



## UGMS Meeting Minutes

Wednesday, April 21, 2021  
4:00-6:00 p.m. via Webex

### Members (in alphabetical order):

Dr. Tanis Adey (chair), Associate Dean UGME	voting	Elizabeth Hillman, Assistant Registrar Faculty of Medicine	voting
Lindsay Alcock, Librarian & Head of Public Services HSL	voting	Dr. Heather Jackman, Phase 2 Lead	voting
Craig Campbell, Learner representative Class of 2022	voting	Brian Kerr, Curriculum & Accreditation Advisor	corresponding
Dr. Vernon Curran, SAS Chair	voting	Dr. Todd Lambert, Assistant Dean NB	voting
Dr. Norah Duggan, Phase 4 Lead	voting	Dr. Boluwaji Ogunyemi, Assistant Dean, Social Accountability	voting
Dr. Jasbir Gill, Phase 3 Lead	voting	Carla Peddle, Manager UGME	voting
Dr. Alan Goodridge, PESC Chair	voting	Dr. Amanda Pendergast, Phase 1 Lead	voting
Melanie Greene, Policy Analyst	corresponding	Stephen Pennell, Chair iTac	voting
Yaswanta Gummadi, Learner representative Class of 2023 – may be late	voting	Michelle Simms, UGME Administrator	recording secretary
Dr. Alison Haynes, Curriculum Lead	voting	Dr. Margaret Steele, Dean of Medicine	ex officio (non-voting)
Dr. Taryn Hearn, Accreditation Lead	voting		

**Present** (in alphabetical order): T. Adey; L. Alcock; N. Duggan; J. Gill; A. Goodridge; M. Greene; Y. Gummadi; A. Haynes; T. Hearn; E. Hillman; H. Jackman; B. Kerr; B. Ogunyemi; C. Peddle; A. Pendergast; S. Pennell; M. Simms (recording secretary); M. Steele; T. Lambert

**Regrets** (in alphabetical order): V. Curran; C. Campbell

**Absent** (in alphabetical order):

Topic	Action
Welcome <ul style="list-style-type: none"> <li>T. Adey welcomed new member Boluwaji Ogunyemi, Assistant Dean, Social Accountability. With the addition of Dr. Steele's presentation to the agenda and another possible new member at the next meeting, round table introductions were postponed to the next meeting.</li> </ul>	<b>ACTION:</b> Round table introductions at next meeting
Agenda review <ul style="list-style-type: none"> <li>Review for Conflict of Interest – none reported</li> <li>Confirmation of Agenda</li> </ul>	Motion to approve the agenda. <b>Moved:</b> N. Duggan

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<ul style="list-style-type: none"> <li>○ Dr. Steele’s presentation to be added to the agenda</li> </ul>	<p><b>Second:</b> A. Goodridge <b>In Favour:</b> all</p> <p><b>APPROVED</b></p>
<p>Review and approval of prior minutes – March 17, 2021</p>	<p>Motion to approve Minutes from the previous meeting. <b>Moved:</b> H. Jackman <b>Second:</b> L. Alcock</p> <p><b>In Favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> B. Ogunyemi <b>APPROVED</b></p>
<p>1. Matters arising from the minutes</p> <p>1.1. Review of the EHS Report regarding CLSC capacity for late March (if no longer in Alert Level 5).</p> <ul style="list-style-type: none"> <li>• In discussions between M. Goodridge and T. Adey, it was decided that it should be discussed with CLSC before bringing to task force.</li> <li>• With current increases in COVID-19 cases in other parts of the country, it would unlikely be approved at this time.</li> <li>• Y. Gumjadi asked if there had been an update with regard to return to campus for students. Members of the committee relayed that although it is the intent of Memorial’s governing bodies to return to campus in the fall, no definitive decision yet. No details on how this return will look in terms of classroom numbers currently available. Dr. Adey will be bringing this question to Task Force at next meeting.</li> </ul> <p>1.2. A. Haynes, B. Kerr and D. Stokes to review COWG ToR and develop proposal.</p> <ul style="list-style-type: none"> <li>• There is a draft that was started in 2019. However, waiting until UGMS ToR is finalized before proceeding to allow for consistency in ToR. <b>Pending</b></li> </ul> <p>1.3. B. Kerr to update ToR with Faculty Council bylaw reference. <b>Completed</b></p>	<p><b>ACTION:</b> T. Adey to discuss with CLSC in May or June and then bring to Task Force to bring to EHS asking for an increase in capacity for CLSC for the fall.</p> <p><b>ACTION:</b> T. Adey to ask Task Force about return to campus for learners.</p> <p><b>ACTION:</b> A. Haynes, B. Kerr and D. Stokes to review COS ToR and develop proposal.</p>



