

PGME INFORMATION

Postgraduate Medical Education 2013-2014

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1. Welcome Message from Vice Dean Dr. Salvatore M. Spadafora

Welcome to Postgraduate Medical Education at the University of Toronto. We take pride in our continued success at keeping the University of Toronto Faculty of Medicine and our affiliated teaching sites at the forefront of excellence in teaching and research. Not only do we offer the widest diversity of education and training experiences in the country, but we have embarked on an agenda of transformational change in postgraduate medical education. We offer 78 different accredited Family Medicine, specialty and subspecialty programs across 27 affiliated teaching and community hospitals and healthcare sites, plus dozens of other clinics and community sites.



We are committed to a culture of accountability and social responsibility. Our impact on the healthcare landscape in Ontario, across Canada and around the world is indisputable. We contribute almost 45% of new Ontario-trained physicians annually in this province, and 18% of Canadian-trained physicians across the country. We are working to expand and develop many new community sites for postgraduate medical education.

The PGME residency programs regularly have superlative CaRMS match results, and are very proud of the exceptional performance achieved in the last accreditation site survey of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

Our Faculty is home to the largest postgraduate MD training setting in the country. More than one of every 10 physicians educated in Canada (12%) begin their training at our Faculty of Medicine. Residencies and Fellowships at U of T offer a wealth of clinical exposure and the finest research experiences. As well, we are renowned for innovations such as our foundational curricula on CanMEDS competencies through the web-based program, PGCorEd; learning environments that are supported by our Office of Resident Wellness, and a state of the art web-based Registration and Evaluation system (POWER).

I encourage you to fully engage in learning and discovery at U of T, and become a member of the finest academy of postgraduate MDs in Canada.

Salvatore M. Spadafora MD, FRCPC, MHPE
Vice Dean, Postgraduate Medical Education,
Faculty of Medicine, University of Toronto



Postgraduate Medical Education
UNIVERSITY OF TORONTO

2. University Calendar — Holiday Schedule and Religious Observances

Statutory Holidays - July 1, 2013 to June 30, 2014

Canada Day	Monday, July 1, 2013
Civic Holiday	Monday, August 5, 2013
Labour Day	Monday, September 2, 2013
Thanksgiving Day	Monday, October 14, 2013
Christmas & New Years	Monday, December 23, 2013 to Friday, January 3, 2014 (inclusive)
Family Day	Monday, February 17, 2014
Good Friday	Friday, April 18, 2014
Victoria Day	Monday, May 19, 2014

Accommodations for Religious Observances

The University's expectations on this matter are articulated in "The Policy on Scheduling of Classes and Examinations and Other Accommodations for Religious Observances."

The policy is available via the Provost's web site at:

<http://www.vicereprovoststudents.utoronto.ca/publicationsandpolicies/guidelines/religiousobservances.htm>

Some Dates of Potential Relevance for the U of T Community – 2013 to 2014

Ramadan*	Begins at Sunset July 8, 2013 to August 8, 2013. Muslims may fast from dawn to dusk, abstaining from food and drink. Examinations scheduled in the evening may pose a special burden.
Eid-al-Fitr*	August 7, 2013 and ends on August 11, 2013
Rosh Hashanah	Begins as sunset on September 4, 2013 and ends at nightfall on September 6, 2013.
Yom Kippur	Begins at sunset on September 13, 2013 and ends at nightfall on September 14, 2013.
Sukkot	Begins at sunset on September 18, 2013 and ends at nightfall on September 25, 2013.
Shemini Atzeret/Simhat Torah	Shemini Atzeret begins at sunset on September 25, 2013 and ends at nightfall on September 26, 2013.
Simhat Torah	Begins at sunset on September 26, 2013 and ends at sunset September 27, 2013
Eid-al-Adha*	Begins at sunset on October 14, 2013 and October 18, 2013.
Diwali (Deepavali)	November 3, 2013
Hannukkah	Begins at sunset on November 27, 2013 and ends at nightfall on December 5, 2013
Feast of the Nativity	January 6, 2014
Christmas (Orthodox)	January 7, 2014
Lunar New Year	January 31, 2014
Ash Wednesday	March 5, 2014
Norouz	March 21, 2014
First two days of Passover	Begins at sunset on April 14, 2014 and ends at nightfall on April 16, 2014

Maundy Thursday April 17, 2014

Holy Friday (Orthodox) April 18, 2014

Easter (Orthodox) April 20, 2014

Last two days of Passover Begins at sunset on April 20, 2014 and ends at nightfall on April 22, 2014

Shavuot Begins at sunset on June 3, 2014 and ends at nightfall on June 5, 2014

Aboriginal Day of Prayer June 21, 2014

* **Some observances are based on the lunar calendar, and thus may vary by one or two days.**

3 PGME OFFICE CONTACT INFORMATION



3. PGME Office Contact Information

Postgraduate Medical Education Office
University of Toronto, Faculty of Medicine
500 University Avenue, 6th Floor, Suite 602
Toronto, ON M5G 1V7

Main Tel: 416-978-6976

Fax: 416-978-7144

Email: postgrad.med@utoronto.ca

PGME Wellness Office: pgwellness@utoronto.ca

Dr. Salvatore Spadafora
Vice Dean, Postgraduate Medical Education

Dr. Spadafora is responsible for all aspects of postgraduate medical training within the faculty and maintaining the accreditation standards of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. He is the University's representative at the provincial Council of Ontario Faculties of Medicine and the national Association of Faculties of Medicine of Canada.

Tel: 416-978-6709

Email: pgdean@utoronto.ca

Arlene McKinley
Executive Assistant to the Vice Dean (Acting)

Books all appointments and manages the Vice Dean's schedule.

Tel: 416-978-6709

Email: arlene.mckinley@utoronto.ca

Nicole Marshall
Executive Assistant to the Vice Dean
(On Leave until November 2013)

Books all appointments and manages the Vice Dean's schedule.

Tel: 416-978-6709

Email: nicole.bryant@utoronto.ca

Dr. Glen Bandiera
Associate Dean, Admissions and Evaluation

Dr. Bandiera is responsible for all entry level admissions to PGME as well as the R3 and R4 matches, for internal reviews, and for all evaluation functions in the Office of the Vice Dean, PGME.

Tel: 416-978-8421

Email: adpgme@utoronto.ca

Lisa Bevacqua
Project Coordinator

Provides project management support and administrative assistance to the Associate Dean. Coordinates the tracking of all project documentation and activities, organizes project meetings, serves as recording secretary at meetings and, generates status and summary reports. Coordinates meetings and follows up on action items.

Tel: 416-978-6808

Email: lisa.bevacqua@utoronto.ca

Operations

Loreta Muharuma
Director, Operations

Coordination of PGME Office activities related to registration/licensing requirements, admissions, allocations, transfers; management of budget, human resources, archives, database, enrollment reporting, payroll operation.

Tel: 416-978-6975

Email: loreta.muharuma@utoronto.ca

Gerard Nagalingam
Business Manager

PGME budget process, cash flows, forecasts and reconciliations; billings to external agencies and collection; create, maintain and process HRIS records and transactions; coordination of and payments to vendors, transfers, deposits and other FIS transactions; coordinates process for PGME awards; provides Commissioner of Oath services and handles financial inquiries.

Tel: 416-978-8328

Email: gerard.nagalingam@utoronto.ca

Kelly Giddy
Project Coordinator

Coordinates PGME's contact lists, electives registration, administers the PGME awards.

Tel: 416-946-8388

Email: kelly.killip@utoronto.ca

Nathan Harrison
Systems Coordinator

Management of technical inquiries for the on-line elective system; Management of the University Health Insurance Plan program at PGME, including sales, plan registration and information dissemination. Coordination of training certificates; management of the PGME website.

Tel: 416-978-3650

Email: nathan.harrison@utoronto.ca

Brittany Underhill
Registration Assistant/Reception

PGME Office front desk reception; incoming mail; verification requests and log; supplies ordering, UHIP sales; courier dispatch; telephone queue; in-person registration completion and payment.

Tel: 416-946-0059

Email: brittany.underhill@utoronto.ca

Admissions and Registration

Tel: 416-978-6976

Fax: 416-978-7144

Email: postgrad.med@utoronto.ca

Anna Ferrari
Registration Assistant

Input and maintenance of registration data for trainees in the departments of: Anesthesia, Adult Critical Care, Pediatric Critical Care, Diagnostic Radiology, Nuclear Medicine, Family Medicine, Obstetrics & Gynecology, Otolaryngology, Radiation Oncology, Surgery; electives; department and public queries regarding new and renewal appointments; CPSO Registration Committee letters.

Tel: 416-978-6348

Email: anna.ferrari@utoronto.ca

Toni Jarvis
Registration Assistant

Input and maintenance of registration data for trainees in the departments of: Community Medicine, Lab Medicine, Medical Genetics, Core Internal Medicine and Subspecialties, Ophthalmology, Palliative Care, Core Pediatrics and Subspecialties, Psychiatry; electives; department and public queries regarding new and renewal appointments; CPSO Registration Committee letters; notice of completion of training to Colleges for exams.

Tel: 416-978-6338

Email: toni.jarvis@utoronto.ca

Angelina Sulay
Registration Assistant/Reception

PGME Office front desk reception; incoming mail; verification requests and log; supplies ordering, UHIP sales; courier dispatch; telephone queue; in-person registration completion and payment.

Tel: 416-946-0059

Email: angelina.sulay@utoronto.ca

Immunization

Ian Nillas
Immunization Officer

Collection and input of immunization and mask-fit data on all trainees according to the faculty policies for new and annual testing; liaise with hospital Occupational Health Offices to coordinate immunization and respiratory policies; preparation of data for Expert Panel on Infection Control; communication/follow-up with trainees and program directors regarding missing data.

Tel: 416-946-3753

Email: ian.nillas@utoronto.ca

Joan Locquiao
Immunization Assistant/Reception

Assists with the collection and input of immunization and mask-fit data on all trainees according to the faculty policies for new and annual testing; liaise with hospital Occupational Health Offices to coordinate immunization and respiratory policies; communication/follow-up with trainees and program directors regarding missing data.

Tel: 416-946-0059

Email: joan.locquiao@utoronto.ca

Payroll

Anna Brilhante
Payroll Assistant/THPPA

Payment of salaries and stipends to residents according to PAIRO contract; input to payroll system related to salary, maternity and other leaves; invoice departments/agencies for recovery of salary and benefits; provide information on benefits, tax forms and ROEs as issued by paymaster Toronto Hospitals Postgraduate Payroll Association (THPPA).

Tel: 416-978-6977

Email: anna.brilhante@utoronto.ca

Jim Kennedy
Payroll Assistant/THPPA

Payment of salaries and stipends to residents according to PAIRO contract; input to payroll system related to salary, chief/senior resident bonus, maternity and other leaves; provide information on benefits, tax forms and ROEs as issued by paymaster Toronto Hospitals Postgraduate Payroll Association (THPPA).

Tel: 416-978-6339

Email: jim.kennedy@utoronto.ca

Jill Kinsella
Call Stipends Assistant/THPPA

Input and maintenance of data for the operation of the Call Stipends system (Toronto Hospitals' Postgraduate Payroll Association) for all postgraduate trainees using POWER. Handles related inquiries from trainees and medical education staff, prepares reports for hospital executives, PAIRO, and foreign sponsoring agencies.

Tel: 416-946-5157

Email: callstipends@utoronto.ca

Educational Technology

Tamara Bahr **Manager, Academic Technology**

Design, creation, and implementation of Blackboard Portal Programs and **PGCorEd** Module Development. Responsible for PGME IT development, website and social networking.

Tel: 416-978-7587

Email: t.bahr@utoronto.ca

Teddy Cameron **Senior Instructional Technology Design Analyst:** **Education and Development**

Consultation and support for faculty, staff and students in the use of information and communications technology. Design, development, and implementation of training and support strategies, online learning, biomedical communications, web resources.

Tel: 416-978-4703

Email: teddy.cameron@utoronto.ca

Tuan Diep **IT Administrator and Innovation Specialist**

Manage all desktop, mobile and network support for PGME staff. Responsible for developing best practices for departmental IT requirements. Provide IT support and consultation to all PGME staff.

Tel: 416-978-1481

Email: tuan.diep@utoronto.ca

Amy Widdifield **Data Librarian**

Oversees and coordinates technical and library science aspects for the development of the new PGME Educational Resource Repository. Assists with R&D and process development for new media based projects.

Tel: 416-978-3991

Email: amy.widdifield@utoronto.ca

International Programs

John Kerr **Manager, International Programs**

Relations with international sponsoring agencies; reporting, trend analysis and projections; international programs website content; communications with faculty departments.

Tel: 416-978-8420

Email: john.kerr@utoronto.ca

Jessica Fillion **Coordinator, Visa Trainees**

Coordination and maintenance of application process for internationally sponsored visa trainees; oversees visa processing operations; responds to enquiries related to visa trainees and processing issues; liaises with postgraduate programs on specialty certification and visa processing issues.

Tel: 416-946-8221

Email: jessica.fillion@utoronto.ca

Hira Mirza
Administrative Assistant, Visas

Visa trainee processing for Departments of Anaesthesia, Paediatrics, Psychiatry, Public Health and Preventive Medicine; UHIP information and sales, dissemination of visa information to departments and candidates.

Tel: 416-946-0373

Email: hira.mirza@utoronto.ca

Nicole Parchment
Administrative Assistant, Visas

Visa trainee processing for Departments of Family Medicine, Laboratory Medicine, Medical Imaging, Ophthalmology, and Surgery; UHIP information, sales, data inputting and billing; dissemination of visa information to departments and candidates.

Tel: 416-946-3079

Email: nicole.parchment@utoronto.ca

Samantha Chin
Administrative Assistant, Visas

Visa trainee processing for Departments of Critical Care Medicine, Medical Genetics, Medicine, Obstetrics and Gynaecology, Paediatric Critical Care, Palliative Care, and Radiation Oncology; UHIP information and sales, dissemination of visa information to departments and candidates.

Tel: 416-946-0904

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Policy & Analysis

Caroline Abrahams
Director, Policy and Analysis

Ensures PGME policies align with accountability for physician supply and distribution. Coordinates Quotas Allocation and CaRMS processes, subspecialty planning, distributed medical education initiatives, forecasting and modeling for PGME and surveys of postgraduate trainees for satisfaction and future plans. Coordinates and oversees system wide reporting of evaluation of PGME and supplies data and analysis to other departments, faculties and external organizations.

Tel: 416-946-3274

Email: caroline.abrahams@utoronto.ca

Alison Pattern
Project Manager, Learner Systems Integration

Primary liaison between the vendor, the PGME office, UGME, the Faculty of Medicine and over 8,000 users regarding system development and system integration opportunities. Provides direction to and receives input from the vendor to ensure evaluation/registration/tracking system meets user needs.

Tel: 416-946-0458

Email: alison.pattern@utoronto.ca

Shawn Healy
Data Analyst

Provides support to PGME and external clients in gathering and interpreting data. Provides numbers and statistics related to PGME, creates and conducts survey research, analysis of text or “qualitative” data, and preparation of written reports and presentations.

Tel: 416-946-0825

Email: shawn.healy@utoronto.ca

Mariela Ruetalo
Research Officer

Leads research and program evaluation projects in the areas of policy & analysis and resident wellness. Designs and conducts quantitative and qualitative research studies related to resident selection and admissions, health human resources in Ontario, resident transitions and work/life balance in postgraduate training. Manages the annual Resident Exit Survey and biennial Clinical Fellowship Survey.

Tel: 416-946-0046

Email: mariela.ruetalo@utoronto.ca

Asif Sharif
Research Assistant

Provides data analytics support for research and policy initiatives. Prepare reports and presentations relating to data analysis and academic presentations.

Tel: 416-978-3964

Email: asif.sharif@utoronto.ca

POWER Helpdesk

Tel: 416-978-8399

Fax: 416-978-7144

Email: power.help@utoronto.ca

Khush Adatia
User Support Coordinator

Manages customer service, liaison and support for POWER users. Responsible for developing best practices in data input, extraction, and system use. Provides troubleshooting and consultation to programs as required.

Tel: 416-946-3786

Email: khushnoor.adiatia@utoronto.ca

Natali Chin
POWER Help Desk, Medical Education Coordinator

Provides support to users of the Postgraduate Web Evaluation and Registration (POWER) system, and coordination between users of POWER and the vendor.

Tel: 416-978-8399

Email: natali.chin@utoronto.ca

Education & Research

Dr. Susan Glover Takahashi
Director, Education and Research

Internal Reviews; Accreditation; Board of Examiners; curriculum and program development workshops; web-based resources for program directors and residents on teaching and evaluation.

Tel: 416-946-3844

Email: sglover.takahashi@utoronto.ca

Laura Leigh Murgaski
Education Coordinator

Coordinates administrative activities related to workshops and educational conferences. Lead staff support for Internal Review Committee and accreditation. Assists in the development and administration of web-based curriculum (**PGCorEd**) project.

Tel: 416-946-3075

Email: laura.murgaski@utoronto.ca

Adrienne Fung
Education Assistant

Assists Director, Education and Research with unit coordination, web-based curriculum projects, and lead PGME office support for the Board of Examiners.

Tel: 416-946-0429

Email: adrienne.fung@utoronto.ca

Melissa Hynes
Research Officer

Develops and coordinates research and knowledge translation activities related to postgraduate medical education programming. Analyzes and interprets research performance indicators; reports on outcome measures related to resident evaluation including **PGCorEd**; conducts surveys, focus groups, interviews; designs and conducts research studies related to the activities of postgraduate medical education including Accreditation, curriculum design and mapping, and program review.

Tel: 416-946-0793

Email: melissa.kennedy@utoronto.ca

Dr. Erika Abner
Professionalism Consultant

Educational program planning and delivery, educational research, individual professionalism coaching.

Tel: 416-946-0555

Email: erika.abner@utoronto.ca

Marla Nayer
Education and Curriculum Consultant

Provides educational and curriculum consulting to Program Directors, advises regarding program planning and delivery. Shares expertise in developing and implementing learner assessment systems. Supports Program Directors in the development of remediation plans for residents in difficulty. Conducts educational research. Coaches residents in written exam preparedness.

Tel: 416-946-5157

Email: marla.nayer@utoronto.ca

Dr. Dawn Martin
Communications and Curriculum Consultant

Educational program planning and delivery, educational research, communication assessment and coaching.

Tel: 416-946-0554

Email: dawn.martin@utoronto.ca

Howard Mui
Research and Information Systems Analyst

Produces, analyzes and interprets research performance indicators used by the Education and Research Unit and the PGME Office for the purpose of strategic departmental planning and reporting on outcome measures and accountability related to resident evaluation. Oversees operational reporting of **PGCorEd** to Program Directors, training and support for program administrators in **PGCorEd**.

Tel: 416-946-0553

Email: howard.mui@utoronto.ca

Jessica Montgomery
Special Projects

Coordinates projects throughout Education and Research in such areas as accreditation and web-based curriculum projects (e.g. **PGCorEd**, CIPCorEd, repository).

Email: jessica.montgomery@utoronto.ca

Toronto Hospital Postgraduate Payroll Association (THPPA)

Tel: 416-978-6977 or 416-978-6339

University Health Insurance Plan (UHIP)

Tel: 416-978-3650

Email: nathan.harrison@utoronto.ca

Resident Wellness

Dr. Susan Edwards Director, Resident Wellness

Facilitates referrals to providers, supports accommodated educational programs (where required), and discusses career transfer issues. Works to create a culture of wellness in the Faculty of Medicine's residency programs.

Tel: 416-946-4015

Email: susan.edwards@utoronto.ca

- Tuesdays & Thursdays, 9am-5pm

Christopher Hurst Education and Coaching Consultant

Offers one-on-one consultation with residents/fellows to assist them in acquiring the skills necessary to negotiate the personal and professional challenges of residency. Facilitates interactive, wellness-themed workshops and directs educational activities of the office.

Tel: 416-978-6861

Email: christopher.hurst@utoronto.ca

- In the office Monday to Friday;
- Available for consultation Tuesdays & Thursdays, 9am to 7pm
- Additional times and days may be available

Diana Nuss Wellness Administrative Coordinator

Coordinates the schedules of Dr. Susan Edwards and Christopher Hurst; secures appointments for residents. Helps conduct research on wellness initiatives currently in operation at other universities to further improve Resident Wellness initiatives.

Tel: 416-946-3074

Email: pgwellness@utoronto.ca

- In the office Monday to Friday 9am to 5pm

Services:

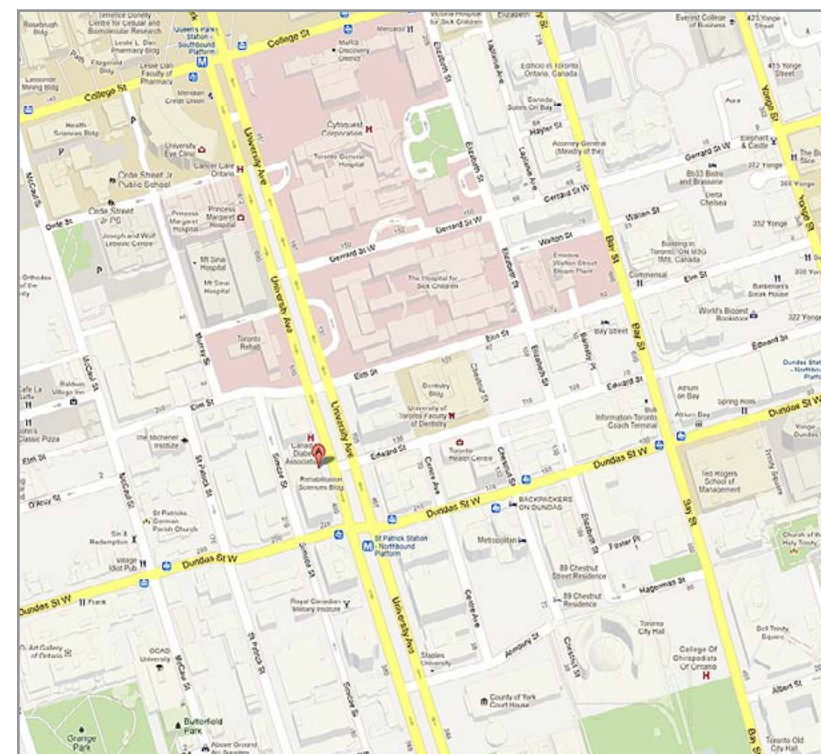
Services offered to residents include: a family doctor registry; referrals to GP-psychotherapists and other professionals; short-term counseling; support for remediation/academic difficulty; wellness workshops and career counseling.

Workshops

The Office of Resident Wellness offers skill-based workshops which are aimed to enhance resident resilience through the development of coping strategies. Please see our website for further details.

<http://www.pgme.utoronto.ca/content/resident-wellness>

Located at 500 University Avenue, Suite 501 (5th Floor)



4 POSTGRADUATE PROGRAMS & PROGRAM DIRECTORS

4. Postgraduate Programs & Program Directors

Listed below are our Program Directors, in alphabetical order by program name. Those marked with "*" are Fellowship Programs i.e. not leading to RCPSC/CFPC certification.

Specialty Programs	Program Directors	Address
Adolescent Medicine (Paediatrics)	Dr. Eudice Goldberg Tel: 416-813-4905 Fax: 416-813-5392 eudice.goldberg@sickkids.ca	Division of Adolescent Medicine The Hospital for Sick Children Black Wing, Room 7405 555 University Avenue Toronto, ON M5G 1X8
Anatomical Pathology	Dr. Simon Raphael Tel: 416-978-7535 Fax: 416-978-7361 simon.raphael@sunnybrook.ca	Department of Laboratory Medicine and Pathobiology Medical Sciences Building Room 6231A 1 King's College Circle Toronto, ON M5S 1A8
Anesthesia	Dr. Mark Levine Tel: 416-946-0608 Fax: 416-978-2408 mark.levine@utoronto.ca	Department of Anesthesia Fitzgerald Building Suite 121 150 College Street Toronto, ON M5S 3E2
Anesthesia * (Fellowships)	Dr. Doreen Yee Tel: 416-946-0608 Fax: 416-978-2408 d.yee@utoronto.ca	Department of Anesthesia Fitzgerald Building Suite 121 150 College Street Toronto, ON M5S 3E2
Cardiac Surgery	Dr. Gideon Cohen Tel: 416-480-6077 gideon.cohen@sunnybrook.ca	Sunnybrook Health Sciences Centre Department of Cardiac Surgery 2075 Bayview Avenue - H 405 Toronto ON, M4L 2N7
Cardiology (Adult)	Dr. Eric Yu Tel: 416-603-5815 Fax: 416-603-5398 eric.yu@uhn.ca	Toronto Western Hospital East Wing, 5-466 399 Bathurst Street Toronto, ON M5T 2S8

Cardiology (Paediatrics)	Dr. Jennifer Russell Tel: 416-813-7291 Fax: 416-813-7547 jennifer.russell@sickkids.ca	The Hospital for Sick Children Room 1725, Atrium 555 University Avenue Toronto, ON M5G 1X8
Child & Adolescent Psychiatry	Dr. John Langley Tel: 416-864-3084 john.langley@utoronto.ca	Mental Health Service St. Michael's Hospital 30 Bond St. Rm 17-006 Toronto, ON M5B 1W8
Clinical Immunology and Allergy (Adult)	Dr. Stephen Betschel Tel: 416-864-5801 or Tel: 416-864-5074 Fax: 416-586-8746 betschels@smh.ca	St. Michael's Hospital Department of Internal Medicine, 4th Floor, Cardinal Carter Wing Specialty Clinics 30 Bond Street Toronto, ON M5B 1W8
Clinical Immunology & Allergy (Paediatrics)	Dr. Eyal Grunebaum eyal.grunebaum@sickkids.ca	The Hospital for Sick Children Elm Wing, Room 7276 555 University Avenue Toronto, ON M5G 1X8
Clinical Immunology and Allergy * (Paediatrics) (Fellowships)	Dr. Chaim Roifman Tel: 416-813-8626 Fax: 416-813-8624 chaim.roifman@sickkids.ca	The Hospital for Sick Children Elm Wing, Room 7276 555 University Avenue Toronto, ON M5G 1X8
Clinical Pharmacology & Toxicology	Dr. Margaret Thompson Tel: 416-813-7413 Fax: 416-813-7489 margaret.thompson@sickkids.ca	Ontario Poison Centre The Hospital for Sick Children Division of Clinical Pharmacology & Toxicology 555 University Avenue Toronto, ON M5G 1X8
Clinical Pharmacology & Toxicology* (Fellowships)	Dr. Irena Nulman Tel: 416-813-7413 Fax: 416-813-7489 irena.nulman@sickkids.ca	Ontario Poison Centre The Hospital for Sick Children Division of Clinical Pharmacology & Toxicology 555 University Avenue Toronto, ON M5G 1X8
Clinician Investigator Program	Dr. Norm Rosenblum Tel: 416-978-8582 Fax: 416-971-2132 norman.rosenblum@sickkids.ca	University of Toronto Medical Sciences Building, Room 7205 1 King's College Circle Toronto, ON M5S 1A8

Colorectal Surgery	Dr. Helen MacRae Tel: 416-586-4800 x 2836 Fax: 416-586-8644 hmacrae@mtsina.on.ca	Department of Surgery Mount Sinai Hospital Joseph and Wolf Lebovic Health Complex Rm. 451 600 University Avenue Toronto ON M5G 1X5
Critical Care (Adult)	Dr. Damon Scales Tel: 416-480-5291 Fax: 416-480-4999 damon.scales@sunnybrook.ca	Sunnybrook Health Sciences Centre 2075 Bayview Ave, Room D108 Toronto, ON M4N 3M5
Critical Care (Paediatrics)	Dr. Afrothite Kotsakis Tel: 416-813-6477 or Tel: 416-813-6485 afrothite.kotsakis@sickkids.ca	The Hospital for Sick Children Department of Critical Care Medicine 2nd Floor, Room 2830A 555 University Avenue Toronto, ON M5G 1X8
Critical Care* (Paediatrics) (Fellowships)	Dr. Peter Cox (Assistant Program Director) Tel: 416-813-6484 Fax: 416-813-5093 peter.cox@sickkids.ca	The Hospital for Sick Children Department of Critical Care Medicine 2nd Floor, Room 2830A 555 University Avenue Toronto, ON M5G 1X8
Dermatology	Dr. Scott Walsh Tel: 416-480-4905 Fax: 416-480-6897 scott.walsh@sunnybrook.ca	Sunnybrook Health Sciences Centre M1-724 2075 Bayview Avenue Toronto, ON M4N 3M5
Dermatology* (Fellowships)	Dr. Christian Murray Tel: 416-323-7732 Fax: 416-323-6306 skinsurgerycentre@gmail.com	Women's College Hospital 8th floor, Room 842 76 Grenville Street Toronto, ON M5S 1B2
Developmental Paediatrics	Dr. Anne Kawamura Tel: 416-424-3801 Fax: 416-425-3837 akawamura@hollandbloorview.ca	Bloorview Kids Rehab 150 Kilgour Road Toronto, ON M4G 1R8
Diagnostic Radiology	Dr. Linda Probyn Tel: 416-978-8797 Fax: 416-978-6915 linda.probyn@sunnybrook.ca	Department of Medical Imaging, University of Toronto Fitzgerald Bldg, Room 112 150 College Street Toronto, ON M5S 3E2

Diagnostic Radiology* (Fellowships)	Dr. Sean Symons Tel: 416-978-6801 Fax: 416-978-6915 sean.symons@sunnybrook.ca	Department of Medical Imaging, University of Toronto Fitzgerald Bldg, Room 113 150 College Street Toronto, ON M5S 3E2
Emergency Medicine (Adult)	Dr. Karen Woolfrey Tel: 416-480-6100 x 6108 Fax: 416-480-6797 karen.woolfrey@gmail.com	Sunnybrook Health Science Centre Suite C753 2075 Bayview Avenue Toronto, ON M4N 3M5
Emergency Medicine (Paediatrics)	Dr. Suzanne Beno Tel: 416-813-5274 suzanne.beno@sickkids.ca	The Hospital for Sick Children Division of Paediatric Emergency Medicine 555 University Avenue Toronto, ON M5G 1X8
Emergency Medicine* (Paediatrics) (Fellowships)	Dr. Tania Principi Tel: 416-813-7654 x 2387 tania.principi@sickkids.ca	The Hospital for Sick Children Division of Paediatric Emergency Medicine 555 University Avenue Toronto, ON M5G 1X8
Emergency Medicine* (Fellowships)	Dr. Russell MacDonald rmacdonald@ornge.ca	Sunnybrook Health Sciences Centre Suite C753 2075 Bayview Avenue Toronto, ON M4N 3M5
Emergency Medicine* (Fellowships)	Dr. Brian Steinhart steinhartb@smh.ca	Sunnybrook Health Sciences Centre Suite C753 2075 Bayview Avenue Toronto, ON M4N 3M5
Endocrinology & Metabolism (Adult)	Dr. Jeannette Goguen Tel: 416-340-4800 x 2611 goguenj@smh.ca	Toronto General Hospital EN12-243 200 Elizabeth Street Toronto, ON M5G 2C4
Endocrinology & Metabolism (Paediatrics)	Dr. Diane Wherrett Tel: 416-813-8159 Fax: 416-813-6304 diane.wherrett@sickkids.ca	The Hospital for Sick Children Elm Wing, Room 5110 555 University Avenue Toronto, ON M5G 1X8

