

PGME COMMITTEE MEETING MINUTES

	Date: May 13, 2026	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	One agenda topic has been added since originally distributed. Minutes and agenda approved.		
2.0 ANNOUNCEMENTS			T. VAN HOOREN
DISCUSSION	2.1 WELCOME TO OUR PROGRAM ADMINISTRATORS Becky Ament (Psychiatry), Kim Nitz (Interim, Urology), and Patti Rosborough (Clinical Immunology and Allergy).		
	2.2 2026-2027 MEETING DATES Meetings will follow same schedule as previous years (second Wednesday of the month), except November which has been moved due to Remembrance Day; schedule distributed with meeting material and calendar invites will be sent shortly.		
	2.3 NEW PGME LEADERSHIP ROLE Dr. Mary Jenkins, current Chair of the PGME Advisory Board, has begun a new role as Director, Learners in Difficulty; this formally expands the role and support she has already been providing for so many programs.		
	2.4 LAST CALL: PROGRAM DIRECTOR RETREAT The retreat will focus on planetary health, faculty evaluations and supports, curriculum mapping, learning site reviews, and a discussion panel; registration for Friday’s retreat closes May 13.		
	2.5 ICRE 2026 - ICRE 2026 will take place October 22-24 in Ottawa; attendance will help meet Indicator 1.1.3.6: The program director demonstrates active participation in professional development in medical education. - Program Administrators Conference is scheduled for October 21 & 22; attendance will help meet Indicator 8.1.1.2: Program administrative personnel receive professional development, provided by the institution and/or through the residency program, based on their individual learning needs. - Preconference workshops include CBME Program Evaluation Summit (October 19), Workshop for New Program Directors (October 22), and CC Chairs’ Forum (October 22). - PGME urging Clinical Chairs to support PAs and CC Chairs to attend given specific learning tracks available.		
	2.6 KUDOS Congratulations to Dr. Jenny Thain, PD of Geriatric Medicine, who developed Canada’s first Orthogeriatric fellowship; their first fellow just graduated from the program.		
3.0 FOLLOW UP TO PREVIOUS ACTION ITEMS			
DISCUSSION	3.1 CHART ACCESS FOR EDUCATION AND QUALITY IMPROVEMENT – K. VACCARO - PHIPA is the main privacy framework, and the hospital policy provides local rules for using personal health information for education, QI, and research. - Within the circle of care access for patient care or care decisions fall under implied consent; outside the circle of care repeated access for education or QI/QA requires closer scrutiny.		

	▪ 4 accesses in 12 months is a pause point to assess purpose, necessity, and next steps; before accessing the chart pause and ask: Is this for care? Do I actually need identifiable information? Is my access limited and purposeful? ▪ Access outside the circle of care for education and QI is a secondary use of PHI; this access should be intentional, justified, and not automatic just because the chart would be useful; only part of the chart may be needed and there could be another option to get the information required; if accessing for education QI or research, the reason for the access needs to be documented. ▪ PGME Privacy Principles document was distributed with meeting material and is a great resource when making decisions about chart access within your program. ▪ A. Dukelow indicated the Privacy Commissioner is taking an escalating approach to what they are investigating, what they are forcing the hospital to investigate, and the consequences they are delivering; the stakes continue to rise on privacy. 3.2 SAFE RIDE HOME – J. CLACK ▪ Changes to the program will be effective June 1, 2026; moving to a reimbursement model that requires completion of an online form that will be reviewed by Medical Affairs, not the program; requests for reimbursement will be made through an online form; planning communication about these changes, along with a QR code that links to form, will go out to programs and residents. ▪ Currently limited to London hospitals, will investigate options to bring program to Windsor and regional sites; residents who cycle to work will be able to use program once added to criteria. ▪ Eligibility criteria includes: completion of an extended overnight on-call shift, based on the on-call schedule; feeling too fatigued to safely drive at the end of the shift; must have driven to work prior to the shift; transportation must be from hospital to home residence; must include a receipt from a recognized taxi or ride share company within 30 days. ▪ Residents will also need to submit a photo of their vehicle in the parking lot, evidence that they have paid parking (parking pass or ticket); multiple members raised concerns about the photo requirement, will be brought back to next meeting for follow-up. ▪ Action Item: Medical Affairs to review concerns raised and bring back to next meeting once final decision has been made regarding photo requirement. ▪ Action Item: Investigate the potential to bring program to Windsor and regional sites; bring back to group once a decision has been made. 3.3 SEMI ANNUAL EPA REPORTS - T. VAN HOOREN ▪ All PDs should now have access to the Assessor Statistics report, please reach out if continuing to have issues. ▪ PGME will continue to provide the reports in the usual format; exploring feasibility of providing EPA data showing breakdown of off-service vs. on-service completion rates, as well a breakdown by site; also looking at options to provide ITER completion rate data. ▪ Action Item: Review feasibility with IS and provide an update on new available reporting options in the next academic year. 3.4 PROGRAM DIRECTOR AND PGME ASSOCIATE DEAN 360 SURVEYS - T. VAN HOOREN ▪ Links to individual PD surveys will be shared with PDs and PAs over the next few days; please distribute to program members quickly, all surveys will close May 29. ▪ PGME Associate Dean survey will be distributed this week, feedback is appreciated. 3.5 COMMUNITY REPRESENTATIVE - T. VAN HOOREN ▪ A Community Representative has been confirmed, term will begin in June; Jane Tillman, Regional Advisor, Ontario Health, will officially be welcomed and introduced at the next meeting.
4.0 REPORTS	
DISCUSSION	4.1 PARO - S. ALOBAID ▪ Meeting to focus on team transition and succession planning; elections for the new General Council representatives will be held this summer.

