

PGME COMMITTEE MEETING

Minutes Date: January 8th, 2020 Time: 7:00-8:00am Location: HSA 101

Meeting called by	Dr. Lois Champion, Associate Dean Postgraduate Medical Education
Attendees	C. Akincioglu, G. Bellingham, A. Cave, G. Eastabrook, S. Elsayed, A. Florendo-Cumbermack, S. Gryn, R. Hammond, J. Howard, H. Iyer, S. Jeimy, SL. Kane, J. Laba, A. Lum, K. MacDougall, S. Northcott, A. Power, M. Prefontaine, A. Proulx, K. Qumosani, J. Rosenfield, B. Rotenberg, MM. Taabazuing, G. Tithecott, T. Van Hooren, J. Van Koughnett, J. Vergel de Dios, M. Weir, C. Yamashita Hospital Rep: S. Fahner; PARO Rep: K. Desai, S. Rajasingham; P.A. Exec Rep: L. Dengler; Guests: J. Binnendyk, S. Giberson-Kirby, P. Morris, K. Trudgeon Regrets: P. Basharat, S. Dave, A. Grant, S. Macaluso, ML. Myers
Note taker	Kate O'Donnell; kate.odonnell@schulich.uwo.ca

*Due to technical issues with the videoconferencing system, the audio from members who joined remotely was not working in the meeting room; comments and questions from those who joined remotely were not heard in the room.

Agenda Topics

1. CBME PROGRESS REPORT		Dr. J. Vergel de Dios
Discussion	<ul style="list-style-type: none"> . The CBME Steering Committee has been established and held first meeting in December 2019. The main focus of the Committee is on Elentra and faculty development. . Schulich Information Services (IS) is part of the Committee, and understands the variety of program needs that Elentra must meet. . Phase 2 CBME implementation programs (launching July 2020) have been offered a pilot launch of 6 EPAs into Elentra, creation of EPA forms in Elentra for all stages prior to July 1st, and increased faculty development. 	
2. ACCREDITATION UPDATE		Dr. L. Champion
Discussion	<ul style="list-style-type: none"> . The outcome of the Institutional review of PGME and the Schulich School of Medicine & Dentistry was a recommendation of accredited with follow up at next regular review, which will be in 8 years. There are areas of improvement that will be outlined in the detailed, narrative report which will be sent by the Colleges in the coming weeks. . 38 residency programs received a recommendation of accredited program with follow up at the next regular review. While this means the Colleges won't return for 8 years, the programs will undergo our Internal Review process, and will be required to address identified areas of improvement by November 2021. . Ten programs were identified as having leading practices or innovations within their program. Once the narrative reports are released, which will contain details on these practices, a discussion and/or presentations from these programs will be planned, in order to share these innovations. . Six programs were given a recommendation of accredited program with an Action Plan Outcome Report (APOR) required for the identified areas of improvement. APORs will be entered into the AMS, and are due in April 2021. 	