Family Medicine	Dr. Karl Iglar Tel: 416-978-6467 Fax: 416-978-3912 karl.iglar@utoronto.ca	University of Toronto Family and Community Medicine, 5th Floor 500 University Avenue, Toronto, ON M5G 1V7
Family Medicine	Dr. Cynthia Whitehead (Director, Postgraduate Education) Tel: 416-323-6247 Fax: 416-323-6365	Family Practice Health Centre Women's College Hospital BH 12-15 76 Grenville Street Toronto, ON M5S 1B2
Family Medicine: Emergency Medicine	Dr. John Foote Tel: 416-978-1019 Fax: 416-978-8179 johnfoote@ sympatico.ca	Mount Sinai Hospital Joseph and Wolf Lebovic Health Complex Room 208 600 University Ave Toronto, ON M5G 1X5
Family Medicine: Enhanced Skills	Dr. Roy Wyman Tel: 416-978-1019 Fax: 416-978-8179 roy.wyman@ utoronto.ca	Department of Family and Community Medicine (DFCM) 500 University Avenue Toronto, ON M5G 1V7
Forensic Pathology	Dr. Michael Pollanen Tel: 416-978-7535 Fax: 416-978-7361 michael.pollanen@ ontario.ca	Department of Laboratory Medicine and Pathobiology Medical Sciences Building Room 6231A 1 King's College Circle Toronto, ON M5S 1A8
Forensic Psychiatry	Dr. Lisa Ramshaw Tel: 416-535-8501 x 2471 lisa_ramshaw@ camh.net	CAMH – Queen Street Site 1001 Queen Street W. Unit 3-4, Office 432 Toronto, ON M6J 1H4
Gastroenterology (Adult)	Dr. Maria Cino Tel: 416-603-5724 Fax: 416-603-5439 maria.cino@uhn.ca	Toronto Western Hospital Fell Pavilion, 6FP-160 399 Bathurst Street Toronto, ON M5T 2S8
Gastroenterology (Paediatrics)	Dr. Simon Ling Tel: 416-813-7734 Fax: 416-813-6531 simon.ling@ sickkids.ca	The Hospital for Sick Children Gastroenterology & Nutrition Division Black Wing, 8th floor, Room 8418 555 University Avenue Toronto, ON M5G 1X8

Gastroenterology* (Adult) (Fellowships)	Dr. Elaine Yong Tel: 416-480-6090 Fax: 416-480-5977 elaine.yong@ sunnybrook.ca	Sunnybrook Health Sciences Center HG 60, 2075 Bayview Avenue Toronto, ON M4N 3M5
General Internal Medicine	Dr. Rodrigo Cavalcanti Tel: 416-603-6412 Fax: 416-603-6495 rodrigo.cavalcanti@ uhn.ca	Toronto Western Hospital East Wing, 8th FL, Room 420 (EW 8-420) 399 Bathurst Street Toronto ON M5T 2S8
General Internal Medicine * (Fellowships)	Dr. William Coke TGH Hospitalists Tel: 416-340-3244 william.coke@uhn.ca	Toronto Western Hospital East Wing, 8th FL, Room 415 (EW 8-415) 399 Bathurst Street Toronto ON M5T 2S8
General Internal Medicine * (Fellowships)	Dr. Shital Gandhi MSH Obstetrical Medicine Tel: 416-586-4857 sgandhi@ mtsina.on.ca	General Internal Medicine Mount Sinai Hospital Suite. 431 600 University Avenue Toronto, ON M5G 1X5
General Surgery	Dr. Najma Ahmed Tel: 416-864-5422 Fax: 416-864-3083 ahmedn@smh.ca	St. Michael's Hospital 30 Bond Street Queen Wing 3-073 Toronto, ON M5W 1W8
Geriatric Medicine	Dr. Barbara Liu Tel: 416-480-6766 Fax: 416-480-6068 barbara.liu@ sunnybrook.ca	Sunnybrook Health Sciences Centre Regional Geriatric Program of Toronto, Room H479 2075 Bayview Avenue Toronto, ON M4N 3M5
Geriatric Medicine (Fellowships)*	Dr. Terumi Izukawa Tel: 416-785-2500 x 2608 Fax: 416-785-2863 (shared) tizukawa@ baycrest.org	Baycrest Geriatric Health Care System 3560 Bathurst Street Toronto, Ontario M6A 2E1
Geriatric Psychiatry	Dr. Rob Madan Tel: 416-785-2500 x 2457 Fax: 416-785-2450 rmadan@baycrest.org	Baycrest Centre 4th Floor 3560 Bathurst Street Toronto, ON M6A 2E1

Gynaecological Oncology	Dr. Al Covens Tel: 416-946-4043 Fax: 416-946-2288 al.covens@ sunnybrook.ca	Toronto Sunnybrook Regional Cancer Centre Edmond Odette Building, Room T2-051 2075 Bayview Avenue Toronto, ON M4N 3M5
Gynaecological Reproductive Endo & Infertility (GREI)	Dr. Barbara Cruickshank Tel: 416-586-4800 x 3999 Fax: 416-586-4618 bcruickshank@ mtsinai.on.ca	Gynecological Reproductive Endocrinology and Infertility OPG Building, 8th floor, Room 918 700 University Avenue Toronto, ON M5G 1Z5
Hematological Pathology	Dr. Bernard Fernandes Tel: 416-586-4800 x 8816 Fax: 416-586-8628 bfernandes@ mtsinai.on.ca	Mount Sinai Hospital 6th Floor, Room 6-500 600 University Avenue Toronto, ON M5G 1X5
Haematology (Adult)	Dr. Martina Trinkaus Tel: 416-864-5632 Fax: 416-864-3055 trinkausma@smh.ca	University of Toronto 30 Bond Street, Rm 2084 Donnelly Wing Toronto, ON M5B 1W8
Haematology (Paediatrics)	Dr. Angela Punnett Tel: 416-813-1438 Fax: 416-813-5327 angela.punnett@ sickkids.ca	The Hospital for Sick Children Division of Haematology/ Oncology Black Wing, Room 9402 555 University Avenue Toronto, ON M5G 1X8
Haematology* (Fellowships)	Dr. Malcolm Moore Tel: 416-946-4501 x 3615 Fax: 416-946-2847 malcolm.moore@ uhn.ca	Princess Margaret Hospital Room 5-216 610 University Avenue Toronto, ON M5G 2M9
Infectious Diseases (Adult)	Dr. Wayne Gold Tel: 416-340-4410 Fax: 416-340-3357 wayne.gold@uhn.ca	Toronto General Hospital UHN – Infectious Diseases Rm. EN 13-213 200 University Ave. Toronto ON M5G 2C4
Infectious Diseases (Paediatrics)	Dr. Anu Wadhwa Tel: 416-813-6273 x 5 Fax: 416-813-5032 anupma.wadhwa@ sickkids.ca	The Hospital for Sick Children Black Wing, Room 7304 555 University Avenue Toronto, ON M5G 1X8

Internal Medicine (Core Internal Medicine) (PGY1-3)	Dr. Heather McDonald-Blumer Tel: 416-978-2645 Fax: 416-978-7230 h.mcdonaldblumer@ utoronto.ca	Toronto General Hospital University of Toronto Department of Medicine RFE 3-805 190 Elizabeth Street Toronto, ON M5G 2C4
Laboratory Medicine and Pathobiology* (Fellowships)	Dr. Golnar Rasty Tel: 416-340-3878 Fax: 416-340-5517 golnar.rasty@uhn.ca	University Health Network 11th Floor, Eaton Wing 200 Elizabeth Street Toronto ON, M5G 2C4
Maternal-Fetal Program	Dr. Cynthia Maxwell Tel: 416-586-4800 x 7468 Fax: 416-586-5992 cmaxwell@ mtsinai.on.ca	Clinic address: Mount Sinai Hospital 3rd floor, Room 3265 600 University Avenue Toronto, ON M5G 1X5 Program address: 700 University Avenue 8th floor, Room 935 Toronto, ON M5G 1X5
Medical Biochemistry	Dr. Eleftherios Diamandis Tel: 416-586-4800 x 5295 Fax: 416-619-5521 ediamandis@ mtsinai.on.ca	Mount Sinai Hospital Clinical Biochemistry Room L6 - 201 60 Murray St. Toronto, ON M5T 3L9
Medical Genetics	Dr. Roberto Mendoza Tel: 416-813-5345 Fax: 416-813-5345 roberto.mendoza@ sickkids.ca	AT&T Building Division of Clinical & Metabolic Genetics Room 940 525 University Avenue Toronto, ON M5G 1X8
Medical Microbiology	Dr. Tony Mazzulli Tel: 416-586-4695 Fax: 416-586-8746 tmazzulli@ mtsinai.on.ca	Mount Sinai Hospital Department of Microbiology Room 1485 600 University Avenue Toronto, ON M5G 1X5
Medical Oncology	Dr. Scott Berry Tel: 416-480-4270 Fax: 416-480-6002 scott.berry@ sunnybrook.ca	Sunnybrook Odette Cancer Centre 2075 Bayview Avenue Toronto, ON M4N 3M5

Medical Oncology* (Fellowships)	Dr. Christine Brezden-Masley Tel: 416-864-5912 brezdenc@smh.ca	St. Michael's Hospital Bond Wing, Room 2046 30 Bond St. Toronto, ON M5B 1W8
Medical Oncology* (Fellowships)	Dr. Yoo-Joung Ko Tel: 416-480-5800 x 4221 yoo-joung.ko@ sunnybrook.ca	Odette Cancer Centre T Wing 2075 Bayview Avenue Toronto, ON M4N 3M5
Medical Oncology* (Fellowships)	Dr. Malcolm Moore Tel: 416-946-4501 x3615 Fax: 416-946-2847 malcolm.moore@ uhn.ca	Princess Margaret Hospital Room 5-216 610 University Avenue Toronto, ON M5G 2M9
Medicine (Core Program & Subspecialty Training)	Dr. Jeannette Goguen Director, Postgraduate Programs Tel: 416-340-4800 x 2611 goguenj@smh.ca	Toronto General Hospital EN12-243 200 Elizabeth Street Toronto, ON M5G 2C4
Neonatal- Perinatal	Dr. Emer Finan Tel: 416-586-4800 x 7346 Fax: 416-813-5245 efinan@mtsina.on.ca	The Hospital for Sick Children 3rd Floor Atrium, Room 3896 555 University Avenue Toronto, ON M5G 1X8
Nephrology (Adult)	Dr. Rulan Parekh Tel: 416-813-7654 x 28042 Fax: 416-813-5979 rulan.parekh@ sickkids.ca	Hospital for Sick Children 123 Edward Street, Suite 1225 Toronto, ON M5G 1E2
Nephrology (Paediatrics)	Dr. Rulan Parekh Tel: 416-813-7654 x 28042 Fax: 416-813-5979 rulan.parekh@ sickkids.ca	Hospital for Sick Children 123 Edward Street, Suite 1225 Toronto, ON M5G 1E2
Nephrology* (Adult) (Fellowships)	Dr. Joanne Bargman Tel: 416-340-4804 Fax: 416-340-4999 joanne.bargman@ uhn.ca	Toronto General Hospital EN 10-216 200 Elizabeth Street Toronto, ON M5G 2C4

Neurology (Adult)	Dr. David Tang-Wai Tel: 416-603-5181 david.tang-wai@ uhn.ca	Toronto Western Hospital 399 Bathurst Street 5WW-441 Toronto, Ontario, M5T 2S8
Neurology (Paediatrics)	Dr. Ann Yeh Tel: 416-813-6332 Fax: 416-813-7096 ann.yeh@sickkids.ca	The Hospital for Sick Children Roy C Hill Wing, Room 6526 555 University Avenue Toronto, ON M5G 1X8
Neurology* (Fellowships)	Dr. Susan Fox Tel: 416-603-5800 x 3141 Fax: 416-603-5004 sfox@ uhnres.utoronto.ca	Toronto Western Hospital McLaughlin Pavilion 7 399 Bathurst Street Toronto, ON M5T 2S8
Neuropathology	Dr. Julia Keith julia.keith@ sunnybrook.ca	Department of Laboratory Medicine and Pathobiology Medical Sciences Building Room 6231A 1 King's College Circle Toronto, ON M5S 1A8
Neuroradiology	Dr. Timo Krings Tel: 416-603-5800 x 5562 Fax: 416-603-4257 timo.krings@uhn.ca	Department of Medical Imaging University of Toronto Fitzgerald Bldg 150 College Street, Room 112 Toronto, ON M5S 3E2
Neurosurgery	Dr. Abhaya Kulkarni Tel: 416-813-6427 Fax: 416-813-4975 abhaya.kulkarni@ sickkids.ca	Hospital for Sick Children 555 University Avenue 1st Floor, Hill Wing, Room 1503 Toronto, ON M5G 1X8
Nuclear Medicine	Dr. Marc Freeman Tel: 416-946-8341 Fax: 416-978-6915 marc.freeman@ utoronto.ca Deputy Program Director: Dr. Katherine Zukotynski Tel: 416-946-8341 Fax: 416-978-6915 katherine.zukotynski@ sunnybrook.ca	Department of Medical Imaging University of Toronto 150 College Street, Rm 112/Rm 113 Toronto, ON M5S 3E2

Obstetrics & Gynaecology	Dr. Donna Steele Tel: 416-864-5240 Fax: 416-864-5144 donna.steele@utoronto.ca	St. Michael's Hospital 202-55 Queen Street East Toronto ON M5C 1R6
Occupational Medicine	Dr. Aaron Thompson Tel: 416-864-6060 x 3237 Fax: 416-864-5421 aaron.thompson@utoronto.ca	St. Michael's Hospital Shuter Wing, 4th Floor 30 Bond Street Toronto, ON M5B 1W8
Ophthalmology	Dr. Wai-Ching Lam Tel: 416-978-6294 Fax: 416-978-4590 waiching.lam@utoronto.ca	Toronto Western Hospital 7E - 401 399 Bathurst Street Toronto, ON M5T 2S8
Ophthalmology* (Fellowships)	Dr. David Wong Tel: 416-867-3670 wongd@smh.ca	Department of Ophthalmology and Vision Sciences St. Michael's Hospital 30 Bond Street Toronto, ON M5B 1W8
Orthopaedic Surgery	Dr. Peter Ferguson Tel: 416-946-7957 Fax: 416-971-2800 pferguson@mtsina.on.ca	University of Toronto Orthopaedic Surgery The Banting Institute, Room 302 - 100 College Street Toronto, ON M5G 1L5
Otolaryngology	Dr. Paolo Campisi Tel: 416-946-8743 Fax: 416-946-8744 paolo.campisi@sickkids.ca	Toronto General Hospital University of Toronto Department of Otolaryngology RFE 3S-438 190 Elizabeth Street Toronto, ON M5G 2C4
Paediatric Radiology	Dr. Oscar Navarro Tel: 416-813-6939 Fax: 416-813-7591 oscar.navarro@sickkids.ca	The Hospital for Sick Children Department of Diagnostic Imaging Hospital Atrium, M642 555 University Avenue Toronto, ON M5G 1X8
Paediatric Surgery	Dr. Ted Gerstle Tel: 416-813-6401 Fax: 416-813-7477 ted.gerstle@sickkids.ca	The Hospital for Sick Children Room 1526 555 University Avenue Toronto, ON M5G 1X8

Paediatrics	Dr. Jonathan Kronick [Chief of Education] jonathan.kronick@sickkids.ca	The Hospital for Sick Children 555 University Avenue Toronto, ON M5G 1X8
Paediatrics	Dr. Rayfel Schneider [Associate Chair of Education] Tel: 416-813-6230 Fax: 416-813-5230 rayfel.schneider@sickkids.ca	The Hospital for Sick Children Black Wing, Room 1447 555 University Avenue Toronto, ON M5G 1X8
Paediatrics (Core Program)	Dr. Adelle Atkinson Tel: 416-813-5310 Fax: 416-813-5230 adelle.atkinson@sickkids.ca	The Hospital for Sick Children Black Wing, Room 1447 555 University Avenue Toronto, ON M5G 1X8
Palliative Medicine	Dr. Giovanna Sirianni Tel: 416-978-1019 Fax: 416-480-5146 giovanna.sirianni@sunnybrook.ca	Sunnybrook Health Sciences Centre Palliative Care Consult Team H353 2075 Bayview Avenue Toronto, ON M4N 3M5
Physical & Rehabilitative Medicine	Dr. Lisa Becker Tel: 416-597-3422 x 3834 Fax: 416-597-7104 lisa.becker@uhn.ca	Toronto Rehabilitation Institute The University Centre 550 University Avenue Room 10-119 Toronto, ON M5G 2A2
Physical & Rehabilitative Medicine* (Fellowships)	Dr. Mark Bayley Tel: 416-597-3422 x 39432 Fax: 416-422-5402 mark.bayley@uhn.ca	University Health Network Toronto Rehabilitation Institute 550 University Avenue 3-131 (3-East) Toronto, ON M5G 2A2
Plastic Surgery	Dr. Mitchell Brown Tel: 416-978-8534 or Tel: 416-323-6336 Fax: 416-978-7316 drbrown@torontoplasticsurgery.com	Division of Plastic Surgery University of Toronto The Banting Institute Suite 213 100 College Street Toronto, ON M5G 1L5

Plastic Surgery* (Fellowships)	Dr. Toni Zhong Tel: 416-978-8534 Fax: 416-978-7316 linda.dvali@uhn.ca	Division of Plastic Surgery University of Toronto The Banting Institute, Suite 213 100 College Street Toronto, ON M5G 1L5
Psychiatry	Dr. Mark Fefergrad Tel: 416-979-4276 Fax: 416-480-6878 mark.fefergrad@ sunnybrook.ca	Centre for Addiction and Mental Health College Site, Room 841 250 College Street Toronto, ON M5T 1R8
Psychiatry* (Fellowships)	Dr. Arun Ravindran Tel: 416-979-4985 Fax: 416-979-6928 arun_ravindran@ camh.net	Centre for Addiction and Mental Health College Site, Room 841 250 College Street Toronto, ON M5T 1R8
Public Health and Preventative Medicine	Dr. Fran Scott Tel: 416-978-7489 Fax: 416-978-8299 fran.scott@ utoronto.ca	University of Toronto Dalla Lana School of Public Health 6th Floor, 155 College Street Toronto, ON M5T 3M7
Radiation Oncology	Dr. Barbara-Ann Millar Tel: 416-946-2131 Fax: 416-946-2111 barbara-ann.millar@ rmp.uhn.ca	Princess Margaret Hospital Suite 5-944 610 University Avenue Toronto, ON M5G 2M9
Radiation Oncology* (Fellowships)	Dr. Charles Catton Tel: 416-946-2121 Fax: 416-946-4586 charles.catton@ rmp.uhn.ca	Princess Margaret Hospital 5th Floor, Room 991 610 University Avenue Toronto, ON M5G 2M9
Respirology (Adult)	Dr. Christopher Li (Interim) Tel: 416-864-6026 Fax: 416-971-2112 lic@smh.ca	St. Michael's Hospital 30 Bond Street Bond Wing 6-065 Toronto, ON M5B 1W8
Respirology (Paediatrics)	Dr. Melinda Solomon Tel: 416-813-6248 Fax: 416-813-6246 melinda.solomon@ sickkids.ca	The Hospital for Sick Children Hill Wing, Room 4534 555 University Avenue Toronto, ON M5G 1X8

Rheumatology (Adult)	Dr. Arthur Bookman Tel: 416-603-5404 Fax: 416-603-4348 dr.arthur.bookman@ uhn.ca	Division of Rheumatology University of Toronto c/o Toronto Western Hospital 399 Bathurst Street, 1E452 Toronto, Ontario M5T 2S8
Rheumatology (Paediatrics)	Dr. Shirley Tse Tel: 416-813-5828 Fax: 416-813-4989 shirley.tse@ sickkids.ca	The Hospital for Sick Children Black Wing, Room 8253B 555 University Avenue Toronto, ON M5G 1X8
Rheumatology* (Adult) (Fellowships)	Dr. Simon Carette Tel: 416-927-2027 x 2132 Fax: 416-927-4167 simon.carette@ uhn.ca	Institution for Work & Health 8th Floor 481 University Avenue Toronto, ON M5G 2E9
Surgery	Dr. Ronald Levine (Director, Postgraduate Education) Tel: 416-978-5575 Fax: 416-978-3928 ronald.levine@ utoronto.ca	Department of Surgery University of Toronto The Banting Institute Suite 209 100 College Street Toronto, ON M5G 1L5
Surgery* (Fellowships)	Dr. David Latter (Vice-Chair, Education) Tel: 416-864-5366 Fax: 416-964-6067 latterd@smh.ca	Department of Surgery University of Toronto The Banting Institute, Suite 209 100 College Street Toronto, ON M5G 1L5
Surgical Oncology	Dr. Frances Wright Tel: 416-946-6583 Fax: 416-946-6590 frances.wright@ sunnybrook.ca	Princess Margaret Hospital Room 3-130 610 University Avenue Toronto, ON M5G 2M9
The Transplant Centre (formerly PAMOT)	Dr. David Grant Tel: 416-813-6735 Fax: 416-813-5541 david.grant@ sickkids.ca	The Hospital for Sick Children Roy Hill Wing, Room 6432 555 University Avenue Toronto, ON M5G 1X8
Thoracic Surgery	Dr. Andrew Pierre Tel: 416-340-5354 Fax: 416-340-4556 andrew.pierre@ uhn.ca	Toronto General Hospital North Wing 9N-950 200 Elizabeth Street Toronto, ON M5G 2C4

Transfusion Medicine	Dr. Wendy Lau Tel: 416-813-5440 Fax: 416-586-8628 wendy.lau@sickkids.ca	Blood Transfusion Laboratory Room 3688, 3rd floor Atrium Hospital for Sick Children 555 University Ave. Toronto, ON M5G 1X8
Urology	Dr. Robert Stewart Tel: 416-946-2383 Fax: 416-946-6590 stewartr@smh.ca	St. Michael's Hospital 9111-61 Queen St. East Toronto, ON M5C 2T2
Vascular Surgery	Dr. George Oreopoulos Tel: 416.340.4800 x 4616 Fax: 416-340-5029 george.oreopoulos@uhn.ca	Toronto General Hospital Division of Vascular Surgery 6E-214 200 Elizabeth Street Toronto, ON M5G 2C4

5 HOSPITALS

5. Hospitals

Fully Affiliated Health Care Institutions:

Baycrest Centre for Geriatric Care

3560 Bathurst Street
Toronto, ON M6A 2E1
Tel: 416-785-2500
www.baycrest.org

Bloorview Holland Kids Rehabilitation Centre

150 Kilgour Road
Toronto, ON M4G 1R8
Tel: 416-425-6220
Toll Free: 1-800-363-2440
www.hollandbloorview.ca

Centre for Addiction and Mental Health

Queen Street Site:
1001 Queen Street West
Toronto, ON M6J 1H4

College Street Site:

250 College Street
Toronto, ON M5T 1R8
Russell Street Site:
33 Russell Street
Toronto, ON M5S 2S1

Main Switch Board:

416-535-8501
www.camh.ca

The Hospital for Sick Children

555 University Avenue
Toronto, ON M5G 1X8
Tel: 416-813-1500
www.sickkids.ca

Mount Sinai Hospital

600 University Avenue
Toronto, ON M5G 1X5
Tel: 416-596-4200
www.mountsinai.on.ca

St. Michael's Hospital

30 Bond Street
Toronto, ON M5B 1W8
Tel: 416-360-4000
www.stmichaelshospital.com

Sunnybrook Health Sciences Centre

2075 Bayview Avenue
North York, ON M4N 3M5
Tel: 416-480-6100
www.sunnybrook.ca

Includes:

Holland Orthopaedic & Arthritic Centre
St. John's Rehab Hospital

University Health Network

190 Elizabeth Street
Toronto, ON M5G 2C4
Tel: 416-340-3388
www.uhn.ca

Includes:

Toronto General Hospital,
Toronto Western Hospital, and
Princess Margaret Hospital

Women's College Hospital

76 Grenville Street
Toronto, ON M5S 1B2
Tel: 416-323-6400
www.womenscollegehospital.ca

Community Hospitals and Health Care Institutions

Bridgepoint Health

14 St. Matthews Road
Toronto, ON M4M 2B5
Tel: 416-461-8252

George Hull Centre for Children & Families

600 The East Mall, 3rd Floor
Etobicoke, ON M9B 4B1
Tel: 416-622-8833

The Hinks-Dellcrest Treatment Centre

440 Jarvis Street
Toronto, ON M4Y 2H4
Tel: 416-924-1164

Humber River Regional Hospital

2111 Finch Avenue West
Downsview, ON M3N 1N1
Tel: 416-744-2500

Includes:

Church Street Site

200 Church Street
Toronto, Ontario M9N 1N8
Tel: 416-249-8111

Finch Street Site

2111 Finch Avenue West
Toronto, Ontario M3N 1N1
Tel: 416-744-2500

Keele Street Site

2175 Keele Street
Toronto, Ontario M6M 3Z4
Tel: 416-249-8111

Lakeridge Health Network

Lakeridge Health Bowmanville

47 Liberty Street South,
Bowmanville, ON L1C 2N4
Tel: 905-623-3331

Lakeridge Health Oshawa

1 Hospital Court, Oshawa, ON
L1G 2B9
Tel: 905-576-8711

Lakeridge Health Port Perry

451 Paxton Street, Port Perry, ON
L9L 1L9
Tel: 905-985-7321

Lakeridge Health Whitby

300 Gordon Street, Whitby, ON
L1N 5T2
Tel: 905-668-6831

Markham Stouffville Hospital

381 Church Street
PO Box 1800
Markham, ON L3P 7P3
Tel: 905-472-7000

North York General Hospital

4001 Leslie Street
Willowdale, ON M2K 1E1
Tel: 416-756-6000

Includes:

Branson Site

555 Finch Avenue West
Toronto, ON M2R 1N5
Tel: 416-633-9420

Seniors' Health Centre

2 Buchan Court
Long Term Care Home:
Tel: 416-756-0066
Outpatient Geriatric Services:
Tel: 416-756-6050

Ontario Shores Centre for Mental Health Sciences

700 Gordon Street
Whitby, ON L1N 5S9
Tel: 905-668-5881

Providence Healthcare

3276 St. Clair Avenue East
Toronto, ON M1L 1W1
Tel: 416-285-3666

Royal Victoria Hospital

201 Georgian Drive
Barrie, ON L4M 6M2
Tel: 705-728-9802

Southlake Regional Health Centre

596 Davis Drive
Newmarket, ON L3Y 2P9
Tel: 905-895-4521

St. Joseph's Health Centre

30 The Queensway
Toronto, ON M6R 1B5
Tel: 416-530-6000

Surrey Place Centre

2 Surrey Place
Toronto, ON M5S 2C2
Tel: 416-925-5141

The Scarborough Hospital

3050 Lawrence Avenue East
Scarborough, ON M1P 2V5
Tel: 416-438-2911

Includes:

Birchmount Campus

3030 Birchmount Rd.
Scarborough, ON
M1W 3W3
Tel: 416-495-2400

Toronto East General Hospital

825 Coxwell Avenue
Toronto, ON M4C 3E7
Tel: 416-461-8272

Trillium Health Partners:

Includes:

Credit Valley Hospital

2200 Eglinton Avenue West
Mississauga, ON L5M 2N1

Tel: 905-813-2200
1-877-292-4CVH (4284)

Mississauga Hospital

150 Sherway Drive
Toronto, ON M9C 1A5

Tel: 416-259-6671

Queensway Health Centre

100 Queensway West
Mississauga, ON L5B 1B8

Tel: 905-848-7100

**Waypoint Centre for Mental
Health Care**

500 Church Street
Penetanguishene, ON L9M 1G3

Tel: 705-549-3181

West Park Healthcare Centre

82 Buttonwood Avenue
Toronto, ON M6M 2J5

Tel: 416-243-3600



6 REGISTRATION REQUIREMENTS

6. Registration Requirements

Please note that your 2013-2014 academic record will not be available for viewing until May 15th, 2013. Prior to May 15th, please confirm and electronically sign your letter of appointment, review and complete the additional documents as required, detailed below.

1. POWER System

Enter the on-line Postgraduate Web Evaluation and Registration (POWER) system at <https://power.utoronto.ca/> to access your registration record. To receive your pin and/or password please click the "Forgot your pin and/or password?" link found on the Login page. Next, enter the email address used in previous communications with the PGME Office. The POWER system will send your pin and password to that email address.

2. Letter of Appointment

Go to the "LOA Documents" folder on the menu and access your Letter of Appointment. Please review to ensure accuracy, and read the page 2 requirements and authorizations. If all is correct, type your name and click on the "Submit" button. This is your electronic signature indicating your acceptance of the appointment. The College of Physicians and Surgeons of Ontario (CPSO) will be notified of your confirmation, which is part of the CPSO license application/renewal process.

3. Send in your immunization data:

In your "LOA Documents" folder on your POWER menu, there are immunization and mask fit forms:

- For new trainees, there are 3 pages: 1 page requesting your full immunization record to be completed and signed by a clinic, health centre, or health care professional other than yourself, and 2 pages of instructions.
- For returning trainees: an annual TB test form (if negative in the previous year)
- For all trainees – a mask fit form: Hospitals require a mask fit record to be updated within the last 2 years. New trainees will have 3 months to acquire this record at the hospital of their first rotation. Please review the contact list of Occupational Health Offices at our affiliated teaching sites for hours of operation, also included in your "LOA Documents" folder.

With the exception of research fellows,

- **YOU CANNOT REGISTER WITHOUT A COMPLETE IMMUNIZATION RECORD.**
- **APPOINTMENTS FOR HBV CARRIERS ARE CONDITIONAL UPON REVIEW BY THE EXPERT PANEL ON INFECTION CONTROL.**
- **FAILURE TO RETURN YOUR IMMUNIZATION RECORDS WITHIN TWO MONTHS BEFORE YOUR START DATE WILL RESULT IN DELAY OF TRAINING.**

4. CPSO

Register/renew with the College of Physicians and Surgeons of Ontario (CPSO):

You can call the CPSO directly at 416-967-2617 or 1-800-268-7096 to ascertain the status of your application for, or renewal of, your Postgraduate Education Certificate or Independent Practice license. The CPSO website is www.cpso.on.ca. Research Fellows do not require a CPSO license as there is no direct patient contact under this training designation.

5. WORK PERMIT AND UHIP Health Insurance requirements (if applicable):

You must present your original work permit to the PGME Office at 500 University Avenue, Suite 602, upon your arrival in Canada and after each renewal.

You must purchase healthcare coverage under the University Health Insurance Plan (UHIP) at the PGME office for yourself and accompanying family members within 10 days of arrival in Canada. UHIP costs and information can be viewed at <http://www.uhip.ca>.

You must also apply for health coverage under the Ontario Health Insurance Plan (OHIP). There is a 3-month waiting period, during which the UHIP plan will cover you. OHIP information can be viewed on the Ontario Ministry of Health website at: <http://www.health.gov.on.ca/en/public/programs/ohip/>

6. Payroll (if applicable)

First-time residents paid by the Toronto Hospitals Postgraduate Payroll Association (THPPA) will be able to complete their payroll/benefits forms on the POWER system, but must also manually submit a void cheque for electronic deposit, the Sun Life Beneficiary form, and the federal and provincial TD1 tax forms. These are available in your "LOA Documents" folder on the POWER menu. For further information, contact THPPA at 416-978-6339 or 416-978-6977.

For Ministry of Health-funded returning trainees, ensure that you report any changes that may affect your PAIRO benefits or direct deposit information.

7. CMPA

Register with the Canadian Medical Protective Association for malpractice insurance. Please contact CMPA at 1-800-267-6522 or see the website at www.cmpa.org. This is a MANDATORY registration requirement for all those with a CPSO license.

8. Registration Completion

The POWER system for 2013-14 will be open for your use on May 15, 2013.

You cannot complete your registration on-line until you have fulfilled all of the requirements applicable to your training and legal status. Once in your record on POWER, you will be prompted from one screen to the next to complete or change the information. Some fields are mandatory and you will be unable to reach the payment section until all of the warnings (re: CPSO, CMPA, immunization, etc) are cleared.

9. Payment

Once all registration requirements are met, you will then be led to the payment section to pay your registration fee by Visa, Mastercard, American Express or payroll deduction (for THPPA paid residents only). Payment by cheque, cash or Interac must be completed in person at the PGME office. Payment is the last step in registering. THE REGISTRATION FEE FOR THE 2013-14 ACADEMIC YEAR IS \$600 (PRO-RATED) AND IS NOT REFUNDABLE.