- Volunteers for the new resident welcome program are in place; program helps incoming PGY1s connect with General Council to answer any questions they may have about residency at Western; also participated in the Touchstone Institute orientation for IMGs.
- New local initiative for residents will be held at the end of the month; a 60-minute drop-in session with therapy dogs to promote stress relief and well-being.

4.2 POSTGRADUATE MEDICAL EDUCATION - T. VAN HOOREN

- In-person orientation scheduled for Monday June 29, 2026.
- Transition to Residency (T2R) scheduled virtually on Wednesdays, 1:00-4:00pm, July 8 to September 16, 2026; attendance will be tracked and shared with program; some new topics that may impact curriculum maps, please add them to your maps if needed.
 - Confirmed topics include Acute Dyspnea & Chest Pain, Human Trafficking, Hypotension & Shock, Altered Mental Status, Professionalism & Privacy, The Dying Patient/Coroner, Abdominal Pain & GI Bleeds, Metabolic & Neuro Emergencies, Antimicrobial Stewardship & EDID, Planetary Health & Pain Management, AI in Medicine & Teaching in Medicine.
- Canadian Armed Forces (CAF) Specialist Officer Training Plan (SOTP) is a new path for senior residents to join the CAF; selection board meets twice per year in May and November; likely won't be a common route, but need to have awareness in case a request comes in.
 - Eligible specialties: General Surgery, Orthopedics Surgery, Internal Medicine (General, Infectious Disease, Critical Care), Anaesthesiology, Psychiatry, Radiology, Emergency Medicine (FRPC-EM), and Physical Medicine and Rehabilitation.
- OneChart onboarding is required for all incoming trainees, poll results will be shared with the hospital and used to schedule the in-person training based on your preference for open sessions or during scheduled academic time.

4.3 WINDSOR CAMPUS – L. JACOBS

- Since 2015 the school has had about 20 spots to house visiting residents at the Medical Arts Building which is across the street from Windsor Regional's Ouellette Campus; there has been an increase of unhoused people clustering around the building due to the relocation of the downtown mission; there is increased worry about personal safety amongst trainees; Windsor Campus is aware and is taking the concerns seriously and if not satisfied with the safety measures, will look for alternative housing arrangements.
- Although not hospital property, hospital security is willing to walk residents to and from the hospital; the ownership group has been contacted and they have committed to multi-phase security improvements, including improving lighting in the area, securing the area with fencing, and securing gaps below back decks.
- If residents have concerns, they can reach out to L. Jacobs directly when they are in Windsor; should a PD receive concerns from residents directly, please forward to L. Jacobs and T. Van Hooren so they are aware of ongoing concerns.

4.4 UNDERGRADUATE MEDICAL EDUCATION – P. WANG

- 55 residents have volunteered for the new UME Mentorship Program; if you have a resident volunteer in your program, you will be sent a list requesting confirmation of good standing.
- Programs should keep track of those residents participating in the program as it's a great leadership opportunity and should be included in accreditation documents.

