

PGME COMMITTEE MEETING MINUTES

	Date: Wednesday, Jan. 12, 2022	Time: 07:00 – 08:00	Location: Virtual
MEETING CALLED BY	L. Champion, Associate Dean, Postgraduate Medical Education		
ATTENDEES	<p>P. Basharat, V. Beletsky, P. Bere, R. Butler, K. Carter, J. Copeland, S. Dave, S. Elsayed, A. Florendo-Cumbermack, K. Fung, A. Grant, J. Granton, S. Gryn, A. Haig, C. Hsia, A. Huitema, Y. Iordanous, H. Iyer, A. Kashgari, J. Laba, D. Laidley, J. Landau, P. Leong-Sit, E. Lovett, A. Lum, S. Macaluso, D. Morrison, A. Mullen, ML. Myers, C. Newnham, M. Ngo, S. Northcott, M. Ott, S. Pritchett, M. Qiabi, K. Qumosani, M. Rajarathinam, P. Rasoulinejad, B. Rotenberg, V. Schulz, J. Sniderman, P. Stewart, V. Stratton, P. Teefy, J. Thain, L. Van Bussel, T. Van Hooren, J. Van Koughnett, S. Venance, J. Vergel de Dios, P. Wang, M. Weir</p> <p>Hospital Rep: R. Caraman, PA Exec Reps: C. Sikatori; PARO Reps: R. Barnfield, R. Woodhouse; Guests: P. Morris, B. Ferreira, S. Ibdah, J. Amann</p>		
REGRETS			
NOTE TAKER	Andrea Good, andrea.good@schulich.uwo.ca		

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

DISCUSSION	No agenda additions. Motion to approve minutes: M. Ott, B. Rotenberg.
-------------------	--

ANNOUNCEMENTS L. CHAMPION

DISCUSSION	<ul style="list-style-type: none"> ▪ An email was sent from B. Sischek in Medical Affairs asking programs to identify those who would be off sick before Jan. 8 and assisting them with return to work. L. Champion has not yet been able to review the message. She believed the email was being relayed to departmental leaders only, and not including Program Directors. She will review the email and respond to PDs as necessary after the 8:30am COVID-19 update meeting. ▪ Policy Update: <ul style="list-style-type: none"> ▪ The following policies have been approved at ECSC and circulated to all Programs via email: Fellowship Probation, Suspension and Termination Policy, Practice Ready Assessment Policy, and Guidelines for Support of Accredited Postgraduate Programs. ▪ The Guidelines for Support of Accredited Postgraduate Programs was also presented and approved at the Clinical Chairs Committee. Dr. Champion will be at the Manager of Administration and Finance (MAF) meeting on Monday to present the new fellowship remuneration requirements, as well as the PD/PA support document. ▪ Our February Policy Subcommittee will include the following documents: Supervision Policy update, Leaves of Absence and Training Waivers, Fatigue Risk Management Guidelines, Safety and Wellness Policy Update.
-------------------	---

COVID-19 UPDATE L. CHAMPION

DISCUSSION	<ul style="list-style-type: none"> ▪ Good Updates: <ul style="list-style-type: none"> ▪ COVID Booster clinical are available with lots of capacity. ▪ Walk-in fit testing for N95 masks is available at LHSC.
-------------------	---