10. Confirmation of Registration

Upon completion of your on-line registration, you will be able to print out a copy of your Confirmation of Registration from the menu. This document may be required by the hospital/training sites as proof of registration with the Faculty of Medicine.

11. UTORID, Library Card

To activate your University of Toronto ID (UTORid), you will require a Secret Activation Key (SAK). These can be found at the top of your POWER registration record.

The UTORid activation website is: <https://www.utorid.utoronto.ca>

To obtain a U of T library card with Photo ID, please go to the

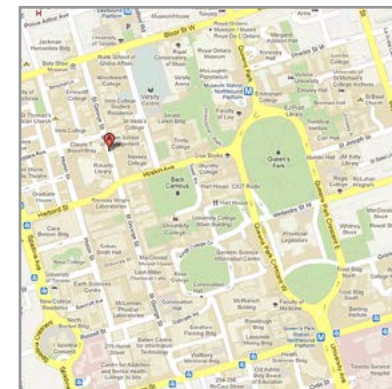
T-Card Office

2nd Floor, Robarts Library,
130 St. George Street,
**with your Confirmation of
Registration document.**

Hours of operation are:

Monday, Wednesday, Thursday
and Friday **9am-5pm**

Tuesday **9am-7pm.**



For more information on T-Card activation, please refer to the UTORID notice in your "LOA Documents" folder.

For further information, please contact the PGME Office at:

Tel: 416-978-6976 or

Email: postgrad.med@utoronto.ca

7

POLICIES, PROCEDURES & GUIDELINES

7. Policies, Procedures and Guidelines

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Accommodation of Medical Learners with Special Needs

1. Background and Definitions:

Residents with disabilities are entitled to the same opportunities and benefits as those without disabilities. In some circumstances, those with disabilities may require short or long-term accommodation to enable them to complete their training. “Disability” is defined by the Ontario Human Rights Code and covers a broad range and degree of conditions that may have been present from birth, caused by an accident, or developed over time. It includes physical, mental and learning disabilities, mental disorders, hearing or vision disabilities, environmental sensitivities, and other conditions.

Accommodation is a legal obligation and the goal of any accommodation plan is to allow equal benefit from and participation in services, education or the workplace. Reasonable accommodation may require members of the University community to exercise creativity and flexibility in responding to the needs of residents with disabilities. However, such accommodation cannot compromise patient safety and well-being and must take into consideration the rights and needs of other residents.

Regardless of disability, all residents must meet educational standards for certification and independent practice which are determined by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

Accommodation is a shared responsibility. It is most effectively provided when those involved, including the medical resident, approach the process with fairness, sensitivity, respect for confidentiality and co-operation. This requires the exchange of relevant information to the appropriate parties, and constructive negotiation to reach mutually acceptable solutions.

2. Process (See Appendix 1)

If a resident has a disability for which s/he requests accommodations, the Program Director must be made aware of the request and the justification for it, including relevant documentation from the appropriate medical practitioner(s). The resident is encouraged to consult with knowledgeable members of the University Faculty of Medicine, the training site, or other organizations prior to making this request to their Program Director. Examples of those available for consultation include the Director, Resident Wellness in the Postgraduate Medical Education Office, the Student Affairs Office of the graduating medical program, the Associate Dean, Equity and Professionalism, PAIRO, the Occupational Health Office at a training site or the Ontario Medical Associations' Physician Health Program.

If the disability primarily requires workplace accommodations, such as an environmental sensitivity or the need for an assistive device, the Program Director will be required to contact the Occupational Health Office of the training site to consider and develop an accommodation plan consistent with the policies and procedures of that site. This will frequently require the involvement of the training site Education Lead.

Residents who prefer not to disclose the specifics of their disability to their Program Director can submit documentation to the Director, Resident Wellness who can then convey the relevant information to the Program Director that will be required for the consideration of accommodation. While every attempt will be made to preserve confidentiality, specific information regarding the resident's limitations may be shared in order to consider and/or implement appropriate educational accommodations. This will be reviewed with the resident during the process who may at any time decline to disclose specific information, understanding that it may impact the accommodation process.

In addition to a resident request for accommodation, a disability requiring accommodation may arise in the course of proceedings before the PG Board of Examiners, either: 1) as a rationale for failure of a rotation(s) or an examination(s), or 2) following consultation and advice from a health care or learning needs professional. In these circumstances accommodation will be addressed in the context of the Remediation Plan; and the procedures described below apply.

Residents must be aware of the objectives for achieving certification upon entrance to their program and understand that regardless of

disability, essential competencies as determined by their program and accrediting bodies must be achieved for successful completion of the program. Residents who chose not to disclose their disability and request accommodation prior to a rotation may not appeal unsuccessful evaluations on the basis of their disability.

When there is uncertainty or disagreement between the resident's request for accommodation and what the program determines reasonable, with the resident's permission, the case should be referred to the Board of Medical Assessors-PG for independent review. The Terms of Reference for the PG BMA are attached as Appendix 2. Residents and/or Program Directors will be referred to the Director, Resident Wellness to understand and initiate the process. Recommendations of the BMA –PG, will be considered by the Dean through the Vice Dean, PGME who will determine the outcome.

If accommodations have been granted, intervals reports may be periodically required from treating health care practitioners and accommodation plans reviewed regularly to ensure accordance between the accommodation needs of the resident and requirements of the program.

If it becomes apparent that despite reasonable training accommodations, the nature of the disability may prohibit the resident from successfully achieving the standards of the training program, the resident is encouraged to seek career counseling from a mentor, faculty member, or the Office of Resident Wellness regarding alternative career options.

Resident with a communicable disease:

Accommodations for residents who have been identified with a communicable disease are reviewed by the Faculty's Expert Panel on Infection Control. The Panel reviews the procedures the resident will perform according to the Level of risk for blood borne pathogen transmission as outlined in the Society for Healthcare Epidemiology of America (SHEA) Guideline for Management of Healthcare Workers Who Are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus, March 2010. Program Directors are involved in the Panel's discussion of rotation service and call modification required to accommodate.

Approved by: Postgraduate Medical Education Office

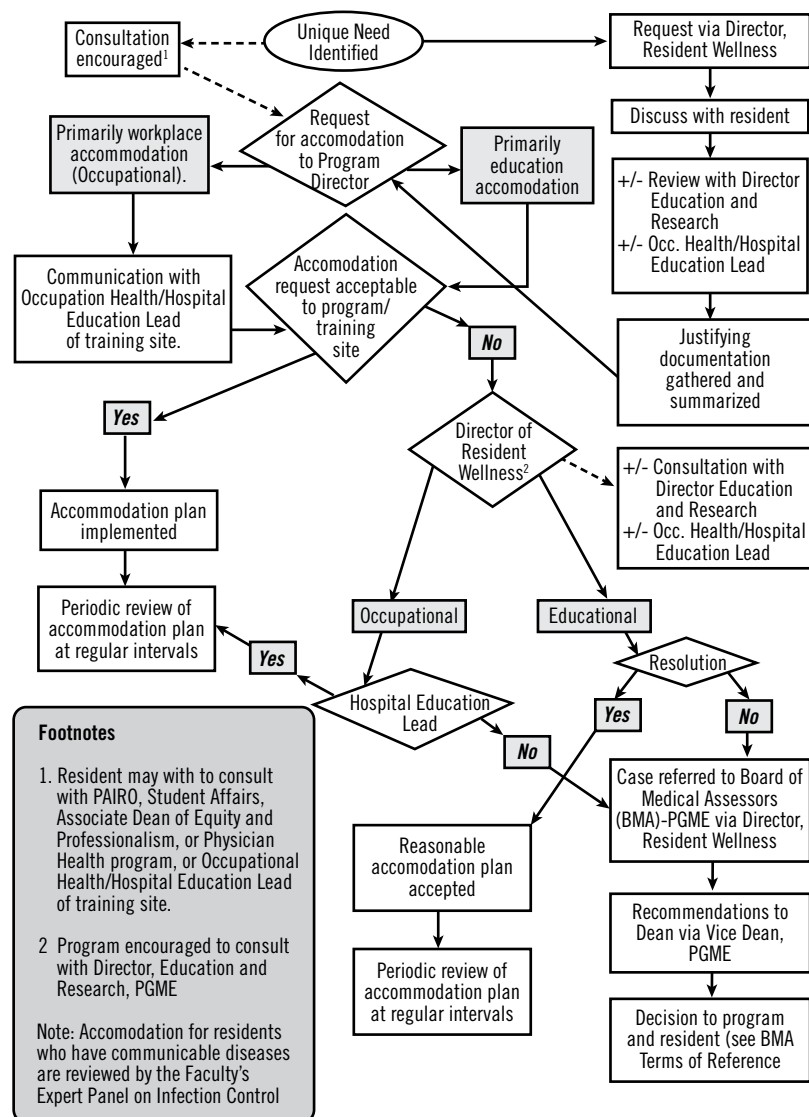
Date of original statement: June 2009

Date of last review: PGMEAC January 2013, HUEC May 2013

Appendix 1

Process to Address Accommodation of Residents With Special Training Needs

(See PGME Statement for definitions and details)



Appendix 2

Please refer to: http://www.md.utoronto.ca/Assets/FacMed+Digital+Assets/1_ume/registrar/BMA-TOR.pdf

for Appendix 2 - Board of Medical Assessors (BMA) Terms of Reference

Assignment of Postgraduate Medical Trainees—Guidelines

1. Principles

A. Quality of Postgraduate Medical Programs

The prime responsibility of the Faculty of Medicine, University of Toronto, to its postgraduate medical trainees is to provide the highest quality of educational experience organized within the accreditation standards of the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. As clinical training is interdependent by discipline at each site, the high quality standard must be maintained across all programs, rotations and sites by balancing:

- the clinical experience offered at different training sites;
- the academic environment of teaching and research at those sites;
- the manner in which an appropriate balance between service to patients and education is maintained at each site.

B. Quality Maintenance and Control

It follows that University Departmental Chairs and Program Directors have a responsibility to implement internal reviews of programs and training sites and communicate those assessments to the appropriate hospital Clinical Department Heads and Presidents/Chief Executive Officers. This evaluation process must be consistent, open, and must not imperil a postgraduate medical trainee's assessment.

2. Procedures for Assignment of Postgraduate Medical Trainees to Hospitals and other Institutions

The Chair of a University Department, working in conjunction with the appropriate Residency Program Committee, is responsible for the assignment of postgraduate medical trainees to institutions in the Residency Training Program.

The following criteria will be taken into account when considering the assignment of the postgraduate medical trainee to a hospital or to another institution:

A. In selecting hospitals

- i) demonstrated excellence of teaching and training as reported in rotation and teacher assessment
- ii) involvement of faculty and postgraduate medical trainees in clinical and/or basic research and teaching
- iii) the balance between trainee service and the education received by them
- iv) the provision of a unique experience considered important for satisfactory training in a specialty. All postgraduate medical trainees may be required to rotate through such unique settings.

B. In considering postgraduate medical trainees

- i) providing postgraduate medical trainees with the best quality of training over the whole period of the Program. This may exclude certain hospitals from taking part in training rotations if the training experience at a particular hospital detracts from the overall quality of the Program.
- ii) trainee preference of hospital. Effort will be made by the Director of the Program to provide a rotation through a preferred hospital at some time during the Program period, provided that this is consistent with optimal training.

C. Process for the assignment/removal of postgraduate medical trainees

Assignment and reassignment of any trainee to a rotation or hospital does not need approval of the Vice Dean, Postgraduate Medical Education.

However, when a Residency Program Committee recommends removal of ALL of its postgraduate trainees from a particular hospital or service, this recommendation will be submitted to the University Department Chair. If the Chair is in agreement with the removal recommendation, he/she will so inform the Dean and Vice-Dean, Postgraduate Medical Education who will communicate this decision with the appropriate faculty, hospital, and resident representatives as outlined in Section E.

If the Department Chair does not support the recommendations of the RPC, he/she will consult with relevant stakeholders (i.e. service chief, undergraduate and postgraduate leaders, divisional chief) in consideration of the following:

- i) the impact of such a removal upon all health science education programs within the hospital
- ii) the reports of internal reviews and/or external reviews conducted by the program, hospital, or Faculty, or those conducted for accreditation purposes by institutions such as the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada.

If, after the consultation, the Chair does not support the RPC recommendation, he/she will so advise the Vice Dean, who will discuss with the Dean and proceed as outlined in Section E below.

Removal of postgraduate medical trainees from a Program may have significant influence on patient care. Accordingly, unless urgent circumstances dictate otherwise, hospital coordinators and relevant staff will be given three months advance notice to make the necessary arrangements to ensure maintenance of the quality of patient care when postgraduate medical trainees are no longer present.

D. Reductions in a setting of excellence

Circumstances may dictate the necessity for reductions in numbers of postgraduate medical trainees in a setting of excellence. Under these circumstances, the Residency Program Committee will recommend reductions which are deemed by it to be in the best interest of learners and the Program as a whole.

E. Urgent situations

Where urgent circumstances make the above procedures inadvisable or impossible, the Dean has the authority to determine the assignment of postgraduate medical trainees and will communicate his/her decision to the hospital CEO, VP Education, PAIRO, Physician-in-Chief, or appropriate designate.

First approved at PGMEAC February, 1999

Revised PGMEAC January 28, 2011

Revised HUEC May 24, 2011 meeting comments

Revised, and PGMEAC approval January 27, 2012

Code of Behavior on Academic Matters**A. Preamble**

The Code of Behavior on Academic Matters is concerned with the responsibilities of all parties to the integrity of the teaching and learning relationship. Honesty and fairness must inform this relationship, whose basis remains one of mutual respect for the aims of education and for those ethical principles which must characterize the pursuit and transmission of knowledge in the University.

What distinguishes the University from other centers of research is the central place which the relationship between teaching and learning holds. It is by virtue of this relationship that the University fulfills an essential part of its traditional mandate from society, and, indeed, from history: to be an expression of, and by so doing to encourage, a habit of mind which is discriminating at the same time as it remains curious, which is at once equitable and audacious, valuing openness, honesty and courtesy before any private interests.

This mandate is more than a mere pious hope. It represents a condition necessary for free enquiry, which is the University's life blood. Its fulfillment depends upon the wellbeing of that relationship whose parties define one another's roles as teacher and student. It is based upon a relationship of differences in expertise, knowledge and experience, though bonded by respect, by a common passion for truth and by mutual responsibility to those principles and ideals that continue to characterize the University.

This Code is concerned, then, with the responsibilities of faculty members and students, not as they belong to administrative, professional or social groups, but as they cooperate in all phases of the teaching and learning relationship.

Such co-operation is threatened when teacher or student forsakes respect for the other—and for others involved in learning—in favor of self-interest, when truth becomes a hostage of expediency. On behalf of teacher and student and in fulfillment of its own principles and ideals, the University has a responsibility to ensure that academic achievement is not obscured or undermined by cheating or misrepresentation. The University must ensure that the evaluative process meets the highest standards of fairness and honesty, and that malevolent or even mischievous disruption is not allowed to threaten the educational process.

These are areas in which teacher and student necessarily share a common interest as well as common responsibilities.

For the full text of the Code of Behavior on Academic Matters including description of types of offences, divisional and tribunal sanctions and procedures, and appeals process, please see the Governing Council website at:

<http://www.governingcouncil.utoronto.ca/policies/behaveac.htm>

The University Governing Council

Approved: June 1, 1995

Effective: August 18, 1995

Code of Student Conduct

A. Preface

1. The University of Toronto is a large community of teaching staff, administrative staff and students, involved in teaching, research, learning and other activities. Student members of the University are adherents to a division of the University for the period of their registration in the academic program to which they have been admitted and as such assume the responsibilities that such registration entails.
2. As an academic community, the University governs the activities of its members by standards such as those contained in the Code of Behavior on Academic Matters, which provides definitions of offences that may be committed by student members and which are deemed to affect the academic integrity of the University's activities.
3. The University sponsors, encourages or tolerates many non-academic activities of its members, both on its campuses and away from them. These activities, although generally separate from the defined requirements of students' academic programs, are a valuable and important part of the life of the University and of its students.
4. The University takes the position that students have an obligation to make legal and responsible decisions concerning their conduct as, or as if they were, adults. The University has no general responsibility for the moral and social behavior of its students. In the exercise of its disciplinary authority and responsibility, the University treats students as free to organize their own personal lives, behavior and associations, subject only to the law and to University regulations that are necessary to protect the integrity and safety of University activities, the peaceful and safe enjoyment of University housing by residents and neighbors, or the freedom of members of the University to participate reasonably in the programs of the University and in activities in or on the University's premises. Strict regulation of such activities by the University of Toronto is otherwise neither necessary nor appropriate. Under some circumstances, such as when a student has not yet reached the legal age of majority, additional limitations on student conduct may apply.

5. University members are not, as such, immune from the criminal and civil laws of the wider political units to which they belong. Provisions for non-academic discipline should not attempt to shelter students from their civic responsibilities nor add unnecessarily to these responsibilities. Conduct that constitutes a breach of the Criminal Code or other statute, or that would give rise to a civil claim or action, should ordinarily be dealt with by the appropriate criminal or civil court. In cases, however, in which criminal or civil proceedings have not been taken or would not adequately protect the University's interests and responsibilities as defined below, proceedings may be brought under a discipline code of the University, but only in cases where such internal proceedings are appropriate in the circumstances.
6. The University must define standards of student behavior and make provisions for student discipline with respect to conduct that jeopardizes the good order and proper functioning of the academic and non-academic programs and activities of the University or its divisions, that endangers the health, safety, rights or property of its members or visitors, or that adversely affects the property of the University or bodies related to it, where such conduct is not, for the University's defined purposes, adequately regulated by civil and criminal law.
7. Nothing in this Code shall be construed to prohibit peaceful assemblies and demonstrations, lawful picketing, or to inhibit freedom of speech as defined by the University.
8. In this Code, the word "premises" includes lands, buildings and grounds.
9. In this Code, "student" means any person,
 - (i) engaged in any academic work which leads to the recording and/or issue of a mark, grade or statement of performance by the appropriate authority in the University or another institution; and/or
 - (ii) associated with or registered as a participant in any course or program of study offered by or through a college, faculty, school, centre, institute or other academic unit or division of the University; and/or
 - (iii) entitled to a valid student card who is between sessions but is entitled because of student status to use University facilities; and/or
 - (iv) who is a post-doctoral fellow.

10. In this Code, the words "University of Toronto" refer to the University of Toronto and include any institutions federated or affiliated with it, where such inclusion has been agreed upon by the University and the federated or affiliated institution, with respect to the premises, facilities, equipment, services, activities, students and other members of the federated or affiliated institution.

Note: The University of Toronto has agreed that, when the premises, facilities, equipment, services or activities of the University of Toronto are referred to in this Code, the premises, facilities, equipment, services and activities of the University of St. Michael's College, Trinity College and Victoria University are included.

11. In this Code, where an offence is described as depending on "knowing", the offence shall likewise be deemed to have been committed if the person ought reasonably to have known.
12. This Code is concerned with conduct that the University considers unacceptable. In the case of student members of the University, the procedures and sanctions described herein shall apply, unless the matter has been or is to be dealt with under other provisions for the discipline of students. In the case of the other members of the University, such conduct is to be dealt with in accordance with the established policy, procedures and agreements that apply to the members.
13. Subject to the conditions and considerations outlined in Section B., this Code is concerned with conduct arising in relation to a wide variety of activities and behaviors including, but not limited to, conduct related to the use of computers and other information technology and the use or misuse of alcohol. In principle, alleged offences that arise in relation to such conduct are not distinct from those that arise out of other activities that occur in the University community. Such activities may also be considered the commission of one or more offences and, in appropriate circumstances, may be dealt with under other University policies or regulations specific to the behavior.

For the full text of the Code of Student Conduct, including types of offences, sanctions and procedures for hearings, please see the Governing Council website at:

<http://www.governingcouncil.utoronto.ca/policies/studentc.htm>

The University Governing Council

Approved: February 14, 2002

Effective: July 1, 2002

Electives

Registration Process at the University of Toronto, PGME

Residents and fellows in postgraduate medical training at other medical schools must register with the Toronto PGME Office in order to be credentialed by the hospital medical education office. There is no registration fee for electives.

The following outlines the procedures to be followed for:

- a) University of Toronto Trainees
- b) Trainees at other Ontario medical schools
- c) For Canadians currently in Residency Training in the U.S. or in Canada outside Ontario
- d) For U.S. Citizens currently in Residency Training in the U.S.
- e) For International Trainees currently in Residency Training in Canada or the U.S.
- f) For International Trainees currently in Residency Training outside Canada or the U.S.

A) University of Toronto Trainees

University of Toronto postgraduate medical resident planning to take an elective at any other medical school must get written permission from his/her current program director to undertake the elective period. The resident must follow the registration instructions of the visiting medical school/institution as well as the regulations of the licensing authority and membership rules of the malpractice insurance carrier. Trainees taking electives in the U.S. should ensure they have the correct traveling documents by contacting the U.S. Department of State at:
<http://contact-us.state.gov/>

CMPA coverage does not cover medical electives in the U.S.

B) For Canadians currently in Residency Training in Ontario

Required Documents

A residency trainee enrolled in one of the other five Ontario medical schools who wishes to take an elective under the supervision of a University of Toronto postgraduate program director/training program must submit the following documentation via the University of Toronto residency training program to the University of Toronto PGME Office except for Medicine or Surgery training programs*

- * Applicants looking to register for electives in Medicine or Surgery training programs
<http://www.pgme.utoronto.ca/content/online-elective-system-eligible-rotationsprograms>
 must use the newly implemented Online Electives System:
<http://admin.med.utoronto.ca/pgme/electives/>

Please see the list of Medicine and Surgery training programs that require registration through the Online Electives System:
<http://admin.med.utoronto.ca/pgme/electives/>
 However, please be sure to confirm your elective with a supervisor PRIOR to accessing the system - this is a registration system only and not an application system.

Please note, for all other applicants, the following submitted documents must be in PDF or MS Word (.doc or .docx) format. JPEG, TIFF and other photo file formats will NOT be accepted.

1. Written permission from the University of Toronto program director agreeing to the elective
2. Written permission from current program director at the applicant's home university
3. Up-to-date curriculum vitae that includes the applicant's date of birth, Social Insurance Number (SIN), citizenship status and e-mail address
4. Copy of medical degree
5. Complete immunization record
6. Proof of registration with the Canadian Medical Protective Association (CMPA)

Registration Process

Once the PGME Office receives the required documents from the University of Toronto postgraduate program, a Letter of Appointment (LOA) will be issued to the resident. This letter must be signed by the resident and returned to the PGME Office. A copy will be forwarded to the CPSO.

Along with the LOA, the resident will receive a PIN/password letter. Using the PIN/Password, the resident will be able to register on-line at the PGME website and print off his/her Confirmation of Registration form. With the Confirmation of Registration form, the trainee will be able to register at the appropriate hospital Credentials/Medical Education Office in Toronto and access library services.

- Login to POWER, PGME
<http://pgme.med.utoronto.ca>

Please note that applications to University of Toronto postgraduate medical education departments for elective training must not exceed **6** months in duration.

Updated: April 24, 2013

C) For Canadians currently in Residency Training in the U.S. or in Canada outside Ontario

Eligibility for Licensure

In order to take up an elective at the University of Toronto, candidates must be eligible for licensure by the College of Physicians and Surgeons of Ontario (CPSO), the body which regulates the practice of medicine in the province of Ontario.

- Applicable CPSO requirements for graduates of accredited medical schools in Canada or the United States
<http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/registration/CRPEelectiveCDNUS.pdf>
- Applicable CPSO requirements for graduates of medical schools outside Canada and the United States
<http://www.cpso.on.ca/uploadedFiles/registration/applicationsforms/CRPEelectiveIMG.pdf>

Because CPSO requirements are subject to change, candidates should contact the CPSO directly to confirm these requirements.

CPSO Website: <http://www.cpso.on.ca/>

Required Documents

A residency trainee enrolled in a U.S. medical school or a Canadian medical school outside Ontario who wishes to take an elective under the supervision of a University of Toronto postgraduate program director/training program must submit the following documentation via the University of Toronto residency training program to the University of Toronto PGME Office except for Medicine or Surgery training programs*:

1. Written permission from the University of Toronto program director agreeing to the elective
2. Written permission from current program director at the applicant's home university
3. Up-to-date curriculum vitae that includes the applicant's date of birth, Social Insurance Number (SIN), citizenship status and e-mail address
4. Copy of medical degree
5. Complete immunization record
6. Proof of registration with the Canadian Medical Protective Association (CMPA)

- * Applicants looking to register for electives in Medicine or Surgery training programs must apply using the newly implemented Online Electives System.
<https://admin.med.utoronto.ca/pgme/electives/>

Please see the following list of Medicine and Surgery training programs that require registration through the Online Electives System:
<http://www.pgme.utoronto.ca/content/elective-training-programs-requiring-registration-through-online-elective-system>

Please note, for all other applicants, submitted documents must be in PDF or MS Word (.doc or .docx) format. JPEG, TIFF and other photo file formats will NOT be accepted.

Note: McGill residents must also provide a letter of authorization from the McGill PGME Office.

Registration Process

Once the PGME Office receives the required documents from the University of Toronto postgraduate program, a Letter of Appointment (LOA) will be issued to the resident. This letter must be signed by the resident and returned to the PGME Office. A copy will be forwarded to the CPSO. Along with the LOA, the resident will receive a PIN/password letter. Using the PIN/Password, the resident will be able to register on-line at the PGME website and print off his/her Confirmation of Registration form. With the Confirmation of Registration form, the trainee will be able to register at the appropriate hospital Credentials/Medical Education Office in Toronto and access library services.

- Login to POWER, PGME
<http://pgme.med.utoronto.ca>

Please note that applications to University of Toronto postgraduate medical education departments for elective training must not exceed **6** months in duration.

Updated: April 24, 2013

D) For U.S. Citizens currently in Residency Training in the U.S.

Eligibility for Licensure

In order to take up an elective at the University of Toronto, candidates must be eligible for licensure by the College of Physicians and Surgeons of Ontario (CPSO), the body which regulates the practice of medicine in the province of Ontario.

- Applicable CPSO requirements for U.S. citizens who are graduates of a U.S. medical school and are currently in residency training in the United States
<http://www.cpso.on.ca/uploadedFiles/registration/applicationsforms/CRPElectiveCDNUS.pdf>
- Applicable CPSO requirements for U.S. citizens who are graduates of medical schools outside Canada and the United States
<http://www.cpso.on.ca/uploadedFiles/registration/applicationsforms/CRPElectiveIMG.pdf>

Because CPSO requirements are subject to change, candidates should contact the CPSO directly to confirm these requirements.

CPSO Website: <http://www.cpso.on.ca/>

Required Documents

U.S. citizens who wish to take an elective under the supervision of a University of Toronto postgraduate program director/training program must be fully funded for the duration of the proposed elective by an acceptable sponsoring agency (for example, a governmental agency, university or hospital) and submit the following documentation via the University of Toronto residency training program to the University of Toronto PGME Office:

1. Written permission from the University of Toronto program director agreeing to the elective
2. Written permission from current program director at the applicant's home university
3. Up-to-date curriculum vitae that includes the applicant's date of birth, Social Insurance Number (SIN), citizenship status and email address
4. Copy of medical degree
5. Complete immunization record
6. Evidence of full financial support from the funding institution/organization for the duration of the elective training

* Please note: Submitted documents must be in PDF or MS Word (.doc or .docx) format. JPEG, TIFF and other photo file formats will NOT be accepted.

Work Permit

In addition to licensure by the CPSO, trainees who are not Canadian citizens/permanent residents must have a work permit that is valid for the duration of their elective residency. The University of Toronto PGME Office will provide the elective appointee with work permit application information and a Citizenship and Immigration Canada (CIC) approved "Letter of Employment" that will enable the appointee to apply for the appropriate work permit.

NB: CIC requires the "Letter of Employment" to confirm that the foreign national receiving is being remunerated at a rate commensurate with that of a Canadian performing the same duties in the same location of work. Elective residents must have funding for their elective rotation that meets the requirements of the scale of remuneration of the PAIRO-CAHO Agreement.

- Scale of Remuneration
<http://www.pairo.org/Content/Default.aspx?pg=1094>

Registration Process

Once the PGME Office receives the required documents from the University of Toronto postgraduate program, a Letter of Appointment (LOA) will be issued to the resident. This letter must be signed by the resident and returned to the PGME Office. A copy will be forwarded to the CPSO.

Along with the LOA, the resident will receive a PIN/password letter. Using the PIN/Password, the resident will be able to register on-line at the PGME website and print off his/her Confirmation of Registration form. With the Confirmation of Registration form, the trainee will be able to register at the appropriate hospital Credentials/Medical Education Office in Toronto and access library services.

- Login to POWER, PGME
<http://pgme.med.utoronto.ca>

Please note that applications to University of Toronto postgraduate medical education departments for elective training must not exceed **6** months in duration.

Updated: April 24, 2013

E) For International Trainees currently in Residency Training in Canada or the U.S.

Eligibility for Licensure

In order to take up an elective at the University of Toronto, candidates must be eligible for licensure by the College of Physicians and Surgeons of Ontario (CPSO), the body which regulates the practice of medicine in the province of Ontario.

- Applicable CPSO requirements for international trainees who are graduates of medical schools outside Canada and the United States <http://www.cpso.on.ca/uploadedFiles/registration/applicationsforms/CRPElectiveIMG.pdf>

Because CPSO requirements are subject to change, candidates should contact the CPSO directly to confirm these requirements.

CPSO Website: <http://www.cpso.on.ca/>

Funding

International trainees who wish to take an elective under the supervision of a University of Toronto postgraduate program director/training program must be fully funded for the duration of the proposed elective by an acceptable sponsoring agency. Foreign governments and foreign government funded agencies, for example, are considered acceptable sources of funding for non-Canadian residency trainees. Charitable foundations, private corporations or self-funding are not considered acceptable sources of funding.

Elective residency trainees must have funding for their elective training in accordance with the scale of remuneration of the PAIRO-CAHO Agreement.

- Scale of Remuneration <http://www.pairo.org/Content/Default.aspx?pg=1094>

Required Documents

International trainees who wish to take an elective under the supervision of a University of Toronto postgraduate program director/training program must submit the following documentation via the University of Toronto residency training program to the University of Toronto PGME Office:

1. Written permission from the University of Toronto program director agreeing to the elective

2. Written permission from current program director at the applicant's home university
3. Letter from the international trainee's sponsoring agency, confirming its approval

If the international trainee's sponsoring agency has not signed a postgraduate training agreement with the University of Toronto Faculty of Medicine, then the letter must confirm full financial support for the duration of the elective training and verify that this funding is in accordance with the scale of remuneration for Ontario residency trainees.
4. Up-to-date curriculum vitae that includes the applicant's date of birth, citizenship status and email address
5. Copy of medical degree (with English translation, where applicable)
6. Copy of MCCEE results (only if the trainee is currently enrolled in residency training in the U.S.)

The CPSO may exempt international trainees from this requirement if the trainee's request for exemption includes supporting documentation from the University of Toronto Program Director.

- * Please note: Submitted documents must be in PDF or MS Word (.doc or .docx) format. JPEG, TIFF and other photo file formats will NOT be accepted.

Work Permit

In addition to licensure by the CPSO, trainees who are not Canadian citizens/permanent residents must have a work permit that is valid for the duration of their elective residency. The University of Toronto PGME Office will provide the elective appointee with work permit application information and a Citizenship and Immigration Canada (CIC) approved "Letter of Employment" that will enable the appointee to apply for the appropriate work permit.

NB: CIC requires the "Letter of Employment" to confirm that the foreign national is being remunerated at a rate commensurate with that of a Canadian performing the same duties in the same location of work. Elective residents must have funding for their elective rotation that meets the requirements of the scale of remuneration of the PAIRO-CAHO Agreement.

