Postgraduate Medical Education 2014-15
Table of Contents

1. Welcome Message from the Vice Dean .................. 5

2. University Calendar - Holiday Schedule and Religious Observances ........................................... 6

3. PGME Office Contact Information ......................... 9

4. Postgraduate Program Directors ................................ 30

5. Hospitals ........................................................................ 50

6. Registration Requirements ......................................... 58

7. Policies, Procedures and Guidelines

   Accommodation of Medical Learners with Special Needs .............................................................. 64

   Assignment of Postgraduate Medical Trainees to Hospitals and other Institutions – Guidelines .......... 72

   Code of Behavior on Academic Matters ...................................................................................... 76

   Code of Student Conduct .......................................................... 78

   Electives ............................................................................. 82

   Health and Safety Guidelines – Postgraduate Trainees ........ 83

   Immunization ..................................................................... 95

   Internet, Electronic Networking and Other Media – Guidelines for their Appropriate Use ............ 106

   Intimidation and Harassment - Guidelines ...................... 113

   Leaves of Absence and Training Waivers – Guidelines .......... 128

   Professional Responsibilities in Postgraduate Med Ed .......... 135
Protection of Personal Health Information.............................. 137
Relationship between Physician Trainees, Postgraduate Training Programs and Industry ....................... 144
Restricted Registration .......................................................... 147
Transfer of Residency Programs .......................................... 150

8. Evaluations
Accreditation.............................................................................. 160
Appeals Policy - Faculty of Medicine ........................................ 161
Assessment Verification Period (AVP) .................................... 162
Board of Examiners - Terms of Reference .............................. 166
Evaluation – Guidelines ............................................................ 169
PGCorEd, CIPEd ...................................................................... 181
Pre-Entry Assessment Program (PEAP) ................................. 183
POWER- Postgraduate Web Evaluation and Regn System..... 186

9. Awards ............................................................................. 187

New Resident Reception June 26, 2014 ................................. 191
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 Faculty of Medicine and our affiliated teaching sites at the forefront of excellence in teaching and research. We offer the widest diversity of education and training experiences in Canada across 79 accredited Family Medicine, specialty and subspecialty programs in 27 affiliated teaching and community hospitals plus dozens of other clinics and community sites.

In our recent 5-year strategic plan, we have committed to further development of evidence-based best practices in curriculum, teaching, evaluation, and social accountability including e-learning modules, competency-based training, expansion of global health and leadership programming. Our impact on the Canadian healthcare landscape is evidenced by the fact that each year, almost 45% of new Ontario-trained physicians are from UofT, as well as 18% of Canadian-trained physicians across the country.

PGME residency programs regularly have excellent CaRMS match results, and we 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. Residencies and Fellowships at U of T offer a wealth of clinical exposure and research experiences. As well, we offer a foundational curricula on CanMEDS competencies through the web-based program, PGCOREd; learning environments that are supported by our Office of Resident Wellness, and a 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
University Calendar and Holiday Schedule

Holiday Schedule 2014 to 2015

Statutory Holidays - July 1, 2014 to June 30, 2015

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada Day</td>
<td>Tuesday, July 1, 2014</td>
</tr>
<tr>
<td>Civic Holiday</td>
<td>Monday, August 4, 2014</td>
</tr>
<tr>
<td>Labour Day</td>
<td>Monday, September 1, 2014</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>Monday, October 13, 2014</td>
</tr>
<tr>
<td>Christmas &amp; New Years</td>
<td>Monday, December 22, 2014</td>
</tr>
<tr>
<td></td>
<td>to Friday, January 2, 2015 (inclusive)</td>
</tr>
<tr>
<td>Family Day</td>
<td>Monday, February 16, 2015</td>
</tr>
<tr>
<td>Good Friday</td>
<td>Friday, April 3, 2015</td>
</tr>
<tr>
<td>Victoria Day</td>
<td>Monday, May 18, 2015</td>
</tr>
</tbody>
</table>

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 website at:

http://www.viceprovoststudents.utoronto.ca/publicationsandpolicies/guidelines/religiousobservances.htm
## Accommodations for Religious Observances

### Some Dates of Potential Relevance for the U of T Community – 2014 to 2015

<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramadan*</td>
<td>Begins at Sunset June 27, 2014 to July 27, 2014. Muslims may fast from dawn to dusk, abstaining from food and drink. Examinations scheduled in the evening may pose a special burden.</td>
</tr>
<tr>
<td>Eid-al-Fitr</td>
<td>Begins at sunset July 28, 2014 and ends on July 31, 2014</td>
</tr>
<tr>
<td>Rosh Hashanah</td>
<td>Begins at sunset on September 24, 2014 and ends at nightfall on September 26, 2014</td>
</tr>
<tr>
<td>Yom Kippur</td>
<td>Begins at sunset on October 3, 2014 and ends at nightfall on October 4, 2014</td>
</tr>
<tr>
<td>Sukkot</td>
<td>Begins at sunset on October 8, 2014 and the second day ends at nightfall on October 10, 2014</td>
</tr>
</tbody>
</table>
| Shemini Atzeret/ Simchat Torah | **Shemini Atzeret** begins at sunset on October 15, 2014 and ends at nightfall on October 16, 2014  
**Simchat Torah** begins at sunset on October 16, 2014 and ends at sunset October 17, 2014 |
<p>| Diwali (Deepavali)           | October 23, 2014 |
| Eid-al-Adha                  | Begins at sunset on October 3, 2014 and ends October 7, 2014 |
| Hanukkah                     | Begins at sunset on December 16, 2014 and ends at nightfall on December 24, 2014 |
| Feast of the Nativity        | January 6, 2015 |
| Christmas (Orthodox)         | January 7, 2015 |
| Lunar New Year               | February 19, 2015 |</p>
<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ash Wednesday</td>
<td>February 25, 2015</td>
</tr>
<tr>
<td>Norouz</td>
<td>March 21, 2015</td>
</tr>
<tr>
<td>Maundy Thursday</td>
<td>April 2, 2015</td>
</tr>
<tr>
<td>First two days of Passover</td>
<td>Begins at sunset on April 3, 2015 and ends at nightfall on April 5, 2015</td>
</tr>
<tr>
<td>Last two days of Passover</td>
<td>Begins at sunset on April 9, 2015 and ends at nightfall on April 11, 2015</td>
</tr>
<tr>
<td>Holy Friday (Orthodox)</td>
<td>April 10, 2015</td>
</tr>
<tr>
<td>Easter (Orthodox)</td>
<td>April 12, 2015</td>
</tr>
<tr>
<td>Shavuot</td>
<td>Begins at sunset on May 23, 2015 and ends at nightfall on May 25, 2015</td>
</tr>
<tr>
<td>Aboriginal Day of Prayer</td>
<td>June 21, 2015</td>
</tr>
</tbody>
</table>

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

Follow us on Twitter: https://twitter.com/UofTPGME

Find us on Facebook:
https://www.facebook.com/pages/University-of-Toronto-Postgraduate-Medical-Education/353131638111007

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
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Lisa Bevacqua  
**Executive Assistant to the Vice Dean (Acting)**
Books all appointments and manages the Vice Dean’s schedule.

**Tel:** 416-978-6709  
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Nicole Marshall  
**Executive Assistant to the Vice Dean**  
(On Leave until June 2015)  
Books all appointments and manages the Vice Dean’s schedule.

**Tel:** 416-978-6709  
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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  
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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.adatia@utoronto.ca

---

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

---

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 recorder at meetings, and generates status and summary reports. Meeting coordinator.

Tel: 416-978-6808
Email: lisa.bevacqua@utoronto.ca

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

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
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
Email: samantha.chin@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
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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
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

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; queries regarding new and renewal appointments; CPSO Regn Committee letters.  
**Tel:** 416-978-6348  
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Jessica Filion  
**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.filion@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
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Kelly Giddy
Project Coordinator

Coordinates PGME contact lists and electives registration.

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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
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Nathan Harrison
Systems Coordinator

Management of on-line elective system; management of the PGME website.