	<ul style="list-style-type: none"> . Four programs were given a recommendation of accredited program with an External Review. The Royal College will return in November 2021 to conduct a full review, with focus on the identified areas of improvement. . Four programs were given a recommendation of accredited program with a Notice of Intent to Withdraw. These programs will have a mandated external review in November 2021, where the program must demonstrate why they should continue to be a residency training program, as well as how areas of improvement have been addressed. . Once narrative reports are in, and we have more information about the areas of improvement that have been identified, Dr. Champion will meet with programs that have received a recommendation of APOR, External Review or Notice of Intent to Withdraw. . The narrative reports are expected to be sent in February, but no firm date has been provided by either College. Programs will have one to two weeks to correct any factual errors in the report. The program response is not intended as a venue for programs to disagree with or rebut the findings in the report. . The Accreditation Committee of the Royal College and College of Family Physicians will meet May 28th, 2020 to finalize the program accreditation status. . Appealing the decision of the Accreditation Committee is possible, however an appeal can't be submitted based on a program's disagreement with the Committee's decision. An appeal requires a written submission from PGME, and can be made based on three parameters: Lack of due process, factual errors, or misapplication of the indicators in the accreditation standards. These parameters make it very challenging to appeal successfully, as the accreditation process is heavily standardized and structured, factual errors are identified and addressed at the time of the narrative report, and misapplication of standards is not an error often made by either College. . The deadline for APORs and any required documentation from programs scheduled for an External Review or who have received Notice of Intent to Withdraw will be April 2021. . All programs that received a recommendation of follow up at next regular review may also have areas of improvement identified in the narrative report. These programs will also be required to complete an APOR for those identified areas, but the report will go to PGME not to the College. . Changes to the Standards for Accreditation for the Royal College and CFPC, as well as the CanMEDS Family Medicine 2017 document, put an emphasis on continuous reevaluation and improvement of the quality of the residency programs – this requires a documented process for review and improvement, and a variety of data and information to inform evaluation. In addition there is an increased focus on resident involvement in quality improvement in clinical care, as well as an increased focus on resident wellness and social accountability. . The internal review process conducted through PGME will begin approximately three years after the 2019 site visit, in order to allow sufficient time to prepare for the 2027 review, and time to conduct a second internal review if necessary.
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3. CaRMS Interview	Dr. L. Champion
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Discussion	<ul style="list-style-type: none"> . CaRMS interview best practices were shared in the presentation slides, will be distributed to Committee. . Programs must update their interview status in their CaRMS profile by January 10, 2020. . Ranking period begins January 30th, 12pm. Program rank order list (ROL) due February 12th 2pm. Applicant and PGME ROL due February 19th 3pm. Match Day is March 3rd 12pm. . PARO disseminated a best practice guide to residents for their role in resident selection, which will be shared with programs. <i>Distributed to Program Directors on January 10th</i>
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4. UPDATE ON SAUDI ARABIA PGME PROGRAM		Dr. L. Champion
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. . The Saudi Bureau has distributed new applications for both residency and fellowship training. . Funding for new appointments for both PGY1 residency and clinical fellowship have been approved through the Bureau, as well as funding of appointments for trainees currently in Canada. . At present, the percentage of the tuition funds from sponsored trainees that is allocated to the Department has not changed from past years. 	
5. PGE ADVISORY BOARD UPDATE		Dr. C. Newnham
Discussion	<ul style="list-style-type: none"> . There has been a steady increase in the number of remediation and probation plans submitted to the PGE Advisory Board Committee for review and approval. It has been challenging to call ad hoc meetings as the Committee is comprised of faculty members. The Board has decided to institute set meetings each month, as well as submission deadlines for programs to submit their remediation or probation plan. Programs will have a clear understanding of when plans must be submitted, when the meeting to review the plan will occur, and when the letter will be issued from the Board of any changes required to be made to the plan. . Meeting dates and plan submission deadline dates will be posted on the PGME website, along with the remediation plan template which is currently available on the website but will be housed in the same location as the meeting and plan submission deadline dates. In addition, there will be information on available resources that can be integrated into the remediation plan. These resources are available to residents even if a program isn't requiring a formal remediation. . Please contact C. Newnham or K. Lancey in PGME if your program would like guidance in preparing a remediation plan. 	
6. PROGRAM ADMINISTRATOR ONBOARDING/CPD		Dr. C. Newnham
Discussion	<ul style="list-style-type: none"> . PGME has designed a ten-part series for Program Administrators designed to function as both an onboarding and continuous professional development series. . Will occur once monthly, two hours in duration, offered from September to June and take place alternately at Victoria Hospital and on Western campus, and sessions will be accessible by Zoom. . The focus of the series will be on tasks and processes for those new to their role, as well as on process updates for more seasoned PAs. Topics will be relevant to the processes occurring at the time of year the session takes place. . PDs are encouraged to support their PA's attendance at these sessions, particularly in light of the accreditation standards around continuous professional development for Program Administrators. An email will also be sent to MAFs to encourage PA attendance at the series. . Information on the series will be posted on the PGME website. 	
7. LHSC PATIENT HANDBOOK STUDENT INVOLVEMENT IN CARE		S. Fahner
Discussion	<ul style="list-style-type: none"> . A situation occurred at LHSC wherein a medical student was in attendance with a patient, the patient requested that the student leave the room, and the MRP declined to accommodate this request. A Human Rights Tribunal Ontario case was filed against LHSC and the physician, which recently reached settlement. Part of the settlement mandates that the following statement be added to the LHSC patient handbook online, and be included in the next hardcopy printing: "LHSC is a teaching hospital. We are responsible for educating physicians, nurses and other health-care professionals. As such, during your stay, you may be in contact with students and trainees. Patients do have the right to decline student participation and observation in their care. Requests 	

	<p>should generally be accommodated after discussing them with your Care Provider. There may be occasions where such a request may not be possible or may result in a delay of your care. Options will be discussed with patients by your Care team, but should not result in a refusal of care.”</p> <ul style="list-style-type: none"> . The key takeaways are that patients have always had the right to decline student involvement in care, and that the focus of the statement is specific to medical students, clerks and observers, not residents. For this reason, it is critical that residents are introduced as physicians, and that their role in the patient’s care is explained. If a resident has an ID badge that doesn’t describe them as Physician or Doctor, it is important they obtain a corrected ID badge. . Patients do also have the right to decline care from a resident or fellow, but the HRT0 case was specific to a medical student, and thus the statement in the Handbook is only required to pertain to medical students. This statement is unrelated to the academic statement discussed at the October PGME Committee meeting. . If a patient requests that no residents be involved in their care, there is a duty to accommodate. It requires a larger discussion and explanation of care in an academic institution, and an outline of what delays and modifications to care would be expected with resident noninvolvement. This conversation with the patient could take place with the hospital Privacy office. . Important to ensure that patients aren’t declining a specific resident, fellow or student’s involvement in care based on reasons of discrimination; that falls into a different category and requires a different conversation. Work will be done to clarify with faculty the messaging that patients can decline learner involvement in care, but not when the basis of the declination is discriminatory. This may be brought to the Resident Relations Committee.
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8. CLINICALKEY FEEDBACK/EVALUATION	S. Fahner
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Discussion	<ul style="list-style-type: none"> . ClinicalKey has been offered across hospitals city-wide, with about 15,000 users. The goal is for use as a consistent city-wide resource for medical personnel. There have been challenges moving from UpToDate to ClinicalKey. There is a need to determine in the next 18 months, before the decision must be made whether to renew the product subscription, the core purpose and benefits of ClinicalKey, the gaps that it does not fill, and conduct comparisons with other products. . Asking for Program Directors to participate in this assessment of ClinicalKey’s usefulness, from a resident-needs perspective. . Feedback given that ClinicalKey is not comparable to UpToDate: is a different provision of service, and is particularly not useful for bedside needs; UpToDate is meant for on-call decision making, while ClinicalKey is useful as a study resource. The switch to ClinicalKey has not lead to a decline in the use of UpToDate. . Residents will be polled or surveyed to assess how many residents continue to use UpToDate, and were put forth as the best resource group for feedback on difference in functionality and usefulness of the two products. . Medical Affairs is very open to receiving descriptive feedback on the differences in the functionality and use between UpToDate and ClinicalKey. . CMA membership provides free access to ClinicalKey, though that access may not continue.
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ADJOURNMENT AND NEXT MEETING

Date and time	The meeting was adjourned at 8:00 am. Next meeting scheduled for Wednesday February 12th, 2020, 7:00-8:00am HSA101
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