- Scale of Remuneration <http://www.pairo.org/Content/Default.aspx?pg=1094>

Registration Process

Once the PGME Office receives the required documents from the University of Toronto postgraduate program, a Letter of Appointment (LOA) will be issued to the resident. This letter must be signed by the resident and returned to the PGME Office. A copy will be forwarded to the CPSO.

Along with the LOA, the resident will receive a PIN/password letter. Using the PIN/Password, the resident will be able to register on-line at the PGME website and print off his/her Confirmation of Registration form. With the Confirmation of Registration form, the trainee will be able to register at the appropriate hospital Credentials/Medical Education Office in Toronto and access library services.

- Login to POWER, PGME
<http://pgme.med.utoronto.ca>

Please note that applications to University of Toronto postgraduate medical education departments for elective training must not exceed **6** months in duration.

Updated: April 24, 2013

F) For International Trainees currently in Residency Training outside Canada or the U.S.

Eligibility for Licensure

In order to take up an elective at the University of Toronto, candidates must be eligible for licensure by the College of Physicians and Surgeons of Ontario (CPSO), the body which regulates the practice of medicine in the province of Ontario.

According to the CPSO's schedule of requirements, international residents must have completed a minimum of two years' training in the discipline in which they are seeking an elective (one year for Family Medicine electives). In addition, the language of patient care during this previous training must have been in English or French.

The licensure of international trainees currently in residency training outside Canada and the U.S. as elective residents in Ontario is subject to the review and approval of the CPSO's Registration Committee.

Because CPSO requirements are subject to change, candidates should contact the CPSO directly to confirm these requirements.

CPSO Website: <http://www.cpso.on.ca/>

Funding

International trainees who wish to take an elective under the supervision of a University of Toronto postgraduate program director/training program must be fully funded for the duration of the proposed elective by an acceptable sponsoring agency. Foreign governments and foreign government funded agencies, for example, are considered acceptable sources of funding for non-Canadian residency trainees. Charitable foundations, private corporations or self-funding are not considered acceptable sources of funding.

Elective residency trainees must have funding for their elective training in accordance with the scale of remuneration of the PAIRO-CAHO Agreement.

- Scale of Renumeration
<http://www.pairo.org/Content/Default.aspx?pg=1094>

Required Documents:

International trainees who wish to take an elective under the supervision of a University of Toronto postgraduate program director/training program must submit the following documentation via the University of Toronto residency training program to the University of Toronto PGME Office:

1. Written permission from the University of Toronto program director agreeing to the elective
2. Written permission from current program director at the applicant's home university
3. Letter from the international trainee's sponsoring agency, confirming its approval

If the international trainee's sponsoring agency has not signed a postgraduate training agreement with the University of Toronto Faculty of Medicine, then the letter must confirm full financial support for the duration of the elective training and verify that this funding is in accordance with the scale of remuneration for Ontario residency trainees.

4. Up-to-date curriculum vitae that includes the applicant's date of birth, citizenship status and email address
5. Copy of medical degree (with English translation, where applicable)

* Please note: Submitted documents must be in PDF or MS Word (.doc or .docx) format. JPEG, TIFF and other photo file formats will NOT be accepted.

Work Permit

In addition to licensure by the CPSO, trainees who are not Canadian citizens/permanent residents must have a work permit that is valid for the duration of their elective residency. The University of Toronto PGME Office will provide the elective appointee with work permit application information and a Citizenship and Immigration Canada (CIC) approved "Letter of Employment" that will enable the appointee to apply for the appropriate work permit.

NB: CIC requires the "Letter of Employment" to confirm that the foreign national is being remunerated at a rate commensurate with that of a Canadian performing the same duties in the same location of work. Elective residents must have funding for their elective rotation that meets the requirements of the scale of remuneration of the PAIRO-CAHO Agreement.

- Scale of Renumeration
<http://www.pairo.org/Content/Default.aspx?pg=1094>

Registration Process:

Once the PGME Office receives the required documents from the University of Toronto postgraduate program, a Letter of Appointment (LOA) will be issued to the resident. This letter must be signed by the resident and returned to the PGME Office. A copy will be forwarded to the CPSO.

Along with the LOA, the resident will receive a PIN/password letter. Using the PIN/Password, the resident will be able to register on-line at the PGME website and print off his/her Confirmation of Registration form. With the Confirmation of Registration form, the trainee will be able to register at the appropriate hospital Credentials/Medical Education Office in Toronto and access library services.

- Login to POWER, PGME
<http://pgme.med.utoronto.ca>

Please note that applications to University of Toronto postgraduate medical education departments for elective training must not exceed **6** months in duration.

Updated: April 24, 2013

Postgraduate Trainee Health and Safety Guidelines January 2013

1. PURPOSE OF THIS GUIDELINE

- 1) To promote a safe and healthy environment that minimizes the risk of injury at all University of Toronto and affiliated teaching sites.
- 2) To confirm the University of Toronto Faculty of Medicine's commitment to the health, safety, and protection of its postgraduate trainees.
- 3) To provide a procedure to report hazardous or unsafe training conditions and a mechanism to take corrective action.
- 4) To identify and clarify the roles and responsibilities of the University and Training Sites

2. BACKGROUND

The General Standards of Accreditation of The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada set out in Part A of the Standards Applicable to the University and Affiliated Sites. Standard A.2.6 states:

"All participating sites must ensure resident safety at all times, particularly considering hazards such as environmental toxins, exposure to infectious agents transmitted through blood and fluid, radiation, and potential exposure to violence from patients or others."

Under the PAIRO-CAHO collective agreement between the Professional Association of Internes and Residents of Ontario (PAIRO) and the Council of Academic Hospitals of Ontario (CAHO), residents have dual status of being both postgraduate medical trainees registered in University programs and physicians employed by the hospitals. As trainees, they are entitled to secure and private call rooms and secure access between call room facilities and service areas. Residents have access to and coverage for Occupational Health services (including TB tests, immunizations and follow-up, and post-exposure prophylaxis and management), on the same terms as applicable to other hospital employee groups.

- Accreditation Canada standards indicate that member hospitals must have an operational safety and security program for staff and patients.

- The Ontario Occupational Health and Safety Act, 1990, (OHSA) outlines minimum standards for health and safety and establishes procedures for dealing with workplace hazards and protection against risks of workplace violence.
- The University of Toronto Health and Safety Policy (Governing Council October 24, 2011) states that the University is committed to the promotion of the health, safety and wellbeing of all members of the University community, to the provision of a safe and healthy work and study environment, and to the prevention of occupational injuries and illnesses.

3. SCOPE

The University, hospitals, and affiliated teaching sites are accountable for the personal, environmental, and occupational health and safety of their employees and have the right to make implementation decisions within their respective policies and resource allocations. Postgraduate trainees must adhere to the relevant health and safety policies and procedures of their training site. All teaching sites must adhere to the requirements of the PAIRO-CAHO collective agreement, unless specifically exempted in the agreement.

These guidelines cover all postgraduate trainees, including residents and fellows, and encompass:

Personal Health and Safety including:

- risk of violence or harm from patients or staff; access to secure lockers and facilities including call rooms;
- safe travel:
 - » between call facilities and service location, and
 - » to private vehicle or public transportation between workplace and home;
 - » while working in isolated or remote situations including visiting patients in their homes or after hours; and
 - » safeguarding of personal information.

Workplace and Environmental Health and Safety including:

- hazardous materials as named in the Occupational Health and Safety Act; and
- radiation safety, chemical spills, indoor air quality.
- Occupational Health and Safety including:
 - » blood borne pathogens;
 - » immunization policies; and
 - » respiratory protection.

4. PERSONAL HEALTH AND SAFETY

The University of Toronto Faculty of Medicine strives for a safe and secure environment for postgraduate trainees in all training venues.

- 1) All teaching sites, hospitals, and long-term care institutions are responsible for ensuring the safety and security of residents and fellows training in their facilities in compliance with their existing employee safety and security policies and procedures as well as the requirements outlined in the PAIRO-CAHO collective agreement. The PGME Office will work with the Medical Education and Occupational Health Offices at these affiliated training sites to ensure adherence to these requirements.
- 2) Locations without a formal health and safety policy or joint committee will be guided by the standards outlined in the Occupational Health and Safety Act.
- 3) Safety and security issues related to Intimidation and Harassment are outlined in the PGME Guidelines for the Reporting of Intimidation, Harassment and other kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education.

Responsibility of the Program and or Training Site:

- RCPSC-CFPC Accreditation standard B 1.3.9 requires all training programs to establish program specific safety policies to address their particular risk situations.
- **“The residency program committee must have a written policy governing resident safety related to travel, patient encounters, including house calls, after-hours consultations in isolated departments and patient transfers (i.e. Medevac). The policy should allow resident discretion and judgment regarding their personal safety and ensure residents are appropriately supervised during all clinical encounters.”**
- Programs must ensure trainees are adequately oriented to policies prior to initiating clinical services.
- Programs should train residents and fellows in their ability to assess safety risks specific to each rotation.
- Where safety risks exist or are uncertain, programs may not expect postgraduate trainees to see a patient in hospital, clinic or at home, during regular or after hours, without the presence of a supervisor or security personnel.
- Training sites must endeavour to safeguard trainees' personal information, other than identifying them by name when communicating with patients, staff and families.

Responsibility of the Trainee:

- Trainees must use all necessary personal protective equipment, precautions and safeguards, including back up from supervisors, when engaging in clinical and/or educational experiences.
- Trainees must exercise judgment and be aware of alternate options when exposing oneself to workplace risks or during travel to and from the workplace (i.e., driving a personal vehicle when fatigued).
- Trainees must use caution when offering personal information to patients, families or staff.
- Trainees are expected to call patients from a hospital or clinic telephone line. The use of personal mobile phones for such calls is discouraged; if used, the call blocking feature should be engaged.
- Trainees must promptly report any health and safety concerns (e.g., risk of needlestick injuries, fatigue, etc.) to their supervisor.

Reporting Protocol for Breaches of Personal Safety:

- Trainees who feel their personal safety or security is threatened should remove themselves immediately from the situation in a professional manner and seek urgent assistance from their immediate supervisor or from the institution's security services.

Trainees cannot be negatively impacted for refusing to engage in clinical or educational experiences prior to reviewing with supervisors, if they truly feel at risk in doing so but it is recognized that at times (for example, in outbreaks of infectious disease such as SARS), a residual risk will remain after all known precautions are taken. Professional responsibility to patients may require engaging in care despite these risks. See University of Toronto Health Sciences Faculties Guidelines for Clinical Sites re: Student Clinical Placement in an Emergency Situation: Postgraduate Medical Education.

- Trainees in hospital/institutional settings identifying a personal safety or security breach must report it to their immediate supervisor at the training site as well as to the program director to allow a resolution of the issue at a local level, and to comply with the site reporting requirements, such as completion of an Incident Report Form.
- Trainees in community-based practices or other non-institutional settings should discuss issues or concerns with the staff physician or community-based coordinator, or bring any safety concerns to the attention of their Program Director.

- Trainees may also report their concerns to the Director, Resident Wellness at the PGME Office. Efforts will be made to maintain the confidentiality of the complainant. Pending investigation and resolution of identified concerns:
 - » The Program Director and/or Director of Resident Wellness have the authority to remove trainees from clinical placements if a risk is seen to be unacceptable.
 - » If a decision is taken to remove a trainee, this must be communicated promptly to:
- the Chair;
- the Vice President, Education/Hospital Medical Education Lead or designate at the training site;
- the Residency Program Committee; and
- the Vice Dean, PGME.
- If the safety issue raised is not resolved at the local level, it must be reported to the Director, Resident Wellness who will investigate and may re-direct the issue to the relevant hospital medical education office or University office for resolution. The resident/faculty member bringing the incident forward will receive a response within 10 days outlining how the complaint was handled or if it will require further review.
- The Director, Resident Wellness will bring the issue to the hospital office responsible for safety and security, and may involve the University Community Safety Office, Faculty of Medicine Health and Safety Office for resolution or further consultation, and will report annually to the Postgraduate Medical Education Advisory Committee (PGMEAC) and the Hospital University Education Committee (HUEC) through the Vice-Dean, PGME.
- Urgent resident safety issues will be brought to the attention of the Vice-Dean, PGME as well as to the relevant hospital VP Education/Hospital Medical Education Lead or as appropriate.
- The Director, Resident Wellness may at any time investigate and act upon health and safety systems issues that come to her/his attention by any means, including internal reviews, resident/faculty/staff reporting, or police/security intervention.
- Trainees in breach of the occupational health policies of their training site are subject to the procedures by that site consistent with the requirements of the Occupational Health and Safety Act. If attempts to resolve the situation by internal protocols are not successful, it may be brought to the attention of the training site Medical Education Lead.

5. WORKPLACE AND ENVIRONMENTAL HEALTH AND SAFETY and OCCUPATIONAL HEALTH AND SAFETY

In the course of their training, postgraduate trainees may be exposed to hazardous agents and communicable pathogens. Trainees, the University and teaching sites including hospitals, laboratories and community clinical settings are jointly responsible for supporting a culture promoting health and safety and preventing injury and incidents. Accidents, incidents and environmental exposures occurring during training will be reported and administered according to the reporting policies and procedures of the University, hospital or clinical teaching location.

Responsibilities of the Program, PGME Office and Training Site:

- Programs and training sites must ensure residents and fellows are appropriately oriented to current best practices for workplace safety guidelines.
- Programs must have guidelines to address exposures specific to each training site (e.g., radiation safety, hazardous materials, infection control), communicate these to trainees at site-specific orientation sessions, and assess trainees for appropriate understanding prior to involvement in these activities.
- Programs should train residents and fellows to assess site and situation specific safety risks.
- The Postgraduate Medical Education Office will ensure trainees have all required immunizations (as per the Council of Ontario Faculties of Medicine Immunization Policy) prior to initiating clinical duties. This information will be available to appropriate individuals at the training sites as required via the Postgraduate Web Evaluation and Registration (POWER) system. Trainees not meeting the immunization requirements of the faculty are not permitted to complete their registration with the PGME Office and will not be registered at the hospital.
- The PGME Office will ensure all concerns relating to communicable diseases, including blood borne pathogens, will be reviewed by the Expert Panel on Infection Control and dealt with on a case-by-case basis prior to finalizing a trainee's registration. Disclosure of communicable disease status of the trainee will be limited to those required to know in order to provide the necessary procedures to address the health and safety concerns of the trainee and others.

Responsibilities of the Trainee:

- Residents and fellows must participate in required safety sessions as determined by their Program or training site.
- Trainees must follow all of the occupational health and safety policies and procedures of the training site including, but not limited to, the appropriate use of personal protective equipment.
- Trainees must agree to report unsafe training conditions as per the protocol outlined below.

Reporting Protocol for Workplace Accident/Injury or Incident (See Appendix 1):

- A)** During daytime hours while working at an affiliated hospital or site associated with an affiliated hospital:
- 1) The trainee must go immediately to the Employee/Occupational Health Office of the institution.
 - 2) The trainee must complete the incident report form as required by the institution's protocol.
 - 3) The trainee must report the incident to his/her immediate supervisor.
 - 4) The trainee is encouraged to submit a copy of the report form to their Program office which will then forward a copy to the PGME Office.
- B)** During evenings or weekends or at a training site with no Occupational Health Office:
- 1) The trainee must go immediately to the nearest emergency room and identify him/herself as a resident or fellow at the University of Toronto and request to be seen on an urgent basis.
 - 2) The trainee must report to the available supervisor, comply with the institution's protocol for completion of appropriate incident report forms, and keep a copy of this form to be forwarded to their Program office.

APPENDIX 1:**Related Documents:**

- 1) Ontario Occupational Health and Safety Act, 1990
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm

A Guide to the Occupational Health and Safety Act, May 2011
http://www.labour.gov.on.ca/english/hs/pdf/ohsa_g.pdf
- 2) PAIRO-CAHO agreement:
<http://www.pairo.org/Content/Default.aspx?pg=1003>
- 3) University of Toronto, Health and Safety Policy (Governing Council, 24 October 2011)
<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmar292004.pdf>

<http://www.utoronto.ca/safety.abroad/progmanual/healthsa.pdf>
- 4) Blood and Body Fluid Exposure Policy for University of Toronto Postgraduate Medical Trainees:
<http://www.facmed.utoronto.ca/Assets/FacMed+Digital+Assets/Faculty+of+Medicine+1/FacMed+Digital+Assets/about/Edu-deans/Education+Policies/Blood+and+Body+Fluid+Exposure+Policy.pdf>
- 5) COFM Immunization Policy
<http://www.facmed.utoronto.ca/Assets/FacMed+Digital+Assets/Faculty+of+Medicine+1/FacMed+Digital+Assets/about/Edu-deans/Education+Policies/COFM+Immunization+Policy+PGME.pdf>
- 6) PGME Intimidation and Harassment Guidelines
<http://www.facmed.utoronto.ca/Assets/FacMed+Digital+Assets/Faculty+of+Medicine+1/FacMed+Digital+Assets/about/Edu-deans/Education+Policies/GuidelinesAddressingIntimidationandHarassment.pdf>

- 7) University of Toronto Health Sciences Faculties Guidelines for Clinical Sites re: Student Clinical Placement in an Emergency Situation: Postgraduate Medical Education
<http://www.facmed.utoronto.ca/Assets/FacMed+Digital+Assets/Faculty+of+Medicine+1/FacMed+Digital+Assets/about/Edu-deans/Education+Policies/Guidelines+for+Clinical+Sites+re.+Student+Clinical+Placements+in+an+E+Guidelines+for+Clinical+Sites+re.+Student+Clinical+Placements+in+an+Emergency+Situation.pdf>

Resources:

- 1) Occupational/Employee Health Offices at all University affiliated teaching hospitals
- 2) PGME Office:
 - a. Office of Resident Wellness; or
 - b. Immunization Officer.

APPENDIX 2:

Protocol for Workplace Exposure/Injury

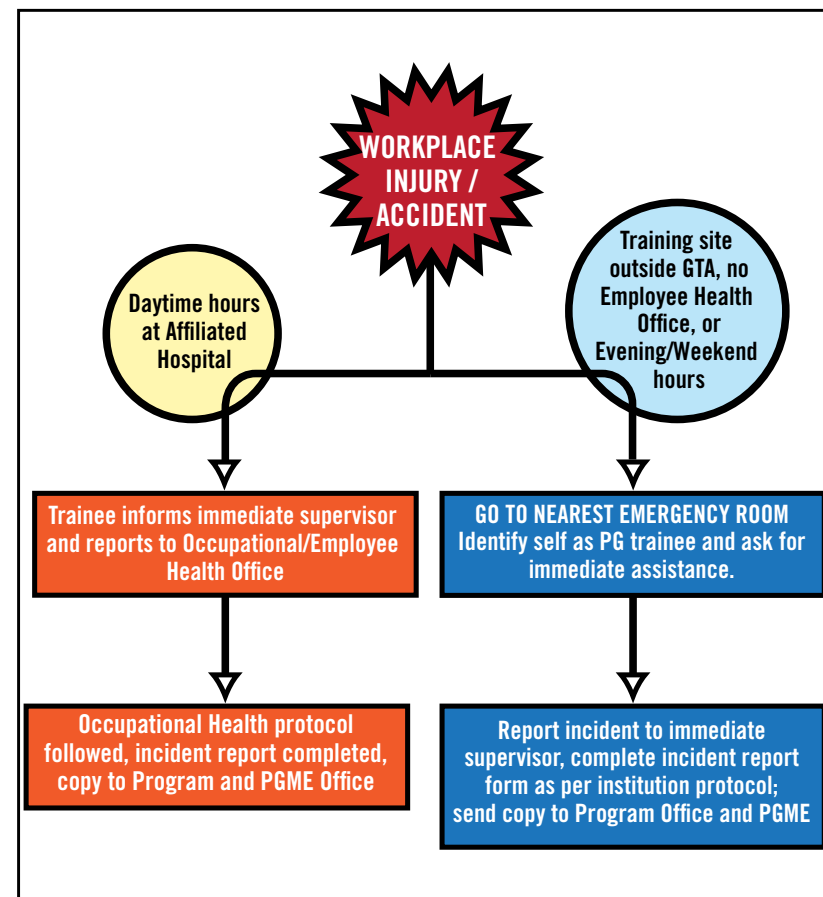
Revisions approved by:

PGMEAC: January 2013

HUEC: January 2013

Original Document Date: March 2009

Date of Next Review: 2017



Immunization

Blood and Body Fluid Exposure Policy for University of Toronto Postgraduate Medical Trainees

Each of the hospitals fully or partially affiliated with the University of Toronto Faculty of Medicine have policies and procedures to follow when sustaining a percutaneous or mucous membrane exposure to blood or body fluids. In order to ensure safety of themselves and their colleagues, Program Directors must:

- a) ensure that, at the beginning of the rotation/assignment to a new site, trainees know the initial contact point for reporting of "sharps" injuries at the site, in order to access intervention (Post-Exposure Prophylaxis - PEP) if required
- b) include blood and body fluid exposure management protocol in the program's academic curriculum sessions.

Program Directors must further ensure that residents in training outside Toronto's affiliated teaching hospitals (clinics, elective rotations) are provided with blood and body fluid exposure policies and procedures specific to their training site.

The Toronto PGME Office will maintain records of trainees' HBV immunity as part of mandatory immunization records, and will share this information with Hospital Occupational Health or Delegate as required.

[see PGME Office Procedural Memorandum on Responsibility of Notice to Programs and Hospitals for Postgraduate Medical Trainees who are Hepatitis B Positive, March 31, 2000]

Procedural Guidelines for Occupational Exposure to Blood and/or Body Fluids:

1. Know your immune status to the Hepatitis B Virus (HBV).
Responsibility: Medical Trainee
2. Apply first aid: allow the wound to bleed freely. Wash wound and skin sites which have been in contact with blood or body fluids with soap and water; mucous membranes should be flushed with water. A tetanus shot may be required if the injury is deep and significant time has elapsed since the last tetanus booster.
Responsibility: Medical Trainee

3. Note details of occupational exposure; i.e. type of injury, underlying disease(s) of source, past medical history, risk factors for blood borne pathogen infection.

Responsibility: Medical Trainee, Hospital's Occupational Health or Delegate, Depending On Particular Hospital's Protocol.

4. Report immediately to hospital's Occupational Health Service or delegate, e.g.: the Infectious Disease consultant, Emergency Department, or the appropriate hospital administrator depending on the hospital's protocol.

Responsibility: Medical Trainee

5. History-taking and Assessment of Risk, e.g.

a) by characteristics of source: for example: high risk source includes known positive patients with HIV, HBV, HCV and patients at epidemiologic risk of HIV, HBV, HCV

b) by nature of exposure: for example, high risk exposure would be deep percutaneous injury with hollow bore needle which had been in blood vessel of source

c) by susceptibility of trainee, for example: not immune to HBV

Responsibility (A) and (B): Hospital Occupational Health or Delegate Responsibility (C): Medical Trainee

6. Management of follow-up including counseling, baseline and follow-up serology and post-exposure prophylaxis as required.

Responsibility: Hospital Occupational Health or Delegate

7. Report incident to:
 - a) Postgraduate Office
 - b) Program Director

Responsibility: Medical Trainee

8. Report incident to: WSIB (according to WSIB directives)
Responsibility: Postgraduate Office or Hospital Occupational Health, Depending on Employer of Record

Approved at PGMEAC, November 29, 2002

Immunization: COFM Immunization Policy

This policy, based on the recommendations of an expert panel and reviewed annually, applies to all medical learners (undergraduate medical students and postgraduate residents and fellows) attending an Ontario medical school and performing clinical activities in Ontario. Undergraduate medical learners who do not comply with the immunization policy may be excluded from clinical activities. Residents who do not comply with the immunization policy may be delayed in starting residency and may be excluded from clinical activities pending compliance. Ontario medical learners doing international clinical placements may require an additional assessment. A travel medicine consultation should take place at least eight weeks before their placement. Additional immunizations may be necessary depending on the location of their placement.

This policy is an evidence-based consensus document developed by an expert working group on behalf of the six Ontario medical schools and faculties. The policy closely complies with the current Ontario Hospital Association immunization recommendations; however, immunization requirements of individual hospitals or clinical institutions may vary. The policy allows some flexibility to enable health care practitioners to select among certain options according to their professional judgment. All Ontario medical schools agree that regardless of option chosen in a particular clinical situation, learners of any Ontario medical school will have their immunization status accepted as long as this policy was followed.

The following investigations must be completed before entering a clinical placement. In the case of the hepatitis B immunizations, the series must be started before the learner enters a clinical placement and completed by the end of the first academic year. The medical learner may incur costs associated with some immunizations.

Tuberculosis:

- a) Medical learners whose tuberculin status is unknown, and those previously identified as tuberculin negative, require a baseline two-step Mantoux skin test with PPD/5TU, unless there is a documented negative PPD test during the preceding 12 months, in which case a single-step test may be given.¹ For medical learners who have had ≥ 2 previously documented negative PPD

tests, but the most recent test was >12 months earlier, a single-step test may be given. For medical learners who have had a documented prior two-step test, a single-step test may be given. If a learner has a previously documented positive tuberculin skin test, the learner does not need to receive another tuberculin skin test, see (e).

- b) Medical learners who have had previous Bacille Calmette-Guerin (BCG) vaccine may still be at risk of infection and should be assessed as in (a) above. A history of BCG vaccine is not a contraindication to tuberculin testing.
- c) Contraindications to tuberculin testing are:
 - history of severe blistering reaction or anaphylaxis following the test in the past;
 - documented active TB;
 - clear history of treatment for TB infection or disease in the past;
 - extensive burns or eczema such that there is no clear sight to place the TB skin test;
 - major viral infection (persons with a common cold may be tested); and/or
 - live virus vaccine in the past month

NOTE: Pregnancy is NOT a contraindication for performance of a Mantoux skin test.

- d) For medical learners who are known to have a previously documented positive tuberculin skin test, for those who are found to be tuberculin skin test positive, or for whom tuberculin skin testing is contraindicated as in (c) above, further assessment should be done by Health Services under the direction of a physician, or by the learner's personal physician.
- e) Chest X-rays should be taken on medical learners who:
 - i. are TB skin test positive and have never been evaluated for the positive skin test;
 - ii. had a previous diagnosis of tuberculosis but have never received adequate treatment for TB; and/or
 - iii. have pulmonary symptoms that may be due to TB.

1 CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings, 2005, MMWR, 2005:54; RR-17. OHA/OMA Communicable Disease Surveillance Protocols Page 7 Tuberculosis Revised May 2010

If the X-ray suggests pulmonary TB, the medical learner should be further evaluated including sputum smear and culture to rule out the possibility of active tuberculosis disease and documentation of the results of this evaluation should be in place before s/he is cleared for clinical placement. Once active tuberculosis has been ruled-out, strong consideration should be given to treatment of latent TB infection (LTBI).

All TB positive medical learners should be advised to report any symptoms of pulmonary TB as soon as possible to the Health Services, and should be managed using current guidelines.

Active cases of TB, those suspected of having active TB disease, tuberculin skin test converters and those with a positive TB skin test are reportable to the local Medical Officer of Health. Learners with active TB or suspected of having active TB should be reported as soon as possible to the Medical Officer of Health. Occupationally acquired active TB and LTBI are also reportable to Workplace Safety and Insurance Board (WSIB) and the Ontario Ministry of Labour.

Annual screening for TB may be necessary in health care settings with a high incidence of active TB disease. Health Services should consult the local Medical Officer of Health and local hospitals regarding the incidence of active TB disease in the region and the need for continuing TB surveillance of medical learners. A review of admissions through health records will determine if the setting is a high risk facility, as defined by Public Health Agency of Canada, i.e. ≥ 6 cases of active TB disease per year, requiring active surveillance. Learners who are placed in high risk units or areas must report to Health Services for follow-up assessment 8 weeks after completing the placement or elective.

Varicella/Zoster:

Medical learners must demonstrate evidence of immunity. Medical learners can be considered immune to varicella/zoster if they have:

- a definite history of chickenpox or zoster, OR
- VZV antibodies, using a sensitive/specific serological test such as immunofluorescent antibody (IFA), Latex agglutination (LA) or the ELISA IgG, OR
- documentation of age-appropriate dose of varicella vaccine: if the age of initial vaccination was 1 – 12 years: 1 dose; if the initial vaccination age was 13 or older: 2 doses.

Varicella vaccine is required for non-immune medical learners. If after vaccination a varicella-like rash localized to the injection site develops, the person may continue to work if the rash is covered. A small number (approximately 5.5% after the first injection and 0.9% after the second injection) of vaccinated persons will develop a varicella-like rash not localized to the injection site; these persons should be excluded from work with high-risk patients (e.g., children, newborns, obstetrical patients, transplant patients, oncology patients) until lesions are dry and crusted, unless lesions can be covered. The effects of varicella vaccine on the fetus are unknown; therefore, pregnant women should not be vaccinated. Non-pregnant women who are vaccinated should avoid becoming pregnant for one month following each injection.²

Measles:

Medical learners must demonstrate evidence of immunity. Only the following should be accepted as proof of measles immunity:³

- documentation of 2 valid doses of live measles virus vaccine after the first birthday, OR
- the person was born before 1970, OR
- laboratory evidence of immunity

If this evidence of immunity is not available, to meet the above requirements the medical learner must have (a) measles immunization(s), in the form of a trivalent measles-mumps-rubella (MMR) vaccine, unless the learner is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine.

2 NACI, CCDR, vol. 30, ACS-1, 2004

3 National Advisory Committee on Immunization (NACI) Canadian Immunization Guide 7th edition, 2006, Public Health Agency of Canada. OHA/OMA Communicable Disease Surveillance Protocols Page 3 Measles Revised June 2007

Mumps:

Medical learners must demonstrate evidence of immunity. Only the following should be accepted as proof of mumps immunity:⁴

- documentation of 2 valid doses of live mumps virus vaccine on or after the first birthday, OR
- laboratory evidence of immunity.

If this evidence of immunity is not available, the medical learner must have (a) mumps immunization(s) (if they had no previous doses of mumps-containing vaccine, they need two doses of MMR; If they had one previous dose of mumps-containing vaccine, they need one dose of MMR), in the form of a trivalent measles-mumps-rubella (MMR) vaccine, unless the learner is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine.

Rubella:

Medical learners must demonstrate evidence of immunity. Only the following should be accepted as proof of rubella immunity:

- documentation of one valid dose of live rubella vaccine on or after their first birthday; OR
- laboratory evidence of immunity.

If this evidence of immunity is not available, the medical learner must have a rubella immunization, in the form of a trivalent measles-mumps-rubella (MMR) vaccine, unless the learner is pregnant. Females of child-bearing age must first assure their health care practitioner that they are not pregnant, and will not become pregnant for one month after receiving this vaccine.

Hepatitis B:

Documented evidence of a complete series of hepatitis B immunizations, in addition to testing for antibodies to HBsAg (Anti-HBs) at least one month after the completion of the vaccine series is required. Medical learners who have received three doses of hepatitis B vaccine and who have had an inadequate serological response should be tested for surface antigen (HBsAg) to determine if the

reason for their non-response is because they are already a hepatitis B virus carrier. If the blood test identifying an inadequate serological response (anti-HBs <10IU/L) was done one to six months after completing the vaccination series and the learner tests negative for HBsAg, the learner should receive an additional three-dose series. If the initial negative antibody result (anti HBs<10 IU/L) was done more than six months⁵ after completing the vaccination series, and the learner is negative for HBsAg, a test for serological response (anti-HBs) could be done after the first booster in the second series. If the anti-HBs is \geq to 10 IU/L, no further doses are needed. If after the first dose an inadequate serological response is still found, continue with the remaining two doses and repeat the serology test (anti-HBs) one month after completing the second series.

If the anti-HBs titre is below 10 IU/L one month after completing the second series, the person is considered a non-responder and must be counseled to be vigilant in preventing and following-up after needle stick injuries or any other potential exposure to Hepatitis B.

Routine booster doses of vaccine are not currently recommended in persons with previously demonstrated antibody as immune memory persists even in the absence of detectable anti-HBs; however, periodic testing should be conducted in hepatitis B responders who are immune suppressed to ensure they are maintaining their anti-HBs titre.

