

PGME COMMITTEE MEETING

Minutes Date: June 1, 2016 Time: 7:00-8:00am Location: HSA 101

Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean
Attendees	C. Akincioglu, A. Al-Areibi, K. Faber, D. Farquhar, V. Hocke, M. Jenkins, S. Levin, M. Macpherson, K. Nitz, T. Paul, M. Prefontaine, A. Proulx, B. Rotenberg, S. Smythe, M. Steele, G. Tithecott, E. Van Oosten, S. Venance, J. Wickett, A. Yazdani,
Note taker	Megan Baxter, megan.baxter@schulich.uwo.ca

Agenda Topics

1. CBME Progress Report

Dr. C. Watling

Discussion	<p>. Thanks were extended to everyone who went to the PGME Retreat. There were 52 people in attendance. The presenters from the Royal College were Jolanta Karpinski, who led a session planning CBME Curriculum with an emphasis on articulating outcomes, and Farhan Bhanji, who focused on effective assessment, designing tools that are cost-effective, reliable, and valid.</p> <p>. The Royal College has released a template for Terms of Reference for Competency Committees, and it is being adapted for Schulich.</p> <p>. The eportfolio will launch in June. There will be several 90 minute webinars on the system, and Program Directors in the first three cohorts to move into CBME are invited to take part. The eportfolio is designed to be both formative and summative, and privacy issues remain to be sorted out. The Royal College should not have access to most of the data. However, they would like to have anonymous summed info on residents to track how effectively the system is rolling out. If the eportfolio is deemed suitable for evaluation needs, the university will have to create a legal datasharing agreement.</p> <p>. Dr. Venance reported on the CBME Survey, to which 35 programs responded. Of those, 43% have 1-9 residents, while 43% have between 10-39 residents. Most use one45. Only one program has no PA, the rest have administrative support ranging from a half-day/week to full-time. This has led to worries about the increase in administrative load that will be needed for CBME.</p>
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	<ul style="list-style-type: none"> . Program Directors have between a half-day to a day a week for that role. 54% intend to be in the role when accreditation occurs in 2019. The majority have been in their role as Program Director for 2-7 years. 81% feel their educational work is valued in their departments. . Dr. Venance will be scheduling meetings over the next three months with Program Directors for cohorts 1-3. She is looking for short forms we can pilot. Once departments have finalized or near-finalized EPAs, they should send them along to the CBME group. . The question was raised as to who will be developing the nationally applicable standards. The EPAs will be coming from specialty committees, and the process is underway, with workshops occurring as they roll out. Even if departments are not in the first cohorts, they can likely guess what some of the EPAs will be and start figuring out how to design assessment and outcomes to capture them. . IT support and a good platform to collect daily short evaluations will be essential, with someone to collect and organize the data. . There will be a series of Faculty Development events over the next year or two, as well as getting the people to support the educational development and IT needs. . Dr. Al-Areibi reported on Anesthesiology's experience, advising departments to start well ahead of time. They will begin their Competency Committee in December 2016 to allow for some time to work out the logistics. They have found it useful to assign academic mentors to each resident, and at a Competency Committee, the mentors could present on their mentees. . Ottawa's experience to date has been very positive. Their CBD cohort scored higher on exams than their peers.
2. IRC UPDATE Dr. C. Watling	
Discussion	<ul style="list-style-type: none"> . In Winter 2015, internal reviews have been completed for Cytopathology, Gastroenterology, GREI, Endocrinology, Neuropathology, Otolaryngology – H&N Surgery, and General Surgery. The quality of the reviews has been very high. The reports are aligned with accreditation standards. . The IRC links strengths and weaknesses to accreditation standards, and provides an estimate of what they think the College outcome would be for each program. The process is designed to be critical in order to identify things that need to be fixed and give departments enough time to address them before the next accreditation in 2019. . New accreditation standards will come out in 2017, but they are not expected to be drastically different from the present standards. They will present clearer metrics for surveyors.

3. BEST PRACTICES IN ADMISSION AND SELECTION

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . A document from the University of Toronto summarizing best practices has been accepted by some schools. It was generally agreed that it should not be a policy, but might be used to guide principles of selection.
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4. TRAINING EXTENSIONS AND EXAMINATION FAILURES

B. Davis

Discussion	<ul style="list-style-type: none"> . Program Directors sometimes contact the PGME Office about how to help their residents who fail the Royal College exams at the end of their training. There is no more funding that can be allocated if they have finished and sat the exam. If PDs don't think their residents are ready, they shouldn't let them attempt it. With a proactive decision, sometimes more funding can be found to get them ready for the exam. The money available is not large, however, and to date it has been possible because these cases are fairly rare. An educational plan will have to be developed. . In cases where this has already happened, many departments have found the money to keep them on as fellows. . Residents who have failed their Royal College exams can often get restricted licenses so they can work while preparing to write again.
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5. PHYSICIAN ASSISTED DYING

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . Communications wants to know what the PGME is doing to prepare residents for the topic. More info will be forthcoming, and some programs will be more involved than others. Palliative Care has said that residents will not be involved at this time. However, Dr. Watling raised the concern that this might mean that residents, after finishing, are expected to do something that they had been excluded from in training. . The Specialty Committees and working group will hopefully provide guidance.
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6. REGISTRATION UPDATE

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . Every resident should have received their Letter of Appointment. Without a signed LoA, the CPSO will not issue a license. The PGME office will be sending out emails to PAs letting them know which residents haven't completed the requirements. . Overall, the resident responses are roughly where they usually are in early June. . Three days before orientation, letters are sent out about the consequences of starting clinical work before the CPSO license has come through.
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7. UNDERGRADUATE ISSUES

Dr. C. Watling

Discussion	<ul style="list-style-type: none"> . A national committee will be looking at national requests for access to medical students for research purposes, to assess whether or not they are valid. If the proposals don't have ethics approval, they won't be allowed forward. . The Electives Portal is evolving nationally. At present, if a student registers late, it freezes the process. These students are charged a penalty fee because it impacts everyone. . In fourth year, students have six months without clinical work. This will be changing to elective months, and students will be encouraged to do electives in an area outside of that to which they have matched.
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7. ADJOURNMENT AND NEXT MEETING

Date and time	<p>The meeting was adjourned at 8:00 am.</p> <p>Next meeting scheduled for Wednesday, September 7th, 2016, 7:00-8:00am, HSA101</p>
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