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Email: nathan.harrison@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.

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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

Melissa Hynes  
Research Officer

Develops and coordinates research and knowledge translation activities related to PG programming. Analyzes research performance indicators; reports on resident evaluation outcome measures; conducts surveys, focus groups, interviews; conducts research studies related to PGME including Accreditation, curriculum design and mapping, and program review.

**Tel:** 416-946-0793  
**Email:** melissa.kennedy@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; queries regarding new and renewal appointments; CPSO Regn Committee letters; notice of completion of training to Colleges for exams.  

**Tel:** 416-978-6338  
**Email:** toni.jarvis@utoronto.ca

---

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

**Tel:** 416-978-6339  
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---

**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  
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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, PARO, and foreign sponsoring agencies.

**Tel:** 416-946-5157  
**Email:** callstipends@utoronto.ca

---

Judy Kopelow  
**Manager, Global Health Programming Initiatives**

Responsible for strategy, programming and communication which educates, engages and supports clinical departments and postgraduate medical trainees on global health and supports PGME Global Health Lead.

**Tel:** 416-946-7596  
**Email:** j.kopelow@utoronto.ca

---

Joan Locquiao  
**Immunization Assistant/Reception**

Assists with the collection, 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/respiratory policies; communication/follow-up with trainees, program directors regarding missing data.

**Tel:** 416-946-0059  
**Email:** joan.locquiao@utoronto.ca
Christiane Martin  
Wellness Consultant  

Provides counselling/therapy for residents and fellows to help them cope better with the challenges and demands of residency.  

Tel: 416-978-5279  
Email: christiane.martin@utoronto.ca  

Dr. Dawn Martin  
Communications and Curriculum Consultant  

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

Tel: 416-946-0554  
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Dr. Anne Matlow  
Faculty Lead, Strategic Initiatives  

Oversight of leadership development, PGME resources related to strategic plan, patient safety and quality initiatives, and resource stewardship curriculum  

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Arlene McKinley  
Coordinator, Special Projects  

Coordination of training certificates; administers the PGME awards; coordinates seasonal activities and events, research awards and coordination of Adjudication Committee  

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Email: arlene.mckinley@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.

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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).

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Maureen Morris  
Associate Director, Operations

Responsible for policies/procedures related to registration and visa processing for residents and fellows, immunization, re-appointments, POWER registration system, admissions, transfers, enrolment verification, liaison and communications with accrediting organizations, provincial Ministry of Health, malpractice insurance agency, resident association, licensing agencies. Coordination of policies with Ontario medical schools.

Tel: 416-946-0555  
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Loreta Muharuma  
**Director, Operations**

Human Resources, oversight of IT and website, PGME communications, PGME Budget allocations, Clinical Education and paymaster operations

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---

Howard Mui  
**Research and Information Systems Analyst**

Produces, analyzes and interprets research performance indicators used by the Education and Research Unit, 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, PGCorEd training/support for program administrators.

**Tel:** 416-946-0553  
**Email:** howard.mui@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
Gerard Nagalingam  
**Business Manager**

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

**Tel:** 416-978-8328  
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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

Ian Nillas  
**Immunization Officer**

Collection/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
Diana Nuss  
Wellness Administrative Coordinator

Coordinates the schedules of Dr. Susan Edwards, Christopher Hurst, Christiane Martin; 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

Dr. Barry Pakes  
Academic Lead, Global Health Initiatives

Responsible for development and leadership of PGME global health programs and policy, support for global health education and electives, and director of the Global Health Education Initiative.

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Email: barry.pakes@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; dissemination of visa information to departments and candidates.

Tel: 416-946-3079  
Email: nicole.parchment@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

Dr. Linda Probyn
Director, Education

Chair of the Internal Review Committee; resident admissions and evaluation issues; best practices in rotation evaluation; Chief Resident Leadership workshop; Program Director development

Tel: 416-978-8421
Email: linda.probyn@sunnybrook.ca

Mariela Ruétalo (on leave 2014-15)
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

Angelina Sulay  
Financial Officer  
Assists Business Manager with FIS transactions, budget control, University Health Insurance Plan sales; supplies coordination, reimbursement expenses; reconciliation of credit card payments; deposits of registration fees.  
Tel: 416-978-5161  
Email: angelina.sulay@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  
Tel: 416-978-6976  
Fax: 416-978-7144  
Email: postgrad.med@utoronto.ca
Amy Widdifield  
Information Management Specialist

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

POWER HELPDESK

Tel: 416-978-8399  
Fax: 416-978-7144  
Email: power.help@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: angelina.sulay@utoronto.ca
Office of Resident Wellness, PGME

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

Christiane Martin
Wellness Consultant

Provides counselling/therapy for residents and fellows to help them cope better with the challenges and demands of residency.

Tel: 416-978-5279
Email: christiane.martin@utoronto.ca
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.

- 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; 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/wellness.htm

