

PGME COMMITTEE MEETING

Minutes	Date: April 3 rd , 2019	Time: 7:00-8:00am	Location: HSA 101
Meeting called by	Dr. Chris Watling, Associate Dean Postgraduate Medical Education		
Attendees	C. Akincioglu, P. Basharat, G. Bellingham, J. Binnendyk, R. Butler, A. Cave, S. Dave, G. Eastabrook, K. Faber, D. Farquhar, S. Gryn, A. Gunz, A. Haig, J. Howard, N. Huda, H. Iyer, M. Jenkins, S. Macaluso, S. Mioduszewski, B. Moote, D. Morrison, C. Newnham, M. Prefontaine, A. Proulx, K. Qumosani, J. Rosenfield, J. Ross, G. Sangha, F. Siddiqi, G. Tithecott, T. Van Hooren, A. Vilos, M. Weir, J. Wickett, C. Yamashita; Hospital Rep: B. Davis; PARO Rep: B. Chuong, K. Desai; P.A. Exec Rep: L. Dengler; Guests: S. Giberson-Kirby, K. Nitz		
Note taker	Kate O'Donnell; kate.odonnell@schulich.uwo.ca		

Agenda Topics

1. CBME PROGRESS REPORT

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . Acknowledgement and appreciation of Sylvia Mioduszewski's work prior to her departure, along with confirmation that a replacement is being actively pursued for the role of CBME Education Technology Specialist. . Patricia Morris from Schulich Information Services (IS) has been appointed to the role of intermediary between PGME and IS development team in order to support PGME Elentra needs. PGME will continue as liaison for programs in providing Elentra support. . Ongoing solution being devised for Elentra to have the ability to produce a collated summary report of a resident's progress. Current plan is for IS to create a data warehouse, rather than be developed by the Elentra consortium. Plan to have the capability in place by the fall. . The RCPSC ePortfolio product will remain functional but goal is to have all CBME programs migrate to use of Elentra, which will be functioning at least as well as ePortfolio. . Residents have expressed concerns about CBME, specific to issues with obtaining evaluations, and whether progression will be delayed if unable to obtain necessary evaluations. Assurance that if Competence Committees are missing information on whether a resident has met an EPA or milestone, Committee will target areas where they need more information and give residents a set time period to obtain the necessary evaluations, rather than progress a resident with no information as has been done by progression committees prior to the CBME model. . Acknowledgment that it may not be possible to obtain EPAs in a certain time frame because a resident may not yet have done a specific rotation, but that programs are able to promote a resident who is missing an EPA simply for not yet having completed that rotation. Residents will not be held back from progression because of issues with scheduling.
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2. ACCREDITATION UPDATE