- We are green for all personal protective equipment (PPE) categories.
- Electives within Canada continue for residents and fellows.
- Areas of continued concern:
 - Increasing hospitalizations and ICU admissions.
 - More than 480 healthcare workers are off for COVID-19 as of yesterday at LHSC.
 - Increasing number of ALC patients.
 - Outbreaks and active surveillance areas.
 - In-person outpatient target to 20%; ambulatory and operative, including procedural and medical to urgent/emergent, to allow for redeployment of healthcare workers.
 - Disruptions to healthcare and disruptions to our learners.
- Medical Resident Redeployment Program (MRRP) is
 - In effect until Mar. 31, 2022
 - All programs encouraged to use the MRRP. It can be used for call coverage, additional ICU coverage, etc. and it applies to residents who are covering others who are off due to COVID-related illness (positive or symptomatic).
 - Funding through the MRRP does not include internationally sponsored residents (ISRs) as the funding is taxed and not part of the ISR contract. ISRs are encouraged to reach out to their respective bureaus and ask for additional funding in line with PARO residents.
 - Information about the MRRP was emailed, including health codes to use.
 - Question from the Committee re: back-up schedules. Some programs started using backup schedules to ensure people are available in case of COVID shortages. The stipend is lower than through the MRRP, so it was suggested that programs ensure residents are available, but pay them through the MRRP when they are actually called in.
- Dr. Champion shared slides provided by LHSC Occupational Health which were also circulated in a newsletter on Jan. 11. They provide a new algorithm that is being applied to faculty and residents to determine whether they can come to work or not.
 - Please refer to the emailed newsletter to see slide details.
 - The slides provided are unclear in their director so Dr. Champion has followed up regarding processes and will send more information to PDs as soon as possible.
 - The information applies to undergraduate clerks as well.
 - S. Elsayed – the rules are changing constantly, and Occupational Health and Infection Control are trying their best to balance items. There have been delays getting PCR results and extending eligibility periods.
 - Leaving a message with Occupational Health is sufficient for their notification requirements, but Dr. Champion's understanding is that they have been reachable by phone lately.
 - Rapid tests are available at Victoria Hospital Building 14. It is no longer required to have a memo from the PD for a resident to pick up rapid tests.
 - Even if residents have isolated for 10 days, they must still be asymptomatic for 24 hours prior to a return to work (48 hours if symptoms are GI-related).
- Learning impact:
 - CPFC and Royal College exams are unchanged.
 - The CFPC has recently provided further guidance on waivers of training.
 - Guidance from the RC has been provided, and basically states to use best judgement, equivalents, and continue to try to assess residents.
 - PGME has contacted the RC for more information, but they may be unable to answer the difficult questions. It is encouraged that PDs reach out to their subspecialty committees and national PDs for information about what they are doing.
 - Question from Committee: For procedural specialties, if a trainee is considered competent but has not technically completed all EPA requirements, etc., are they still eligible to progress? Dr. Champion: Yes. EPAs are a matter of program judgement and if CCs/RPCs deem a trainee to be competent, then they can progress. Caution should be applied when progressing residents without meeting all EPA requirements because it may be brought up by other residents. However, the decision is based on

the individual and does not need to apply to the entire resident group. This will more likely apply to more senior residents who will not have future opportunities to meet all EPAs.

PARO UPDATE

R. WOODHOUSE

DISCUSSION

- The first meeting of new year is on Jan 20. The plan is to revisit goals for the next six months as a PARO site team.
- PARO has been able to host two virtual events for residents. The first was a virtual et fashion show before Christmas; the second was in early January and was a well-attended virtual escape room.
- Dr. Champion commented that it is a difficult and challenging time for every person, but our residents are frontline and asks PDs to reach out to residents and make sure they are okay. Continue to provide resources and supports.

WINDSOR UPDATE

A. MULLEN

DISCUSSION

- Windsor is working through COVID situations similar to London.
- Note that our Met and Ouellette campuses are in outbreak. If asymptomatic, residents can work as usual with PPE; but if symptomatic, they report and follow hospital protocols.
- A reminder to make rounds in the Met and Ouellette rounds the last stop in Windsor rotations where possible.

PGE ADVISORY BOARD UPDATE

J. AMANN

DISCUSSION

- Dr. Amann is chair of PGE Advisory Board and former radiology Program Director. He is providing an update on the PGE Advisory Board.
- The PGE Advisory Board is a group of former PDs, PGME staff, and a PARO representative who advise programs on their remediation plans. The goal is to refine the remediation plan to optimize success for the resident and to protect the program.
- The reasons for remediation are diverse:
 - Most often, it is multiple CanMEDS roles deficiency.
 - This could be a slow progression over time where the trainee needs support, or a single big instance where the program has determined a need for remediation.
 - The program may try internal remediation first but may be at a point where they need support and a formal plan.
- Common PGE Advisory Board themes/general information:
 - The mandate is to advise on a remediation plan, and not to make decisions. The decision-making remains with the program.
 - Normal length of remediation is about three months but varies.
 - Frequently, professional and communicator CanMEDS roles are most common. When residents are struggling to communicate with residents, faculty, PGME Office or patients, etc.
 - The CBME format has helped identify residents in difficulty earlier.
 - Contact the PGME Office first before submitting to the Advisory Board, as they can provide more information on next steps.
- How to properly complete the template:
 - Courtney Newnham (PGME Manager) and Karen Lancey (PGME Registration Coordinator) are available to guide you with the template.
 - Provide a clear rationale for remediation.
 - Ensure action items are quantifiable and measurable. For example, if the resident is being remediated due to their medical knowledge, you might develop a reading plan where they have to read X chapters for week 1, and each month they meet with their supervisor to discuss their learning or write a reflective piece, etc.
- An example template was presented. In the “Learning or Teaching Strategy” column, put concrete items such as a reading plan, tests, CPSO module, etc. The “Assessment of