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

<table>
<thead>
<tr>
<th>Specialty Programs</th>
<th>Program Directors</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Medicine (Paediatrics)</td>
<td>Dr. Eudice Goldberg</td>
<td>Division of Adolescent Medicine</td>
</tr>
<tr>
<td></td>
<td>Tel: 416-813-4905</td>
<td>The Hospital for Sick Children</td>
</tr>
<tr>
<td></td>
<td>Fax: 416-813-5392</td>
<td>Black Wing, Room 7405</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:eudice.goldberg@sickkids.ca">eudice.goldberg@sickkids.ca</a></td>
<td>555 University Avenue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Toronto, ON M5G 1X8</td>
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UHN – Toronto Western Hospital  
399 Bathurst Street, 5W-441  
Toronto, ON 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. Tiffany Chow | Tel: 416-785-2500 x 3459  
Fax: 416-785-3862  
t.chow@research.baycrest.org | Baycrest Rotman Research Institute  
8th Floor, Posluns Bldg  
3560 Bathurst St.  
Toronto, ON M6A 2E1 |
<table>
<thead>
<tr>
<th>Discipline</th>
<th>Name</th>
<th>Contact Information</th>
<th>Address</th>
</tr>
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<tbody>
<tr>
<td>Neuropathology</td>
<td>Dr. Julia Keith</td>
<td><a href="mailto:julia.keith@sunnybrook.ca">julia.keith@sunnybrook.ca</a></td>
<td>Department of Laboratory Medicine and Pathobiology Medical Sciences Building Room 6231A 1 King’s College Circle Toronto, ON M5S 1A8</td>
</tr>
<tr>
<td>Neuroradiology</td>
<td>Dr. Timo Krings</td>
<td>Tel: 416-978-0514 Fax: 416-978-6915 <a href="mailto:timo.krings@uhn.ca">timo.krings@uhn.ca</a></td>
<td>Dept. of Medical Imaging University of Toronto 263 McCaul Street - 4th Floor Toronto, Ontario M5T 1W7</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Dr. Abhaya Kulkarni</td>
<td>Tel: 416-813-6427 Fax: 416-813-4975 <a href="mailto:abhaya.kulkarni@sickkids.ca">abhaya.kulkarni@sickkids.ca</a></td>
<td>Hospital for Sick Children 555 University Avenue 1st Floor, Hill Wing, Room 1503 Toronto, ON M5G 1X8</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Dr. Marc Freeman</td>
<td>Tel: 416-946-8341 Fax: 416-978-6915 <a href="mailto:marc.freeman@utoronto.ca">marc.freeman@utoronto.ca</a></td>
<td>Department of Medical Imaging University of Toronto 150 College Street, Rm 112/Rm 113 Toronto, ON M5S 3E2</td>
</tr>
<tr>
<td></td>
<td>Deputy Program Director:</td>
<td>Dr. Katherine Zukotynski Tel: 416-946-8341 Fax: 416-978-6915 <a href="mailto:katherine.zukotynski@sunnybrook.ca">katherine.zukotynski@sunnybrook.ca</a></td>
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<tr>
<td>Department</td>
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<tr>
<td>Obstetrics &amp; Gynaecology</td>
<td>Dr. Donna Steele</td>
<td>Tel: 416-864-5240 Fax: 416-864-5144 <a href="mailto:donna.steele@utoronto.ca">donna.steele@utoronto.ca</a> <a href="mailto:steeled@smh.ca">steeled@smh.ca</a></td>
<td>Department of Obstetrics &amp; Gynaecology, University of Toronto 123 Edward Street, 12th Floor Toronto ON M5G 1E2</td>
</tr>
<tr>
<td>Occupational Medicine</td>
<td>Dr. Aaron Thompson</td>
<td>Tel: 416-864-6060 Fax: 416-864-5421 <a href="mailto:aaron.thompson@utoronto.ca">aaron.thompson@utoronto.ca</a></td>
<td>St. Michael's Hospital Shuter Wing, 4th Floor 30 Bond Street Toronto, ON M5B 1W8</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Dr. John Lloyd</td>
<td>Tel: 416-978-6294 Fax: <a href="mailto:john.lloyd@sunnybrook.ca">john.lloyd@sunnybrook.ca</a></td>
<td>Department of Ophthalmology &amp; Vision Sciences Sunnybrook Health Sciences Centre 2075 Bayview Avenue 1st Floor, M Wing, Main Campus Toronto, ON M4N 3M5</td>
</tr>
<tr>
<td>Ophthalmology* (Fellowships)</td>
<td>Dr. Asim Ali</td>
<td>Tel: 416-813-7190 Fax: 416-813-8266 <a href="mailto:Asim.ali@sickkids.ca">Asim.ali@sickkids.ca</a>, <a href="mailto:asim.ali@utoronto.ca">asim.ali@utoronto.ca</a></td>
<td>Hospital for Sick Children, Department of Ophthalmology 555 University Ave., Elm Wing S-102 Toronto, ON M5G 1X8</td>
</tr>
<tr>
<td>Orthopaedic Surgery</td>
<td>Dr. Peter Ferguson</td>
<td>Tel: 416-946-7957 Fax: 416-971-2800 <a href="mailto:pferguson@mtsinai.on.ca">pferguson@mtsinai.on.ca</a></td>
<td>Division of Orthopaedics Department of Surgery, University of Toronto 149 College Street, Room 508A Toronto, ON M5T 1P5</td>
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<tr>
<td>Specialty</td>
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<tr>
<td>Otolaryngology</td>
<td>Dr. Paolo Campisi</td>
<td>416-946-8743</td>
<td>416-946-8744</td>
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<tr>
<td>*Paediatric Medicine</td>
<td>Dr. Michelle Shouldice</td>
<td>416-813-5660</td>
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<tr>
<td>Paediatric Radiology</td>
<td>Dr. Oscar Navarro</td>
<td>416-813-6939</td>
<td>416-813-7591</td>
</tr>
<tr>
<td>Paediatric Surgery</td>
<td>Dr. Agostino Pierro</td>
<td>416-813-7340</td>
<td>416-813-7477</td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr. Jonathan Kronick</td>
<td>(Chief of Education)</td>
<td><a href="mailto:jonathan.kronick@sickkids.ca">jonathan.kronick@sickkids.ca</a></td>
</tr>
<tr>
<td>Paediatrics</td>
<td>Dr. Rayfel Schneider</td>
<td>(Associate Chair of Education)</td>
<td>416-813-6230</td>
</tr>
<tr>
<td>Department</td>
<td>Name</td>
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</table>
| Paediatrics (Core Program)       | Dr. Adelle Atkinson   | 416-813-5310            | adelle.atkinson@sickkids.ca | The Hospital for Sick Children  
Black Wing, Room 1447  
555 University Avenue  
Toronto, ON  M5G 1X8 |
|                                  |                      | Fax: 416-813-5230       |                        |                                              |
|                                  |                      | adelle.atkinson@sickkids.ca |                        |                                              |
| Palliative Medicine              | Dr. Giovanna Sirianni | 416-480-6100 x 89560    | giovanna.sirianni@sunnybrook.ca | Sunnybrook Health Sciences Centre  
Palliative Care Consult Team  
H353  
2075 Bayview Avenue  
Toronto, ON  M4N 3M5 |
|                                  |                      | Fax: 416-480-5146       |                        |                                              |
|                                  |                      | giovanna.sirianni@sunnybrook.ca |                        |                                              |
| Physical & Rehabilitative Medicine | Dr. Lisa Becker    | 416-597-3422 x 3834    | lisa.becker@uhn.ca     | Toronto Rehabilitation Institute  
The University Centre  
550 University Avenue  
Room 10-119  
Toronto, ON  M5G 2A2 |
|                                  |                      | Fax: 416-597-7104       |                        |                                              |
| Physical & Rehabilitative Medicine* (Fellowships) | Dr. Andrea Furlan | 416-597-3422 x 3730 | andrea.furlan@uhn.ca | University Health Network  
Toronto Rehabilitation Institute  
550 University Avenue  
Toronto, ON  M5G 2A2 |
|                                  |                      |                         |                        |                                              |
| Plastic Surgery                  | Dr. Mitchell Brown   | 416-978-8534 or 416-323-6336 | dbrown@torontoplasticsurgery.com | Division of Plastic Surgery and Reconstructive Surgery, Department of Surgery, Faculty of Medicine  
University of Toronto  
The Rotman/Stewart Building  
149 College Street, 5th Floor, Room 508  
Toronto, ON  M5G 1L5 |
<table>
<thead>
<tr>
<th>Plastic Surgery* (Fellowships)</th>
<th>Dr. Toni Zhong</th>
<th>Division of Plastic and Reconstructive Surgery UHN Eaton's Wing, 8N-871 Toronto General Hospital</th>
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<tr>
<td></td>
<td>Tel: 416-340-3858</td>
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<td><a href="mailto:toni.zhong@uhn.ca">toni.zhong@uhn.ca</a></td>
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<tr>
<td>Psychiatry</td>
<td>Dr. Mark Fefergrad</td>
<td>Centre for Addiction and Mental Health College Site, Room 841 250 College Street</td>
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<tr>
<td></td>
<td>Tel: 416-979-4276</td>
<td>Toronto, ON M5T 1R8</td>
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<td><a href="mailto:mark.fefergrad@sunnybrook.ca">mark.fefergrad@sunnybrook.ca</a></td>
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<tr>
<td>Psychiatry* (Fellowships)</td>
<td>Dr. Arun Ravindran</td>
<td>Centre for Addiction and Mental Health College Site, Room 841 250 College Street</td>
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<td>Tel: 416-979-4985</td>
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<td>Fax: 416-979-6928</td>
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<td><a href="mailto:arun_ravindran@camh.net">arun_ravindran@camh.net</a></td>
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<tr>
<td>Public Health and Preventative Medicine</td>
<td>Dr. Fran Scott</td>
<td>University of Toronto Dalla Lana School of Public Health 6th Floor, 155 College St</td>
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<tr>
<td></td>
<td>Tel: 416-978-7489</td>
<td>Toronto, ON M5T 3M7</td>
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<td></td>
<td>Fax: 416-978-8299</td>
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<td><a href="mailto:fran.scott@utoronto.ca">fran.scott@utoronto.ca</a></td>
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<tr>
<td>Public Health and Preventative Medicine</td>
<td>Dr. Barry Pakes</td>
<td>U of T Dalla Lana School of Public Health 6th Floor, 155 College St</td>
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<td><a href="mailto:barry.pakes@utoronto.ca">barry.pakes@utoronto.ca</a></td>
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<tr>
<td>Public Health and Preventative Medicine</td>
<td>Dr. Onye Nnorom</td>
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<td></td>
<td><a href="mailto:onye.nnorom@mail.utoronto.ca">onye.nnorom@mail.utoronto.ca</a></td>
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<td>Specialty</td>
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<tr>
<td>Radiation Oncology</td>
<td>Dr. Barbara-Ann Millar</td>
<td>416-946-2131</td>
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<tr>
<td>Radiation Oncology*</td>
<td>Dr. Charles Catton</td>
<td>416-946-2121</td>
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<tr>
<td>Respirology (Adult)</td>
<td>Dr. Christopher Li (Interim)</td>
<td>416-864-6026</td>
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<tr>
<td>Respirology (Paediatrics)</td>
<td>Dr. Melinda Solomon</td>
<td>416-813-6248</td>
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<tr>
<td>Rheumatology (Adult)</td>
<td>Dr. Arthur Bookman (Interim)</td>
<td>416-603-5404</td>
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<tr>
<td>Rheumatology (Paediatrics)</td>
<td>Dr. Shirley Tse</td>
<td>416-813-5828</td>
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<tr>
<td>Rheumatology* (Adult) (Fellowships)</td>
<td>Dr. Simon Carette</td>
<td>Tel: 416-927-2027 x 2132</td>
</tr>
<tr>
<td>Surgery</td>
<td>Dr. Ronald Levine</td>
<td>Tel: 416-978-5575</td>
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<tr>
<td>Surgery* (Fellowships)</td>
<td>Dr. David Latter</td>
<td>Tel: 416-864-5366</td>
</tr>
<tr>
<td>Surgical Oncology</td>
<td>Dr. Frances Wright</td>
<td>Tel: 416-946-6583</td>
</tr>
<tr>
<td>The Transplant Centre (formerly PAMOT)</td>
<td>Dr. David Grant</td>
<td>Tel: 416-813-6735</td>
</tr>
<tr>
<td>Specialty</td>
<td>Name</td>
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<tr>
<td>Thoracic Surgery</td>
<td>Dr. Andrew Pierre</td>
<td>Tel: 416-340-5354, Fax: 416-340-4556 <a href="mailto:andrew.pierre@uhn.ca">andrew.pierre@uhn.ca</a></td>
</tr>
<tr>
<td>Transfusion Medicine</td>
<td>Dr. Wendy Lau</td>
<td>Tel: 416-813-5440, Fax: 416-813-5433 <a href="mailto:wendy.lau@sickkids.ca">wendy.lau@sickkids.ca</a></td>
</tr>
<tr>
<td>Urology</td>
<td>Dr. Robert Stewart</td>
<td>Tel: 416-946-2383, Fax: 416-946-6590 <a href="mailto:stewartr@smh.ca">stewartr@smh.ca</a></td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>Dr. George Oreopoulos</td>
<td>Tel: 416.340.4800 x 4616, Fax: 416-340-5029 <a href="mailto:george.oreopoulos@uhn.ca">george.oreopoulos@uhn.ca</a></td>
</tr>
</tbody>
</table>
Hospitals
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](http://www.sickkids.ca)

