

PGME COMMITTEE MEETING

Minutes Date: November 6th, 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, A. Cave, S. Elsayed, K. Faber, H. Ganjavi, S. Gryn, A. Haig, R. Hammond, H. Iyer, S. Jeimy, M. Jenkins, A. Lum, S. Macaluso, B. McKelvie, K. Myers, L. Myers, S. Northcott, M. Ott, K. Potvin, M. Prefontaine, A. Proulx, K. Cumosani, I. Ross, B. Rotenberg, G. Sangha, V. Schulz, MM. Taabazuing, G. Tithecott, T. Van Hooren, J. Van Koughnett, J. Vergel de Dios, J. Wickett, C. Yamashita, A. Yazdani Hospital Rep: S. Fahner; PARO Rep: B. Chuong, K. Desai; P.A. Exec Rep: L. Dengler; Guests: J. Binnendyk, P. Morris, K. Trudgeon
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"> . The CBME Steering Committee has been established, and will act in advisory capacity on specifics of CBME implementation. Dr. J. Vergel de Dios will send out information on membership and meeting dates. <i>Sent on November 7th</i> . Elentra's capacity for reporting remains an ongoing issue; a developer has been hired for the specific purpose of creating reporting within Elentra. A prototype interface has been created; programs and residents will be able to click on a "reports" button and be taken to a data warehouse to view all resident data and select from a list of available reports. Will connect with programs for input on format and content for program-specific reports, but currently looking at basic reports required by all programs. . The CBME website is available, and contains resources for education, technology, workshops and retreats related to CBME.
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2. ACCREDITATION UPDATE

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . Specialty Committee comments have been received, and will be distributed today. Programs must prepare brief responses and submit to PGME office by November 15th. . No programs will lose their status as an accredited program as a result of the on-site visit; all programs will remain accredited as Western currently has no programs on a status of Notice of Intent to Withdraw. . There are four categories of accreditation status; 1) Accredited Program with follow-up at Next Regular Review: the program will have no formal external review until the next on-site review in 8 years, but will undergo the regularly scheduled internal review as part of our internal accreditation processes 2) Accredited Program with follow-up with Action Plan Outcomes Report (APOR): two years after the site review, the program will provide an update via an AMS report of how the program has addressed certain areas of improvement. Programs will be told which specific areas of improvement they must address in the APOR. 3) Accredited Program with follow-up with an External Review: two years after the site visit, the program will have a full external review conducted by surveyors chosen by the appropriate College. 4) Accredited Program on Notice of Intent to Withdraw: the program will
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	<p>have a mandated external review two years after the site visit, where the program must demonstrate why they should continue to be a residency training program as well as how certain areas of improvement have been addressed.</p> <ul style="list-style-type: none"> . Only programs that receive a status of Notice of Intent to Withdraw are obligated to report their accreditation status. The information must be put on their program description in CaRMS, inform all residents currently in the program, and any applicants to the program. No other accreditation status is required to be discussed or shared. . For residents in a program that receives a status of Notice of Intent to Withdraw, they remain in an accredited program and there are no consequences for them in terms of whether their training will count. If the program has made no improvements in two years when the external review is completed and accreditation is withdrawn, the program will close at the end of the academic year and all actively enrolled residents will be relocated to other programs in Canada. To the best of our knowledge, this has never happened at any medical school in Canada. Programs on Notice of Intent to Withdraw Accreditation always show striking improvement at their two year review; when necessary that a program receives a Notice of Intent status, it has served as a very useful lever for making improvements to the program. . The final accreditation status will not be issued until after the Accreditation Committee has met in May 2020. Programs will be told at the exit meeting what status the survey team will recommend. The status a program has upon entering the review will remain the program status until such time in May 2020 that the final accreditation status is assigned. . The APOR does not necessarily require an internal review; neither the Royal College nor the CFPC will assign an internal review as a required follow-up, rather they will advise that the School has discretion about how to complete their progress report. If the progress report is targeting areas where providing documents to demonstrate improvement isn't feasible, the School can decide to conduct an internal review, and include it as part of the documentation for a progress report. For example, if one issue is that residents are struggling at a particular site, and it's necessary to ensure that the residents' voice is included in the progress report, a focused internal review might be part of the action plan. . Questions that Competence Committee members can expect will be prepared and distributed. <i>Sent on November 7th</i> . The hospital site visits will be conducted by the institutional review team, and will focus on call rooms, teaching space, typical resident workspace, and a tour of the Emergency Room. Surveyors will meet with residents to discuss their experience working in the hospital, specifically targeting the safety and security of the site rather than program-specific processes. . The exit meeting will take place at the hotel the morning after the program's review. The PD will meet briefly with the surveyors to be informed of the accreditation status that the survey team will recommend. The survey team may provide a sketch of areas of improvement or requirements that were found to be partially met. The exit meeting is not an opportunity to rebut or make detailed inquiries; the report will not be written, and surveyors will only be providing a brief sketch of it.
3. UPDATE ON SAUDI ARABIA PGME PROGRAM Dr. C. Watling	
Discussion	<ul style="list-style-type: none"> . On November 5th, the Saudi Arabia Cultural Bureau sent a formal communication that the Saudi PGME Program in Canada has been reinstated, to the same level and function as pre-August 2018. Funding is available for new appointments for both PGY1 residency and clinical fellowship, as well as for trainees appointed in 2019-20 who were denied funding. . Programs that receive inquiries from applicants or the Bureau are advised to direct the inquiry back to the PGME office.