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . The Continuous Improvement Domain was reviewed. . Driving philosophy at both CFPC and RCPSC is to move toward viewing accreditation as a continuous improvement process rather than a single-point-in-time process. The standards therefore now include the opportunity for programs to demonstrate processes that are Continuous Quality Improvement (CQI) processes. . The indicators in this standard allow for programs to review whether rotations are serving their intended purpose, are they allowing residents to achieve the intended EPAs, or are residents consistently not getting to complete the intended EPA on the rotation designed to do so.
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	<ul style="list-style-type: none"> . Allows programs to systematically collect information on the learning environment rather than serendipitously when a resident brings a problem forward. . The indicator referencing the "hidden curriculum" is to ensure programs reflect on differences between what is done in the program, and what is said in the written curriculum. For example, if there is a written curriculum that includes that "residents will learn and implement approaches to fatigue risk management on an ICU rotation", but what actually happens in the rotation is that residents are pushed to the limit of their PARO contract, there is a "hidden curriculum" issue, where the actual experience is not standing up to what is proposed by the curriculum. . Important to consider that there are multiple sources of information available for review to inform evaluation and improvement of the program. . Potential for innovation exists for programs in accessing patient feedback, and linking patient feedback to residency program improvement. The hospitals collect patient feedback, and areas currently exist where that feedback is applied for the purpose of improvement, such as in post-operative pain management strategies.
3. RESIDENT WELLNESS UPDATE Dr. D. Farquhar	
Discussion	<ul style="list-style-type: none"> . Update on three upcoming events: Friday, June 7th, annual PARO Well-Being Half Day, with focus on work-life integration, keynote speaker Dr. Fraser Fellows; respectfully asking for programs to consider canceling their academic half day to allow residents to attend. Monday, June 10th, Chief Resident Summit hosted by the LEW for chief residents to gather and share common experiences, with focus on well-being and learning environment. Sunday, June 16th, Dash 4 Dad, annual 5km walk in support of raising funds for Prostate Cancer research. . Over upcoming months, LEW will contact programs to set up meetings with PDs, co-PDs, and PAs to promote visibility of the LEW prior to accreditation.
4. PGME RENEWAL FORM Dr. C. Watling	
Discussion	<ul style="list-style-type: none"> . Annual CPSO renewal form includes a questionnaire that has changed for 2019, now includes question whether a resident has been dismissed or suspended by the program or medical school. If programs have a suspended resident, it is worth having a conversation to ensure that the resident and the program are both reporting the same explanation to the CPSO. . Clarification that taking an extended leave, resigning, or withdrawing from a program is not a dismissal and does not require being reported to the CPSO.
5. RESIDENCY ALLOCATION Dr. C. Watling	
Discussion	<ul style="list-style-type: none"> . The Residency Allocation Committee (RAC) was formed in 2015 when the Ministry of Health required the reduction of PGY1-entry CMG residency positions by 25 provincially, which for Western has resulted in a reduction of 5 PGY1 resident positions per year. The RAC was formed to decide on the reductions as fairly as possible, and inform impacted programs a year in advance. Two decisions have been made; the first being that our two largest programs, Internal Medicine and Family Medicine, have each been reduced by one position going forward. Second decision, upheld across all six provincial medical schools, has been to protect Psychiatry from reductions to align with provincial mandate to increase number of Psychiatrists being trained. Reductions are then spread among remaining programs in a fair way to ensure that the same program is not targeted each year. . Going forward, will ensure that the RAC provides a clear report once decisions are made regarding year reductions, to improve where there has been a lack of communication from the RAC in past years other than to programs impacted by a reduction.
6. COFM IMMUNIZATION POLICY Dr. C. Watling	

Discussion	<p>. The Council of Ontario Faculties of Medicine (COFM), with the six Ontario PGME Deans, reps from the Council of Ontario Universities and the Ministry of Health, met to review and update the Immunization Policy. One important highlight is that the annual influenza vaccination is required for clinical placements occurring between November and June, inclusive. The rate of vaccinations of residents is approximately 80%.</p> <p>. Important that residents are aware that there is a provincial policy in place requiring residents to acquire the influenza vaccination, and that there are potential consequences including removal of non-vaccinated residents from clinical placements in areas with an influenza outbreak.</p>
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7. AMS REVIEW PROCESS **Dr. C. Watling**

Discussion	<p>. Logistics of reviewing program profiles in the AMS; no longer a function to make comments or track changes in AMS. However, each section has a comment box at the bottom and comments will be made in those boxes. Programs will be notified when their profile has been reviewed and asked to look at comments. As programs respond to comments, delete them; if comments can't be deleted by program, will troubleshoot a process. The profile will not be reviewed a second time after programs have responded to comments, but programs can contact Courtney, Chris or Lois Champion who will be reviewing the profiles for clarification of comments that have been made, or to ask for feedback on what they have provided in response to a comment.</p>
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8. ADJOURNMENT AND NEXT MEETING

Date and time	<p>The meeting was adjourned at 8:03 am. Next meeting scheduled for Wednesday, May 8th, 2019, 7:00-8:00am, HSA101</p>
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