Mount Sinai Hospital
600 University Avenue
Toronto, ON  M5G 1X5
**Tel:** 416-596-4200
[www.mountsinai.on.ca](http://www.mountsinai.on.ca)

St. Michael’s Hospital
30 Bond Street
Toronto, ON  M5B 1W8
**Tel:** 416-360-4000
[www.stmichaelshospital.com](http://www.stmichaelshospital.com)

Sunnybrook Health Sciences Centre
2075 Bayview Avenue
North York, ON  M4N 3M5
**Tel:** 416-480-6100
[www.sunnybrook.ca](http://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
Toronto Rehab Institute

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

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**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

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**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
Registration Requirements

Please note that your 2014-2015 academic record is available for viewing on May 15th, 2014.

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.**
- **THIS MUST BE RETURNED WITHIN 60 DAYS PRIOR TO YOUR START DATE. FAILURE TO DO SO MAY RESULT IN DELAYS TO YOUR START DATE.**

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:

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 PARO 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 2014-15 is open for your use on May 15, 2014.

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 2014-15 ACADEMIC YEAR IS $650 (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
Policies, Procedures, and Guidelines

Postgraduate Medical Education
UNIVERSITY OF TORONTO
Policies, Procedures and Guidelines

- Accommodation of Medical Learners with Special Needs ... 64
- Assignment of Postgraduate Medical Trainees to Hospitals and other Institutions—Guidelines ............... 72
- Code of Behaviours on Academic Matters .................. 76
- Code of Student Conduct ....................................... 78
- Electives ..................................................................... 82
- Health and Safety Guidelines – Postgraduate Trainees..... 83
- Immunization ............................................................... 95
- Internet, Electronic Networking and Other Media
  —Guidelines for Appropriate Use ............................... 106
- Intimidation and Harassment—Guidelines .................... 113
- Leaves of Absence & Training Waivers ....................... 128
- Professional Responsibilities in Postgraduate Medical Education ................................................................. 135
- Protection of Personal Health Information ................... 137
- Relationship between Physician Trainees, Postgraduate Training Programs, and Industry .......................... 144
- Restricted Registration ............................................... 147
- Transfer of Residency Programs ................................. 150
Accommodation: Statement of General Principles

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 (flow chart) attached.

   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.

**Residents 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 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*
U of T Faculty of Medicine PGME 2014-2015

2010. Program Directors are involved in the Panel’s discussion of rotation service and call modification required to accommodate.

Appendix 1

Process to Address Accommodation of Residents With Special Training Needs
(See PGME Statement for definitions and details)

Footnotes
1. Resident may wish to consult with PAIRO, Student Affairs, Office of UGME Program, Associate Dean of Equity and Professionalism, or Physician Health program, or Occupational Health/Hospital Education Lead of training site.
2. Program encouraged to consult with Director, Education and Research, PGME

Note: Accommodation for residents who have communicable diseases are reviewed by the Faculty’s Expert Panel on Infection Control.
U of T Faculty of Medicine PGME 2014-2015

- 2 -

b. Students in Medical Radiation Sciences, Rehabilitation Sciences (Occupational Therapy, Physical Therapy, Speech and Language Pathology), Physician Assistant Professional Degree Program and Undergraduate Medical Education (Sub-Board)

Administrative support for the function of the Board shall be derived from the Faculty Affairs Officer.

3.2 Membership Appointments

Membership shall be at the request of the Dean. Advice shall be sought from the Chairs of the Clinical Departments and the Rehabilitation Sciences. The following members shall be appointed:

- Chair, PME Sub-Board
- Chair, UME Sub-Board
- Vice Chair, PME Sub-Board
- Vice Chair, UME Sub-Board
- Ex Officio
  • Director
  • Associate Dean

Quorum is to be drawn from a list of thirty preselected members to include broad representation from Faculty with experience in Postgraduate Medical Education, Medical Radiation Sciences, Rehabilitation Sciences (Occupational Therapy, Physical Therapy, Speech and Language Pathology), Physician Assistant Professional Degree Program and Undergraduate Medical Education. Members may serve on one or both Sub-Boards. Membership for meetings will be composed based on the requirements for that Sub-Board as indicated below.

3.3 Term of Office

Board members including the Chairs and Vice Chairs shall have a term of three years, renewable at the discretion of the Dean.

3.4 Quorum and Composition of a Board Meeting

Meetings of the Board shall be called by the Chair (or Vice Chair in the absence of the Chair) when a referral has been received. Board meetings will consist of a quorum of five members of the Board. Such members shall not consist of someone who has either supervised or taught student or trainee. Membership of meetings will consist of at least:

3.4.1 PME Sub-Board

a. Chair or Vice Chair
b. Four members:
   - One Faculty member from the Trainee’s specialty or related specialty
   - One Faculty member from another specialty
   - One Psychiatrist
   - One other Physician member from any other area
c. The Director

Approved by Dean Whiteside February 7, 2010
3.4.2 UME Sub-Board
   a. Chair or Vice Chair
   b. Four members:
      i. One Faculty member from the Student’s program
      ii. One Faculty member from another program
      iii. One Psychiatrist
      iv. One other Physician member from any other area
   c. The Associate Dean Health Professions Student Affairs or designate

3.4.3 The Chair or Vice Chair may invite consultants to provide advice or opinion(s) on complex situations.

3.4.4 In individual cases at the discretion of the Chair, a special Board meeting drawn from the membership (appropriate to the matters(s) at hand) may be composed to address specific health/medical issues.

