

PGME COMMITTEE MEETING

Minutes Date: May 8th, 2019 Time: 7:00-8:00am Location: HSA 101

Meeting called by	Dr. Chris Watling, Associate Dean Postgraduate Medical Education
Attendees	G. Bellingham, J. Binnendyk, R. Butler, G. Eastabrook, K. Faber, H. Ganjavi, A. Gunz, A. Haig, R. Hammond, N. Huda, H. Iyer, M. Jenkins, S. Macaluso, B. Moote, D. Morrison, M. Ott, C. Newnham, M. Prefontaine, A. Proulx, J. Rosenfield, B. Rotenberg, V. Schulz, M. Sen, A. Sener, M. Taabazuig, G. Tithecott, T. Van Hooren, J. VanKoughnett, M. Weir, J. Wickett; Hospital Rep: S. Fahner; PARO Rep: M. Fricot; P.A. Exec Rep: L. Dengler; Guests: S. Klenk, A. Lawendy, D. Martins
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"> . Next CBME retreat planned for autumn 2019. . PGME has hired a new CBME Education Technology Specialist, Ross McLean, who starts on May 13, 2019. Patricia Morris will continue as program contact for four weeks during transition period. Schulich IS has posted a position for a Developer specifically to build a dashboard in-house to display collated information on resident progression, for use by residents and competence committees. Once Developer is hired, PGME will contact a few Program Directors, residents, and Program Administrators to meet and prepare input to inform the needs of the dashboard. . Interim solution for no dashboard is a data extract from Elentra of raw data for entire program, which is then turned into an Excel document that summarizes resident progression. The document lists all EPAs in a program, assessment plans within each EPA, and displays each resident's progression as achieved or in progress per EPA, and percentage of EPAs each resident has achieved over course of training. Also includes a tab for each EPA within the program, can then see each resident's progression in that EPA, what EPAs remain pending, and parts of the assessment plan, including number of observations obtained, number of observers, and is colour-coded in green and red to show completed and pending. Programs can contact Joan Binnendyk directly to obtain this summary document, will require 3 to 4 days processing time. . Recommendation was made that summary document be organized by resident, in addition to organized by EPA, to allow Competence Committees to easily assess each resident's progression.
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2. ACCREDITATION UPDATE Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . AMS profile review has begun by Drs. Watling, Newnham, and Champion. Because comments made in the AMS can only be deleted by the comment's author, plan going forward is that reviewers will comment directly in text boxes, and will highlight their inserted comments in yellow. Programs are then able to remove comments after responding. . The RCPSC requires that only one curriculum map to be uploaded. The 2019 transitioning programs will have the old curriculum map that isn't CBME, and the new CBME curriculum map;
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	<p>programs need only provide the new CBME curriculum map. For programs implementing CBME beyond 2019, provide the non-CBME curriculum map.</p> <ul style="list-style-type: none"> . Curriculum maps are to include information as to where the CanMEDS roles are represented. . PGME provided generic answers to some sections in the AMS, but a reminder for programs to read through the generic responses provided by PGME, and tailor them to fit your program to ensure relevance, as some responses may not be relevant to all programs.
3. BPAS & CaRMS Dr. C. Watling	
Discussion	<ul style="list-style-type: none"> . All Canadian medical schools have adopted the “Best Practices in Application and Selection” (BPAS) document which outlines 13 principles and 20 best practices for selecting residents via CaRMS. CaRMS has implemented some of these best practices into program profiles; programs are now required by CaRMS to answer questions specific to the BPAS document when completing their program profiles. . Program profiles in CaRMS will require review and updating for the next cycle. Specifically, programs will be required to: 1) Define the goals of their selection process and explicitly relate these to overall program goals by a) including a statement of the overall mission of the program, as reflected in the program’s accreditation documents and b) identify the skills and attributes of a successful applicant to the program, linked to program goals; 2) Establish a comprehensive set of program-specific criteria that allow thorough assessment of candidates, explicitly stating processes and metrics used to filter and rank candidates, and include information on a) the file review process and b) the interview process; 3) Publicly state if the program uses information other than what is contained in application files and interviews, by selecting options from a dropdown menu provided by CaRMS; 4) Establish clear criteria for determining how programs decide not to rank candidates, again will be completed by selecting options from a list provided by CaRMS, with a comment box option. . Programs will receive a notification from CaRMS when profiles will be accessible, again once program profiles are open, and notification that profile updates are required. . Confirmed with CaRMS that programs will continue to have separate program descriptions for their CMG and IMG streams; programs will provide responses separately for each stream.
4. INTERNATIONALLY SPONSORED TRAINEES Drs. J. Rosenfield, A. Lawendy	
Discussion	<ul style="list-style-type: none"> . Dr. Jay Rosenfield, Vice Dean, Medical Education and Dr. Abdel Lawendy, Assistant Dean, Middle East Initiatives presented opportunities for programs to increase intake of internationally sponsored trainees (ISTs), and requested feedback from programs on barriers to appointing ISTs. . The diplomatic rupture between Canada and Saudi Arabia in August 2018 will, at a minimum, result in a significant reduction in the number of Saudi trainees able to enter Canadian programs. This has resulted in a vacancy in training spots, and provided an opportunity to other countries within the Middle East region to increase the number of trainees in Canadian programs, specifically Kuwait and the United Arab Emirates are looking to increase their placement of trainees in Canadian programs. . Canadian medical schools are now sending delegations to Kuwait and the UAE to build relationships to encourage intake of non-Saudi ISTs. The Kuwait Institute for Medical Specializations (KIMS) has invited Program Directors to Kuwait in September 2019, covering flight and accommodation, for the purpose of presenting their top medical students for in-person interview. The United Arab Emirates is also interested in offering this same program. KIMS has identified specific programs of interest, and invites have been extended to those programs by the Schulich Internationalization Office. Any additional programs interested in attending in-person