Polio:

Documented history of a primary series is requested. In the absence of documentation of an original series, the learner should receive an adult primary series consisting of at least three doses.

Tetanus/Diphtheria:

Documented history of a primary series and dates of boosters are requested. In the absence of documentation of an original series, the learner should be offered immunization with a full primary series. If the most recent booster is not within the last 10 years, a booster must be given. If a Tdap (Adacel Vaccine) has not been given as an adolescent or adult, this booster should be a Tdap.

4 National Advisory Committee on Immunization (NACI) Canadian Immunization Guide 7th edition, 2006, Public Health Agency of Canada

5 American Academy of Pediatrics Red Book, 2006, p. 202

Acellular Pertussis:

A single dose of Acellular Pertussis in the form of a Tdap (Adacel vaccine) is given if not previously received as an adult or adolescent, in place of one Td booster. There is no contraindication in receiving Tdap in situations where the learner has had a recent Td immunization, i.e. it is not necessary to wait until the next Td booster is due.

Influenza:

Annual influenza vaccination is strongly recommended by December first annually. Medical learners who choose not to have an annual influenza vaccination should be notified that hospital policies may preclude them from clinical placements or require antiviral prophylaxis and immunization in the event of an influenza outbreak.

Approved PGE: COFM Nov 25, 2010

Approved by the Immunization Expert Committee

Immunization: PGME Office Immunization Requirements

The Postgraduate Medical Education Office adheres to the Immunization Policy of the Council of Ontario Faculties of Medicine, as outlined in the following document:

COFM Immunization Policy

<http://www.facmed.utoronto.ca/Assets/FacMed+Digital+Assets/Faculty+of+Medicine+1/FacMed+Digital+Assets/about/Edu-deans/Education+Policies/COFM+Immunization+Policy+PGME.pdf>

Documentary proof of current immunization against specific diseases must be submitted to the Postgraduate Medical Education Office with the trainees' Letter of Appointment (LOA). Trainees cannot start clinical practice without completing the immunization requirements. The specific immunization requirements for all trainees are:

1. Tuberculosis

Students must have an initial baseline two-step Mantoux skin test and an annual TB skin test thereafter if the results are negative. A chest x-ray is required if the TB skin test is positive.

2. Hepatitis B

Immunization is a series of 3 injections. Following vaccination, all students must be tested for anti-HBs antibodies, and the results must also be submitted to the Faculty Postgraduate Office. Individuals who are non-immune (i.e. do not have the antibodies against HBsAg or no prior history of immunization), must be screened for the surface antigen (HBsAg) prior to registration. If the HBsAg result is positive, a further screen for e-antigen (HBeAg) must be performed. Those who are non-immune and HBsAg negative must undergo a second series of HBV immunization, and subsequent lab evidence of immunity. Registration status for HBV Carriers remains CONDITIONAL until the Expert Panel on Infection Control reviews their case.

- Procedures for Hepatitis B Carriers
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/Immunization/Procedures%2Bfor%2BHepatitis%2BB%2BCarriers.pdf

- Blood and Body Fluid Exposure Policy (Needlestick Injury Procedural Guideline)
http://www.pgme.utoronto.ca/sites/default/files/public/Policies_Guidelines/Immunization/Blood%20and%20Body%20Fluid%20Exposure%20Policy_nh_v1_06Jan2012.pdf
- SHEA Guidelines
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/Immunization/SHEA%20Guidelines.pdf

3. Measles, Mumps, Rubella (MMR)

Proof of two immunization dates or positive titre results.
Immunization against mumps is strongly recommended.

4. Chicken Pox

VZV titre, or 2 varicella vaccines.

5. Diphtheria, Tetanus and Polio

Immunization against diphtheria, tetanus and polio is generally valid for ten years. Proof of up-to-date immunization status is recommended. Acellular pertussis vaccination strongly recommended.

6. Mask Fit

Hospitals/training sites affiliated with the University of Toronto, Faculty of Medicine have respiratory protection policies and procedures to follow when at risk of exposure to airborne infectious agents, specifically tuberculosis. To protect the health and safety of our trainees, patients and staff, trainees must comply with the assigned sites' respective policies, including the Ministry of Labor orders issued under the Occupational Health and Safety Act regarding the use of N95 respirators/masks.

- Mask Fit Policy
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/Immunization/MaskFitPolicy_PGMEAC_Dec2009.pdf.pdf

- Mask Fit Exemption Form
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/Immunization/UoT%20PGME%20-%20Mask%20Fit%20Exemption%20Form%20Aug%202012.pdf

Trainees have 90 days from their start date to complete the mask-fit testing and report to the PGME Office.

The PGME Full Immunization Form

http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/ImmunizationForm_Full_22Nov12.pdf

and Mask Fit Form (with instructions)

http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/Immunization/ONE_N95_Resp_fit_form_March_2012.pdf

are to be completed, signed and returned to the PGME Office within the designated time period.

Returning trainees are required to complete an annual TB Test, using the TB Skin Test form.

http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/TB%20Test%20Form%20%282010%29.pdf

Trainees may have the tests done at their training sites' Occupational Health Office:

http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/Toronto%20PGME%20Hosp%20Occ%20Health%20Office%20Address%20List_May2009.pdf

Initial PGMEAC Approval: 1995

Revised Date: March, 2012

Internet, Electronic Networking and Other Media —Guidelines for Appropriate Use

These Guidelines apply to all postgraduate trainees registered at the Faculty of Medicine at the University of Toronto, including postgraduate students, fellows, clinical research fellows, or equivalent. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites, email, posting to public media sites, mailing lists and video-sites.

The capacity to record, store and transmit information in electronic format brings new responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, institutions and practices. Significant educational benefits can be derived from this technology but trainees need to be aware that there are also potential problems and liabilities associated with its use. Material that identifies patients, institutions or colleagues and is intentionally or unintentionally placed in the public domain may constitute a breach of standards of professionalism and confidentiality that damages the profession and our institutions. Guidance for postgraduate trainees and the profession in the appropriate use of the Internet and electronic publication is necessary to avoid problems while maintaining freedom of expression. The University of Toronto is committed to maintaining respect for the core values of freedom of speech and academic freedom.⁶

Postgraduate trainees are reminded that they must meet multiple obligations in their capacity as university students, as members of the profession and College of Physicians and Surgeons of Ontario, and as employees of hospitals and other institutions. These obligations extend to the use of the Internet at any time—whether in a private or public forum.

These Guidelines were developed by reference to existing standards and policies as set out in the Regulated Health Professions Act, the Medicine Act and Regulations, CPSO The Practice Guide: Medical Professionalism and College Policies, September 2007, the Standards of Professional Practice Behavior for all Health Professional Students [the Standards] and the Policy on Appropriate Use of Information and Communication Technology.

⁶ Policy on Appropriate Use of Information and Communication Technology at: <http://www.provost.utoronto.ca/policy/use.htm>

Postgraduate trainees are also subject to the Personal Health Information and Privacy Act as “health information custodians” of “personal health information” about individuals.

General Guidelines for Safe Internet Use:

These guidelines are based on several foundational principles as follows;

- The importance of privacy and confidentiality to the development of trust between physician and patient
- Respect for colleagues and co-workers in an inter-professional environment
- The tone and content of electronic conversations should remain professional
- Individual responsibility for the content of blogs
- The permanency of published material on the Web, and
- That all involved in health care have an obligation to maintain the privacy and security of patient records under The Personal Health Information Protection Act [PHIPA], which defines a record as: “information in any form or any medium, whether in written, printed, photographic or electronic form or otherwise.”⁷

a) Posting Information about Patients

Never post personal health information about an individual patient.

Personal health information has been defined in the PHIPA as any information about an individual in oral or recorded form, where the information “identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.”⁸

These guidelines apply even if the individual patient is the only person who may be able to identify him or herself on the basis of the posted description. Trainees should ensure that anonymised descriptions do not contain information that will enable any person, including people who have access to other sources of information about a patient, to identify the individuals described.

⁷ Personal Health Information Protection Act, S.O. 2004 C. 3, s. 2.

⁸ Personal Health Information Protection Act, S.O. 2004, C. 3 s. 4.

Exceptions that would be considered appropriate use of the Internet: It is appropriate to post:

1. With the express consent of the patient or substitute decision-maker.
2. Within secure internal hospital networks if expressly approved by the hospital or institution. Please refer to the specific internal policies of your hospital or institution.⁹
3. Within specific secure course-based environments that have been set up by the University of Toronto and that are password-protected or have otherwise been made secure.¹⁰

Even within these course-based environments, participants should:

- a. adopt practices to “anonymise” individuals;
- b. ensure there are no patient identifiers associated with presentation materials; and
- c. use objective rather than subjective language to describe patient behavior. For these purposes, all events involving an individual patient should be described as objectively as possible, i.e., describe a hostile person by simply stating the facts, such as what the person said or did and surrounding circumstances or response of staff, without using derogatory or judgmental language.
4. Entirely fictionalized accounts that are so labeled.

b) Posting Information About Colleagues and Co-Workers

Respect for the privacy rights of colleagues and coworkers is important in an interprofessional working environment. If you are in doubt about whether it is appropriate to post any information about colleagues and co-workers, ask for their explicit permission—preferably in writing. Making demeaning or insulting comments about colleagues and co-workers to third parties is unprofessional behavior.

9 Faculty, instructors and postgraduate trainees are reminded that portable devices are not necessarily secure, and that confidential patient information should not be removed from the hospital.

10 Faculty and instructors are reminded that they must use a secure environment provided by the University.

Such comments may also breach the University’s codes of behavior regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and Discriminatory Harassment.¹¹

c) Professional Communication with Colleagues and Co-Workers

Respect for colleagues and co-workers is important in an inter-professional working environment. Addressing colleagues and co-workers in a manner that is insulting, abusive or demeaning is unprofessional behavior.

Such communication may also breach the University’s codes of behavior regarding harassment, including the Code of Student Conduct, the Sexual Harassment Policy, and the Statement on Prohibited Discrimination and Discriminatory Harassment.¹²

11 See University of Toronto,
<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjul012002.pdf>

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppnov251997.pdf>

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmar311994.pdf>

12 See University of Toronto,
<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjul012002.pdf>

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppnov251997.pdf>

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppmar311994.pdf>

d) Posting Information Concerning Hospitals or other Institutions

Comply with the current hospital or institutional policies with respect to the conditions of use of technology and of any proprietary information such as logos or mastheads.

Postgraduate trainees must not represent or imply that they are expressing the opinion of the organization. Be aware of the need for a hospital, other institution and the University to maintain the public trust. Consult with the appropriate resources such as the Public Relations Department of the hospital, Postgraduate Medical Education Office, or institution who can provide advice in reference to material posted on the Web that might identify the institution.

e) Offering Medical Advice

Do not misrepresent your qualifications.

Postgraduate trainees are reminded that the terms of their registration with the College of Physicians and Surgeons of Ontario limits the provision of medical advice within the context of the teaching environment. Provision of medical advice by postgraduate medical trainees outside of this context is inconsistent with the terms of educational registration.

f) Academic Integrity extends to the appropriate use of the Internet

The University of Toronto's Code of Behavior on Academic Matters contains provisions on academic dishonesty and misconduct.¹³

These provisions may be breached by sharing examination questions, attributing work of others to oneself, collaborating on work where specifically instructed not to do so, etc.

Penalties for inappropriate use of the Internet

The penalties for inappropriate use of the Internet include:

- Remediation, dismissal or failure to promote by the Faculty of

¹³ <http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjun011995.pdf>

See Code s. Bi for the list of academic offences, Appendix A s. 2(d) for the definition of "academic work" and s. 2(p) for the definition of "plagiarism" for the purpose of the Code.

Medicine, University of Toronto.

- Discipline for breach of hospital or institutional policy.
- Prosecution or a lawsuit for damages for a contravention of the PHIPA.
- A finding of professional misconduct by the College of Physicians and Surgeons of Ontario.

Enforcement

All professionals have a collective professional duty to assure appropriate behavior, particularly in matters of privacy and confidentiality.

A person who has reason to believe that another person has contravened these guidelines should approach his/her immediate supervisor/program director for advice. If the issue is inadequately addressed, he/she may complain in writing to the Vice-Dean Postgraduate Medical Education or to the College of Physicians and Surgeons of Ontario through designated processes.

Complaints about breaches of privacy may be filed with the Information and Privacy Commissioner/Ontario.

References:

College of Physician and Surgeons of Ontario:

CPSO The Practice Guide: Medical Professionalism and College Policies, September 2007
<http://www.cpso.on.ca/policies/guide/default.aspx?id=1696>

CPSO Physician Behavior in the Professional Environment #4-07, November 2007.
<http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/behaviour.pdf>

CPSO Confidentiality of Personal Health Information #8-05, November 2005
<http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/Confidentiality.pdf>

References:**University of Toronto:**

University of Toronto Standards of Professional Practice Behavior for Health Professional Students

Policies on on-line harassment:
<http://www.enough.utoronto.ca/policies.htm>

Appropriate Use of Information and Communication Technology
<http://www.provost.utoronto.ca/policy/use.htm>

Code of Behavior on Academic Matters

<http://www.governingcouncil.utoronto.ca/Assets/Governing+Council+Digital+Assets/Policies/PDF/ppjun011995.pdf>

Personal Health Information Protection Act:

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm#BK3

Information and Privacy Commissioner/Ontario:

<http://www.ipc.on.ca/>

PGMEAC

Approved September 18, 2008

Guidelines for Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour in Postgraduate Medical Education

1. BACKGROUND AND PURPOSE

The University of Toronto Faculty of Medicine places the utmost importance on the safety and well-being of its trainees and their right to learn in an environment of professionalism, collegiality, and respect.

The Faculty of Medicine staff, faculty members, and its affiliated hospitals have a joint responsibility to protect the integrity of the clinical and academic learning environment for its residents and fellows. These guidelines prohibit discrimination, harassment and unprofessional behaviour in the learning environment and provide the assurance that the Faculty will respond when that environment is compromised.

The purpose of these Guidelines is to:

- 1) Define harmful incidents which include intimidation, harassment, and unprofessional behaviour ; and
- 2) Outline the process for postgraduate medical trainees to report complaints of harmful incidents involving themselves or other postgraduate trainees and initiate an investigation.

NB: Mechanisms for reporting harmful incidents toward undergraduate medical students, staff or employees are covered under separate protocols or policies.

2. DEFINITIONS

2.1 Harmful incident is defined broadly in Postgraduate Medical Education (PGME) as an incident in which one person's behaviors or actions cause harm to postgraduate trainees or the PGME community and compromise the learning environment. Harmful incidents include intimidation and harassment, and incidents of unprofessional or disruptive behavior. PGME recognizes as harmful all behaviours and actions that are deemed unacceptable under the related standards listed in Appendix 1.

2.2 Harassment is defined in the Ontario Human Rights Code as “a course of vexatious conduct which the actor knows or ought reasonably to know is unwelcome”. Harassment can be human-rights based; based on someone’s race, creed, colour, ethnicity, sex, sexual orientation, national origin, age, marital status, family status, or disability. Examples of what can be viewed as harassment are included in Appendix 2. Harassment may occur between faculty members, residents, fellows, and medical students, or between allied health professionals or employees of the University or Hospitals. Harassment can create intimidation or a hostile or offensive environment and can interfere with a person’s work performance and adversely affect their employment opportunities.

2.3 Intimidation is the use of one’s authority to inappropriately influence other people’s behaviour, and can reduce the extent to which people are willing to exercise their rights. Abuse of power can involve the exploitation of trust and authority to improper ends. Sometimes abuse of power takes the form of apparently positive conduct, such as flattery that is intended to coerce someone to cooperate, or favouritism.

2.4 Unprofessional conduct is demonstrated when a physician does not act respectfully towards other physicians, hospital staff, volunteers, trainees, patients and their families. Such behaviour has the potential to harm the learning environment. It may include making remarks of an intimidating or discriminatory nature. The CPSO’s definition of disruptive physician behaviour is contained in its policy on Physician Behaviour in the Professional Environment (see Appendix 1 for details).

2.5 Postgraduate trainees include residents and clinical and research fellows registered in the PGME Office at the University of Toronto.

2.6 An Education Leader in PGME is used in this guideline to refer to individuals who are in official positions to receive reports of harmful incidents from trainees. They include Program Directors, site supervisors, Vice President Education or equivalent at the training site, the Director, Resident Wellness (PGME), the Associate Dean, Equity and Professionalism, and the Vice Dean, PGME.

3. PRINCIPLES

This guideline is governed by the following principles:

- 1) Multiple reporting options:** Reporting may be written or verbal and trainees may report to a choice of individuals with the authority to assist and/or take direct or indirect corrective action. However, trainees should recognize that not all options are equally effective. This protocol identifies the preferred PGME reporting procedures.
- 2) Confidentiality:** Confidentiality will be upheld regardless of how or to whom the report is made unless disclosure is required by law, university regulation, or as necessary to investigate the complaint. Confidentiality is not the same as anonymity. For a complaint to go forward through mediation or an investigation, disclosure of identity and details must be made available to the respondent, mediator and/or investigative committee.

Although there is an option for anonymous reporting of harmful incidents, University policy limits the capacity to investigate and act upon anonymous reports against members of the University. In egregious cases of inappropriate treatment, PGME, the Faculty of Medicine, and the University of Toronto reserve the right to investigate without the participation or consent of the reporting trainee.

Having made the complaint, the complainant shall be encouraged to maintain confidentiality.

- 3) Fair and transparent reporting process:** There should be a process to clarify the facts concerning the allegation which must occur in an atmosphere free of retribution. A report of any of the behaviors named is a serious accusation against another individual or a group of individuals and PGME will give serious weight to any such accusation. Making a false, frivolous, vexatious, or malicious report will be considered as a professional lapse and the usual procedures used by PGME for lapses in professionalism will be pursued.
- 4) Timeliness:** Timely identification of a harmful incident should be the goal of all PGME programs to protect the rights of the complainant and respondent.

4. REPORTING PROCEDURE

We urge any trainee who believes he or she has been subject or witness to a harmful incident to bring a complaint forward. The trainee is advised to consult in confidence with their chief resident, supervisor, Program Director, hospital authority, Director of Resident Wellness, or Professional Association of Internes and Residents of Ontario (PAIRO) representative (if applicable) before reporting a complaint.

Trainees should recognize that not all individuals will be aware of the most effective options to proceed and are encouraged therefore to seek advice regarding procedure from an Education Leader in the case of uncertainty. At all times, trainees have access to confidential resources in the University and may in particular contact the university's Sexual Harassment Officer, its Anti-Racism and Cultural Diversity Officer, or the Ombudsperson, or PAIRO, without initiating the complaint process.

Trainees have the option to report harmful incidents by:

- 1) completing the PGME Incident Report Form (IRF) available online (see Appendix 3) and deliver electronically, by fax or in person to any designated Education Leader; or
- 2) making a verbal, email, written or in-person report of the incident to any Education Leader.

The IRF is used to track incidents of harm and generate reports for exclusive review by designated Education Leaders. No one else has access to these reports and sharing of information in the reports (outside of the system) is governed by the principle of confidentiality. Trainees should be aware that if they choose a reporting option other than the IRF, they may be asked to complete an IRF to facilitate tracking of harmful incidents. Designated Education Leaders may complete an IRF on the trainee's behalf.

5. PROCEDURE FOR EDUCATION LEADERS FOLLOWING SUBMISSION OF A REPORT BY A TRAINEE

The Education Leader who receives the report will follow up by contacting the complainant in order to:

- i. clarify the details of the incident as reported;
- ii. provide the complainant with information about the process to address their complaint, including informal and formal resolution options and jurisdictional relationships involved in the process;
- iii. clarify the need for other individuals to be made aware of the incident in order to address the situation;
- iv. determine the complainant's interest in proceeding and the process to be taken (informal vs. formal); and
- v. Forward reports to the Director, Resident Wellness, PGME.

NOTE: Reports submitted in writing (including email) should be clearly dated and labeled "Confidential report for the attention of Dr. ____" to ensure priority review. If the person to whom the report is submitted is away for a period exceeding seven days, the person responsible for assuming his/her duties may review the report.

A reporting trainee has the right at any time to withdraw from further participation in any investigation or other action based on the report. The investigation or action may continue without the participation of the trainee, depending on established policy, the recommendations of experts, the existence of related reports, and other contributing factors. If a trainee declines further participation, he or she will forgo the right to be informed of subsequent developments in the case.

6 RELATIONSHIP BETWEEN UNIVERSITY AND HOSPITAL

These guidelines do not supersede existing policies of the University; the Faculty of Medicine; or affiliated teaching hospitals, whose authority may take precedence depending on the location of the incident and parties involved.

In particular, sexual harassment/sexual abuse incidents will be reported to the University's Sexual Harassment Office according to the procedure outlined in the Sexual Harassment Protocol approved by Faculty Council, 2004.

<http://www.facmed.utoronto.ca/Research/ethicspolicy/harass.htm>

Relevant references to the Criminal Code of Canada, the Ontario Human Rights Code, and the standards and policies of hospitals, accreditation, and licensing bodies which may apply are listed in Appendix 1.

Most situations will require a collaborative response from the University and the hospital. In general, the University will take the lead when complaints involve faculty members and trainees only. Whenever complaints involve hospital employees or patients, the hospital will take the lead.

7. PROCEDURES FOR RESOLUTION

7.1 Informal Resolution Process

A complainant may choose to follow an informal process of resolution. Whenever possible, the trainee is encouraged to discuss the situation directly with the person whose behaviour seemed unprofessional. This approach recognizes the role of collegial conversation in the PGME community, and emphasizes the principle of addressing problems locally wherever possible.

Trainees are encouraged to confidentially approach their Program Director, Site Supervisor, or Office of Resident Wellness. These support representatives will discuss the matter with the trainee, consult with other University and hospital resources if required, and will promote an informal resolution of the issue to the satisfaction of all parties.

Informal resolution may involve mediation in confidence between the complainant and the respondent. A mediator who is acceptable to both parties may be appointed to work towards a mediated settlement. Once achieved, the settlement will be communicated to both parties.

If for any reason the complainant does not feel comfortable

engaging in such a discussion, if he or she feels the situation warrants a formal investigation, or if the result of such a discussion is not satisfactory, the Formal Resolution Process described below can be followed.

7.2 Formal Resolution Process (Investigation)

7.2.1 Jurisdiction

Where an incident has been reported (verbally or through a PGME Incident Report Form) that either the complainant or person hearing the initial complaint feels warrants formal investigation, the Vice Dean PGME and the VP Education or equivalent of the hospital will determine which institution will take the lead and discuss membership of the investigative committee. Where the hospital takes the lead, the hospital VP Education or equivalent will inform the appropriate hospital staff (CEO, VP Human Resources) and advise the University (the Vice Dean PGME, the Program Director) of the steps to be taken. The University will safeguard the interests of the trainee.

Where the University takes the lead, the University Program Director/Vice Dean, PGME will inform the Associate Dean, Equity and Professionalism, the Office of Resident Wellness, the Division Head or Department Chair, and inform the hospital VP Education or equivalent of developments.

7.2.2 Establishing the Investigative Committee

- a) A committee will be established within 30 days of the receipt of a formal complaint or without settlement of an informal process. Where appropriate, this will be a joint committee with representatives from both the hospital and the University. The Vice Dean PGME will determine University membership of the committee, which may include the Associate Dean, Equity and Professionalism.
- b) The investigation will include meeting with the complainant, the respondent, and with people who have evidence about the allegations (witnesses). The committee may also consider other evidence such as documents and communications.

- c) In meeting confidentially with the complainant, the committee will:
 - i. summarize the procedure that will be followed for investigating the complaint;
 - ii. provide information about relevant policies and procedures to be followed for investigating the complaint; and
 - iii. reassure the complainant that he/she will be given full opportunity to state his/her case and present relevant evidence with the right to a representative.
- d) In meeting with the respondent, the committee will:
 - iv. inform him/her that there has been a complaint and provide details;
 - v. provide information about relevant policies and procedures to be followed for investigating the complaint;
 - vi. advise him/her that any retaliation against or intimidation of the complainant or of anyone connected with the complaint will be treated as an offence; and
 - vii. reassure the complainant that he/she will be given full opportunity to state his/her case and present relevant evidence with the right to a representative.
- e) The committee will determine whether or not the allegations can be substantiated.

7.2.3 Decision/Outcome of the Investigation

- a) The committee will write a report confirming its decision and proposing corrective action(s). The committee will send a letter to the respondent and the complainant with a copy of the report. The hospital Vice President, Education or equivalent and University Vice Dean, PGME will also receive a copy.
- b) The complainant and the respondent will have 10 days after receipt to accept or appeal the outcome of the investigation.

Any trainee, faculty or program director or other person who is found, after appropriate investigation, to have harassed any person will be subject to appropriate disciplinary action, up to and including termination.

8. APPEALS

The complainant or the respondent may submit a written appeal to the Vice Dean PGME or the hospital VP Education requesting re-consideration. If the complainant is not satisfied with this response, s/he may pursue the matter with the person to whom that administrative officer reports. Members of the University community retain the right to bring a complaint directly to the Ontario Human Rights Commission in accordance with the provisions of the Ontario Human Rights Code.

The complainant may wish to seek advice from resources available through the University including the Sexual Harassment Office, the Race Relations Office and the Associate Dean, Equity and Professionalism in the Faculty of Medicine, or through the hospital's Occupational Health and Safety Offices.

9. MONITORING

All PGME Leaders are expected to monitor the number and content of the reports they receive and look for emerging trends which should be brought to the confidential attention of the Vice Dean PGME and the Associate Dean Equity and Professionalism.

In particular, the Director, Resident Wellness, will review the PGME Incident Reports and provide an annual report to the Associate Dean Equity and Professionalism and the Vice Dean PGME.

10. INSTITUTIONAL RESPONSIBILITY

The Vice Dean PGME and the Associate Dean Equity and Professionalism are jointly responsible for actively addressing concerning rates or trends of harmful incidents through the PGME portfolio and in collaboration with the VP or Directors of Medical Education and partners such as the University Departments, the decanal team, and others.

Appendix 1: Related Standards

Government:

- The Ontario Human Rights Code
- The Canadian Charter of Rights and Freedoms

University of Toronto:

- Statement on Prohibited Discrimination and Discriminatory Harassment
- Policy with respect to Workplace Harassment
- Human Resources Guideline on Civil Conduct
- Sexual Harassment: Policy and Procedures
- Code of Student Conduct:
<http://www.governingcouncil.utoronto.ca/policies/studentc.htm>
- Standards of Professional Practice Behaviour for all Health Professional Students

Faculty of Medicine, University of Toronto:

- Guidelines for Ethics & Professionalism in Healthcare Professional Clinical Training and Teaching
- Standards of Professional Behaviour for Medical Clinical Faculty
- Principles re Supervision of Postgraduate Medical Trainees
- Procedural Memorandum: Resolution of Resident Disagreement with Attending Physicians or Supervisors

College of Physicians and Surgeons of Ontario:

- Professional Responsibilities in Postgraduate Medical Education
- CPSO – Physician Behaviour in the Professional Environment:
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1602>
- CPSO Guidebook for Handling Disruptive Physician Behaviour, April 2008:
[http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/policies/positions/CPSO%20DPBI%20Guidebook\(1\).pdf](http://www.cpso.on.ca/uploadedFiles/downloads/cpsodocuments/policies/positions/CPSO%20DPBI%20Guidebook(1).pdf)

PAIRO-CAHO:

- No Discrimination/Harassment/Intimidation

RCPSC/CFPC:

- Accreditation and the Issues of Intimidation and Harassment in Postgraduate Medical Education Guidelines for Surveyors and Programs

Hospitals and research institutes affiliated with the University of Toronto

- Consult the policies on conduct of the appropriate affiliated hospital or research institute.

Appendix 2: Definitions of Harassment

Examples of harassing and intimidating conduct include the following kinds of behaviour:

- Racial epithets or slurs
- Disrespectful jokes or banter about sex
- Comments about someone's physical appearance or sexual attractiveness
- Negative stereotypes about a particular ethnic group
- Homophobic remarks
- Disparagement of someone's religious devotions
- The circulation of insulting or demeaning written material and pictures
- Unwelcome physical contact
- Shouting or raising one's voice
- Constant interruption and refusing to listen
- Ridicule
- Singling someone out for grilling or interrogation
- Unjust assignment of duties; overloading someone with work
- Physical intimidation/harassment, e.g., pushing, punching, slapping, threatening gestures, or throwing objects at an individual

- Education/service imbalance e.g., contractual infractions, inadequate supervision, excessive service load or service assignment without educational merit
- Reprisal or threat of reprisal for negative feedback of staff, program or service, including the lodging of a complaint or grievance

Harassment does not include:

- Normal supervisory responsibilities including appropriate assessment and criticism of the resident's academic efforts, even if the resident does not agree
- Expectations of reasonable quality of academic performance
- Personality or interpersonal conflicts
- Discussion and debate of controversial topics in an academic environment

Appendix 3:

Report Form for Incident of Intimidation, Harassment, or Unprofessional or Disruptive Behaviour For Postgraduate Medical Education Trainees

ANONYMITY and CONFIDENTIALITY:

While recognizing that there may be circumstances in which you wish to remain anonymous, the PGME Office encourages you to share your identity in this report for the following reasons:

- According to University policy, we are severely limited in our capacity to investigate and act upon anonymous reports against members of the University community.
- Your anonymity will prevent us from providing assistance to you or others affected by this incident
- Anonymous reports may be used to generate statistical data, but are unlikely to result in direct action

Unless disclosure is required by law, your report will remain strictly confidential whether you submit it anonymously or not.

Given the explanation above, please indicate whether you wish to share your identity with the PGME Office or not, by either entering your name or "ANONYMOUS" in the space below:

XXXXXX/Anonymous

If you have chosen to share your identity, please provide the preferred email address or phone number for [the PGME Office] to contact you:

XXXX.XXXX@utoronto.ca
or 416-XXX-XXXX

Enter the email of the Education Leader to whom you would like this report sent. If you do not know the email, please print and fax, or deliver, this report to the intended recipient.

XXXX.XXXX@utoronto.ca

Description of the Incident:

Date of the incident (if multiple, please indicate the most recent date and provide further details below:

Day/month/year: XX/XX/20XX

Location of the incident (e.g., U of T, building, hospital, clinical, community, or other setting):

Please describe the incident in the box below (maximum: 4,500 words) Include as many details as you recall, such as:

- Names of the individuals involved (except patients)
- Precise location
- Nature of the incident
- Whether you experienced the incident or witnessed someone else experiencing it
- Training rotation during which the incident occurred (if applicable)

NB: Complaint will only proceed with complainant's permission.

