



PGME COMMITTEE MEETING					
Minutes	Date: March 5, 2014	Time: 07:00am – 08:00am	Location: H101, Western		
Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean				
Attendees	G. Cooper, G. Tithecott, S. Rumas, C. Akincioglu, L. C. Ang, K. Faber, J. Granton, R. Guo, J. Howard, M. Jenkins, S.L. Kane, M. Reider, A. Proulx, K. Sequeira, D. Steven, S. VanUum, A. Yazdani; PARO Rep: C. Cookson, S. Mohan; Hospital Reps: W. Davis; PA Exec: K. Nitz; Guests: J. Binnendyk				
Note taker	Kate O'Donnell, kate.odonnell@schulich.uwo.ca				
Agenda Topics					
1. CALL TO ORDER AND GREETINGS Dr. C. Watling					
Discussion	The meeting was called to orde	er at 07:05am. The Agenda wa	s approved as circulated. The		

I. CALL TO UNDER	R AND GREETINGS	n. c. watiing
Discussion	The meeting was called to order at 07:05am. The Agenda was approved as ci minutes of the previous PGME meeting had been circulated previously and we	
2. PARO & ORIEN	ΙΔΙΙ()ΝΙΙ)ΔΥ	Dr. C. Watling /S. Rumas
Discussion	2.1 Orientation Day . June 27, 2014 is Orientation Day despite the residents' contract not being ac 1 <sup>st</sup> . July 2 <sup>nd</sup> was proposed as the Western & Hospital orientation half-day starting academic year. The consensus was that PGME must give the programs approprior scheduling purposes if residents must attend an orientation day after the a starts.	g in the next priate lead time
3. ACADEMIC HAL	F DAY	J. Binnendyk
Discussion	3.1 Academic Half-Day . Reminder that the AHD session in March is a full day, asked to remind reside . Reminder that Transition to Residency series starts the second Wednesday in plan coverage for the afternoon of every Wednesday in July and August	

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4. DME STRATEGI	C PLAN Dr. C. Watling	
Discussion	. Dr. Watling presented an overview of the new DME Strategic Plan for Schulich and discussed implications for PGE Support for residents is critical at DME sites that don't have easy access to the LEW and where faculty may not have previous experience with residents in difficulty . Underlines the importance of making residents aware of continuing professional development opportunities at DME sites . DME sites are necessary in order to accommodate all of our learners; London alone does not have the capacity. They also provide learning experiences that fulfill RCPSC/CFCP trainin requirements	g





5. CaRMS	Dr. C Watling	
Discussion	. CaRMS results are being issued at noon on March 5 <sup>th</sup> . If a program has unfilled positions, they will go through the CaRMS second iteration match . There is a second meeting for the Residency Allocation Committee on March 6 <sup>th</sup> , the RAC wants a consensus of programs' ideal numbers for 2015-16 . Notice was given on March 4 <sup>th</sup> by the MOH that there is a possibility of a reduction in the number of residency positions	
6. RESIDENCY	ALLOCATION COMMITTEE UPDATE Dr. C Watling	
Discussion	. It would be helpful to get information from each program on the possibility of reducing a resident position every few academic years to create flexibility, but not at the expense of one particular program having to cut a resident if they only have one position. It would not mean a permanent commitment from the program.  There was a question of whether there is any thought on reducing the number of medical students being admitted to align with the number of residency positions available. There has been no notice from the MOH regarding a reduction in the number of medical student admissions  There has been a sense from the MOH that there are too many physicians, regardless of their training field  A solution was proposed that if MOH-funded residency positions are reduced, Internationally Sponsored Residents can be appointed	
7. CEHPEA PROGRAM FOR ISRs Dr. C Watling		
Discussion	. CEHPEA has designed a two-week program beginning in June to orient new ISRs to medical education in Canada. Historically there has been no program offered to new ISRs, only to IMGs . Universities can provide feedback to CEHPEA regarding the timing of the sessions. The idea is to offer the program in June after completing the PEAP but before ISRs start training on July 1 <sup>st</sup> . Feedback was given that the current program for IMGs is not relevant . Concerns were raised over the political implications of differentiating the needs of so-called "immigrant IMGs" and "Canadians studying abroad"	
8. APPROACH	ES TO RESIDENTS IN DIFFICULTY Dr. K Faber	
Discussion	. There have been challenges in providing support to residents with issues of professionalism rather than technical skill . Solutions were proposed to: fail the resident on a rotation where complaints are received after warnings have been given; indicate to the resident the impact on credentialing requests for future elective applications and hospital privilege applications for employment; issue a 360 evaluation; propose solutions in the RPC . Underscored the importance of documenting all conversations, warnings, complaints received, and action taken Highlight to the resident the lasting implications of professional complaints received in terms of how it will affect future employment, especially in terms of not receiving consults . Undergraduate Medical Education has implemented a new policy to remediate early and build awareness of professionalism into the curriculum	

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8.1 Action item		Person responsible	Deadline		
Send out student pr Minutes	ofessionalism policy of UME with Meeting	Kate O'Donnell			
9. AJOURNMENT AND NEXT MEETING					
DATE and time	There being no further business the meeting was adjourned at 8:10am.  Next meeting scheduled for <b>Wednesday</b> , <b>April 9th</b> , <b>2014 in HSA101</b> .				