

# PGME COMMITTEE MEETING MINUTES

Minutes	Date: March 20, 2020	Time: 7:00AM-8:00AM	Location: Teleconference
Meeting called by	Dr. Lois Champion		
Attendees	<p>C. Akincioglu, P. Basharat, R. butler, P. Diamantouros, S. Elsayed, A. Florendo-Cumbermack, A. Grant, S. Gryn, A. Haig, R. Hammond, J. Howard, H. Iyer, L. Jacobs, S. Jeimy, SL. Kane, G. Kim, J. Laba, P. Leong-Sit, E. Lovett, A. Lum, K. Myers, ML. Myers, C. Newnham, J. Northcott, K. Potvin, A. Power, A. Proulx, M. Qiabi, K. Qumosani, J. Rosenfield, I. Ross, J. Ross, B. Rotenberg, V. Schulz, M. Sharma, J. Thain, G. Tithecott, T. Van Hooren, J. VanKoughnett, P. Wang, M. Weir, C. Yamashita</p> <p>Hospital Rep: J. Joyce; PARO Rep: K. Desai, D. Gillett; P.A. Exec Rep: <b>Guests:</b> J. Binnendyk, S. Giberson-Kirby, K. Lancey P. Morris, K. O'Donnell</p> <p><b>Regrets:</b> H. Ganjavi</p>		
Note taker	Nicole Filson; Nicole.Filson@schulich.uwo.ca		

## Agenda Topics

1. Call to Order and Greetings	L. Champion
Discussion	<ul style="list-style-type: none"> <li>Meeting called to order by Dr. L. Champion at 7:00AM</li> </ul>

2. Electives/Travel Policy and Accommodations	L. Champion
Discussion	<ul style="list-style-type: none"> <li>L. Champion sent out two summaries this week regarding COVID-19; she will continue to send out these summaries so long as they are helpful.</li> <li>The PGME office is currently working from home. All staff are available via email and the PGME office will remain in operation.</li> <li>Incoming and outgoing electives have been cancelled effective the end of the current block, until end of June, when will be re-assessed. Elective rotations in Windsor will continue as it is our sister site, but Distributed Education Network (DEN) electives will not go ahead. <b>*this information has since changed, please refer to guidelines on DEN rotations appended below</b></li> <li>If the elective is a core, mandatory rotation, it can take place. This is consistent with sites across Ontario and around the country.</li> <li>The Travel Policy changes daily. PARO has told residents that they should follow the advice of their employer which is their home hospital. For residents who have traveled; if the program deems them nonessential, they must self isolate for 14 days after return to Canada. If they are essential for clinical care and clinical service, they are to follow the hospital policy, which requires them to wear a mask and self-monitor.</li> </ul>

	<ul style="list-style-type: none"> <li>• Travel should cease to be an issue as travel was suspended a week ago.</li> <li>• A variety of programs have different residential requirements, some residents are considered essential for their program. We should err on residents being deemed non-essential but there are currently residents who are deemed essential and are in service, wearing masks.</li> <li>• In services on the front lines, programs would not be able to cope without resident support as staff are already working extra hours. The hospitals would not be able to cope without residents.</li> <li>• If residents are currently in self-isolation they should not be participating in clinic and PGME must be informed. If they travel at this point after the directive from the Canadian Government, PARO states that the period of self-isolation is to be taken from vacation time or taken as an unpaid LOA.</li> <li>• Regarding accommodations, PARO guidelines recommend that pregnant or immunocompromised learners follow the direction of their treating physician. They should be able to still participate in clinical environment but should not be treating patients with acute respiratory illness for example.</li> <li>• S. Northcott clarified that programs can connect with the LEW office to help navigate and clarify resident requests for accommodation.</li> <li>• S. Elsayed suggested that residents who need to be accommodated could be involved in virtual or phone visits with patients.</li> <li>• Residents are seeming to be pulled from rotations to go back to their home program. Residents should stay on their current rotation unless the rotation they are on is basically shut down and their home program needs more support.</li> <li>• There will always be exceptions, such as residents in Oncology or other specialties working with immunocompromised patients should not be working in Emergency care or ICU.</li> <li>• R. Hammond suggested the possibility of a central database listing what rotations residents are on, to easily identify services that could free up residents and redeploy to busier programs. L. Champion has made a draft of re-deployment guidelines, has been sent out for Decanal and PARO approval. PARO put out a notice stating they will be flexible with the contract issues considering the current situation.</li> <li>• If residents refuse redeployment and request to stay home, that would be a refusal to work and at that point they would be on an unpaid LOA, with a future waiver of training at the discretion of the program.</li> <li>• S. Northcott will send L. Champion the document that Alberta has sent out to their residents for her to compare with her draft.</li> </ul>
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<b>3. Healthcare Professionals and Testing</b>	<b>L. Champion</b>
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Discussion	<ul style="list-style-type: none"> <li>• Residents have been made aware that they are expected to treat COVID-19 and potential COVID-19 patients.</li> </ul>
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	<ul style="list-style-type: none"> <li>• L. Champion provided the Committee members with the current London and Middlesex recommendation for testing for COVID-19. Testing is not currently recommended for people who are asymptomatic.</li> <li>• S. Elsayed stated that there is a shortage in the swabs that are used to test for COVID-19. Nobody who is asymptomatic will get tested unless there is an outbreak somewhere.</li> <li>• A number of residents and fellows, particularly in Respiriology and Medicine, are frustrated with lack of clear communication on new and existing policies regarding what services should be taking patients and which ones are not. L. Champion sent a note to all residents on Monday, to summarize the expectations and clarify that they are expected to work within their limits of their training. L. Champion states LHSC has also been sending updates regarding protocols. S. Elsayed will look into these policies at the COVID-19 meeting this afternoon.</li> <li>• Residents in the operating room are asking if all patients should be treated as presumptive positive and what level of protective gear is expected. There are not enough swabs to test every patient and they do take 3-4 days to get test results back.</li> <li>• Currently residents with symptoms are not being tested and are being told by Occupational Health to self-isolate for 14 days. Issue with Occ Health not responding to residents to clear them to return to work. It is recommended when contacting Occ Health to ask for the manager Jill Smith.</li> <li>• Infection control has a tiered approach to residents returning to work, not everyone who has cold symptoms are to isolate for 14 days. S. Elsayed will confirm isolation times this afternoon.</li> <li>• Hospital leadership has been made aware of Occupational Health's delay and there is a plan for this to be resolved.</li> </ul>
Action	<ul style="list-style-type: none"> <li>• S. Elsayed will prepare information to clarify issues and information for residents and healthcare workers and how to differentiate symptoms.</li> </ul>
<b>4. Leave Reporting</b> <span style="float: right;"><b>L. Champion/ K. Lancey</b></span>	
Discussion	<ul style="list-style-type: none"> <li>• Any leaves must be reported to PGME, including if a resident is on a 14-day mandated self-isolation. This would be a paid leave. If the resident is in isolation due to travel undertaken after the government directive of no travel, the leave is taken first out of vacation time and is unpaid.</li> <li>• Programs are not required to complete a Leave of Absence form, only to connect with Karen Lancey (<a href="mailto:karen.lancey@schulich.uwo.ca">karen.lancey@schulich.uwo.ca</a>) in PGME to inform her of the leave.</li> <li>• PGME will inform the CPSO of residents on 14-day isolation, but the current expectation is that this will not impact the resident's training end date.</li> <li>• The change to Royal College exams may lead to residents requesting time off; they can take additional vacation time or unpaid leave but PGME recommends not using unpaid leave, instead grant a compassionate leave. This would be the decision of</li> </ul>

