

## PGME COMMITTEE MEETING

Minutes	Date: May 11, 2016	Time: 7:00-8:00am	Location: HSA 101
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Meeting called by	Dr. Chris Watling, Postgraduate Medical Education Associate Dean
Attendees	C. Akincioglu, A. Angles, B. Davis, K. Faber, A. Haig, V. Hocke, M. Jenkins, W. Moote, K. Nitz, M. Ott, M. Prefontaine, S. Ratner, B. Rotenberg, S. Rumas, G. Sangha, A. Sener, S. VanUum, J. Wickett, A. Yazdani,
Note taker	Megan Baxter, <a href="mailto:megan.baxter@schulich.uwo.ca">megan.baxter@schulich.uwo.ca</a>

### Agenda Topics

1. CBME Progress Report		Dr. C. Watling
Discussion	<p>. It is increasingly being recognized that CBME will need central investment and support. The desired team would include educational specialists and IT support to manage assessment information. Program Directors are encouraged to think about what additional support they might need so that it can be included in the planning stages.</p> <p>. Resources that can be located centrally and move from program to program as they make the shift will be most useful, particularly help in assessment and curriculum planning. Educational specialists will be based in the PGME office but will work directly with programs to help develop the tools needed in the CBME shift.</p> <p>. Queen's has required each program to identify a CBME lead who is not the program director. It was recognized that that may not be practical in smaller programs, and programs will have to find an approach that works for them. There may be a push for more time allocated to PDs or for programs to identify a CBME lead, as suits their needs.</p>	
2. PGME RETREAT		Dr. C. Watling
Discussion	<p>. Program Directors were reminded that a PGME Retreat will be occurring on May 30<sup>th</sup>, 2016 at Bellamere Winery &amp; Event Centre from 8:30am – 4 pm. The topics for discussion will be Curriculum Planning around Entrustable Professional Activities (EPAs) and Milestones and Assessment strategies for CBME.</p>	

3. TRAVEL AWARD RANKING		Dr. C. Watling
Discussion	<ul style="list-style-type: none"> <li>. Twice a year, the Awards Selection Committee assesses applications for conference travel funding for residents. There is \$20,000 to be disbursed each time. Some cycles, everyone can be funded, some cycles there are too many applicants to do so. Awards go preferentially to those who are presenting over those who are attending. The committee looks at the scale of the conference, how prestigious it is, if the resident has won awards, and whether it is an oral or a poster presentation.</li> <li>. Some departments rank their applying residents for the Committee's consideration, but program directors often find this difficult. It was proposed that the ranking be replaced with a space for comments where the Program Director could highlight specific circumstances or give a sense of the prominence of the conference in their field.</li> </ul>	
4. ELECTRONIC PATIENT RECORD AND DOCUMENTATION REQUIREMENTS		B. Davis
Discussion	<ul style="list-style-type: none"> <li>. The draft of the guidelines on electronic patient record access were circulated at the last meeting. They attempt to set out appropriate and inappropriate use of patient records. These guidelines were created in consultation with PARO, and patient advocates are currently taking a look at the draft as it stands.</li> <li>. Concern was expressed about files of older cases that are used in teaching rare cases to residents that they may never have a chance to encounter in their training. The draft policy specifies acceptable access over a year, but not further, which would hinder teaching. It was suggested that patients could be asked for consent for extended use.</li> <li>. Images taken out and deidentified and saved as teaching files are acceptable, and accessing files for teaching purposes is also acceptable, but should be noted in the file. Many were unsure how to deidentify or document teaching use. Deidentified files would not need consent. It was asked if Powerchart be asked to create functionality that could easily remove identifying details to create a purely educational file.</li> <li>. It is a balancing act between teaching rights and educational use. The document is being looked at by the privacy commission right now. More research will be done to see how other centres handle the issue.</li> </ul>	
5. LEARNER HANDOVER PROJECT		Dr. C. Watling
Discussion	<ul style="list-style-type: none"> <li>. A national working group is strategizing on how to smooth the transition from medical school to residency. They are creating a tool to log strengths and areas of improvement for new residents. Next year, this tool may give programs info (post-match) as to the strengths and weaknesses of incoming residents.</li> <li>. Often programs don't get significant red flags about new residents until the match is over,</li> </ul>	

	<p>given that Undergraduate Medical Education offices don't want to give out information pre-match so as not to interfere with the process, but are finding that there should be some disclosure before the residents begin training.</p> <p>. A discussion ensued about the CaRMS package and process and how hard it is to tell good future residents from bad when all the packages look the same. There has been found to be no connection between CaRMS rank and future success as a resident. The only three reliable indicators have been found to be marks, structured interviews, and situational judgement tests. Letters of recommendation and personal statements are not reliable indicators.</p> <p>. Urology used the Ocean20 test they obtained from CERl this past year and found it a useful tool.</p>
<b>6. RAC RECOMMENDATIONS FOR 2017</b>	
	<b>Dr. C. Watling</b>
Discussion	<p>. The Residency Allocation Committee has been working on PGY-1 allocations for 2017. The Ministry has not yet made public what the reductions will be for 2017, although they have given two possible scenarios.</p> <p>. The Committee is operating under the principles that the same programs should not be burdened by reductions every year, and that they will try to protect very small programs.</p> <p>. One potential scenario retains the previous reduction of 4+1 CMG position reductions, while adding a reduction of 4 IMG positions. The second only reduces by 4+1 CMG positions.</p> <p>. The proposal that has been put forward for the first scenario sees CMG positions reduced in Family Medicine, Diagnostic Radiology, one of the Surgical programs, Neuropathology, and Radiation Oncology and IMG reductions in Family Medicine, Internal Medicine, Neurology and Pediatrics.</p> <p>. Under the second scenario, the CMG reductions would be in Family Medicine, Diagnostic Radiology, Neuropathology, Neurology, and Pediatrics</p>
<b>7. PROPOSED MEETING SCHEDULE CHANGES</b>	
	<b>Dr. C. Watling</b>
Discussion	<p>. Dr. Watling expressed his concern at the sparse attendance at PGME Committee Meetings, with some Program Directors who have never attended. A proposal was floated to change the meeting next year to noon and rotate the day on which it occurred. The feedback he received was about half and half on either side of the proposal.</p> <p>. Mid-day meetings are a problem because of the distance between hospitals.</p> <p>. It was proposed that yearly attendance be reported to department chairs.</p> <p>. The consensus was to keep the meetings at 7 am.</p>

## 7. ADJOURNMENT AND NEXT MEETING

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