Achievement” column may say they have to complete the task, write a reflection of what they have learned, complete a practice and final exam, etc. The “Benchmark for Achievement” column must be very clear to indicate the minimum level a resident needs to pass their remediation. The final page “Outcome of Plan” is a summary of what was in the previous table. This can be done in bullet points and might also state items like the resident accessed the learner experience office, etc.

- The vast majority of residents succeed in remediation. Both programs and residents put in the work.
- The PGE AB gets involved early. It is recommended that any programs who are unsure whether a trainee needs remediation to reach out to the PGME Office as they have individual learning plan templates, etc. and can suggest whether a trainee move forward with remediation.
- Remediation does not always mean an extension of training. It depends on the remediation and the RPC decisions around it. If training is extended, it will be funded as per PARO requirements.

CARMS UPDATE

L. CHAMPION

DISCUSSION

- CaRMS Equity, Diversity and Inclusion initiative:
 - An EDI survey is available which is optional for applicants, but the goal is to better understand our applicant pool.
 - It will be used by Dalhousie this year and for all other universities, we will be pulling any data for review purposes.
 - S. Venance: Concerns have been raised about the initiative from Dalhousie residents about identity misappropriation. While it's a good initiative, there are some cautions.
 - L. Champion: These were also brought forward at the national PGME level, but the hope and assumption are that students will be professional and be honest on their applications.
 - It is being communicated to students that completing the survey will not negatively impact their application.
- The PGME Selection Policy is in effect and remains unchanged.
- The CaRMS Match Violation Policy has been updated. The Privacy Policy has changed to specify that candidates cannot access third party information (i.e., letters of reference).
- General Reminders and Rules:
 - Medical students will not have had external electives and their training has been disrupted.
 - The CaRMS/AFMC rules are unchanged from last year. Programs cannot require a letter of reference or elective in a specific specialty.
 - Max three letters of reference.
 - Electives or clinical experiences that were not approved by UGE are not to be included in the CaRMS application anywhere.
 - Do not ask for information/documentation that you are not allowed to access (i.e., formative evaluations).
 - Applicant information is only for the purpose of selecting applicants.
 - Handle records with care/confidentiality.
 - Do not ask about age, race, religion, ethnicity, family/marital status, disability, sexual orientation, or gender identity.
 - Ensure fairness/equity and be professional at social events.
- Virtual interview resources are available [here](#). PGME recommends synchronous interviews without recording. Recording adds additional privacy and confidentiality issues.
- [Timelines are compressed](#) again this year. This is a difficult timeline for larger programs, specifically during the second iteration, to get credentialing ready prior to the July 1 start.
- Survey of PGY1 entry program CaRMS Timelines:

- On Oct. 25, 2021, the AFMC (comprised of the 17 Deans of Medicine), voted unanimously to continue with virtual interviews and a compressed timeline for the 2023 PGY1 match.
- This timeline is considered a compromise between the pre-pandemic timeline and the 2021/22 timeline.
- PGME is seeking feedback through a survey on the challenges programs encountered in accommodating the needs of UME applicants in the last cycle of the match.
- PGME will compile your feedback and provide it back to the AFMC for consideration for the 2024 match cycle – results to be aggregated with all 17 medical schools.
- Your input is needed and much appreciated. The survey will be sent to all PDs and PAs following this meeting, via email.
- This survey is being done because the AFMC survey did not adequately consider the needs of PGME programs. PGME Offices are incredibly angry at the compressed timelines, and it has seemed that PGME needs have not been considered in decision-making.
- S. Venance commented that UGME Deans have a very different stance on this topic, that focuses on the students' ability to have time to complete electives.

ADJOURNMENT (8:02 AM) AND NEXT MEETING

Next Meeting: Wednesday, Feb. 9, 2022, 7:00 – 8:00 a.m., Virtual