It is the complainants' choice whether to proceed with the learner's name affixed

Approved at HUEC and PGMEAC: October 2012

Appendix 4:

Process to Address Complaints/Concerns of Intimidation, Harassment, and Unprofessional or Disruptive Behaviour for PGME Trainees (See guidelines for definitions and details)
http://www.pgme.utoronto.ca/sites/default/files/public/Resident_Wellness/Help/Proccess_AddressComplaintConcern_IntimHarassUnproffBehavDisrupBehav_PGMETrainees.pdf

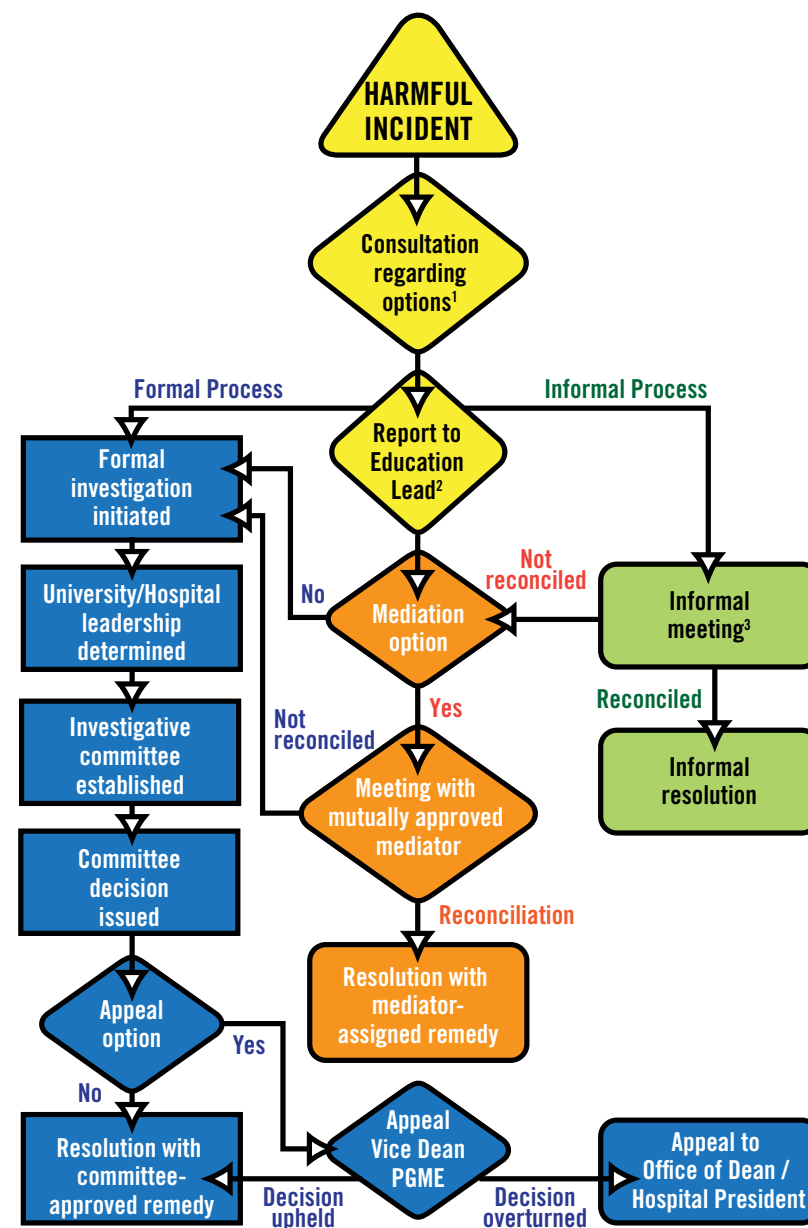
Approved by: HUEC and PGMEAC: October 2012

Date of adoption: October 2012

Date of last review:

The PGME document: Guidelines Addressing Intimidation and Harassment: The Education and Learning Environment at UT-PGME, was approved at PGMEAC in May 2006. This document represents a substantial change in the original document as it now includes an informal and formal reporting mechanism, and appeals procedure.

Appendix 4



Footnotes

1. Complainant may wish to consult site PD, PD, Director, resident Wellness, resident leader, PAIRO, or other.
2. Includes PD, site PD, site VP/Director, Education, Director, Resident Wellness, Vice Dean, Equity and Professionalism
3. Report by: Incident report form, verbal, and email. Education lead includes: PD, site PD, site VP/Director, Education, Director, Resident Wellness, Associate Dean of Equity and Performance

Leaves of Absence and Training Waivers— Guidelines for Residency Training

1. BACKGROUND

The training requirements of residency programs define specific time requirements. While these requirements are generally completed in sequence, it is recognized that a resident may need to interrupt training for a number of reasons. Such interruptions are referred to as leaves of absence. This guideline is intended to provide guidance to program directors on a range of issues relating to leaves of absence taken during residency training including the granting of leaves, salary level implications, and impact on certification exam eligibility.

Related documents:

A number of important documents govern leaves and their impact on certification exam eligibility. This guideline is not intended to supersede these documents, but will serve to assist Program Directors in their interpretation and application.

- PAIRO-CAHO Collective Agreement. The PAIRO-CAHO agreement outlines the employment relationship between residents and the Ontario teaching hospitals. This agreement establishes entitlements relating to pregnancy and parental leaves, sick leave, vacation, and professional leave. This agreement can be obtained at www.pairo.org
- Council of Ontario Faculties of Medicine (COFM) Leaves from Ontario Postgraduate Residency Programs, May 2007. The COFM leaves policy provides direction on a number of issues including return to the program after training and granting of unpaid leaves.
- Royal College of Physicians and Surgeons of Canada (RCPSC) and the College des medecins du Quebec (CMQ) Joint Policy on Waiver of Training after a Leave of Absence from Residency. The policy, outlined in the RCPSC Policy and Procedures for Certification and Fellowship states that: “residents must successfully complete all training requirements of their program, including duration of training, normally in sequence, and competence as assessed by the university. The university will set policy for the circumstances that would qualify residents for leaves of absence. Acting on university policy, the Postgraduate Dean, on the recommendation of the residents’ Postgraduate Program Director, may grant interruptions in training. It is anticipated that the time lost or rotations missed would be made up with equivalent time in the residency program upon the resident’s return.”

This policy can be reviewed at Section 4.3.2 at the following link: http://www.royalcollege.ca/portal/page/portal/rc/common/documents/credentials/policy_procedures_e.pdf

- The College of Family Physicians of Canada (CFPC) states that Family Medicine residents must complete 24 months of training to be eligible for the Family Medicine certification exam. Waivers of training of 4 weeks may be granted at the discretion of the Program Director. This and other eligibility requirements can be reviewed at: <http://stage.cfpc.ca/LeavesAbsenceWaivers/>

2. DEFINITIONS:

A leave of absence is defined as an approved interruption of training for any reason. Leaves may be taken for a variety of reasons, but are generally categorized into leaves with pay and leaves without pay.

In all cases, the Program Director, in discussion with the returning resident, should determine:

- the training level to which the resident will return following the leave; and
- the necessary educational experiences required for the resident to complete the residency requirements and goals and objectives of the training program.

Unless required by the Program Director or for purposes of the Record of Employment, leaves of one week or less are not required to be submitted to the central Postgraduate Medical Education Office.

Paid Leave

a) Pregnancy and Parental Leave:

Entitlement to pregnancy and parental leave is addressed in Section 15 of the PAIRO-CAHO Agreement.

b) Medical/Sick Leave:

Residents are entitled to 6 months of paid sick leave. Further details on Long Term Disability and other entitlements regarding illness or injury are addressed in Section 14 of the PAIRO-CAHO Agreement.

c) Professional Leave:

The PAIRO-CAHO Agreement describes Professional Leave as 7 days per year in Section 12, as well as time to take Canadian or American certification examinations. This time will not be considered to be a leave for the purposes of this guideline or reporting to the College of Physicians and Surgeons of Ontario (CPSO), or granting of waivers of training.

d) Vacation:

Residents are entitled to 4 weeks of paid vacation per year. There is no adjustment to vacation entitlement for residents who take pregnancy leave or parental leave e.g., the resident who has taken a one-year pregnancy and parental leave will return with 4 weeks of vacation entitlement.

The 4 weeks vacation time must be taken within the academic session and cannot be rolled over or “stockpiled” to the next year, or counted towards waived training time. In addition, vacation time should not be carried over when the resident enters a sub-specialty program.

Hospitals may not restrict the amount of vacation a resident can take in a rotation, but do have the right to delay a vacation request with regard to professional and patient care responsibilities.

e) Emergency, Family, Bereavement Leave:

A resident may request a leave due to a death in the immediate family or a person with whom the resident had a close relationship. A leave may also be requested due to family illness, injury, medical emergency, or other urgent family matters to which the resident must attend. Five consecutive working days may be granted by the Program Director for this paid leave. This guideline should be interpreted with proper sensitivity.¹

1 See Employment Standards Act, 2000. Section XIV refers to unpaid leaves of absence entitlement at:
http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_00e41_e.htm#BK68

Also, see Canadian Labour Code, Section 200, reference to 3 consecutive days of paid bereavement leave for federal employees.
<http://laws-lois.justice.gc.ca/eng/acts/L-2/FullText.html>

Unpaid leave:**a) Educational Leave:**

A resident may request an unpaid educational leave on the basis that the time away from the residency program is relevant to his/her current program. This must have the support of the resident's Program Director, and the approval of the Postgraduate Dean or designate.

The maximum educational leave period is usually one year. Leaves beyond one year will be assessed by the Residency Program Committee, Program Director and the Postgraduate Dean or designate.

b) Personal/Compassionate Leave:

A resident may request an unpaid leave of absence due to a personal situation or career uncertainty. These leaves will be considered on an individual basis by the Program Director in consultation with the Postgraduate Dean or designate. The maximum leave period in this category is normally 6 months.²

3. SALARY CLASSIFICATION:

Residents will normally advance to the next pay level at the successful completion of 12 months of training. Residents who have taken a leave of absence of more than one month during the training year, will proceed to the next level only at the discretion of the Program Director.

Factors to be considered in promotion to the next level will include the resident's full completion of the goals and objectives of the training year as measured by ITERs, and all other evaluation tools such as in-training exams, case logs, and completion of academic projects.

Program Directors may also decide to re-appoint residents to the next pay level at the beginning of an academic session to allow them to stay with their cohort, and require them to make up the leave in their final year of training.

2 From the Council of Ontario Faculties of Medicine (COFM) document, Leaves from Ontario Postgraduate Residency Programs, May 2007. See section on Compassionate Leave.

4. RETURN TO TRAINING:

Residents returning after medical leave will provide a written medical certificate from their treating physician indicating the resident's capability and fitness to return to the program. The Program Director or the Postgraduate Dean or designate may wish to request an additional independent medical opinion to ensure the resident's capability to resume his/her residency program, or the case may be referred to the Faculty of Medicine's Board of Medical Assessors.

Residents returning to training after a prolonged absence may need to return to an earlier level of training and/or require a modified educational program. For specialty residents, no assurance can be given that all training taken prior to the interruption will still be acceptable, even though previously recognized by the RCPSC.³

In order to decide on the appropriate training level and program structure, residents will be assigned a 4-12 week period of assessment, similar to the Assessment Verification Program (AVP), structured and organized by the Program Director in consultation with the Residency Program Committee and educational programming resources.

The Program Director, in consultation with the Residency Program Committee, will review the results of the assessment program and submit a recommendation to the Postgraduate Dean regarding the resident's re-entry to training. If approved, the Program Director will discuss with the resident the modified program structure, training level, the evaluation process, and expected outcomes.

In exceptional circumstances, it may not be appropriate for a resident to return to the program. The Postgraduate Dean will communicate with the resident when a Program Director and Residency Program Committee decide against a resident's re-entry to the training program. Appeals of this decision will follow the normal Faculty and University Appeals process.

3 RCPSC Policy and Procedures for Certification and Fellowship, October 2008. See Section 4.2.1.

5. WAIVER OF TRAINING:

Both the RCPSC and CFPC state that residents must complete all of a program's training requirements including duration and competence. However, the University is free to set policies regarding granting leaves of absence and the criteria by which waivers of training time (if any) may be granted.

To meet the CFPC certification exam eligibility requirements, Family Medicine residents must make up any leaves of absence to ensure the full duration of 24 months training is completed. Waivers of training may be granted in certain circumstances to a maximum of 4 weeks during the 2-year program, as determined by the Program Director and approved by the Postgraduate Dean. The CFPC must be notified of the waiver prior to submission of the completion of training notice to the College.

Where a resident in a RCPSC program will have achieved the required level of competence by the end of the final year of training, a waiver of 4-12 weeks may be granted at the Program Director's discretion, referring to the maximum allowable time for waivers outlined in section 4.3.2 in the RCPSC Policies and Procedures for Certification and Fellowship.

In Internal Medicine and Pediatrics, where residents are undertaking 3 core years and 2 subspecialty years, a maximum of 6 weeks may be waived in the first three core years and a maximum of 6 weeks in the final two subspecialty years. The first 3 core years are to be treated separately for the purpose of considering a training waiver. All core requirements are to be completed before a resident will be released to pursue his/her subspecialty training program.

Completion of training includes not only meeting all specialty training requirements of the RCPSC, but also all of the program's required rotations and items such as in-training examinations, research and/or quality improvement projects, case logs, portfolios and other assessments.

Each program is expected to establish the criteria by which they will allow waivers. Such criteria should be made available to residents, preferably on the program's portal or website.

To reconcile the need for residents who must make up leave time and the annual exam schedule, the RCPSC allows residents to write the Spring exam and complete their residency training requirements by December 31 of that year, or February 28th for the Fall exams.

6. REPORTING:

The Postgraduate Medical Education Office will notify the College of Physicians and Surgeons of Ontario (CPSO) of all interruptions in training greater than one week, as reported by the Program Director.

Residents must be aware of their professional obligations to report leaves to the CPSO when applying for or renewing licenses. Failure to disclose leaves from the training program may result in delays in license renewal as a result of investigation and/or disciplinary action.

<http://www.facmed.utoronto.ca/Assets/FacMed+Digital+Assets/Faculty+of+Medicine+1/FacMed+Digital+Assets/about/Edu-deans/Education+Policies/Guidelines+for+Residency+Leaves+of+Absence+and+Training+Waivers.pdf>

PGMEAC, HUEC

Approved: April 2009

Professional Responsibilities in Postgraduate Medical Education

INTRODUCTION

The delivery of postgraduate medical education in Ontario has significantly evolved over time. Today training occurs in a variety of environments—teaching sites are not limited to traditional teaching hospitals, but also extend to community settings, such as physicians' private practices. Also, training relies on a team-based approach to care, involving the provision of comprehensive health services to patients by multiple health-care professionals. There are no longer exclusive domains of practice; rather, care is delivered through multidisciplinary teams. This collaborative, team based approach promotes optimal health care for patients.

In order to ensure both an appropriate educational experience for trainees and a safe and effective delivery of health care to patients, it is essential that supervisors and trainees in the postgraduate environment are aware of the responsibilities and expectations that their roles entail.

Trainees need to be given opportunities to observe and actively participate in clinical interactions in order to acquire the knowledge, skills, and judgment required for future practice. This occurs through a process of graduated responsibility, whereby trainees are expected to take on increased responsibility as they acquire greater competence. For this to occur safely, supervisors must be capable of assessing the competencies of the trainees they are supervising on an ongoing basis.

Trainees cultivate attitudes about professionalism through observing the attitudes and behaviors displayed by their supervisors. Positive role-modeling is therefore of the utmost importance and supervisors are expected not only to demonstrate a model of compassionate and ethical care, but also to interact with colleagues, patients, trainees, and other support staff in a professional manner.

An understanding of the responsibilities and expectations placed on supervisors and trainees is essential for ensuring patient safety in this complex environment. Thus, while this policy focuses on professional responsibilities in the postgraduate environment, supervisors and trainees are expected to be familiar with other applicable CPSO policies as well; these include, but are not limited to Delegation of Controlled Acts, Mandatory Reporting,

Consent to Medical Treatment, Disclosure of Harm, Medical Records, and Physician Behavior in the Professional Environment.

For a full-text document of the Professional Responsibilities in Postgraduate Medical Education, please see the CPSO website at: <http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/profrespPG.pdf>

CPSO Council

Approved: September 2003

Reviewed and Updated: May 2011

Relationship between Physician Trainees, Postgraduate Training Programs, and Industry

General Principles

The following principles and guidelines apply to activities sponsored by the University of Toronto. Central to these are the integrity and the fiduciary nature of the physician-patient relationship, the confidentiality of information regarding the patient, and the avoidance of any conflict of interest for the physician-trainee and for the training program.

1. The primary objective of professional interactions between the physician trainee, the postgraduate training program and industry is the advancement of health care. Through education and research, such professional interactions should promote this objective.
2. The relationship between the physician-trainee, the postgraduate training program and industry is guided by the Canadian Medical Association Code of Ethics.
3. The physician trainee has as her/his primary obligation the care and welfare of the patient. Relationships with industry are appropriate if they promote education and research and do not affect the integrity of the physician-patient relationship.
4. The physician trainee and the postgraduate training program must resolve any conflict of interest resulting from interactions with industry in favour of the patient. In particular, the physician trainee must avoid any self-interest in prescribing and referring practices.
5. In any interaction with industry, the physician trainee must maintain professional autonomy and commitment to the scientific method.

6. The physician trainee and the postgraduate training program must disclose the nature of any relationship with industry to patients, to organizers and to audiences involved in educational events or research.
7. The physician trainee must not receive personal rewards from industry, except for educational material of minimal monetary value.

Education

1. The postgraduate training program should determine that an educational event offered on behalf of the members of that training program is appropriate for the curriculum offered by that training program. The educational event must address educational needs of the physician trainee.
2. The postgraduate training program must control the content, organization and funding arrangements for an educational event offered on behalf of the physician-trainees.
3. The postgraduate training program must ensure that a balanced presentation of information regarding therapeutic intervention is offered within any educational event for its physician trainees. Any agent or device discussed must be discussed within the context of the disease or condition and of the available therapeutic interventions. Generic names of agents and devices, where possible, should be used within educational events.
4. Special funds, scholarships and other support to allow physician trainees to attend educational events are permitted, as long as the postgraduate training program administers such funds. Physician trainees may apply equally for such funding support to the postgraduate training program.
5. A description of educational support must be provided to the University, to industry supporting the educational event, and to the attendees of an educational event.
6. The postgraduate training program must include formal training within the curriculum regarding the ethical guidelines for the relationship and interaction of physicians with industry.

Research

1. Physician trainees may participate in research sponsored by industry if the research is ethically defensible, socially responsible and scientifically valid.
2. Participation by a physician trainee in research sponsored by industry must occur within the context of formal approval and monitoring of the research by an appropriate ethics review board, agency or body.
3. A trainee must not accept any remuneration or reward for proposing patients as subjects of research.

<http://www.facmed.utoronto.ca/Page11406.aspx>

PGMEAC

Approved: December 20th, 1996

Revised: 2005

Restricted Registration

COFM Restricted Registration Policy

Currently, Ontario is experiencing health human resource challenges, and the Council of Ontario Faculties of Medicine (COFM) wish to assist in managing these challenges while maintaining:

- a positive balance between education and service
- a strong academic focus in Ontario postgraduate medical education programs
- Clarity regarding the resident's role in the clinical setting by ensuring residents do not work shifts in the same unit in which they are training

Practicing with a Restricted Registration (formerly called Moonlighting) is defined as: residents registered in postgraduate medical education programs leading to certification with the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada who provide clinical services for remuneration outside of the residency program with a restricted registration from the College of Physicians and Surgeons of Ontario.

The Ontario Faculties of Medicine support Restricted Registration for residents provided that:

- It does not affect the ability of the resident to successfully participate in their postgraduate program, and
- It does not undermine the educational environment

The process for obtaining Restricted Registration is well defined in the Restricted Registration Program (restrictedregistrationontario.ca) and includes approval for participation by the Program Director and Postgraduate Dean, as well appropriate supervision within the approved clinical environment.

Ontario Faculties of Medicine cannot restrict residents with an independent practice certificate of registration who are in a residency training program from providing clinical service outside the postgraduate education program; however it is critical that this activity not interfere with the training program. The resident should inform the program director (PD) of the provision of additional clinical service so that the PD can monitor its effect on the resident as well as the program.

COFM September 1, 2010

Restricted Registration

RCPSC Statement on Moonlighting

Residents are encouraged to maintain a balance between their personal and professional life to promote their own physical and mental health and well-being as essential to effective life-long practice.

The Royal College of Physicians and Surgeons of Canada defines moonlighting as the independent practice of medicine during residency training in situations that are not part of required training in the residency program.

The RCPSC neither condemns nor condones the practice of moonlighting during residency training.

However, if moonlighting does occur, the following principles should be considered:

1. Moonlighting must not be coercive.

Residents must not be required by their residency program to engage in moonlighting.

2. The moonlighting workload must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.

All program directors have an obligation to monitor resident performance to assure that factors such as resident fatigue from any cause are not contributing to diminished learning or performance or detracting from patient safety.

Program directors should bring to the attention of all residents any factors which appear to detrimentally affect the performance of the resident.

To facilitate this, it is advisable that the program director be informed when a resident chooses to moonlight.

3. If residents do moonlight, it should NOT occur on the same unit or service to which they are currently assigned as a resident.

For example, a resident on an ICU rotation and taking call should not also cover the same ICU as a moonlighting physician on other days of the same rotation. This has been seen to lead to difficulties in lines of responsibility and resident evaluation.

Confirmation of licensing, credentialing and appropriate liability coverage is the responsibility of the employer.

Approved by Accreditation Committee, January 10, 2002

The Royal College of Physicians & Surgeons of Canada

Tel: 613-730-6202; 1-800-668-3740

Please note: "Restricted Registration" for Ontario Medical Residents is administered by PAIRO. For further information please contact the website: <http://www.restrictedregistrationontario.ca>

Sexual Harassment

Protocol for Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions

Introduction

The University of Toronto, and the health care institutions in which University faculty, students, trainees and staff may work and study, have their own separate policies and procedures covering sexual harassment. This protocol does not change or replace those policies. It provides a process for deciding, in a particular case involving members of the University community working in a health care institution, which institution should take responsibility for the case and, therefore, which procedure should be followed. It also allows for each institution to keep the other informed about the progress and outcome of a case, and enables each institution to meet its own obligations to appointees, employees, and students or trainees. In some cases the responsibility for dealing with a case will most appropriately be shared by the University and the health care institution. Nothing in this protocol precludes an institution from taking independent action to safeguard its members.

Notification of Complaints

i. Complaints made by members of the University of Toronto community

This protocol provides for notification to the University of Toronto of any complaint made by a student, trainee, employee, or faculty appointee of the University (hereafter, collectively referred to as University members) about sexual harassment that arises in the context of the University member's work in an affiliated hospital/research institute. The goal is to clarify jurisdiction in the interests of the complainant and both involved institutions.

The protocol encompasses all academic faculty, including those with status-only appointments, employees on the University payroll, and all students and trainees who are enrolled in programs organized under the auspices of the University of Toronto. This includes but is not limited to members of the University of Toronto health science Faculties: the Faculty of Medicine, the Faculty of Pharmacy, the Faculty of Nursing, the Faculty of Dentistry, the Faculty of Social

Work, and the Faculty of Physical Education and Health. It also covers academic faculty and students in the Faculty of Law and in the member institutions of the Toronto School of Theology.

When a member of the University of Toronto community situated in a health care institution brings forward a complaint of sexual harassment to an affiliated hospital/research institute, that institution shall notify the University of the complaint as soon as possible after its receipt. Notification shall be to the Sexual Harassment Officer in the University of Toronto.

Where the affiliated hospital/research institute has sole jurisdiction over the complaint (for example, where the respondent is directly employed by the affiliated hospital/research institute and has no relation to the University), the affiliated hospital will promptly provide the University with the name[s] of the complainant[s] and with access to the relevant policies and procedures. The affiliated hospital shall also provide the complainant[s] with contact information for the University's Sexual Harassment Office. Where there is, or may be, shared jurisdiction between the affiliated hospital/research institute and the University, the protocol in [ii] below shall be followed.

ii. Complaints made against members of the University of Toronto

This protocol provides guidelines for determining the jurisdiction of complaints of sexual harassment made against persons who are members of the University of Toronto and who are working or studying in an affiliated hospital/research institute. The University and the individual teaching agencies each have their own sexual harassment complaint procedures, which are in no way modified by the provisions of this memorandum. Rather, the memorandum provides a protocol for determining, in each case, which institution shall take carriage of a complaint. Where an allegation of sexual harassment is made against a member of the University of Toronto, the institutions that will have an interest in the disposition of complaints may include the affiliated hospital/research institute or other teaching agency in which the person is based; and the University of Toronto. In every case, the following questions will be addressed by the person receiving the initial complaint:

- 1) Which institution(s) have the authority, capacity and responsibility for supervision and management of the person(s) accused of sexual harassment?
- 2) Which institution(s) have obligations to or liabilities in respect of the person(s) complaining of sexual harassment?

Persons to be notified:

In every case, the person receiving the initial complaint shall notify each institution as to the nature of the complaint and invite each institution to assert that it has an interest in the disposition of the complaint. In the case of the hospital, the Office of the President and Chief Executive Officer, and the Vice-President, Human Resources will be so notified. In the case of the University of Toronto, notification will be sent to the Dean of the Faculty to which the university member belongs, to the Vice-Provost, Relations with Health Care Institutions, and to the Sexual Harassment Officer. If the University member belongs to a member institution of the Toronto School of Theology, notification will be to the Director of the Toronto School of Theology, to the Vice-Provost, Relations with Health Care Institutions, and to the Sexual Harassment Officer.

Officers of the hospital, clinic or teaching agency and of the University of Toronto will be provided with information about complaints solely on the basis of their need to know and their obligation to act. Where any such officer is consulted as to the appropriate routing of a complaint, that officer shall be provided with only such information as she or he needs in order to make the decision as to jurisdiction.

Jurisdiction:

Students

Where a complaint is made against a student or a clinical trainee, the University of Toronto will normally have carriage of the complaint.

Faculty members

Jurisdiction over complaints against faculty members will vary according to the circumstances of the particular complaint. In general, jurisdiction will be determined by reference to the following factors:

1.
 - a. In the circumstances of the particular complaint, which institution had immediate authority over the respondent? For example, was the respondent engaged at the time in activities which were consequent on her or his University status, or on her or his status at the health institution? It is understood that at times the authority over the respondent will be conjoint. One criterion will be whether the respondent is, at the relevant time, primarily accountable for the performance of her or his activities to the University, or to the hospital.
 - b. Which institution has the primary general capacity to regulate the conduct of the respondent, or to impose restrictions on the respondent's access to persons or facilities?
 - c. Which institution is principally responsible for protecting the respondent's interest in fair and unbiased process?
 - d. Which institution has the principal responsibility for safeguarding the working and learning environment of the complainant?
2. Parts (3) and (4) below outline: the circumstances in which the University shall normally have carriage of a complaint (3) and the circumstances in which the hospital, clinic or teaching agency shall normally have carriage of a complaint (4). In most cases both institutions will have an interest in the disposition of the complaint, irrespective of which institution has primary jurisdiction. Once the decision as to the jurisdiction has been made, the institution which does not have jurisdiction will be invited to assert its interests in the disposition of the complaint.
3. University of Toronto jurisdiction and procedures: Where the allegations refer to the conduct of a member of the University of Toronto faculty in the course of his or her work in a hospital or clinic, and where the allegations concern conduct which is related to or consequent on the faculty member's status in the University of Toronto, the complaint will normally be referred to the University of Toronto Sexual Harassment Office and will be dealt with under the University of Toronto Policy and Procedures:

Sexual Harassment. The Sexual Harassment Office will, where appropriate, consult with the faculty member's Faculty and with the hospital or clinic, who will have an opportunity to make representations in respect of the disposition of the complaint.

4. Affiliated hospital/research institute jurisdiction and procedures: Where the allegations refer to the conduct of a member of the University of Toronto faculty in the course of study or work in an affiliated hospital/research institute where the faculty member is alleged to be in breach of a hospital policy, and where the allegations concern conduct that is not related to or consequent on the faculty member's status in the University of Toronto, the allegations will normally be dealt with through the mechanisms available within the hospital. However, the Dean of the faculty member's Faculty at the University of Toronto and the Vice-Provost, Relations with Health Care Institutions will be notified of the complaint and will have an opportunity to make representations in respect of the disposition of the complaint, after consultation with the Sexual Harassment Officer. Where the faculty member belongs to a member institution of the Toronto School of Theology, notification will be to the Director of the Toronto School of Theology and to the Vice-Provost, Relations with Health Care Institutions.

Patient care

Where the allegations refer to the conduct of a member of a health science Faculty in the course of providing patient care, or where it is alleged that a public interest has been threatened, the public interest and/or the patient care concerns will take priority. Where appropriate, the College of Physicians and Surgeons of Ontario, the College of Physiotherapists of Ontario, the College of Nursing, the College of Occupational Therapists, the Ontario College of Pharmacists, the Ontario College of Social Workers, the Royal College of Dental Surgeons of Ontario, or the other appropriate bodies under the Regulated Health Professions Act, will be notified of the complaint.

Faculty Council

Approved: October 2004

<http://www.facmed.utoronto.ca/Research/ethicspolicy/harass.htm>

Supervision: CPSO Guidelines

Background

Within medical practice, various forms of supervision exist for all physicians: by local institutional structures; group practice accountabilities; employer-employee relationships; or the overarching accountability within the professional regulatory framework. For most doctors, the supervision is subtle and unobtrusive—the College takes a role in setting standards and best practices, investigating complaints, and conducting practice-based assessments. For some doctors, supervision is more involved and structured with frequent interaction and reporting relationships. Most supervision is time-limited and is designed with a graduated model of increasing independence and delegation. The intended outcome is almost always to gradually remove the supervisor and return the physician to a fully independent practice; but the best interests of patients must always be considered first and foremost.

How these guidelines can help

Supervision can be a positive experience. The College is interested in keeping physicians in practice, except those who exhibit egregious behavior or incompetence. Sometimes, physicians are in need of closer monitoring and a period of education to improve to the expected level of care. Supervision sometimes complements an educational process and safeguards the public from the possibility of inadequate medical care. The guidelines will help the College and universities to determine the nature, scope and frequency of the supervision required under the particular presenting circumstances. They will also set clear expectations for physicians who may fit into one of the supervision categories, and help supervisors and the supervised physician to understand their respective roles and responsibilities. When applied in a consistent and responsible manner, supervision will ensure the continued delivery of the best quality care for the people of Ontario by the doctors of Ontario.

In two other policies on supervision (Professional Responsibilities in Postgraduate Medical Education; and Professional Responsibilities in Undergraduate Medical Education) the College has set out principles for supervisors. With modifications, these principles are outlined below.

1. The best interests of the patient are central to all physician-patient interactions.
2. The practice of medicine is inherently uncertain and there is a level of risk associated with all patient care decisions. Risk is reduced through the proper application of knowledge, skill and judgment.
3. Respect for the autonomy and personal dignity of the patient and physician optimizes patient care as well as the supervisory experience.
4. Clear delineation of the most responsible physician, decision-making and exchange of information between supervisor and physician will obtain the best results from the supervisory experience.
5. Physician improvement (practice relationships, enhanced clinical skills) is facilitated by his or her active involvement in the provision of health care with hands-on delivery in a system of delegated and graded responsibility.

For a full-text document of the CPSO Guidelines for Supervision, please see the CPSO website at:
<http://www.cpso.on.ca/uploadedfiles/registration/international/Supervision%20Guidelines.pdf?terms=guidelines+supervision>

Transfer of Residency Programs from Program to Program or School to School

The University of Toronto Postgraduate Medical Education Office tries to provide opportunities for program transfer to its trainees. At the beginning of January each year, the Postgraduate Dean sends an email to PGY1 and PGY2 residents informing them of this opportunity and advising them of the principles and procedures of the transfer process, as follows:

A. GENERAL PRINCIPLES:

1. Wherever possible, transfers should not subvert the CaRMS match and/or PGM: COFM Health Human Resources policies
2. Residents must be accepted by their requested program
3. Residents must be released by their home program
4. Final approval of any internal transfer lies with the Postgraduate Dean
5. The Postgraduate Deans at the respective Ontario schools will have the final approval regarding intra-provincial transfers, including funding availability

B. SPECIFIC PRINCIPLES:

In addition to fulfilling the requirements of the general principles above, the following specific principles will apply to all transfer requests:

1. Residents must have at least 6 months of residency in the discipline from which they request a transfer. PGY1 transfer requests will be considered after January 1st each year.
2. Residents should have sufficient exposure to the discipline to which they are requesting transfer either in the last year of medical school or during their residency.
3. Residents must be of similar quality to successful candidates through the CaRMS match by the receiving program, utilizing similar selection methods and rating systems where they are used.

4. Transfer requests from the Family Medicine program will only be considered from residents at the PGY1 level with the exception of those considering entry to Public Health and Preventive Medicine
5. Consideration of transfer requests from residents in specialty programs at the PGY2 level and above will be based on evidence of wrong career choice or demonstrated need, e.g. disability, health or family issues that prevent residents from completing their initial program, etc.
6. Transfers at the PGY2 or higher level will be dependent on availability of funding.