4.5 ACCREDITATION – T. VAN HOOREN

- Regularly scheduled learning site review is an important part of Institutional and Program Standards; Institutional review of LHSC, St. Joseph's Hospital, Windsor Hospitals, and Distributed Education Sites to begin next year with the schedule shared early next academic year; to help programs conduct a site review a new template has been created and distributed with meeting material; template can be modified to reflect your program needs (add or remove questions as needed); more to follow about Program and Institutional site reviews at Friday's retreat.
- Reminder that a Resident Exit Interview template is available on the PGME [website](#); can help meet Indicator 9.1.2.7 (*Exemplary*); Feedback from recent graduates is regularly used to improve the residency program; if not already using, now is the perfect time to gather this data

	and include it in your 2027 documentation; can be distributed at the time residents leave the program, or 3-to-6 months after they finish. - Multiple changes to the faculty evaluation process are being introduced; challenges with obtaining a sufficient number of evaluations remains an issue for small programs; policy has been revised to reduce the number of evaluations required from 5 to 3; for those that use Elentra for faculty evaluations, PGME and UME are exploring options to merge faculty evaluations into a single shared form that can be used broadly. Action Item: Provide an update about the joint UME/PGME form once available.
5.0 NEW BUSINESS	
DISCUSSION	5.1 POLICIES & GUIDELINES - T. VAN HOOREN - Policy on Waivers of Training: approval of policy; updated links and policy references, outlined CC's role in process, highlighted that only PGME Associate Dean may approve waivers; and simplified submission timeline section. - There is a national working group developing guidelines, policy will be reviewed once available to ensure it is aligned with national guidelines. - Motion to approve revised policy: approved by virtual vote. - Resident Moonlighting Policy and Clinical Fellows Moonlighting Policy - Approval of moonlighting policies deferred at request of Medical Affairs - Policy on Phone Calls from Patients to Residents: approval of policy; no changes to policy. - Motion to approve revised policy: approved by virtual vote. - Guidelines for Delivery of Virtual Care: approval of policy; minor terminology and link updates throughout. - Motion to approve revised policy: approved by virtual vote. - Faculty Evaluation Policy - Deferred to June meeting due to time constraints. 5.2 CaRMS SECOND ITERATION AND MATCH DATA OVERVIEW - T. VAN HOOREN - Deferred to next meeting. 5.3 PATIENT SAFETY INCIDENTS AT LHSC – K. MUNCASTER - Deferred to next meeting.
6.0 MEMBER TOPICS	
DISCUSSION	No member topics submitted.
7.0 SUMMARY OF ACTION ITEMS	
DISCUSSION	- Safe Ride Home - Medical Affairs to review concerns raised and bring back to next meeting once final decision has been made regarding photo requirement. - Investigate the potential to bring program to Windsor and regional sites; bring back to group once a decision has been made. - Semi Annual EPA Reports - Review feasibility with IS and provide an update on new available reporting options in the next academic year. - Faculty Evaluation Form - Provide an update about the joint UME/PGME form once available.
8.0 QUESTIONS & ADJOURNMENT (8:00 AM) AND NEXT MEETING	
	Next Meeting: June 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, Distributed Education (ex-officio): V. Ng

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, A. Barghi, P. Basharat, J. Bjazevic, S. Blissett, L. Bursztyn, P. Cameron, A. Cheng, M. Chin, M. Chiu, R. Degen, S. Elsayed, A. Florendo-Cumbermack, D. Grushka, S. Gryn, A. Gunz, T. Jevremovic, T. Khan, J. Landau, Y. Leong, A. McConnell, J. Megyesi, M. Mrkobrada, M. Ngo, M. Nicholson, M. Phung, K. Qumosani, A. Ranger, R. Reardon, J. Ross, J. Stein, P. Stewart, J. Thain, J. Van Koughnett, J. Walsh, M. Wileto, Q. Zhang, R. Zhu

Program Directors of RCPSC Accredited AFC Programs: K. Lotfy, J. Manlucu, K. Qumosani, L. Valdis

Program Administrators Representatives: B. Franze, B. Telford

PARO Representatives: S. Alobaid, M. Yousif

Non-Voting Members

Vice Dean, Clinical Academic Affairs: G. Bauman

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

Director, Medical Education: C. Newnham

Director, PGME Curriculum and Assessment: Vacant

Manager, PGME: P. Morris

PGME Staff Member: L. Curtis

Associate and Assistant Program Directors of RCPSC and CFPC Accredited Training Programs: N. Adunuri, H. Franco Lopez, D. Hudson, R. Kyle, A. Leung, O. Scallan, M. Thomson

Program Director, Oral & Maxillofacial Surgery: M. Shimizu

Community Representative: Vacant

Guests: P. Bere, J. Clack, A. Clemens, S. Jones, K. Kilbreath, R. Liston, A. Marsh, L. McInnis, D. McLaughlin, K. Muncaster, P. Rosborough, S. Taylor; K. Vaccaro