4. Process

Meetings of the Board shall be called at the request of the Chair or Vice Chair and shall be scheduled by the Faculty Affairs Officer who will set the dates. The composition of the requisite Board will be based on the source of the case. All meetings will be held in camera.

4.1 Referrals to the Board shall be made by the Dean on the advice of:
   a. Vice Dean Postgraduate Medical Education, Vice Dean, Undergraduate Medical Education, Vice Dean of Graduate Studies, Chairs of Rehabilitation Sector, Director of Medical Radiation Science, Medical Director of Physician Assistant Education Program or any of their designates, such as Associate Deans, Academy Directors, Chairs of Education Committees or Residency Training Committees.

   b. The Board of Examiners Postgraduate Medical Education, Undergraduate Medical Education or Medical Radiation Sciences.

4.2 Assessment Procedure:
   a. The reason(s) for referral must be clearly stated in writing and any relevant documentation must be included for Board review.

   b. The student or trainee shall be invited to meet with the Associate Dean or Director to discuss the concerns/issues raised in the referral and the role of the Board.

   c. The student or trainee shall be provided with a copy of these Terms of Reference.

   d. The student or trainee may provide the Associate Dean or Director with any written documents that will inform the Board about the referral.

Approved by Dean Whiteside February 7, 2010
4. 3 Board Procedure:

a. In the case of the UME Sub-Board, the Associate Dean shall assemble any documentation relevant to the referral for the Board. In the case of the PME Sub-Board, the Director and/or the Program Director or designate shall assemble any documentation for the referral.

b. The Board shall meet to review the relevant documentation, including any/all documents provided by the Program and any/all documents provided by the student or trainee. The Board may:

   i. Determine whether there is a medical condition that affects or may affect the ability of a student or trainee to participate, perform or continue in Program and decide on a recommendation concerning the student or trainee; or

   ii. Determine that further information or medical or other assessment is required.

c. In the case of (ii.), any further information shall be assembled by, and any medical or other assessment arranged by, the Associate Dean, Director, Program Director or designate.

d. Once any further information is assembled and any medical or other assessment is completed and reports received for PME the Director, Program Director or designate, or for Medical Radiation Sciences, Rehabilitation Programs or Undergraduate Medical Education the Associate Dean shall invite the trainee or student to meet to review the information and/or reports. The trainee shall be invited to provide any further written documents for the Board.

e. The Board shall then meet to review the further information, assessments, reports and/or student or trainee documents. The Board may:

   i. Determine whether there is a medical condition that affects or may affect the ability of the student or trainee to participate, perform or continue in Programs and decide on a recommendation concerning the student or trainee; or

   ii. Decide that further information and/or assessments are required, in which case the steps in (c.) through (e.) shall be repeated as necessary.

f. The Faculty Affairs Officer will secure all documents relevant to the Board's deliberations and decisions in accordance with appropriate Private Legislation.

4. 4 Board Report:

Approved by Dean Whiteside February 7, 2010
The recommendation(s) of the Board shall be a report in writing from the Chair addressed to the Dean. The student or trainee shall be provided with a copy of the report. In the event the Board determines that there is a medical condition that affects or may affect the ability of a student or trainee to participate, perform or continue in Program the report of the Board may include a recommendation but is not limited to:

a. The student or trainee be required to withdraw either:
   i. Permanently; or
   ii. For an indefinite or specific period of time with appropriate investigation and/or treatment including medical and/or neuropsychological assessment to be obtained with re-registration or return to training conditional upon further review and recommendation by the Board;

b. The student or trainee be allowed to continue in Program on the condition that the student or trainee receive appropriate further investigation and/or treatment, which may include further review and recommendations by the Board; or

c. The student or trainee be allowed to continue in Program with specified modifications or accommodations to Program; or

d. The student or trainee be allowed to continue in Program without modifications or accommodations to Program.

5. Reports of the Board

The report of the Board must be addressed to the Dean and to the appropriate Vice Dean, Chair of Rehabilitation, Director of Medical Radiation Sciences or designate and copied to the Director or Associate Dean. The report at this stage may be forwarded for further action to the respective Board of Examiners by the appropriate Vice Dean or Chair. Any decision about the academic standing of the student or trainee such as remediation, probation, dismissal or withdrawal must be made by the appropriate Board of Examiners and follow the Appeals process of the Faculty of Medicine at: http://www.facmed.utoronto.ca/Assets/about/guide.doc?method=1

6. 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.

Approved by Dean Whiteside February 7, 2010
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:

i) the clinical experience offered at different training sites;

ii) the academic environment of teaching and research at those sites;

iii) 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

**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

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 when undergoing an elective rotation in a University of Toronto postgraduate medical training program in order to be credentialed by the hospital medical education office. There is currently no registration fee for electives.

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.

For those who are not registered residents/fellows at the University of Toronto, please see the PGME website for specific instructions regarding application and registration for short-term electives.

http://www.pgme.utoronto.ca/content/applicants
Health and Safety Guidelines – Postgraduate Trainees

Revisions approved by
PGMEAC: January 2013
HUEC: January 2013
Original Document Date: March 2009

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 Interns 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 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 exists 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 (ie 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
   www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90o01_e.htm
   http://www.labour.gov.on.ca/english/hs/pdf/ohsa_g.pdf

2) PAIRO-CAHO agreement:

3) University of Toronto, Health and Safety Policy (Governing Council, 24 October 2011)
   http://www.utoronto.ca/safety.abroad/progmanual/healthsa.pdf

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

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
7) University of Toronto Health Sciences Faculties Guidelines for Clinical Sites re: Student Clinical Placement in an Emergency Situation: Postgraduate Medical Education.


**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

Workplace Injury/accident

Daytime hours at Affiliated Hospital

Trainee informs immediate supervisor and reports to Occupational/Employee Health Office

Occ Health protocol followed, incident report completed, copy to Program and PGME Office

Training site outside GTA, no Employee Health Office or evening or weekend hours

GO TO NEAREST EMERGENCY ROOM
Identify self as PG trainee and ask for immediate assistance.

Report incident to immediate supervisor, complete incident report form as per institution protocol; send copy to Program Office and PGME
**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.

**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. 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.¹ 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

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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*
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.

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.

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

- 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

__2__ NACI, CCDR, vol. 30, ACS-1, 2004
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.

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

- 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.

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**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 months 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 >= 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.

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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.

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

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 previous section.

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.*

3. **Measles, Mumps, Rubella (MMR)** – Proof of two immunization dates or positive titre results. Immunization against mumps is strongly recommended.

4. **Chicken Pox** – Details of history of infection, or VZV titre, or two 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.

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 and Mask Fit Form (with instructions) 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.

Trainees may have the tests done at their training sites’ Occupational Health Office.

Trainees are expected to seek appropriate medical care when ill. In addition, trainees are expected to follow appropriate infection control practices and are expected to notify the Occupational Health Department of the hospital following needle stick injuries and following contact with patients with communicable diseases.

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, e-mail, 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 [Policy on Appropriate Use of Information and Communication Technology at http://www.provost.utoronto.ca/policy/use.htm].

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on Appropriate Use of Information and Communication Technology.

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.”

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

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7 Personal Health Information Protection Act, S.O. 2004 C. 3, s. 2.
utilized, either alone or with other information, to identify an individual." 

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 anonymized 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.

**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. 
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.

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.

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

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 interprofessional 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

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. 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 Medicine, University of Toronto.

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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.
- 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:

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
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

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

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.

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 co-operate, 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 e-mail) 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
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:

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

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.

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

Location of the incident (e.g. UofT 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.
Appendix 4

Process to Address Complaints/Concerns of Intimidation, Harassment, and Unprofessional or Disruptive Behaviour for PGME Trainees
(See guidelines for definitions and details)

Harmful Incident

Consultation regarding options¹

Formal process

Report to Education Lead²

Informal process

Yes

Mediaion option

Not reconciled

Informal meeting³

Reconciled

No

Not reconciled

University/Hospital leadership determined

Investigative committee established

Meeting with mutually approved mediator

Reconciliation

Resolution with mediator-assigned remedy

Yes

Resolution with committee-approved remedy

No

Committee decision issued

Appeal option

Appeal – Vice Dean PGME

Yes

Decision upheld

Decision overturned

Appeal to Office of Dean/Hospital President

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, VP/Director, Education Director, Resident Wellness, Associate Dean of Equity and performance.