C. PROCESS:

1. Residents wishing to transfer programs will submit their names and preferred programs to the PGME Office in January of each year.
2. Requests will be compiled and reviewed by the PGME Office. The PGME office will immediately contact residents whose transfer requests are not approved by the Postgraduate Dean due to capacity and therefore will not be forwarded to Program Directors.
3. The PGME office will send approved program transfer requests to the Program Director with the residents' name and contact information as well as the number of positions the program may potentially fill. All requests are sent at the same time to the Program Directors.
4. Program Directors are not obligated to accept trainees who do not meet admission requirements. Also, some Program Directors may not be able to increase their numbers even by one, if clinical training resources do not permit this.
5. Program Directors/Program Assistants will contact residents individually to request documentation for review and possible interview and prepare a rank list of its acceptable applicants and discuss with the PGME Office regarding funding availability. Transfer requests are confidential and the potential "new" Program Director may not contact the applicant's current Program Director without the applicant's authorization.

6. After consultation with the PGME Office, the Program Director will inform the transfer applicant of acceptance/refusal verbally or by email. This process should be completed by the end of February.
7. The PGME Office will treat transfer requests as confidential and will not advise current Program Directors of the acceptance of residents to other programs—this is the responsibility of the resident. An applicant who is accepted as a transfer resident must arrange a meeting or contact his/her current Program Director to request a release from the program as of July 1st or a date which is mutually acceptable to both Program Directors. Due to rotation and call schedule requirements, both program directors must agree on the start/release date if other than July 1st.
8. The PGME Office will issue a revised Letter of Appointment to successfully transferred residents after receipt of authorization letters from the new and former Program Directors.
9. An intra-provincial (within Ontario) transfer process will take place in March, following the internal University of Toronto transfer process. Transfer requests to programs in other Ontario schools will be considered during this period to accommodate residents who are requesting a transfer of medical school, or have been unsuccessful in the internal transfer process. However, as funding years are not transferable among schools, direct and equal swaps are usually sought during this process. Residents at each school who wish to be considered for the intra-provincial transfer process must "register" their transfer request with the PGME Office. The transfer requests are compiled centrally and reviewed by the Ontario Postgraduate Deans after the 2nd iteration of CARMS. For U of T, please contact loreta.muharuma@utoronto.ca by the end of February regarding your request to transfer to programs at other Ontario schools.

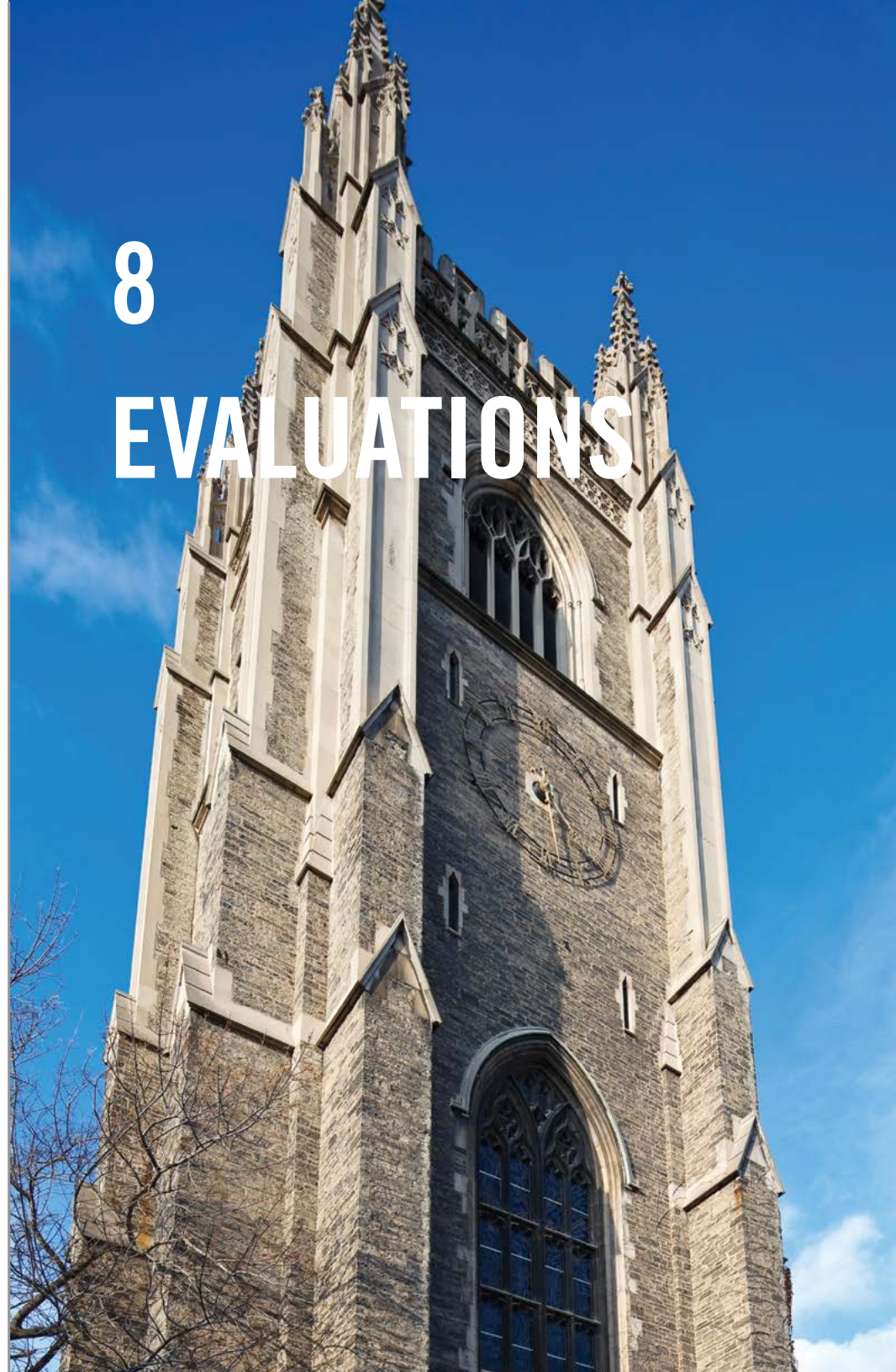
PGMEAC

Approved: November 21, 2008

Revised: February 25, 2011

8

EVALUATIONS



8. Evaluations

Accreditation

The Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada survey and evaluate all residency programs in Canada as part of the accreditation process.



The accreditation process is based on a system of regular surveys of the residency programs of each Canadian medical school on a six-year cycle. The primary purpose of a survey is to provide the Accreditation Committee and the specialty committees of the College with a first-hand evaluation of each accredited program and the extent to which it meets the standards of accreditation.

The accrediting bodies examine each program using information obtained through the use of questionnaires and an on-site visit made by a team of surveyors experienced in postgraduate medical education and familiar with the standards of the Colleges.

The major objectives of the external accreditation process are:

- to improve the quality of postgraduate medical education;
- to provide a means for objective assessment of residency programs;
- to provide guidance to universities in the development of new residency programs; and
- to assist program directors in reviewing the conduct and educational quality of their programs.

To achieve these objectives, essential elements in each aspect of a program have been identified according to accreditation standards, which must be attained before the program can be accredited.

Faculty of Medicine Appeals Committee – Guidelines for Procedure

Membership

Chair, 2 Vice-Chairs; 11 faculty members, 3 students - one each from the Undergraduate Medical Program, Medical Radiation Sciences Program, and Postgraduate Medical Programs.

Quorum

The Chair or a Vice-Chair, and seven (7) members, at least one of which will be a student.

Function

- To hear appeals of Undergraduate students, Postgraduate students and students in the Medical Radiation Sciences Programs in the Faculty of Medicine against decisions of the Faculty Council and its committees and Boards, and to make rulings on such appeals that are binding and final as far as this Faculty is concerned.
- To generate and disseminate recommendations arising from appeals.
- To report annually to the Faculty Council with respect to its activities.

Grounds for Appeal

- The decision was unreasonable because: Faculty regulations and procedures were not followed; or
- Relevant evidence was not taken into consideration when the decision was made; or
- It could not be supported by the evidence which was considered when the decision was made.

Procedures to File an Appeal and Pre-Appeal Procedures

Notice of Appeal

Any student wishing to appeal a decision of a Board of Examiners in the Faculty must notify the Faculty Affairs Officer in writing of her/his intention to do so ("the Notice of Appeal") within a maximum of two weeks (10 working days) after receiving written notice of the decision to be appealed.

a) Independent Informal Review

Prior to filing the Statement of Appeal, the student must meet with either the appropriate Vice-Dean or Radiation Sciences Program Director, or a designate of the Vice-Dean or Program Director acceptable to the student and who is familiar with the student's program, to discuss the proposed appeal in an effort to resolve the matter. The student has the choice of meeting with either the Vice Dean/Program Director or acceptable designate. The meeting is confidential to the student and its content will not be disclosed subsequently. The meeting should take place as soon as mutually convenient after filing a Notice of Appeal.

b) Confirmation of Appeal

After meeting with either the Vice Dean/Program Director or acceptable designate for an Informal Review the student has a maximum of two weeks to confirm with the Faculty Affairs Officer, in writing, if he/she intends to proceed with the appeal.

c) Statement of Appeal

The student must provide the Faculty Affairs Officer with a written Statement of Appeal, setting out the grounds for the appeal, together with any supporting documentation. The Statement of Appeal must be filed within 3 months after filing the Confirmation of Appeal. Failure to file within 3 months will be considered abandonment of the appeal, and the appeal will not be considered further. The Chair or a Vice-Chair may, in his/her discretion, extend this time limit at the request of the student.

d) Faculty Response

The Faculty Affairs Officer will provide a copy of the Statement of Appeal and supporting documentation to the Faculty Representative (who is the Vice Dean, Undergraduate Medical Education, in the case of appeals by undergraduate medical students; the Vice Dean, Postgraduate Medical Education, in the case of appeals by postgraduate medical students in the Faculty of Medicine and the relevant Program Representative, in the case of appeals by students in the Medical Radiation Sciences Program). In response to the student's Statement of Appeal the Faculty Representative will be invited to provide a Responding Statement and supporting documentation. This material should be filed with the Faculty Affairs Officer no later than two weeks prior to the date of the hearing, who will forward a copy to the student.

e) Scheduling of Appeal

Following the receipt of the Statement of Appeal, the Faculty Affairs Officer will schedule the appeal in consultation with the student and the Faculty Representative. The Chair or a Vice-Chair will review the Statement of Appeal and determine a time allocation for the hearing, including the time allocation for the student and Faculty representative within the course of the hearing.

f) Once the appeal is scheduled, and time allocated, the Faculty Affairs Officer will write to the student to:

- i. Acknowledge receipt of the statement of appeal
- ii. Inform the student of the date, time and place of the hearing of the appeal, and the time allocated for the hearing;
- iii. Inform the student that he/she may appear in person with or without legal counsel, call evidence, examine witnesses and present arguments in person or by counsel if he/she so desires;
- iv. Inform the student that if the student wishes to appear with legal counsel, he/she must advise/ notify the Faculty Affairs Officer at least two weeks prior to the date of the hearing; and,
- v. Inform the student that, should she/he decide not to attend the hearing on the date and at the time and place aforesaid, the Committee may proceed in her/his absence, and the student will not be entitled to any further notice of the proceedings, except for notice of the decision of the Committee.

g) Faculty Representation

The Faculty Representative will be invited to attend or send a representative to the hearing, who will not be the designated person who met with the student for the purposes of informal Resolution. The faculty Representative has the right to be represented by legal counsel and may call evidence and present arguments in person or by counsel if he/she so desires.

h) Material for Hearing

The Faculty Affairs Officer will distribute, on a confidential basis, a copy of the Statement of Appeal and any other material provided on behalf of the student and the Responding Statement to each member of the Appeals Committee, to the student and her/his counsel, and to the Faculty Representative and her/his counsel, at least seven days prior to the hearing.

i) Conflict of Interest

Members of the Appeals Committee are responsible for reviewing the material for the hearing in advance of the hearing, and, if appropriate, notifying the Faculty Affairs Officer and Chair or Vice-Chair in the event of a potential conflict of interest.

j) Powers of Chair or Vice-Chair

The Chair or a Vice-Chair is responsible for determining any pre-hearing issues that arise, including any dispute as to scheduling or pre-hearing compliance with the guidelines in this section. Any request for such a determination will be made in writing to the Faculty Affairs Officer. The Chair or a Vice-Chair may, with the approval of the Dean, request a legal opinion on any matter relating to an appeal prior to the conclusion of the appeal.

Conduct of Hearing

- a) The purpose of the hearing is to assist the Appeals Committee in understanding the facts relevant to the appeal, and the basis for the appeal. It is not an adversarial trial between the student and Faculty.
- b) The hearing will be held in camera unless the student elects to have it in an open session. In an open session the testimony of any witness may, at her/his request, be taken in camera.
- c) The hearing will be chaired by the Chair or a Vice-Chair ("the Hearing Chair"). The Hearing Chair will decide any issue as to procedure or evidence at the hearing.
- d) At the commencement of the hearing, the Hearing Chair will summarize the procedure for the hearing, and reaffirm the allocation of time provided for the hearing among the student and Faculty Representative.
- e) The student will make any statements relevant to the appeal and/or call any evidence and introduce arguments in support of the appeal.
- f) The members of the Committee, the Faculty Representative and her/his counsel, will be given the opportunity to question the student and any witnesses called by the student.

- g) After the presentation by the student, the Faculty Representative will present the evidence upon which the decision was made.
- h) The members of the Committee, the student and her/his counsel, will be given the opportunity to question the Faculty Representative and any witnesses called by the Faculty. The student will be provided the opportunity to lead the reply.
- i) Members of the Committee will be given a final opportunity to question the student, the Faculty Representative, and any witnesses.
- j) The student, or the student's counsel, will be given the opportunity to make a final statement. The Faculty Representative or counsel will be given an opportunity to respond. The hearing will then be concluded.
- k) The Committee will proceed to consider and determine its decision on the appeal in closed session during which time all persons, other than the Secretary and the members of the Committee present at the hearing, are excluded and will withdraw. Where possible, the Committee's consideration and decision will take place immediately following the conclusion of the hearing.

Decision of the Committee

The Appeals Committee may:

- a) Uphold an appeal in whole or in part
- b) Reject an appeal, or
- c) Refer the case back to the Board or committee concerned.

The decision of the Committee will be by a show of hands, and will be determined by a majority of the members present. The Hearing Chair will vote in the event of a tie. The decision of the Committee will be recorded in the minutes of the meeting of the committee. The Hearing Chair will, in consultation with the Committee, prepare reasons for the Committee's decision.

Notice of Decision and Reasons

The decision will be sent to the student and/or counsel 24 hours after the day on which the decision is made. The reasons for the decision will be sent to the student within two weeks of the date of the decision. Copies of the decision and reasons will be sent to the Chair of the Board or committee whose decision was appealed, and to the Faculty Representative.

Decisions of the Appeals Committee are final and binding as far as the Faculty is concerned. In the event that the appeal is rejected, the Chair will advise the student of their right to appeal to the Academic Appeals Board of the Governing Council, and advise the student of an appropriate resource to obtain information on the process to appeal the Academic Appeals Board of the Governing Council.

Minutes

The minutes of the Appeals Committee will record only the date and time of the appeal, those present, a brief summary of the appeal, and the Committee's decision.

Report to Faculty Council

The Chair of the Appeals Committee will prepare annually a written report to be presented at Faculty Council summarizing the activities of the Committee and its decisions, without disclosing the name(s) of the student(s) involved, and any recommendations.

Appeal of Committee's decision

A student may appeal the decision of the Faculty Appeals Committee to the Academic Appeals Committee of the Academic Board of the Governing Council. To do this the student should consult the Secretary, Academic Appeals Committee, Office of the Governing Council concerning the preparation and submission of such an appeal.

Approved by Faculty Council

June 22, 2009

Assessment Verification Period (AVP)

» Instruction Sheet

» Assessment Verification Period (AVP) for IMGs entering Postgraduate medical education in Ontario

Purpose:

To obtain an unrestricted postgraduate medical education certificate of registration (educational license) from the College of Physicians and Surgeons of Ontario (CPSO), international medical graduates entering from CaRMS or the Advanced Level Postgraduate Training Program, are required to undergo an Assessment Verification Period (AVP). Successful completion of the AVP is required before candidates can obtain an educational license from the CPSO prior to full acceptance into an Ontario residency.

Process:

The AVP is an assessment process that evaluates IMGs to determine if they can function at their reported level of training. It is 12 weeks in duration. Candidates will be evaluated in terms of their clinical skills in the program to which they are seeking entry, as well as their basic skills in internal medicine, obstetrics and gynecology, pediatrics, psychiatry and general surgery, appropriate for practice in the chosen discipline.

The AVP assesses candidates in a supervised clinical, multidisciplinary environment where there is patient input on an ongoing basis. Assessment also ensures that candidates are: mentally competent to practice medicine; able to practice with decency, integrity and honesty and in accordance with the law; have sufficient knowledge, skill and judgment to engage in postgraduate medical training as authorized by the educational license; can communicate effectively, and display an appropriate professional attitude.

After a training program accepts an IMG candidate, the Postgraduate Office sends a letter of Appointment to the CPSO. The CPSO will then send an application package to the candidate. When the application is complete the CPSO will issue a restricted educational license number to the candidate for the AVP.

The prospective IMG resident is to be assessed by the department at the end of the 2nd week and at the mid-point using the Detailed Assessment Form. At the end of the prescribed AVP period, the department/program will complete the AVP Final Assessment Form and forward it to the Postgraduate Office for the Dean's signature

Once signed, the Postgraduate Office will submit the AVP Final Assessment Form to the CPSO (with a copy to CEHPEA), which will convert the AVP registration to an unrestricted postgraduate certificate, if successful. Registration may then be completed at the Postgraduate Office.

Supervision:

The AVP assessment must take place within appropriate, supervised clinical activity in a multidisciplinary environment with patient input on an ongoing basis.

AVP candidates may sign their own orders; however, the clinical supervisor may choose to have orders co-signed initially, or for the duration of the assessment period. The certificate granted for the AVP states that the candidate may practice medicine "under a level of supervision that is determined to be appropriate for the holder and the program of medical education and assessment, by a member of the College of Physicians and Surgeons of Ontario designated by the director of the program." It is up to the supervising physician to determine whether or not the candidate may write orders. In addition, there may be hospital policies which require AVP candidates to have their orders co-signed throughout the AVP.

Licensure Extension:

Application for extension of AVP can be made to CPSO in exceptional circumstances. Extension is for up to 4 weeks (without Registration Committee referral) to allow for adequate assessment of the candidate, but not for remediation. The Postgraduate Dean must support the request to CPSO.

Assessment/Evaluation Format:

Program Directors must ensure that candidates are evaluated and given written feedback on a regular basis during the AVP. Evaluations and meetings should be well-documented, and should take place at the end of the 2nd and 8th week.

If the candidate has been assigned to one or more rotations, the evaluation form completed by the supervisor should be forwarded to the Program Director for compilation in the final AVP evaluation form.

Possible Outcomes:**Satisfactory:**

AVP candidate continues in the postgraduate training program.

Unsatisfactory:

A candidate with an unsatisfactory assessment has his/her appointment with the University terminated. The PG Office informs the CPSO and CEHPEA by forwarding copy of completed AVP form. An unsuccessful AVP result will be communicated to all Ontario medical schools.

Withdrawal:

An AVP candidate may choose to withdraw from the AVP at any time. Withdrawal may have an impact on the terms of the Ministry of Health and Long Term Care's Return of Service Agreement. Candidates should consult the MOHLTC regarding their ROS obligations.

Candidates should refer to individual school and hospital policy regarding suspension or other potential outcomes.

Appeals:

AVP candidates may choose to appeal the unsatisfactory evaluation based on process issues only. The candidate would refer to the individual school's policy and procedures regarding appeals. If the appeal is upheld by the school, the candidate would repeat the AVP. The school would request that the CPSO extend the AVP certificate. For an extension of more than 4 weeks, approval of the CPSO Registration Committee would be required.

Reapplication of Failed/Withdrawn Candidates:

- a) A candidate in the PGY2 Advanced stream may request the Program Director for consideration at the PGY1 level. Re-Entry at this level is at the discretion of the Program Director and will require CPSO approval.
- b) As a failed AVP is not creditable residency training, a candidate who failed an AVP (PGY1 or PGY2 level) may apply to the first iteration of CaRMS.
- c) Restriction on the re-application of failures:
 - » Cannot apply to the same specialty at the same level of entry. They may apply to a lower level of entry in the same specialty, if applicable (see [a] above).
 - » May apply to a different specialty.

Vacation Requests during the AVP:

The AVP is a high stakes assessment over a short timeframe. As such, candidates are discouraged from taking vacation during the AVP, as it may put their assessment in jeopardy.

Return of Service:

Candidates must contact the Ontario Ministry of Health and Long Term Care regarding arrangements for Return of Service contracts.

Note: Before downloading these forms, please check with your central Department Office for a Department-specific form.

- AVP Guidelines (COFM, March 2010)
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/AVP/AssessVeriPeriod_COFM2010.pdf
- AVP Process Flow
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/AVP/AVP_ProcFlow.pdf
- AVP Detailed Assessment Form, June 2010
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/AVP/AVP_DetailedAssessForm_IMG.pdf
- AVP Final Assessment Form (COFM, May 2010) - to be sent to CPSO and CEHPEA
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/AVP/AVP_FinalAssessForm.pdf

**Approved PGMEAC:
September 24, 2010**

Board of Examiners – Postgraduate Programs, Terms of Reference

Membership

- Chair, elected by Faculty Council (3 years, renewable once)
- Vice-Chair: elected from among the members by the members (3 years, renewable once)
- Ex officio: Vice Dean, Postgraduate Medical Education
- 9 faculty members (none of whom should concurrently be a Director of a Residency Training Program). Faculty members are elected by Faculty Council and commit to a full 3 year term, with the option to renew once for an additional three years. Of the nine members, at least one should be from each of Family Medicine, Internal Medicine and Surgery.
- 3 postgraduate students who commit to a one year term, with the option to renew for a second term.

Quorum:

Chair (or Vice-Chair), and 4 of the members of the Board of whom one must be a student (except as noted below). The Vice Dean is included in the count towards quorum and is allowed to vote.

Notes:**1) Student members**

Student members shall be voting members of the Board but will be excluded from such deliberations at the request of any student whose case is being considered or if their own case is being considered.

2) Non-Member Attendees

The Vice Dean (or designate), with the agreement of the Chair, will invite those academic, administrative staff and appropriate health professional staff who are not members of the Board to attend each meeting only as necessary for the full presentation of information concerning each case. Such visitors will leave after the presentation of their material.

Conflict of Interest

A Board of Examiner member must declare a potential conflict of interest with any case presented to the Board of Examiners. The concern will be disclosed by the member to the Chair, who will decide on the appropriate course of action.

Functions

In relation to the **Postgraduate Programs**, and on behalf of Faculty Council:

1. At the request of the Vice Dean (or her/his delegate), to review the cases of students in academic difficulty and to determine the appropriate course(s) of action, which may include remediation, remediation with probation, probation, suspension and dismissal.

The assessment of a student's performance may include the evaluation of the student's academic, behavioural, ethical and professional performance in the Program, or the evaluation/recommendation from an independent process.

After receiving and considering recommendations from the Vice Dean (or her/his delegate), make recommendations on the progression of students through the Program.

2. Procedures

The procedures of this Board and of the evaluation of postgraduate trainees are detailed in the document "Guidelines for the Evaluation of Postgraduate Trainees of the Faculty of Medicine at the University of Toronto" (February 2007).

A student whose performance is being considered by the Board may make a written submission to the Board through the Vice Dean, Postgraduate Medical Education.

Appeal of Decisions

Decisions of the Board are final and binding on the Faculty, the Residency Training Program Committees and the Program Directors. Decisions of the Board may be appealed by postgraduate trainees to the Faculty of Medicine Appeals Committee.

Confidentiality: All deliberations of the Board shall meet in camera. The documents provided to the Board at meetings shall be retained by the Faculty Affairs Officer. All deliberations of the Board and all information received by the Board shall be confidential except for such disclosure as is necessary for the Board's Report.

http://www.pgme.utoronto.ca/sites/default/files/public/EdResearch/BoardOfExaminers/PoliciesGuidelines/5.1.3.2%20Board_of_Examiners_Terms_of_Reference_TB_v1_20Dec2011.pdf

Faculty Council

Revised: September 2010

Evaluation Guidelines

Guidelines for the Evaluation of Postgraduate Trainees of the Faculty of Medicine at the University Of Toronto

1. INTRODUCTION

These Guidelines for the Evaluation of Postgraduate Trainees at the Faculty of Medicine at the University of Toronto (the "Guidelines") contain the rules governing the evaluation and promotion of all residents in postgraduate training programs at the University of Toronto. For the purposes of this document, a resident is a physician registered in a program subject to accreditation by the RCPSC or CFPC. It is the responsibility of each resident to read the Guidelines and to be familiar with their content.

The Guidelines have been developed to be in compliance with the accreditation standards of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. The Guidelines are also designed to be consistent with the following University of Toronto academic policies, and policies of the following medical organizations:

- (a) the University of Toronto Grading Practices Policy;
- (b) the University of Toronto Code of Behavior on Academic Matters;
- (c) the Standards of Professional Behavior for Medical Undergraduate and Postgraduate Students;
- (d) the University of Toronto Code of Student Conduct;
- (e) the College of Physicians and Surgeons of Ontario Policy on Professional Responsibilities in Postgraduate Medical Education; and
- (f) the Canadian Medical Association Code of Ethics

The Guidelines set out the procedures for the assessment of Trainees (as defined below). The Guidelines also establish the processes for remediation when a Trainee has failed to meet the performance standards of the Residency Program (as defined below), or where a problem in respect of the behavior or performance of a Trainee has been identified.

In these guidelines the word “must” is used to denote something necessary and the word “should” is used to denote something highly desirable.

2. DEFINITIONS

The following definitions are used in this document:

- 2.1** “Board of Examiners – PG” means the Board of Examiners – Postgraduate Programs, which is the committee of the University Faculty Council responsible as set out in the Terms of Reference by Faculty Council.
- 2.2** “CFPC” means The College of Family Physicians of Canada.
- 2.3** “CPSO” means the College of Physicians and Surgeons of Ontario.
- 2.4** “Dean” means the Dean of the Faculty of Medicine of the University.
- 2.5** “Dismissal” shall have the meaning set out in 7.1.
- 2.6** “End of Rotation Evaluation” shall have the meaning set out in 4.5.
- 2.7** “Final Assessment” see definition for “End of Rotation Evaluation”
- 2.8** “Standards of Accreditation” means the standards of accreditation of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, as applicable.
- 2.9** “Head of Department” means administrative head of the University department.
- 2.10** “Improper Conduct” shall have the meaning set out in 6.2.
- 2.11** “ITER” means in-training evaluation report.
- 2.12** “Mid-way Evaluation” shall have the meaning set out in 4.4.

- 2.13** “PGMEAC” means the Post-Graduate Medical Education Advisory Committee, which is the committee which, as stated in the Standards of Accreditation, is responsible for the development and review of all aspects of postgraduate medical education within the Faculty. The PGMEAC is chaired by the Vice Dean.
- 2.14** “Probation” shall have the meaning set out in 5.11.
- 2.15** “Program Director” is the officer responsible for the overall conduct of the integrated residency program in a discipline, responsible to the head of the department concerned and to the Vice Dean.
- 2.16** “RCPSC” means the Royal College of Physicians and Surgeons of Canada.
- 2.17** “Remedial Period” means any of Remediation, Remediation with Probation, and Probation, all as defined in the Guidelines.
- 2.18** “Remedial Plan” shall have the meaning set out in 5.5.
- 2.19** “Remediation” shall have the meaning set out in 5.9.
- 2.20** “Remediation with Probation” shall have the meaning set out in 5.10.
- 2.21** “Residency Program” means a RCPSC or CFPC postgraduate medical training program;
- 2.22** “RPC” means the Residency Program Committee that assists the Program Director in the planning, organization, and supervision of the residency training program, (and) must include representation from the trainees in the program.
- 2.23** “Signature” means actual signature or electronic acknowledgment.
- 2.24** “Supervisor” means a staff physician directly responsible for a period or segment of the Trainee’s professional training, teaching and instruction.
- 2.25** “Suspension” shall have the meaning set out in 6.1.

- 2.26** "Postgraduate Trainee/ Resident" means a physician registered in a training program accredited by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada who is registered in the Faculty of Medicine of the University.
- 2.27** "University" means the University of Toronto.
- 2.28** "Vice Dean" means the Vice Dean of Postgraduate Medical Education of the Faculty of Medicine of the University.

3. PGMEAC – MAINTAINING STANDARDS OF EVALUATION

- 3.1** It is the responsibility of the PGMEAC to establish standards for the evaluation, promotion, and dismissal of Trainees in all Residency Programs by:
- 3.1.1 Reviewing the evaluation process of each Residency Program on a periodic basis;
 - 3.1.2 Ensuring that evaluation processes and practices are consistent with the Guidelines, and the minimum standards set by the University and related professional organizations, including the CPSO, CFPC and RCPSC;
 - 3.1.3 Ensuring that clinical and field supervisors, as well as trainees, are properly informed about evaluation and related processes as required by the University Grading Practices Policy; and
 - 3.1.4 Responding appropriately to the annual report of the Board of Examiners – PG.

4. TRAINEE EVALUATION

4.1 Evaluation: Mid-way and Final Assessment

As students of the University and trainees in either an RCPSC or CFPC Residency Program, Trainees are routinely evaluated on an ongoing basis, both formally and informally. This evaluation may be formative or summative. This evaluation must be conducted in accordance with the policies of the University, the RCPSC, and the CFPC.

The University Grading Practices Policy provides at section II.4:

"Divisions may make reasonable exemptions to the classroom procedures...in circumstances such as field or clinical courses where adherence to these procedures is not possible. Nevertheless, it is obligatory that the assessment of the performance of students in clinical or field settings should be fair, humane, valid, reliable, and in accordance with the principles enunciated in the University Grading Practices Policy. Accordingly, where a student's performance in a clinical or field setting is to be assessed for credit, the evaluation must encompass as a minimum:

- a) a formal statement describing the evaluation process, including the criteria to be used in assessing the performance of students and the appeal mechanisms available. This statement should be available to all students before or at the beginning of the clinical or field experience;
- b) a mid-way performance evaluation with feedback to the student;
- c) written documentation of the final assessment.

In addition, for such clinical and field experiences, divisions must ensure that:

- d) clinical and field assessors are fully informed regarding University, divisional and course policies concerning evaluation procedures, including the specific assessment procedures to be applied in any particular field or clinical setting.

The minimum standards set by the University Grading Practices Policy for Clinical and Field Settings include a Mid-way Evaluation and a written Final Assessment. In this document, the term End of Rotation Evaluation is used to refer to the Final Assessment under the University Policy.

4.2 Evaluation: the ITER

4.2.1 Purpose

The ITER form to be used by a Residency Program should be designed or adopted by the RPC of that program. The purpose of the ITER is as follows:

- 4.2.1.1 to provide a framework for the assessment of the Trainee's knowledge, skills and attitudes by a Supervisor;
- 4.2.1.2 to facilitate feedback to the Trainee by a Supervisor or the Program Director;
- 4.2.1.3 to serve as a record of the strengths and weaknesses of the Trainee for the Program Director;
- 4.2.1.4 to enable the Program Director to assist future Supervisors in ongoing supervision;
- 4.2.1.5 to assist the Program Director in providing a final in-training evaluation of the Trainee for the RCPSC, the CFPC, or the CPSO; and
- 4.2.1.6 to establish the basis for progress and promotion.

