a walking tour of London, ice skating, and a beach day.
- PARO offers a offers a half day Teaching to Teach workshop that equips residents with a minimum standard of teaching skills so that they can carry out their role as a teacher successfully; facilitated by trained residents and can be delivered virtually or in-person;

since its launch in 2016, it has been delivered to over 1000 residents across all medical school sites; programs interested in hosting a session can contact PARO directly.

3.2 INDIGENOUS PHYSICIANS ASSOCIATION OF CANADA (IPAC) – S. BAINS

- IPAC is a national organization that supports Indigenous learners, residents, and physicians, with community building and as a collective organization; recently hosted a mentorship event at Schulich; IPAC membership is supported by Schulich, leaners can sign-up here; request for this information to be shared with all learners.
- Indigenous Medical and Dental Students Association (IMDSA) is a newly formed community with a goal of improving Indigenous learner support at Schulich; learners can connect with IMDSA to learn more.
- The Indigenous Health Care Action Series was created in partnership with LHSC and the Health Equity Action Research Team; the partnership created a series of fact sheets that can be used as health equity resources by programs; the team donated seven banners to Schulich to be displayed in public spaces.

3.3 ONE CHART PHASE II – RESIDENT ENGAGEMENT – F. MYSLIK

- OCP II involves the digitization of patient electronic health records; charting online includes dynamic documentation, Dragon Medical One, and camera capture.
- Engagement and input from residents highlighted as important; PDs can identify and send interested residents to F. Myslik for involvement of development/refinement; L. Champion will mention initiative at the upcoming Resident Bootcamp as a potential leadership opportunity.
- Some concerns about residents being taken away from clinical work to participate in this initiative; residents require leadership opportunities under both the program and institution accreditation standards; hard to speak to exact time commitment but at minimum there will be a few one-hour virtual meetings, plus time to test system.

3.4 RESIDENT SIGNING AUTHORITY – L. CHAMPION

- Current practice has evolved into a system where some faculty and/or programs provide residents with signing authority; going forward this will not be an option (basically all or none); other teaching centres require faculty to sign off; concerns include patient safety, medical legal risk, and correction of document errors.
- Process evolving, faculty supervisors will be required to sign off on charting, admission, and discharge summaries completed by residents/fellows; all documents will be available throughout LHSC prior to the co-sign; once signed the documents will be available to our distributed sites on One Chart.
- Supervisors have the ability to cosign/approve without requiring a review (select all --> sign); not be time-consuming if supervisors opt to use this option.
- Concerns that this may cause a burdensome inbox and may delay daily progress notes; confirmed nurses will be able to access daily progress notes before sign-off.
- Signing authority will be the clinical supervisor, not always the MRP.
- If available, an update will be provided at December's meeting.

3.5 PD-RESIDENT MEETINGS – L. CHAMPION

- 3.4.2.2: The program director and/or an appropriate delegate meet(s) regularly with residents to discuss and review their performance and progress.
- 6.1.2.1: The residency program provides formal, timely career planning and counselling to residents throughout their progress through the residency program.
- PD or delegate/resident meetings should be documented and included in the resident portfolio/file and available to the survey team; meetings should occur at least twice per year.
- Revised template available on Program Handbook page; includes electives planning for discussion.
- Based on feedback, will add PARO as a wellness resource.

	3.6 RESIDENT FILES – L. CHAMPION ▪ 3.4.2.3: Residents' progress toward the attainment of competencies is documented in a secure, individual portfolio. ▪ 3.4.3.2: Using all available evidence regarding performance, including the contents of the portfolio, the competence committee, assessment committee, or equivalent body makes a summative assessment regarding residents' readiness for certification and independent practice. ▪ Resident files should include all assessments (EPA summary, ITERs, OSCE, exam results, research progress reports, program director meeting notes, CC communications and decisions, etc.) ▪ The file should be organized into subfolders; ITERs in chronological order, EPA summary, CC documents, etc. ▪ Resident portfolio is available to the survey team. **3.7 CaRMS PGY1 MATCH – L. CHAMPION** ▪ MOH – maximum of 40% of allocated PG expansion available for Royal College programs. ▪ Family Medicine does not have capacity to increase by 30 positions to meet the '60%' requirement; seven (7) positions will not be allocated for this match. ▪ Twenty (20) PGY1 positions have been allocated to Royal College programs; these positions are not in perpetuity; reallocation from program to program may occur for the 2026 match based on MOH priorities, program capacity and resources, societal need and program excellence (Resident Allocation Subcommittee). **3.8 CanMEDS PROJECT – L. CHAMPION** ▪ Year long pause in project; working groups have restarted and are tasked with reviewing, revising and developing the competencies by December 2024. ▪ At this time the plan is to continue with the current CanMEDS roles. ▪ Timeline: 2025 for putting all the working group information together, 2026 for implementation.
4.0 NEW BUSINESS	**L. CHAMPION**
DISCUSSION	**4.1 DRAFT ASSESSMENT AND APPEAL POLICIES** ▪ Divided current policy into two separate policies – Assessment and Appeal. ▪ Assessment changes are outlined in briefing note distributed with meeting material. ▪ Added sections including relevant policies, scope, and reporting to PGME; now require reporting of 'failure to progress' and 'failed rotation'; organized assessment into before, during, and after training experience; provided some clarification on remediation/probation (moonlighting, electives). ▪ Probation blocks will NOT count toward training requirements. ▪ As soon as recommendation of dismissal is made by program, resident will be put on paid leave pending appeal; increased window to confirm appeal from 14 days to 28 days. ▪ ILP has been renamed Enhanced Education Plan; revised the current ILP template and included signature requirements. ▪ Appeal requirements and process unchanged; drafting some additional guidelines for the Appeal Committee. ▪ Added clarification of appealable decisions, included ability to appeal unsuccessful probation, and created a process flow chart for level/stage of appeal, and basis for appeal. ▪ Next steps: Policy Subcommittee and PARO approval; possibly for approval at December PGME Committee meeting. ▪ Drafting Appeal Committee process and procedures for review by legal; however policies can be approved without this having been completed because it is separate.
5.0 QUESTIONS & ADJOURNMENT (8:00 AM) AND NEXT MEETING	
	Next Meeting: Wednesday, December 11, 7:00 – 8:00 AM, Virtual