PGME COMMITTEE MEETING			
Minutes	Date: October 9th, 2019	Time: 7:00-8:00am	Location: HSA 101

Meeting called by	Dr. Chris Watling, Associate Dean Postgraduate Medical Education
Attendees	P. Basharat, G. Bellingham, S. Dave, K. Faber, H. Iyer, M. Jenkins, S. Kane, S. Macaluso, D. Morrison, K. Myers, L. Myers, C. Newnham, A. Power, M. Prefontaine, A. Proulx, K. Qumosani, I. Ross, J. Ross, B. Rotenberg, G. Sangha, F. Siddiqi, T. Van Hooren, J. VanKoughnett, J. Wickett, C. Yamashita **Hospital Rep:** W. Davis; **PARO Rep**: K. Desai, K. Lahey, K. Nelligan; **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	. New website for CBME will be in place by end of October. Will include archive of resources for wide variety of CBME topics including competency committees, EPAs, etc.

2. ACCREDITATION UPDATE	Dr. C. Watling
Discussion	. After completion of the on-site review, programs have historically received a transmittal letter listing the program's strengths and weaknesses and stating the accreditation status. The new Accreditation Reports are not in this format; rather than a list of program strengths, there will be a narrative box giving a description of the program with surveyors' comments on particularly strong areas of the program. . The new Accreditation Report will be an inventory of the requirements and their indicators. Each major category will be signaled on the report as either meeting, partially meeting, or not meeting the 41 requirements. Requirements that are partially met or not met will appear as areas of improvement at the end of the report. Because there is no category higher than "meets requirements", there is not a corresponding list of strengths. . There is a new category in the report called "leading practices and innovations" which is intended to identify initiatives seen in other programs in order that they can be shared nationally across programs. They are quite rare and do not influence the final accreditation status of the program. . The morning after the program's review date, surveyors will meet briefly with the Program Director to inform them what accreditation status they will be recommending. However, the accreditation status of a program is finalized by the Accreditation Committee of the two Colleges, which will be done at the Committee meeting in May 2020. Once the accreditation status is finalized, a letter will be distributed to each program informing them of their final accreditation status. .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 which is 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 have a mandated external review two years after the site visit, but the focus of the review will be for the program to demonstrate why they should continue to be a residency training program rather than demonstrate how certain areas of improvement have been addressed. . Programs that receive a status of "Notice of Intent to Withdraw" are obligated to post the information 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. . No matter what status a program receives, all programs will remain accredited after the site visit. Western currently has no programs on a status of "Notice of Intent to Withdraw". . There is an Institutional review taking place concurrently with the program reviews, which focuses on the PGME office, support across the medical school for postgraduate training, and clinical training sites. PDs and residents may be asked to attend an Institutional meeting to discuss their experience with working at a specific site, rather than within a certain program, and may be asked about the safety of the environment, call room facilities, security etc.. Program meetings take priority, but we encourage PDs and residents to attend Institutional review meetings when possible. . For surveyor pick-up on program review day: the Program Director or delegate from the program such as a faculty member, MAF, or assistant PD must pick up their survey team. The PD or delegate can opt not to drive the surveyors in their own vehicle, but instead travel with the surveyors from the hotel in a taxi that the program has arranged. The maximum number of surveyors a program will pick up is three. C. Watling and C. Newnham will be at the hotel to assist connecting PDs with their survey team. . Program Directors will meet their survey team at the reception event on Sunday, November 24th which will be a brief, one-hour meet and greet. . The type of questions that the RPC, faculty, and Program Administrator can expect in their meeting with surveyors was reviewed, and the slides containing these questions will be shared with Program Directors and Program Administrators. *The slides were distributed on October 10th.* . Program Directors will attend the first half of the RPC meeting and then be excused. The intention is for surveyors to get a sense of how well the RPC understands their function without input from the PD, as well as to allow RPC members to give candid input about the PD's role in management of the RPC meetings. The RPC is the governing body of a residency program, thus it is concerning if there is a feeling that the PD does 100% of the work, while the RPC views itself as an information exchange meeting. . Small programs may not have a separate faculty meeting as all faculty members may be on the RPC. For most programs, the RPC is only a subset of faculty and surveyors will want to meet with as many faculty as possible. . A new meeting that has not happened in past accreditations is a separate meeting with the Program Administrator. Questions asked in the meeting will be linked to the standards that relate to Program Administrators. Given the variety of reporting structures a PA might have, it can be possible that a PA doesn't receive formal feedback from the PD, as they don't report directly to the PD. This is not an issue, and PAs can share information on informal comments they have received regarding their effectiveness at certain tasks within the administration of the program. . To ensure anonymity of feedback provided in individual and small-group meetings, including resident and Program Administrator meetings, surveyors are coached and well-practiced in creating reports that don't identify anyone as a source of critical information. The new Accreditation Reports ensure that information in the report is clearly linked to standards, and is presented in neutral language. The