	<p>each program and programs are advised to connect with PGME as they receive these questions and concerns. Residents with child care support concerns may also connect with senior medical students who are looking to support health care workers.</p>
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<b>5. RCPSC &amp; CFPC Exams and CPSO Licensing</b>	
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<p>Discussion</p>	<ul style="list-style-type: none"> <li>• CFPC has postponed written and oral exams until the fall.</li> <li>• The Royal College first communicated that exams are cancelled until further notice, then amended that to clarify they will try to reschedule exams for the end of April/May but this may not be logistically possible.</li> <li>• L. Champion is expecting more information about exams this afternoon, which will be shared with programs.</li> <li>• The Royal College will provide dates of rescheduled exams four weeks in advance. L. Champion suggests that programs allow trainees writing the exams to be placed in a self study or low risk environment for the two weeks prior to the exam, to prevent self-isolation being required before exam day. This may be difficult for programs to have a third of their workplace away for two weeks with only four weeks' notice.</li> <li>• The Royal College daily changes their plan re: exams, and may move to hosting exams in the fall in line with the CFPC, as this outbreak is likely to last three months or more.</li> <li>• MCCQE Part II exams are also going to be rescheduled for the fall, likely late October. Part I will be administered in July or August depending on availability of venders and sites.</li> <li>• CPSO is aware of what is going on and is going to provide some form of temporary license for those unable to write their exam and thus unable to apply for the Independent Practice license. A restricted registration license has been talked about but it requires an MRP or supervised position so there may be a variation.</li> <li>• Once the CPSO has decided their next step we can facilitate that process of licensing to avoid delays.</li> <li>• This should not impact the licensing of residents who have applied for fellowships. Border closures and travel restrictions will impact fellowships outside of Canada.</li> </ul>
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<b>6. International Trainees</b>	<b>L. Champion/K. O'Donnell</b>
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<p>Discussion</p>	<ul style="list-style-type: none"> <li>• The closure of Canada's borders to all but Canadian citizens and Permanent Residents of Canada means that at this time, our incoming international trainees will not be able to come to Canada. There is an appeal being made nationally to allow an exemption to the border closure for incoming health care professionals, which includes residents and fellows, as they are considered to be performing an essential service.</li> <li>• We have not cancelled or retracted appointments for any new international trainees. PGME has reassured all our international trainees that we will assess as the situation changes. We ask that programs be flexible with training start dates as we are unsure what this will mean for our incoming July/August cohort.</li> </ul>
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	<ul style="list-style-type: none"> <li>• There have been cases where current fellows left Canada before the borders closed, and have not been able to return.</li> <li>• PGME will keep programs updated if there are any changes with regards to international trainees.</li> <li>• J. Rosenfield stated that the AFC is aware of this issue and is working hard with Global Affairs of Canada as well as the Public Health Agency of Canada to allow international trainees to enter Canada.</li> </ul>
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<b>7. Adjournment</b>	<b>L. Champion</b>
	<p>Meeting Adjourned at 8:04AM</p> <p>Next meeting scheduled for Friday, March 27 at 7:00AM, by Teleconference</p>

**\*Guidelines on DEN rotations**

Residents completing core or elective rotations should **complete** those rotations. For rotations in Blocks 11,12, 13:

1. All core rotations will continue as currently scheduled providing the accepting site has capacity for learners, including PPE availability if it is required by a learner.
2. All elective rotations within the Schulich/Western/Windsor and Western Distributed Education Network will continue as scheduled providing the sites have capacity for learners, including PPE availability if it is required by a learner. Please be advised that there is a critical shortage of PPE in all clinical settings; trainees will be shielded from high risk situations.
3. Elective rotations outside of Schulich/Western/Windsor and the Distributed Education Network will be postponed until further notice.