NB: The trainee may withdraw the complaint and terminate the process at any time.

The incident report can be found at:
http://www.pgme.utoronto.ca/sites/default/files/public/Policies_Guidelines

127
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://rcpsc.medical.org/residency/certification/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

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.

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.²

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.

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.


Also, see Canadian Labour Code, Section 200, reference to 3 consecutive days of paid bereavement leave for federal employees http://laws.justice.gc.ca/en/L-2/


PGMEAC, HUEC
Approved: April 2009
Professional Responsibilities in Postgraduate Medical Education (CPSO)

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
Protection of Personal Health Information

Approved by Faculty of Medicine Faculty Council
Date of Adoption: February 11, 2013

1. Jurisdiction:

This statement applies to all undergraduate, postgraduate, continuing education and physician assistant health professional learners including those registered or participating in educational activities affiliated with the Faculty of Medicine at the University of Toronto. Postgraduate trainees are learners registered through the PGME office as fellows or residents.

2. Background and Rationale:

This statement sets out requirements to ensure that Personal Health Information (PHI) (in all forms, either hardcopy or digital) in our affiliated teaching sites’ custody is properly protected.

PHI is information about the health or health care of an identifiable individual.

- An individual is considered to be identifiable if the information outright identifies the person, or if it is reasonably foreseeable in the circumstances that the information could be used (either alone or with other information) to identify the person.
- Thus, whether information is PHI depends on the context of its use.
- If it is reasonably foreseeable that a person could be re-identified, then the information is considered to be PHI. From the perspective of a custodian such as a hospital, this means that a learner (who is an agent of the

14 As defined in the Personal Health Information Protection Act, 2004 (PHIPA) (http://www.e-laws.gov.on.ca/DBLaws/Statutes/English/04p03_e.htcm) and includes identifiable information such as name, address, identifying numbers and other unique characteristics; as well as information for which it is reasonably foreseeable in the circumstances that it could be used with other information to identify an individual.
hospital) must not disclose the information outside the circle of care unless either the individual consents, or it is not reasonably foreseeable, within the context of the information’s use, that the individual could be re-identified.

- Even where information is considered to be de-identified to the point where the patient cannot be re-identified, if context and other information known outside of the circle of care could still be used to re-identify that individual; then that de-identified information would still be considered PHI.
- Access to PHI brings special responsibilities with respect to patient privacy and supporting public confidence in our hospitals, institutions and practices.

Obligations in regard to PHI are set out in Ontario’s health information privacy legislation, entitled the Personal Health Information Protection Act, 2004 (PHIPA). PHIPA requires “Health Information Custodians” (HICs) such as hospitals to take reasonable steps to ensure that PHI is protected against theft, loss and unauthorized use or disclosure, and to ensure that records containing PHI are protected against unauthorized copying, modification or disposal. Learners engage in patient care and education involving access to PHI through the affiliation agreements between the University of Toronto and the Hospitals and in other healthcare placements. Under PHIPA Section 37(1) (e), as agents of HICs, such as hospitals, learners are permitted to use PHI. Accordingly, learners are required to be aware of and comply with the HICs’ requirements and the HICs are required to make those requirements known to learners.

Learners need access to systems containing PHI in order to provide appropriate clinical service and to fully benefit from their clinical education experience. Use or disclosure of material that identifies patients without proper authority constitutes a breach of law and standards of professionalism, privacy and confidentiality that potentially harms patients, the learner, the profession and our organizations. This includes intentionally or unintentionally placing material that identifies patients in the public domain. It is recognized that learners may require access to PHI stored in a secure institutional environment when they are physically outside institutions or, even when mobile within institutions.
Furthermore, it is recognized that learners, being involved in both university and hospital environments, are exposed to varying perspectives on the use of information. Universities by their nature are intended to be open and collaborative where information is encouraged to be shared, and existing university based portals, learning tools or email systems allow this to occur; hospitals are intended to be confidential within the circle of care. University information systems are not designed to support the transmission and storage of PHI and therefore should not be used for this purpose.

Learners must comply with this statement in respect of all formats (including hard copy media and information technology) that could be used to store or transmit PHI. In the current context, this includes all information and communication equipment such as personal computers, portable storage, and handheld devices, as well as email, text messaging, cloud services, software applications, or social networking tools.\textsuperscript{15}

This statement was developed to provide guidance for the protection of PHI in the context of the HIC as a learning environment.

3. Guiding Principles:

This statement is based on the following foundational principles:

a) Learners need access to PHI to fully benefit from their clinical education and research experience and to provide safe patient care, including at times when they are not physically in the relevant clinical environment.

b) The University and the affiliated hospitals recognize that learners work at multiple sites and are expected to be able to access multiple systems.

c) HICs have a responsibility to provide a data environment that is secure when properly used (a “secure institutional environment”), and to ensure mechanisms are available so learners can continue to provide patient care, if expected of them, outside of the clinical environment.

\textsuperscript{15} This is not intended to be an exhaustive list.
d) HICs have a responsibility to ensure that their institutional requirements are made available to learners.

e) Learners should not remove PHI from the secure central environment provided by the HIC unless there is no other reasonable means to provide safe and expedient patient care; and even when using PHI outside the secure central environment, learners must follow HIC policies for secure storage and use of PHI outside that environment.

f) Data used for teaching and/or learning purposes should be de-identified prior to transport out of the HIC’s secure institutional environment, and confirmation should be obtained that the data will be accessed only by those needing to do so for those purposes, and that those accessing it will not attempt to re-identify individuals from the data. If identifiable information is necessary for the teaching and/or learning task, then it should be encrypted in accordance with HIC policy.

g) The HIC can disclose health information with the express consent of the patient or substitute decision-maker.

h) In certain circumstances, PHI must be disclosed (i.e. Child Protection, Ministry of Transportation, Health Protection and Promotion Act\(^\text{16}\), Public Health).

i) PHI should be handled appropriately within the secure institutional environment. Learners must comply with all PHI and privacy policies and procedures of the HIC with custody of that PHI. When there is no alternative but to remove PHI from a secure institutional environment, the PHI must be fully de-identified, or otherwise fully protected. Hard copy data should not be left unattended; it should be kept hidden from unauthorized viewing, and kept in a locked case when not being used (for example, printed patient lists should be kept in a locked case or securely on the learner’s person). Portable equipment used to transport PHI must be properly encrypted and password protected in accordance with HIC policy (for example, if a learner wished to store PHI on a USB key, \(\text{http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm}\)
the key must be encrypted using a HIC-approved method).

j) As professionals, learners must make fully informed decisions that take into account relevant risks and benefits. When faced with decisions regarding use of PHI to affect safe and efficient patient care, learners must consider both the relative risks posed by possible decisions on patient safety and possible breaches of confidentiality with respect to PHI. In the exceptional case where protecting privacy may significantly interfere with patient safety, patient safety must prevail. Specifically, if a HIC reasonably believes that a disclosure of PHI is needed to eliminate or reduce a significant risk of serious bodily harm, it is permitted to make that disclosure, without the consent of the individual to whom the PHI relates. 17

4. Access to and Authentication and Transmission of Personal Health Information:

Storage of PHI:

- The Information and Privacy Commissioner/Ontario has specifically advised all HICs that PHI must never be stored outside of secure institutional servers unless properly encrypted. PHI should be fully de-identified if held outside the secure institutional servers if it is not encrypted. Electronic devices that are used to access, store, or record PHI, or by which PHI is transmitted must meet HIC-approved standards for information protection. In the current context, this includes: some type of authentication mechanism such as a power-on password, two-factor authentication, locking screen saver etc. to prevent access by unauthorized users, and the ability to encrypt stored and communicated PHI.