4.2.2 Marking

- 4.2.2.1 The ITER must contain or be accompanied by guidelines for the rating scale to assist the Supervisor(s) in marking individual evaluation items and should relate to level-specific learning goals and objectives. Comments should be made on any specific areas of performance which contribute significantly to the evaluation, especially in areas of weakness.
- 4.2.2.2 For the purpose of completing the ITER, appropriate medical and non-medical personnel should be consulted about the Trainee's performance.

4.3 Evaluation: Process

- 4.3.1 As required by the University Grading Practices Policy, a Trainee must be provided with:
 - 4.3.1.1 a copy of Residency Program Goals and Objectives
 - 4.3.1.2 a statement describing the evaluation process used by the particular Residency Program;
 - 4.3.1.3 a copy of the ITER form; and

- 4.3.1.4 a copy of these Guidelines.

- 4.3.2 During a Residency Program, Supervisors should make every effort to provide ongoing, informal, verbal feedback to all Trainees, in addition to the formal feedback and evaluation required by the Guidelines.

- 4.3.3 If a problem is identified at any point during the rotation, a Supervisor must bring this problem to the attention of the Trainee promptly. This must be documented by the Supervisor.

4.4 Mid-way Evaluation

- 4.4.1 At the midpoint of any rotation of 6 weeks or longer, a Supervisor should provide the Trainee with a Mid-way Evaluation, orally or in writing. The Supervisor should meet with the Trainee to discuss the Trainee's progress to date, identifying any specific strengths or weaknesses.
- 4.4.2 The Mid-way Evaluation should serve as an opportunity for discussion and feedback about the Trainee's performance. The ITER form should be used as a guide for the Mid-way Evaluation, but it does not need to be completed. If the ITER is completed as part of the Mid-way Evaluation, this ITER will be treated in a manner consistent with the treatment of ITERs completed as part of a Final Assessment.

4.5 End of Rotation Evaluation

- 4.5.1 At the end of each rotation, and at least every 180 days, an End of Rotation Evaluation, in the form of a written evaluation must be completed, using the ITER form, by the Supervisor(s), or by the Program Director or delegate. The End of Rotation Evaluation should outline the progress that has been made by the Trainee in addressing any problems identified at the Mid-way Evaluation. A Supervisor, or the Program Director, must discuss the written evaluation with the Trainee. This discussion should occur in a timely fashion, preferably in person and preferably before the end of the rotation or as soon thereafter as possible.

4.5.2 The Trainee must be asked to provide their signature on the ITER to confirm that it has been seen and discussed with the Supervisor or Program Director. This confirmation does not signify that the Trainee agrees with the evaluation. Failure of the Trainee to sign the form does not invalidate the evaluation. The Trainee should be given a reasonable period of time in which to consider the evaluation and be encouraged to provide comments regarding this evaluation in a space provided. If subsequent comments are added by the Supervisor, they must be shared and discussed. A copy of the evaluation must be provided to the Trainee upon request.

4.5.3 An ITER is a confidential document and must only be disclosed as strictly necessary. A Trainee's ITER must only be provided to the Trainee, to the Trainee's Supervisor, to the Program Director and RPC, and where appropriate, the Vice Dean, the Board of Examiners – PG and any Faculty or appeal committee considering the Trainee's performance.

5. REMEDIAL PERIODS

5.1 If an End of Rotation Evaluation is below the standards expected for the level of training of the Trainee, the RPC must decide whether to recommend that the Trainee be required to enter one of the following Remedial Periods:

5.1.1 Remediation;

5.1.2 Remediation with Probation; or

5.1.3 Probation

5.2 These Remedial Periods are intended to deal with problems which are not expected to be readily corrected in the normal course of the Residency Program.

5.3 Any recommendation of a Remedial Period must be subject to the approval of the Board of Examiners – PG. Prior to consideration by the Board of Examiners – PG, the Trainee must be given the opportunity to meet with the RPC to discuss the recommendation.

5.4 Where a Remedial Period is being considered, for the purposes of presenting to the Board of Examiners – PG, the Program Director, in consultation with the RPC, must develop a written Remedial Plan for the Trainee.

5.5 The written Remedial Plan should:

- 5.5.1 Include Trainee background Information;
- 5.5.2 Identify the aspects of the Trainee's performance or behavior that require remedial attention;
- 5.5.3 Describe the proposed remedial education and the resources available to the Trainee;
- 5.5.4 State the specific duration of Remedial Period;
- 5.5.5 Define the expected outcomes of the Remedial Period and how they will be evaluated; and,
- 5.5.6 State the consequences of a successful or unsuccessful outcome of the Remedial Period.

5.6 The Trainee should have input into the Remedial Plan through interaction with the Program Director and must be provided with a copy of the Remedial Plan.

5.7 If the Trainee indicates acceptance of Remedial Plan the Trainee may commence the Remedial Period prior to the approval of the Board of Examiners – PG. If the Trainee does not accept the recommendation, the Remedial Period may not commence until it is approved by the Board of Examiners – PG.

5.8 At the end of a Remedial Period, the Program Director, on the basis of the final evaluation and on the advice of the RPC, must inform the Trainee and the Board of Examiners – PG of the outcome, which may be that:

- 5.8.1 The Remedial Period has been successful and the Trainee will continue in the Residency Program at a level determined by the Program Director, on the advice of the RPC; or,
- 5.8.2 If the remedial period has been unsuccessful, the Program Director, on the advice of the RPC, may recommend outcomes as outlined in 5.9, 5.10, and 5.11.

5.9 Remedial Period: Remediation

- 5.9.1 Remediation is a formal program of individualized training aimed at assisting a Trainee to correct identified weaknesses, where it is anticipated those weaknesses can be successfully addressed to allow the Trainee to meet the standards of training.
- 5.9.2 Where the Remediation is unsuccessful, the RPC may recommend to the Board of Examiners – PG that the Trainee enters a further period of Remediation or Remediation with Probation.

5.10 Remedial Period: Remediation with Probation

- 5.10.1 Remediation with Probation is a Remedial Period similar to Remediation, but provides that if the outcome of Remediation with Probation is unsuccessful, the Trainee may be dismissed.
- 5.10.2 Remediation with Probation may be recommended and approved:
 - 5.10.2.1 after an unsuccessful Remediation; or
 - 5.10.2.2 following an End of Rotation Evaluation, where the Trainee's overall performance or the performance in a critical area is sufficiently below expectations that there is serious concern about the Trainee's ability to meet the Residency Program's required standards within a reasonable time.
- 5.10.3 Where the Remediation with Probation has been successful, the Trainee may continue in the regular Residency Program at an appropriate level, as determined by the Program Director on the advice of the RPC.
- 5.10.4 Where the Remediation with Probation has been only partially successful, the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Trainee enter a further Remedial Period
- 5.10.5 Where the Remediation with Probation has been unsuccessful, the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Trainee be dismissed from the Residency Program.

5.11 Remedial Period: Probation

- 5.11.1 A Trainee will be placed on Probation in circumstances where the Trainee is expected to correct identified serious problems which are not subject to usual remedial training including, but not limited to, attitudinal deficiencies, behavioral disorders or chemical dependence, which are assessed to jeopardize successful completion of the Residency Program.
- 5.11.2 The Program Director, on the advice of the RPC, may recommend that a Trainee be placed on Probation. The Probation itself may not be able to provide the intervention required to address the identified serious problems, but may permit assessment of any further intervention required, if appropriate.
- 5.11.3 Where the Probation has been successful and the problem identified has been corrected the Trainee may continue in the regular Residency Program at an appropriate level, as determined by the Program Director, on the advice of the RPC.
- 5.11.4 Where the Probation has been only partially successful, the Program Director, on the advice of the RPC may recommend to the Board of Examiners – PG that the Trainee is required to enter another period of Probation.
- 5.11.5 Where the Probation has been unsuccessful the Program Director, on the advice of the RPC, may recommend to the Board of Examiners – PG that the Trainee be dismissed from the Residency Program.

6. SUSPENSION

6.1 Suspension is the temporary interruption of a Trainee's participation in the Residency Program, and includes the interruption of clinical and educational activities.

6.2 Improper Conduct

Because they are both physicians and students of the University, the conduct of the Trainees is governed by the policies of professional bodies, such as the CPSO, the Canadian Medical Association (Code of Ethics) and others, and by policies of the Faculty of Medicine, including the Standards of Professional Behaviour for Medical Undergraduate and Postgraduate Students, and of the University of Toronto, including the University of Toronto Code of Behaviour on Academic Matters and the University of Toronto Code of Student Conduct. Violation of any of these standards or policies may constitute improper conduct.

6.3 Suspension from the Training Program

A Program Director may, pending consideration by the Board of Examiners - PG, and after consultation with the Vice Dean, suspend a Trainee for Improper Conduct if the conduct is of such a nature that the continued presence of the Trainee in the clinical setting would pose a threat to the safety of persons (i.e. patients, staff and students, or the public that uses the clinical setting), or to the academic function of the training program or the ability of other trainees to continue their program of study. The Trainee, as well as the Head of the Department and the Vice Dean, must be notified in writing of a Suspension, and the notification must include the reasons for and duration of the Suspension. The trainee will continue to be paid during the Suspension, pending formal review, but may be denied access to hospitals and other clinical or laboratory facilities.

6.4 Evaluation Following Suspension

A decision to suspend a Trainee must be reviewed by the RPC and followed by either full reinstatement or any of the processes described in sections 5 and 7, subject to approval by the Board of Examiners - PG.

7. DISMISSAL

7.1 Dismissal of a Trainee involves the termination of the Trainee from the Residency Program. Dismissal may occur:

- 7.1.1 following an unsuccessful Remediation with Probation;
- 7.1.2 following an unsuccessful Probation;
- 7.1.3 following Suspension; or
- 7.1.4 for Improper Conduct.

7.2 The recommendation to dismiss a Trainee may be made by the Program Director on the advice of the RPC to the Board of Examiners - PG. The Trainee must be informed of the decision in writing. The written statement must include the reason(s) for dismissal.

8. DECISIONS OF THE BOARD OF EXAMINERS - PG

- 8.1** All decisions of the Board of Examiners - PG must be communicated in writing by the Chair to the Vice Dean and copied to the Program Director and the Trainee.
- 8.2** The Trainee's copy of the decision should include a copy of the procedures of the Faculty of Medicine Appeals Committee.

9. APPEALS

- 9.1** A Trainee may appeal a decision of the Board of Examiners - PG.
- 9.2** If the Trainee wishes to appeal the decision of the Board of Examiners - PG, notice should be given in writing, within 30 business days, to the Faculty Secretary. Appeals will be heard by the Faculty of Medicine Appeals Committee following the procedures of that Committee.

10. FINAL EVALUATION

When a Trainee is assessed by the RPC at the end of the Residency Program as having met the prerequisites for certification by the RCPSC or the CFPC, the Vice Dean will notify the RCPSC or the CFPC of this in the required manner.

Faculty Council Approved: February 26, 2007

PGCorEd

The Postgraduate Medical Education Office (PGME) Core Curriculum Web Initiative – called **PGCorEd** is a set of web-based e-learning modules, which covers the foundational competencies for the University of Toronto postgraduate trainees. **PGCorEd** is designed to be responsive to the practical realities of residency training by being available when and where the resident needs the information.

Each **PGCorEd** module is about 4 hours in length and includes 4-6 units, which require approximately half an hour each to complete.

Effective July 1, 2008 all University of Toronto Residents entering PGY1 are required to complete the web based **PGCorEd** core competency modules as part of their residency program certification.

These modules are required for completion before the end of the PGY2 year. Failure to complete all of the required modules will delay promotion to your next training level or completion of your Final In-Training Evaluation (i.e. FITER) and may constitute professional misconduct.

PGCorEd modules focus on generic foundational competencies linked to the CanMEDS roles, in particular, the non-Medical Expert roles. Also, the content is targeted at the PGY1 & PGY2 Resident and aims to help the PGY1 in transition from learner role of medical school to practitioner role.

Upon entry to your program you will be provided with an ID and password to access the modules, which are located on the U of T Learning Portal (our online learning environment).

When you register you will be given a 'login' for the U of T portal system.

PGCorEd Update

MODULE	LAUNCHED	In Development
End of Life Care	<input checked="" type="checkbox"/>	
Manager	<input checked="" type="checkbox"/>	
Communicator 1	<input checked="" type="checkbox"/>	
Communicator 2	<input checked="" type="checkbox"/>	
Resident as Learner & Teacher	<input checked="" type="checkbox"/>	
Patient Safety	<input checked="" type="checkbox"/>	
Professional	<input checked="" type="checkbox"/>	
Collaborator		<input type="checkbox"/> Launch TBD
Health Advocate		<input type="checkbox"/> Launch TBD

Note: Resident PGCorEd Mid Term and Year End Reports are available in POWER

About CIPCorEd

CIPCorEd is an on-line learning tool by which you can learn anytime, anywhere about professional skills critical to the clinical investigator. CIPCorEd consists of a series of educational units designed specifically for the clinical investigator trainee. Each unit contains information critical to the development of a body of knowledge and skills required for success as a clinical investigator. By its completion, CIPCorEd will consist of over 7 individual units.

CIPCorEd Launch and Development Update

Unit	LAUNCHED	In Development
Grant Writing	<input checked="" type="checkbox"/>	
Manuscript Writing	<input checked="" type="checkbox"/>	
CV Writing	<input checked="" type="checkbox"/>	
Research Ethics	<input checked="" type="checkbox"/>	
Knowledge Translation	<input checked="" type="checkbox"/>	
Supervising Trainees and Mentoring	<input checked="" type="checkbox"/>	

Pre-Entry Assessment Program (PEAP)

Note: Before downloading these forms, please check with your central Department Office for a Department-specific form.

In General

To obtain an unrestricted postgraduate medical education certificate of registration (educational license) from the College of Physicians and Surgeons of Ontario (CPSO), international medical graduates (IMGs) must complete a Pre-Entry Assessment Program (PEAP) and obtain a PEAP certificate of licensure prior to full acceptance into an Ontario residency, fellowship or elective program.

Although the PEAP includes an assessment of communication skills, Program Directors have the option of requiring TOEFL or TSE or TOEFL iBT for application to their programs.

Definition

The PEAP is an assessment process that evaluates IMGs to determine whether they can function at the appointed level of training. It is normally between four to twelve weeks in duration (2 weeks for elective appointments). The assessment is to take place in a supervised clinical, multidisciplinary environment where there is patient input on an ongoing basis. Assessors are to ensure that the candidate is: mentally competent to practice medicine; able to practice with decency, integrity and honesty in accordance with the law; have sufficient knowledge, skill and judgment to engage in postgraduate medical training as authorized by the educational license; can communicate effectively and to display an appropriate professional attitude.

Process

1. The Postgraduate Office issues a Letter of Appointment (LOA) appointing the trainee to a) the PEAP period and b) the remainder of the academic year conditional on successful completion of the PEAP
2. The CPSO issues a PEAP certificate to the candidate for the PEAP period once all the College's registration requirements are met (including a copy of the LOA).
3. The trainee registers with the Postgraduate Office for the PEAP period and obtains a Confirmation of Registration indicating partial registration.

4. The department assesses the IMG resident/fellow/elective trainees at the end of the second week and at the end of the PEAP. Upon completion of the PEAP the supervisor and the program director complete and sign the PEAP Final Assessment Form and forward it to the Postgraduate Office for the Vice Dean's signature. (Note: the Detailed Preliminary Assessment Form is for internal use only and stays in the department).
5. The Final PEAP form is signed by the Vice Dean and the Postgraduate Office sends the PEAP form to the CPSO. If the PEAP is passed, the CPSO converts the trainee's registration to a Postgraduate Education Certificate. The Postgraduate Office then revises the trainee's record to reflect the end of the PEAP and the start of the regular training period. The trainee completes his/her registration with the Postgraduate Office and obtains a Confirmation of Registration indicating complete registration for the academic period.

Candidates in a Residency PEAP

The Residency PEAP must provide assessment of the candidate's clinical skills, knowledge and judgment in the discipline in which the candidate is seeking postgraduate education as well as the candidate's basic skills in internal medicine, obstetrics & gynaecology, paediatrics, psychiatry and general surgery, appropriate for practice in the chosen discipline.

The Residency PEAP training is in addition to the candidate's residency training and therefore will not be recorded as part of their program.

- Pre-Entry Assessment Program Detailed Assessment Form for Residents & Fellows (Preliminary) (For evaluation at second week. For departmental internal use only.)
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/peap-prelim.pdf
- Pre-Entry Assessment Program (PEAP) for Residents Final Assessment Form
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/peap-residents.pdf

Candidates in an Elective Residency PEAP

International Medical Graduates who are currently enrolled in residency training outside of Canada or the US who wish to come to Ontario to complete an elective must undergo PEAP training.

The criteria for out-of-country resident electives are:

1. Trainees must have completed a minimum of two years in a specialty or one year in Family Medicine.
2. The language of patient care during those years must have been in English and/or French.
3. There must be written objectives for the elective period. A letter must accompany requests for electives from the Vice Dean testifying to the level of training and the abilities of the trainee.
4. An evaluation must be completed at the end of the elective period and sent to the school of origin.

The PEAP assessment of out-of-country residents seeking electives in Ontario must:

1. Be two weeks in duration.
2. Be concurrent with the elective rotation
3. Provide assessment of the candidate's general knowledge, skills (both technical and communication), judgment and competence in the designated specialty and the designated level of training for which the candidate is pursuing an elective.
4. Electives for Out of Country Residents Assessment Form
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/peap-electives.pdf

Candidates in a Fellowship PEAP

The Fellowship PEAP must provide assessment of the candidate's general knowledge and competency in the specialty in which she/he is certified, and appropriate for practice in the discipline in which the candidate is entering fellowship training.

Unless the Program Director requires it, the PEAP period for Clinical Fellows will not add to the original fellowship appointment. In other words, the training/practice done during the PEAP will be recorded as part of the Clinical Fellowship Program, if the training done is included in the Fellowship statement of goals and objectives.

- Pre-Entry Assessment Program Detailed Assessment Form for Residents & Fellows (Preliminary) (For evaluation at second week. For departmental internal use only.)
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/peap-prelim.pdf
- Pre-Entry Assessment Program (PEAP) for Fellows Final Assessment Form
http://www.pgme.utoronto.ca/sites/default/files/public/Current_Trainees/All_Trainees/peap-fellows.pdf

An Unsuccessful PEAP

If the candidate fails to meet expectations in any one of the five areas of observed assessment (i.e. Clinical skills, technical skills, knowledge and judgment, communication skills, and professional attitudes), then the candidate has not successfully completed the PEAP. According to the CPSO's regulations if the PEAP is not completed successfully, enrollment in a subsequent PEAP in Ontario in the same discipline is not permitted.

Last updated: September 18th, 2008

POWER

The Postgraduate Web Evaluation and Registration (POWER) system is a web-based registration and evaluation system for postgraduate trainees, teachers, and administrators. It was custom built for the Postgraduate Medical Education Office (PGME) and is the primary information system for tracking and monitoring trainees. All users of POWER (regardless of location) are issued a PIN and password to access the secure system.

All PG trainees are registered through the PGME office on POWER. POWER stores registration information including: contact information, credential information, training status, immunization information, and payroll data. This allows the PGME office to centrally administer the registration process and allows programs to manage scheduling and re-registration. It also allows for central storage and management of registration information efficiently and seamlessly.

Evaluation is an essential component of residency training. It is necessary for accreditation standards of the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada, quality assurance, promotions and accountability. Postgraduate trainees are scheduled on regular rotations, some as short as 2 weeks, some as long as 6 months. At the end of every rotation (and often at the mid-point for longer rotations), trainees are evaluated on their performance, and are given a chance to evaluate their supervisor(s) and their educational experience (rotations). These evaluations are entered online in the POWER system. The system is able to monitor incomplete evaluations, and to provide alerts of poor evaluations. POWER is also used to generate reports to monitor evaluation completion, teacher effectiveness, and rotation effectiveness.

9 AWARDS



9. Awards

The Postgraduate Medical Education Advisory Committee (PGMEAC) Awards Adjudication Committee administers the competitions for the PSI, CSCI/CIHR, PAIRO Resident Teaching, and PAIRO Clinical Educator Travel awards.

The Postgraduate Research Awards Committee administers the selection process for the Postgraduate Research Awards.

The Faculty's Postgraduate Excellence in Teaching Awards are reviewed by the previous year's winners.

Requests for funding of research residents through the Clinician Educator and Scientist scholarships and the Family Medicine Research Scholarship programs are submitted by department chairs and administered by the PGME Office.

Please see types of awards and deadlines for applications below.

Awards administered by PGME

Awards Open to PGME Trainees, MDs and Non-MDs

Award Name	Available to	Deadline
PSI Foundation - Resident Research Prizes	Open to residents in training who are registered with PGME	Wednesday July 24, 2013
PAIRO - Resident Teaching Award	Open to senior residents registered with PGME	Friday, January 17, 2014
Postgraduate Research Awards	Open to MDs and non MDs from U of T and other universities	Friday March 28, 2014
Postgraduate Medical Trainee Leadership Awards	Open to trainees registered with PGME	Friday May 2, 2014
CSCI/CIHR Award	Open to residents registered with PGME	Friday May 9, 2014

Awards Open to Faculty and Staff

Award Name	Available to	Deadline
Faculty of Medicine Awards for Excellence in Postgraduate Medical Education	Open to all Faculty of Medicine Academic staff	Friday, February 7, 2014
The Sarita Verma Award for Advocacy and Mentorship in Postgraduate Medicine	Open to any faculty or staff member (individual or group) in the PGME programs	Friday, February 14, 2014
Charles Mickle Fellowship	Open to any member of the medical profession	Friday, February 14, 2014

Scholarships

Award Name	Available to	Deadline
Clinician Scientist Graduate Scholarship	Open to all trainees registered in a Royal College or College of Family Physicians program at the University of Toronto	Friday, September 27, 2013
Clinician Educator Graduate Scholarship	Open to all trainees registered in an education degree program through SGS or OISE/UT and also registered in a Royal College or College of Family Physicians program at the University of Toronto	Friday, September 27, 2013

For more 'Awards' information, please visit the following website:
<http://www.pgme.utoronto.ca/content/awards-administered-pgme>

Awards administered by other departments

<http://www.pgme.utoronto.ca/content/awards-administered-other-departments>

Alfred Edward Covell Scholarship

This scholarship is presented by the Postgraduate Awards Committee on the recommendation of the Chair of the Department of Ophthalmology to graduate students in Medicine for the advancement of the science of Ophthalmology.

C.P. Shah Award

This award is given by Faculty Council on the recommendation of the Chair of the Department of Public Health Sciences. It is awarded to the resident enrolled in the Community Medicine Residency Program whose field, or written, report has been judged as the best and of sufficient quality by the appropriate committee of faculty members appointed by the Director of the Program. The awardee(s) will be encouraged to submit his/her report for publication in an appropriate peer-reviewed journal and to make an oral presentation of his/her work at an appropriate academic forum. Recipients will not be eligible in subsequent years.

David Walker Memorial Fund

This award is presented by the Postgraduate Awards Committee on the recommendation of the Chair of Haematology/Oncology. To be awarded for graduate studies in the research of Myelodysplastic Syndrome.

Duncan M. Jamieson Memorial Prize

This prize is awarded by the Chair of the Department of Ophthalmology to the final year postgraduate resident in Ophthalmology, who has achieved the highest academic standing.

Dr. Barbara McLaren Scholarship

The recipient is selected by the Chair of the Department of Nutritional Sciences, Faculty of Medicine. This scholarship is awarded to a student registered in a graduate degree program at the University of Toronto, based on past and present academic performance of the student and recommendations of staff concerning general abilities of the student, the area of interest of the student, and other relevant factors. In keeping with the interests of Dr. McLaren, preference in selection shall be given to students interested in those aspects of human nutrition that relate to the community, or to the understanding and control of problems, such as obesity, that are prevalent in the community.

Dr. David A. Scott Award

This award is presented by Faculty Council on the recommendation of the Chair of the Department of Biochemistry. It is awarded annually to a graduate student doing research in Biochemistry.

Freda Noyek Merit Award in Otolaryngology

This award is presented by the ENT Program through a committee of Dr. A. Noyek, or designate, Chair of the Department of Otolaryngology and the ENT Program Director. It is given to a resident or fellow in otolaryngology in recognition of special commitment to patient care and/or academic achievement.

Frederick Papsin Postgraduate Award

This award is presented by the Council of the Faculty of Medicine on the recommendation of the Postgraduate Committee, Department of Obstetrics and Gynaecology with selection by the postgraduate students and Chair of the Postgraduate Committee. To be awarded to a postgraduate resident in his/her final year of training. Selection will be made by peers and members of the Postgraduate Committee on the basis of teaching ability, mentorship activities and leadership.

Graham Campbell Fellowship

This fellowship, on the recommendation of a Professor of Pathology, is awarded to the student who at the end of the final year is considered to have done the best work in pathology and bacteriology in the undergraduate course. The winner is to devote full time to research in the department.

Henry A. Beatty Scholarship Fund

This fund is awarded by Faculty Council on the recommendation of the adjudication committee made up of the Vice-President of Education at UHN, the Chief Operating Officer of Toronto Western Hospital, the UHN Physician-in-Chief and the UHN Surgeon-in-Chief. This fund is awarded annually to a clinical or research fellow working with faculty member(s) whose primary clinical or research work is conducted at Toronto Western Hospital. Applications should be directed to the Vice President of Education, UHN.

Hynek Rothbart Award

This award is presented by Faculty Council on the recommendation of the Department of Anesthesia to the resident or fellow who presents the best paper at the Annual Shields Research Day of the Department of Anaesthesia.

Irving Heward Cameron Memorial Scholarship

These Graduate Scholarships, awarded by the Department of Surgery, are to be presented on the recommendation of the Chair of the Department of Surgery, with the approval of the Dean of the Faculty of Medicine.

James H. Richardson Research Fellowship in Anatomy

Faculty Council presents this fellowship on recommendation of a committee consisting of the Chair of the Division of Anatomy and the Course Supervisors of the sections of Gross Anatomy, Histology, and Neuroanatomy. The award may be made to a graduate in Medicine, an undergraduate student in Medicine, or a graduate in science of a university or college approved by the Senate. The holder of the award shall devote her/his entire time to investigation and teaching in the Division of Anatomy, Department of Surgery.

J.J. and Kathleen MacKenzie Award

This award is presented to a postgraduate student in Pathology or Medical Microbiology.

John Edward DeToro Scholarship

This award was established in honour of John Edward DeToro by his wife, Diane DeToro, and his children, Michele DeToro and John DeToro, Jr. This scholarship will be awarded annually to a plastic surgery resident who has the highest standing in the annual Clinical and Basic Science Research presentation, and who is not already in possession of another scholarship in that year.

John Gaby Prize in Ophthalmology

This prize is given by the Chair of the Department of Ophthalmology through the Postgraduate Awards Committee to Faculty Council. It is to be used for the purchase of books and is awarded to the postgraduate fellow who has shown the most satisfactory progress in research and who has presented the best paper at the Annual Departmental Research Meeting.

Karen Jackson Fellowship

This fellowship is presented by Faculty Council on the recommendation of the Chair of the Department of Pediatrics. It is awarded in alternate years to a graduate in Medicine for postgraduate study and/or the promotion of research in mental retardation and allied disorders of the central nervous system.

Knox Ritchie Research Award

This award is presented by Faculty Council on the recommendation of the Department of Obstetrics and Gynaecology with selection by a committee. To be awarded to equally among a postgraduate resident, fellow and research fellow whose paper at the Annual Dept Research Day is deemed best of each of these categories.

Kris Conrad Merit Award in Facial Plastic Surgery

This award is presented by Faculty Council on the recommendation of the Chair of the Department of Otolaryngology. It is given to a resident or fellow on merit of performing in an exemplary manner and demonstrating outstanding skills in facial plastic surgery.

Norman Saunders Award

This award is presented by Faculty Council on the recommendation of a committee consisting of the Director of Medical Education (Paediatrics), the Chief of General Paediatrics and the two Chief Residents in Paediatrics. It is awarded to a third year resident in Paediatrics for excellence in Clinical Paediatrics.

Percy Hermant Fellowship In Ophthalmology

This fellowship is presented by Faculty Council on the recommendation of the Chair of the Department of Ophthalmology. It is given to graduates of Medicine who intend, upon completion of training in Ophthalmology, to practice this specialty in Canada. On awarding this Fellowship, the specific use of funds may be directed by the Chair of the Department of Ophthalmology. The Fellowship will be a supplement to the usual resident's stipend and under no circumstances may be used in lieu of any stipend or portion thereof.

Robert Edward Gaby Award

This award is given on the recommendation of the Chair of the Department of Surgery. It is given to a graduate in Medicine in the University who has shown outstanding ability and aptitude in surgery at the University of Toronto, or who is a junior member of the staff of the Department of Surgery.

Roberto Jong Graduate Award

This award is presented by the Faculty of Medicine on the recommendation of an awards selection committee comprised of persons named by the Chair in the Department of Medical Imaging. To be awarded to registered post-graduate student(s) in the Faculty of Medicine on the basis of academic excellence and financial need. Preference will be given to Faculty of Medicine Radiology Resident(s) or Fellow(s) pursuing further training or research in breast cancer detection or treatment.

Shiley E.O. Pelausa Prize

This award is given by the Postgraduate Residency Program Director of the Department of Otolaryngology to a Year Three Resident in Otolaryngology, based on assessments of performance in the hospitals.

Sim Fai Lui Memorial

This award is given by the Faculty of Medicine on the recommendation of the Division of Geriatrics. To be awarded to a postgraduate trainee who has expressed an interest in geriatric medicine and is interested in pursuing clinical practice in geriatrics. Candidates who rotate through a geriatric service would be eligible. Selection would be based on academic excellence and other qualities that would predispose success in geriatric medicine.

Stella Klotz Fellowship In Pathology

This award is presented to a graduate student who has had at least one year of postgraduate training in pathology and who, while holding the fellowship, is devoting the major portion of time to research in pathology.

Stuart Alan Hoffman Memorial Prize

This prize is awarded upon the recommendation of the Chair of the Department of Laboratory Medicine and Pathobiology. It is given to a postgraduate student in the Department of Laboratory Medicine and Pathobiology who has shown special ability in research. Consideration shall be given to character, as well as research ability, in making the award.

Thomas Donald Hammell Memorial Award In Anaesthesia

This award is given by Faculty Council on the recommendation of the Department of Anesthesia. It is presented to the final year resident, selected by other residents in the program, who has made the greatest contribution to the program.

Inquiries concerning the awards and competition should be directed to:

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Postgraduate Medical Education
UNIVERSITY OF TORONTO

2013 New Resident Reception

Thursday, June 27, 2013

4:00 pm – 6:00 pm



**101 College Street
(corner of Elizabeth and College)
Toronto, ON M5G 1L7**

**Please RSVP by June 10 to:
postgrad.med@utoronto.ca
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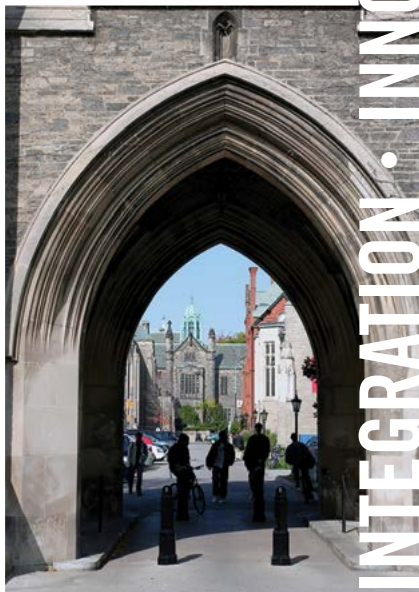
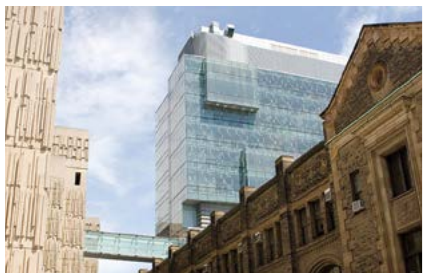


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