	report is designed to give the program direction for improvement rather than list problems identified by any specific group or individual. . The exit meeting will take place at the hotel the morning after the program's review. The PD will meet briefly with the surveyors and be told what accreditation status they will recommend, and potentially provide a list 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. . The status that the surveyors recommend ends up being the final accreditation status in many cases, however the program status is not finalized until after the Accreditation Committee has met in May 2020. In cases where the status recommended by the survey team is changed by the Accreditation Committee, it is probably equally likely for the status to be changed favorably as to be changed less favorably. . Programs will send a program response after receipt of the full report. The program response is not meant for rebuttal or to reinterpret the findings in the survey report, rather it is an opportunity for programs to correct errors, e.g. a misspelled name or mistitled individuals. It is not helpful for the program to write an extended rebuttal, as it tends to reinforce issues that have been identified. If there is a serious error in interpretation in the report, e.g. the report states there is no communication course in the program, but surveyors were shown the course information, programs should make that correction in their program response. . Programs will use the AMS for the next cycle of in-house Internal Reviews.
3. ACADEMIC STATEMENT – PATIENT COMMUNICATION	**B. Davis**
Discussion	. There is a need to let patients know that as a teaching centre, residents and medical students may be involved in their care. A statement is being designed to include in booking letters for patients seeing physicians in outpatient clinics. . There is no accreditation standard related to this need; the PGME and CPSO supervision policy both state that residents are responsible for informing patients that they are residents, and who the supervising physician is. The supervising physician must also clearly identify themselves and their role. . The wording of the statement was discussed, and recommendations were made to clarify the role of residents as doctors, and not refer to residents and fellows as trainees, as the term is vague. Suggestions were made to have two statements and separate medical students from residents, as students may be peripheral to care while residents are essential. . Major concerns were raised regarding the practicality and operationalization of patients choosing to decline involvement of medical students and/or residents in their care. Suggestion was made to change the statement from giving the patient an option to decline the care to giving them the option to discuss any concerns with the attending physician. . Issues were raised with how certain specialties with little or no direct interaction with patients could implement informing each patient that a resident and/or student might be involved in their care. . The question was asked whether there is a need to make this a policy; programs honour requests made by patients to be seen only by the consultant, unless the request is made inappropriately or for reasons of discrimination, which necessitates a different script. . The statement will be modified to exclude the sentence indicating patients can refuse care by students and trainees, to provide an explanation of the role of residents, and use clarifying language rather than the generic term trainee.
4. TRANSITIONS IN CARE CPSO POLICY	**Dr. C. Watling**

Discussion	. The CPSO has approved four linked policies related to continuity of care, found here on the CPSO website. . The primary impact on residents is the statement that physicians must complete the discharge summary within 48 hours of discharge. If not possible to complete the summary, a very brief summary must be provided to the family physician while they await the full discharge summary. . Summaries are found to be delayed not by residents' dictation, rather by sign-off by the attending physician. After two years of data tracking by LHSC on the three phases of the discharge summary, including time to dictation, dictation to transcription, and transcription to authentication, the longest time period has been conclusively found to be transcription to authentication; sign-off by the attending physician. Processes are being put in place to allow auto-authentication.

5. CanERA SURVEY RESULTS — Dr. C. Watling

Discussion	. A nationally developed survey of residents and faculty has been completed at each medical school that has gone through accreditation under the new system, and in time will be done annually at all schools. . Goal is to improve response rate which is currently around 30%, but is comparable to that of other schools. . Some programs with a high response rate have program-specific data, and programs have received their results from PGME. . Survey results of particular concern include: approximately 80% of residents answered that they feel prepared for independent practice, while approximately 60% of faculty answered that yes, residents are prepared for independent practice.

6. HUMAN RESOURCES PLANNING DATA — Dr. C. Watling

Discussion	. The Ministry of Health has refreshed the Human Resources planning data they have been using to make decisions about physician needs in Ontario effective 2019. . It indicates whether there will be an oversupply, undersupply, or whether numbers will remain neutral for most major specialties in Ontario, projected out 20 years, and includes other information about job prospects. . In some small specialties or subspecialties, the data indicates that the numbers are too small to generate what they consider to be accurate or meaningful planning data. . One shortcoming of the data is that it is not broken down by region. The supply of physicians in the Greater Toronto Area and Ottawa vastly exceeds the demand over the next 20 years, while every other region is slightly below the demand. The overall provincial numbers indicate that there is a large oversupply of physicians, but it is driven by regional variation. For local planning, we require planning data specific to this region in order to identify local needs that don't equate with the provincial numbers, and must take into consideration that Western retains approximately 50% of our residency graduates to work in Southwestern Ontario. The Northern Ontario School of Medicine has made a strong argument for why local planning must have the flexibility to deviate from what the provincial numbers are projecting.

8. ADJOURNMENT AND NEXT MEETING

Date and time	The meeting was adjourned at 8:05 am. Next meeting scheduled for **Wednesday, November 6th, 2019, 7:00-8:00am, HSA101**