	<ul style="list-style-type: none"> . The resumption of the Saudi PGME program does not mean that preference is to be given to Saudi applicants. Programs are encouraged to diversify their group of sponsored trainees, and to proceed with the consideration and training of Kuwaiti trainees. The major impact of Saudi Arabia resuming its program is the increase to the applicant pool; Saudi Arabia has 33 medical schools, while our other sponsoring partners have from 1 to 8.
4. FEEDBACK ON PGME COMMITTEE FUNCTION Dr. C. Watling	
Discussion	<ul style="list-style-type: none"> . There is an accreditation standard related to the functioning of postgraduate governance, as well as the functioning of the PGME Committee. Past accreditations have noted that Western's PGME Committee is very large, as it includes representation from every Program Director, and non-PDs who nonetheless have an important stake in postgraduate medical education. The question has been asked whether the Committee can function effectively given its size. . Feedback was requested in the meeting on the effectiveness of the PGME Committee, and input on how the Committee might be re-designed, or if re-design is necessary. . One area of improvement for consideration is whether the information discussed and the decisions made in the Committee meetings is communicated effectively back to those programs with PDs who are not able to attend Committee meetings. . Related to postgraduate governance; there is a necessity for an organizational framework and governance structure for faculty development, as there is no consistent structure across UGME, PGME, and CPD which can mean missed opportunities to learn from other areas.
5. ADDING A PUBLIC MEMBER TO THE PGME COMMITTEE Dr. C. Watling	
Discussion	<ul style="list-style-type: none"> . The PGME Committee functions largely in an operational capacity, and the sense is that the addition of a public member may not bring relevant contributions to the Committee. Alternatively, a public member could lend important variety to the accountability and voice being heard. . The Committee is a governance committee, but in fact does a lot of operational work. For the majority of the Committee's function, a public member may not have relevant input, but for specific issues such as meeting regional needs in terms of residency allocation, addressing First Nations issues within the community, looking at the impact of the School's international partnerships etc., the input of a public member could be an important contribution. Possibility was put forth of forming an advisory subcommittee for PGME that focuses on higher level issues. . The importance was stressed of selecting a public member with broadly relevant experience, so as to limit the impact on the Committee's ability to function due to the amount of explanation or education that a public member with no relevant background would require. . Committee was asked to provide input on how such a public member could be selected.
6. WORKPLACE SAFETY HOSPITAL RESULTS S. Fahner	
Discussion	<ul style="list-style-type: none"> . A resident involved in a workplace occurrence is asked to complete an AEMs/WORs report by Occupational Health, Emergency (in WSIB cases) or leadership in the clinical area where injury occurred. The report goes to the Director of Medical Affairs, and the Program Director. Medical Affairs connects with the resident to provide support through the administrative processes. . Issues exist with the automatic mechanism by which AEMs informs Program Director of an occurrence, though PDs confirm they are very consistently informed by Bill Davis in Medical Affairs. The WORs system at SJHC has an issue; users must chose Medical Affairs as the location in the first line of the report, not the actual location of the occurrence, as that is the only way to ensure Medical Affairs is notified of the occurrence. . The Program Director's role is to check in with the resident and offer support and discuss what, if any, corrective actions should be taken to prevent future occurrences.

. In terms of statistics, a rise in occurrences is seen in medical sharps and aggression toward staff/affiliate, primarily from patients. There is still a struggle with residents reporting instances of aggression, and the belief is that the rise is seen because of improved reporting, rather than an increase in instances.

. The occurrences don't show a rise in instances when new PGY1s come on board, and there is no consistency over the years with specific instances corresponding to a certain training level.

8. ADJOURNMENT AND NEXT MEETING

Date and time	The meeting was adjourned at 8:01 am. Next meeting scheduled for Monday, December 2nd, 2019, 5:00-7:00pm, Sunningdale Golf & Country Club
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