- If a learner chooses to use a personal handheld device to manage PHI, the learner must follow the applicable policies of the HIC to ensure that PHI will be sufficiently protected.

17 PHIPA, section 40(1)
Original hardcopy records must always remain in the secure institutional environment unless HIC policy permits otherwise.

Access to PHI:

- Learners must not access PHI on public access electronic devices or services.

Transmission of PHI:

- Learners may need to transmit PHI in connection with their clinical care responsibilities and educational needs. PHI must in these cases be protected in accordance with HIC policies. HICs, such as hospitals will provide access to secure methods and systems to support such transmission; provided that such transmission is in accordance with HIC policies. Learners must ensure that all systems and means they expose PHI to be appropriately secured, including, for example, recipient email servers and storage media. Specific examples in the current context, such as email accounts from Gmail, Hotmail, and Utoronto/UTmail+ are not considered secure for clinical information.

Removal of PHI:

- Learners may need to remove PHI from a secure institutional environment. PHI must in these cases be protected in accordance with HIC policies. Where necessary, HICs will provide HIC-approved equipment or applications, guidance and instructions to assist learners in encrypting data in accordance with their organizational policies.

- When learners take PHI outside of the secure institutional environment for approved purposes of teaching and learning (including at other HICs or in pure learning environments), all reasonable efforts to protect patient confidentiality must be undertaken. Specifically, participants should:
  - obtain the consent of the individuals to whom the PHI relates, if practical; or
  - adopt practices to de-identify PHI in accordance with HIC policy; and
ensure there are no patient identifiers associated with presentation materials; and
only disclose information that is general enough to preclude re-identification of the individuals; and
ensure that anyone using the information is committed to using it only for the approved purposes and to refraining from attempting to re-identify any individual.

5. Reporting:

Learners must report any breach of information privacy or security, or the theft or loss of any device containing or permitting access to PHI immediately to both the educational authority to whom the learner reports and to the institutional HIC Privacy Officer.

6. Implications:

a. Breaches of PHI will be addressed under HIC policies and procedures, and consistent with PHIPA. Breach of any part of this statement may, after appropriate evaluation of the learner and the circumstances of the breach may result in further actions such as education, remediation, probation, dismissal from a course or program or failure to promote. In each case, a range of actions will be considered, and an action appropriate to the particular breach will be applied.  

b. This statement does not replace legal or ethical standards defined by organizations or bodies such as the College of Physicians and Surgeons of Ontario, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

c. Action by an assessing body does not preclude action under other University or Institutional policy, or other civil remedies (under statute including PHIPA, the Criminal Code; or civil action).

18 For Undergraduate students, the actions would be considered within the “Standards for grading and promotion of undergraduate medical students” For Postgraduate medical trainees, the actions would be considered within the “Guidelines for Evaluation of Postgraduate Trainees of the Faculty of Medicine at the University of Toronto”. Both documents can be found here: http://www.facmed.utoronto.ca/about/governance/council/policies.htm
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.

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 (this may involve limiting a resident’s ability to work shifts in the same unit in which they are training).

Practising 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 (program website address below) and includes approval for participation by the Program Director and Postgraduate Dean, as well appropriate supervision within the approved clinical environment.

Approved PGM: COFM
June 9, 2011
Restricted Registration: CPSO

Residents Working Additional Hours for Pay

Principles

The College affirms that neither patient safety nor the wellbeing of residents be compromised for the purpose of meeting the administrative/staffing needs of hospitals or the personal financial concerns of residents.

The College recognizes that Ontario residents are a valuable human resource for providing health care, whose full potential has not yet been realized.

As residents progress through their education and training, the College accepts that they are able to practice medicine, within their area of training, in an increasingly independent manner.

College Policy

A resident holding a postgraduate educational certificate may apply for a restricted certificate of registration under certain prescribed conditions.

To apply for a restricted certificate of registration to permit him or her to practice medicine outside of their training program, the resident must first approve approval from the Dean of his or her medical school (or the Dean’s designate).

Medical residents applying for the restricted certificate of registration are also required to:

- have completed a minimum of one year of residency training
- receive approval from the Dean of their medical school or his/her designate
- arrange additional work only in existing rotations already successfully completed as a trainee
- be in the same supervisory relationship with the Most Responsible Physician taking responsibility for the care of the patient
• ensure that the work for pay does not interfere with the work requirements of the residency program and that any additional hours worked not be done in a fashion which would contravene the collective agreement.

For further information, see the CPSO’s Guide to Policy for Restricted Registration for residents working additional hours for pay at http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/AddlHours(1).pdf
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. PGY-1 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 2\textsuperscript{nd} iteration of CARMS.

For UofT, please contact postgrad.med@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
COFM Transfer Policy

PRINCIPLES FOR TRANSFERS IN ONTARIO RESIDENCY PROGRAMS

The Ontario medical schools and Ministry of Health and Long Term Care (MOHLTC) support a system of improved flexibility in postgraduate medical education. As of October 1, 2013, all transfer requests are handled in accordance with the principles outlined in this document, and under local transfer policies in force at each Ontario medical school.

Transfers will be accommodated through funding from:
- the usual local recoveries (e.g. vacated positions), and
- within the up-to numbers allocated in the TPA.

General Principles

The following general principles apply to all resident transfer requests:

- Wherever possible, transfers should not subvert the CaRMs Match.
- Discussions regarding transfers will remain confidential until such time as the resident consents to disclosure.
- Overall, transfers should not significantly alter the distribution of residency position allocation across schools and within disciplines.
- Residents must be acceptable to the program to which they are seeking transfer.
- It is strongly encouraged that residents utilize the second iteration of CaRMS as a route to change programs that residents may use outside of the regular transfer process.
- Capacity, funding, and other constraints may limit the availability of program transfers; it is therefore not possible to accommodate all requests.
Specific Principles

In addition to fulfilling the requirements of the general principles, the following specific principles apply:

- Transfers should optimize the supply and distribution of physicians in Ontario to meet provincial and /or societal needs that facilitate access to health care for all Ontarians.

- Each transfer request is unique and will be considered on its own merit; however priority will be given to transfers based on evidence of wrong career choice or demonstrated need, e.g. disability, health issues that prevent residents from completing their initial program, etc.

- Internal transfer requests will be considered by each school after January 1st of each year.

- In most cases, intra-provincial transfers will be considered after the school’s internal transfer process is complete. Intra-provincial PGY1 transfer requests can be made to the PGME Office of the resident’s home school after January 1st each year, but will not be approved until after the second iteration of the CaRMS Match.

- PGY2 or higher internal transfer requests can be made at any time and will be forwarded to the programs at the discretion and internal procedure/schedule of each school.

- Final approval of any transfer lies with the Postgraduate Dean.

Resident Responsibilities

Residents are responsible for the facilitation of a transfer.

- A Resident requesting a transfer to another Ontario school should initially inform the Postgraduate Medical Education Office at the Resident’s home school.

- A Resident should contact the program they are interested in to determine capacity, possibly arrange an
elective and gather information regarding lifestyle, call, and rotation type to determine fit.

- A Resident must submit a curriculum vitae, ITERS and other documentation as requested by the program.

- Prior to accepting a transfer position, the Resident must request a release from his/her current program. Program Directors will then determine whether the resident may be released by their home program and will advise the Postgraduate Medical Education Office.

- The formal decision will be made by the Postgraduate Office.

- It should be noted that IMG’s who transfer out of province when in a base specialty are in breach of contract with the Ministry.

**PGY1 Transfers (PGY1 covers the entire first 12 months of training)**

- Residents must have at least 6 months of active training within the residency with ideally one block in the discipline from which they request transfer.

- 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.

- Residents must be of similar aptitude to successful candidates through the CaRMS match by the receiving program, utilizing similar selection methods and rating systems where they are used; and

- If the resident applied through CaRMS to the program that they wish to transfer into, that program should ordinarily have ranked them favorably.
PGY2 or Higher Transfers

- Transfers within the last six months of a program will not normally be accepted, except in cases in which the programs significantly overlap i.e. Family Medicine to Public Health and Preventative Medicine.