	<p>interviews in Kuwait can contact Dr. Lawendy directly, AbdelRahman.Lawendy@lhsc.on.ca. There is no obligation for programs to appoint a resident or fellow if they participate in this program.</p> <ul style="list-style-type: none"> . Working at creating opportunities for international medical students to complete undergraduate medical electives. Barriers exist in offering resident electives; trainees who are applying for international programs are not generally enrolled in a residency program in their home country, which makes them ineligible for the mandatory CPSO elective license. . Program feedback on what would be helpful in successfully appointing ISTs included implementation of a centralized “vetting” of the medical school program, or residency training system, of international schools with no established relationship with SSMD, in order that we can provide information to a program regarding the system of training an applicant has completed. . The Pre-Entry Assessment Program (PEAP) is a Canada-wide requirement for all ISTs who have not previously completed postgraduate training in North America. Proposal to more rigidly enforce the PEAP as the trial period to assess a candidate’s eligibility, which is the intended purpose of the PEAP. Programs encouraged to carefully consider how clinical experience is programmed during the PEAP, how assessment is done, and to use the PEAP to make a decision regarding a candidate’s feasibility to continue in the program. . Clarification that ISTs do not take away from CMG and IMG positions allocated by the Ministry of Health. A program can match all positions in CaRMS, and then appoint as many ISTs as can be accommodated. This applies to both residents and clinical fellows.
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5. BLOOD BORNE PATHOGEN POLICY	Dr. C. Watling
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Discussion	<ul style="list-style-type: none"> . Policy was approved by Curriculum Committee at UGME level in March 2019. . Preference is to have a single policy that encompasses both UGME and PGME learners; policy addresses need of both types of learners adequately. No questions or objections raised regarding policy, motion was passed to approve policy as is. Policy will be posted on the PGME website under Academic Resources – Policies. . Residents continue to be governed by CPSO regulations related to blood borne pathogens, this policy is designed to act as a guideline for consistency in dealing with any issues that may arise while training residents.
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8. ADJOURNMENT AND NEXT MEETING
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Date and time	Remaining agenda topics were deferred to June meeting. The meeting was adjourned at 8:00 am. Next meeting scheduled for Wednesday, June 12th, 2019, 7:00-8:00am, HSA101
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