PGME COMMITTEE MEETING			
Minutes	Date: April 8th, 2015	Time: 07:00am-08:00am	Location: HAS 101, Western

Meeting called by	Dr. Chris Watling, Associate Dean Postgraduate Medical Education
Attendees	A. Al-Areibi, K. Faber, D. Farquhar, M. Jenkins, A. Gunz, A. Kashgari, S. Rumas, G. Sangha, K. Sequeira, J. Wickett, M. Prefontaine, A. Proulx, T. Sexton, F. Siddiqi, S. Levine, M. Taabazuing, G. Cooper, B. Garcia, M. Steele; PARO Rep: V. Diaconita, J. Lukovic, S. Pisani; Hospital Reps: M. Macpherson; P.A. Exec Rep: K. Nitz; Guests: J. Binnendyk, P. Bere
Note taker	Courtney Newnham, Courtney.newnham@schulich.uwo.ca

Agenda Topics

1. HUGO UPDATE	Dr. C. Watling
Discussion	. The hospital has approved funding for the Learner Support and Integration Project . The HUGO working group is focused on influencing what that support actually looks like . PARO has provided a number of ideas and feedback on how support may be more effectively delivered over the next few months . Dr. Watling has met and continues to meeting with Clinical Chairs to gather further insight into the help required

2. TESTING FOR BLOOD BORNE PATHOGENS	Dr. C. Watling
Discussion	. This year residents have to complete a different renewal process for CPSO . It is more explicit about the need for residents who do exposure prone procedures to have annual testing for Hepatitis A & B and HIV, and to report positive test results to CPSO . Residents should be encouraged to visit their family doctor for this testing . An alternative for residents who do not have a family doctor in London is to use Occupational Health who is prepared to do this testing in the hospital but there is debate over the cost of the testing (approximately $60-75) . An additional option is to provide the names of three family physicians who would meet with residents . Group consensus was that the cost of testing should be borne by the hospital

3. PARO UPDATE – Resident Wellbeing Half Day	Dr. J. Lukovic
Discussion	. May 6th is the annual Resident Wellbeing Half Day in Gibbons park . There will be a BBQ, wellness related activities . Program Directors are asked to support releasing residents from their clinical duties after 1pm to attend

4. MCCQE2	Dr. C. Watling
Discussion	Capacity challenges due to: . De-harmonization of CCFP and MCCQE2 . Increasing candidate numbers (800 more since 2010) . There is a higher number of candidates requesting the spring offering rather than fall . Spring and fall offerings must maintain a threshold number of candidates from various demographic groups (eg. First time CMG) for psychometric reasons For Candidates: . Applications for fall QE2 accepted from May 2015 until capacity limits reached . Candidates applying after capacity reached will be offered pre-registration for spring 2016 . Withdrawal deadline removed . Examiners are needed. MCC does pay examiners and it is a full day commitment

5. FELLOWSHIPS	Dr. C. Watling
Discussion	Fellowship Challenges . Numbers . Space . Curriculum . Service requirements - Fellows are not covered by the PARO-CAHO contract . Integration with residency programs . Funding . Fellows viewed as a vulnerable group: . No contract . Expectations and reality do not match; Fellows are often fully trained physicians from another country and view this as a way to integrate into the Canadian system and consequently, may put up with more than they should . Standardization of education quality and fairness required PLAN: Establish a working group over the next year to develop guidelines for departments

5.1 Action Item	Person Responsible	Due Date
Request volunteers from Program Directors who work with Fellows to join the working group.	C. Newnham & Kate O'Donnell	May 13th, 2015

6. RESIDENT REMEDIATION	C. Newnham
Discussion	The PGME office views remediation plans as a way to prepare residents for success . The Resident Assessment and Appeals Policy available on the PGME website under "Policies" . Remediation is necessary when a resident fails a rotation . Remediation should be strongly considered when:

	. Resident receives a “borderline” overall assessment on ITER . Unsatisfactory performance on other key assessments . Concerns about professional conduct . Substantial absence from the program . When considering a remediation plan, please consult the LEW office Informal Remediation Plans: . Your program’s RTC in consultation with the Program Director may suggest an informal remediation plan in light of observed deficiencies . Please document any communication between you, the RTC, and the resident in these situations – useful if resident is required to undergo a formal remediation plan ***If questioning whether a resident should complete a formal remediation, contact the PGME office for guidance Formal Remediation Plans: . Template available on PGME website under “Forms” . The RTC must be involved in the development of the plan and the resident must have a chance to view the plan . The plan must include: . Rational for remediation (documentation throughout rotation is helpful here) . Outline of remediation plan (rotations to be covered, length of time, available resources, etc.) . Frequency of feedback . Outcome of remediation plan ***Consult PGME office if you have questions regarding completing the template Common Feedback from PGE Advisory Board: . Feasibility of expectations (for residents and faculty) is questionable . Expectations are not sufficiently specific (e.g. must complete X number of procedures each day/week/month) . The bar for success or failure is not clearly articulated (e.g. must achieve at least 60% on oral exam) . Methods of assessment for each area needing improvement are not specified (multiple methods may be necessary) . Updates to PGE Advisory Board at points throughout remediation period are requested
7. CASPer	**Dr. C. Watling**
Discussion	. Computer-based Assessment for Sampling Personal Characteristics delivered by DOT Innovations . Online assessment of personal/professional qualities that applicants can complete from anywhere they have high-speed internet . McMaster using UG applicants since 2007 (research)/2010 (full implementation) . Correlates with MMI and with C2LEO and PHELO parts of MCCQE 1 and 2 . 12 sections: 8 video vignettes (60-90 secs each), 4 self-descriptive questions, 3 probing questions after each Q/vignette; applicant has 5 mins to type answers

	. DOT Innovations is delivering 2015 screening starting in June . The PGME application costs for 2015: $50 + small distribution fee per program (~$10/additional program) . After discussion, consensus was NOT to adopt CaSPER for our residency selection processes, at least at this point, for the following reasons: 1. Unlike a UGE program with 5000 applicants, our programs tend to approach the CaRMS match as much as a recruitment exercise as a selection exercise. They are very wary of adding any requirements that might dissuade good candidates from choosing our programs. London is not a particularly easy place to recruit graduating medical students for PG training as it is. 2. Many highlighted the lack of data supporting the usefulness of CaSPER at the PG level. The group felt that if the use of CaSPER at the PG level remained investigational, the fees charged to candidates were excessive. 3. At least one of our PARO reps had had the experience of piloting CASPer as an undergraduate student; she found the experience unpleasant and felt strongly that if we made it a requirement, we would drive potential applicants away.

11. ADJOURNMENT AND NEXT MEETING

Date and time	The meeting was adjourned at 8:00am. Next meeting scheduled for **Wednesday, May 13th 2015, 7:00am – 8:00am HSA101, Western**