The transferring resident is responsible for contacting the RCPSC or CFPC to have their prior postgraduate training assessed for credit towards the new program. Until notification has been received from the appropriate College, the resident will be registered at the lowest applicable PGY level to ensure adequate funds are available for a complete training path. The resident will be advanced, as appropriate, once the assessment notices have been received, accepted by the program and approved by the Postgraduate Dean.

Inter-provincial and U.S. Transfer Requests

Ontario Ministry of Health funded residents are free to seek transfer of residency programs outside Ontario schools, but funding is not transferrable/portable outside the province. Residents should advise the Postgraduate Medical Education Office that they are seeking a transfer to another province. Any resident in an Ontario school accepted for transfer must be officially released by his/her Program Director, as well as approved by the Postgraduate Dean. A letter from the Postgraduate Medical Education Office approving the release will be sent to the Postgraduate Dean at the receiving school.

Residents from other Canadian or U.S. medical schools are free to contact PGME Program Directors at Ontario medical schools directly regarding program capacity and transfer possibilities. Residents should indicate their interest in a transfer to their home Postgraduate Medical Education office.

Program Directors may review such transfer requests according to the “General Principles” outlined above, and must contact the Postgraduate Dean’s office regarding funding. Such requests will be considered after the internal, intra-provincial transfer request processes, and the 2nd iteration of CARMS are complete.
Special Case

A transfer request that does not meet the principles outlined in this document may be brought forward to PGM: COFM as a special case at the discretion of the Postgraduate Deans.

Originally approved March 2003.
Approved by PGM: COFM May 20, 2010
Revised Sept. 28, 2010, May 2013, Sept 2013
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:

a. to improve the quality of postgraduate medical education;

b. to provide a means for objective assessment of residency programs;

c. to provide guidance to universities in the development of new residency programs; and

d. 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

For the Terms of Reference and Guidelines for Procedure for the Faculty of Medicine Appeals Committee, please see http://www.medicine.utoronto.ca/sites/default/files/Appeals_Guidelines_Feb_14.pdf
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 the 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.

Approved PGMEAC:
September 24, 2010
Board of Examiners – Postgraduate Programs, Terms of Reference

Membership

(a) Chair, elected by Faculty Council (3 years, renewable once)

(b) Vice-Chair: elected from among the members by the members (3 years, renewable once)

(c) Ex officio: Vice Dean, Postgraduate Medical Education

(d) 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.

(e) 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.

Faculty Council
Revised: September 2010
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; and

(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 acknowledgement.

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 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
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.

PGCorEd modules focus on generic foundational competencies linked to the CanMEDS roles, in particular, the non-Medical Expert roles. 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.

Each PGCorEd module is about 4 hours in length and includes 6-8 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.

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

Upon entry to a residency program, residents will be provided with an ID and password to access the modules, which are located on the UofT Portal system (our online learning environment).

The above description is provided to all PGY1s in their Letter of Acceptance package from the PGME Office.
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.
Pre-Entry Assessment Program (PEAP)

Instruction Sheet

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 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 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 be 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.

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.

An Unsuccessful PEAP

According to the CPSO’s regulations if the PEAP is not completed successfully, enrolment in a subsequent PEAP in Ontario in the same discipline is not permitted.

PGME Office
Revised: May 2012
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’s 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.
AWARDS
There are scholarships as well as internal and external awards available to our trainees, faculty and staff.

Applications or nominations are required for the awards administered by PGME. Winners are selected based on the ranking of the Awards Adjudication Committee.

Applications for the scholarships are made through the trainee’s home department.

The PGME Awards weblink is http://www.pgme.utoronto.ca/content/awards

Awards administered by PGME

<table>
<thead>
<tr>
<th>Award name</th>
<th>Available to</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>PARO - Resident Teaching Awards</td>
<td>Open to senior residents registered with PGME</td>
<td>Refer to website for updates</td>
</tr>
<tr>
<td>PSI Foundation-Resident Research Prizes</td>
<td>Open to residents registered with PGME</td>
<td>Refer to website for updates</td>
</tr>
<tr>
<td>CSCI/CIHR Resident Research Prize</td>
<td>Open to residents registered with PGME</td>
<td>Refer to website for updates</td>
</tr>
<tr>
<td>Postgraduate Research Awards</td>
<td>Open to MDs and non-MDs at U of T</td>
<td>Refer to website for updates</td>
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<tr>
<td>Award name</td>
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<tr>
<td>Postgraduate Medical Trainee Leadership Awards</td>
<td>Open to trainees registered with PGME</td>
<td>Refer to website for updates</td>
</tr>
<tr>
<td>Faculty of Medicine Awards for Excellence in Postgraduate Medical Education</td>
<td>Open to all Faculty of Medicine Academic staff</td>
<td>Refer to website for updates</td>
</tr>
<tr>
<td>The Sarita Verma Award for Advocacy and Mentorship In Postgraduate Medicine</td>
<td>Open to any faculty or staff member (individual or group) in the PGME programs</td>
<td>Refer to website for updates</td>
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**Scholarships**

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<thead>
<tr>
<th>Scholarship</th>
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<th>Deadline</th>
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<tbody>
<tr>
<td>Clinician Scientist Graduate Scholarship</td>
<td>Open to all trainees registered in a Royal College or College of Family Physicians program at the University of Toronto Postgraduate Office</td>
<td>Refer to website for updates</td>
</tr>
<tr>
<td>Clinician Educator Graduate</td>
<td>Open to all trainees registered in a Royal College or College of Family Physicians program at the University of Toronto</td>
<td>Refer to website for updates</td>
</tr>
</tbody>
</table>
Awards administered by other departments

**Department of Surgery**
- Irving Heward Cameron Memorial Scholarship
- Robert Edward Gaby Award
- John Edward DeToro Scholarship

**Department of Otolaryngology**
- Kris Conrad Merit Award in Facial Plastic Surgery
- Freda Noyek Merit Award in Otolaryngology
- Shiley E. O. Pelausa Prize

**Department of Ophthalmology**
- Alfred Edward Covell Scholarship
- John Gaby Prize in Ophthalmology
- Percy Hermant Fellowship in Ophthalmology
- Duncan M. Jamieson Memorial Prize

**Department of Anaesthesia**
- Thomas Donald Hamell Memorial Award
- Hynek Rothbart Award

**Department of Laboratory Medicine and Pathobiology**
- Stuart Alan Hoffman Memorial Prize
- Stella Klotz Fellowship in Pathology
- J. J. and Kathleen MacKenzie Award

**Department of Pediatrics**
- Karen Jackson Fellowship
- Norman Saunders Award

**Division of Anatomy**
- James H. Richardson Research Fellowship in Anatomy

**Department of Biochemistry**
- Dr. David A. Scott Award
Department of Public Health Science
- C. P. Shah Award
- James A. McNab Health Promotion Scholarship

Department of Medicine – Haematology/Oncology
- David Walker Memorial Fund

Department of Obstetrics and Gynaecology
- Frederick Papsin Postgraduate Award
- Knox Ritchie Research Award

Department of Medical Imaging
- Roberto Jong Graduate Award

University Health Network
- Henry A. Beatty Scholarship Fund

Division of Geriatrics
- Sim Fai Lui Memorial

Department of Psychiatry
- Dr. Peter Prendergast – Ontario Shores Prize in Quality Improvement

Additional information on these awards and scholarships can be found on the following website:

http://www.pgme.utoronto.ca/content/awards-administered-pgme

Inquiries pertaining to awards administered by PGME should be directed to:

Arlene McKinley
Tel: 416-946-5471
Email: arlene.mckinley@utoronto.ca

Inquiries pertaining to scholarships should be directed to:

Gerard Nagalingam
Tel: 416-978-8328
Email: gerard.nagalingam@utoronto.ca

Inquiries pertaining to awards administered by other departments should be directed to the relevant department.
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