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<p>1.4. Circulate revised ToR with items for consideration by Friday, Mar. 19. Members to provide feedback by Thursday, Mar. 25. <b>Completed.</b></p> <ul style="list-style-type: none"> <li>• No feedback received.</li> </ul> <p>1.5. Finalized ToR to be circulated for approval.</p> <ul style="list-style-type: none"> <li>• Faculty Council was moved back so an e-vote was not necessary. <b>On the agenda for today.</b></li> </ul> <p>1.6. If approved, T. Adey to bring revised UGMS ToR to April Faculty Council. <b>Pending.</b></p> <p>1.7. M. Simms / B. Kerr to include extra time for PESC Report on April UGMS Agenda. <b>Completed.</b></p> <p>1.8. M. Simms / B. Kerr to change “COWG” to “COS” for April UGMS Agenda. <b>Completed.</b></p> <p>1.9. M. Greene to provide H. Jackman with available policies relating to Academic Freedom. <b>Completed.</b></p> <p>1.10. T. Adey and C. Peddle to include the link to the accommodation regulation in the relevant portion of the DCI. <b>Completed.</b></p>	
<p>2. New business</p> <ul style="list-style-type: none"> <li>• AFMC Accreditation Update (LCME and CACMS) <ul style="list-style-type: none"> <li>○ M. Steele presented on undergraduate accreditation and proposed changes to the MOU between the four sponsors of LCME and CACMS. (see attached presentation)</li> <li>○ The changes would mean that Canadian medical schools would go through parallel but independent accreditation by CACMS and LCME accreditation teams.</li> <li>○ Canadian medical schools would be judged using LCME standards/elements and use American normative data.</li> <li>○ If the independent reviews result in different outcomes, the most severe outcome is selected.</li> </ul> </li> </ul>	<p><b>ACTION:</b> C. Peddle to draft email to send to members for feedback of AFMC accreditation.</p> <p><b>ACTION:</b> M. Simms/B. Kerr to request e-vote on continued accreditation by LCME.</p>

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<ul style="list-style-type: none"> <li>○ Further information is provided. (see attached documents)</li> <li>○ M. Steele would like feedback on CACMS and LCME questions on accreditation MOU by May 5 at the latest including a motion indicating support/lack of support for continued accreditation by LCME.</li> <li>○ Discussion about advantages and disadvantages. (see attached draft summary document)</li> <li>● UGMS ToR             <ul style="list-style-type: none"> <li>○ Overview of changes discussed and included with attached draft. (see attached document)</li> </ul> </li> <li>● PoCUS Consent             <ul style="list-style-type: none"> <li>○ Task force approved optional in person peer to peer PoCUS sessions. Videos will be available for those who do not wish to take part.</li> <li>○ Learners would sign both a waiver and also a consent. (see attached documents)</li> <li>○ Discussion regarding consent including a statement “THERE WILL NEVER BE peer or tutor assessment for breast, genitals, or rectal areas” to be also included in the consent under option A regarding all PoCUS exams.</li> <li>○ The responsibility of collecting the information, updating it, and providing alternatives for learners is with the PoCUS lead Gillian Sheppard.</li> <li>○ Should there be discomfort with the sessions, the information can always be brought back to UGMS for revision.</li> </ul> </li> </ul>	<p><b>Action:</b> B. Kerr to add ‘ex-officio’ to the ToR.</p> <p>Motion to approve UGMS ToR (with the addition of ex-officio).</p> <p><b>Moved:</b> A. Goodridge <b>Second:</b> A. Haynes</p> <p><b>In Favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> none <b>APPROVED</b></p> <p><b>ACTION:</b> T. Adey to bring UGMS ToR to Faculty Council</p> <p>Motion to approve the PoCUS consent once statement added.</p> <p><b>Moved:</b> A. Haynes <b>Second:</b> N. Duggan</p> <p><b>In Favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> none <b>APPROVED</b></p>
3. Standing Committee reports	
<ul style="list-style-type: none"> <li>a) PESC (see attached report)             <ul style="list-style-type: none"> <li>● A. Goodridge presented on AFMC GQ and CaRMS</li> </ul> </li> </ul>	

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<ul style="list-style-type: none"> <li>○ Survey results appear less favourable than previous years including a substantial increase in mistreatment and gender bias.</li> <li>○ Accreditation review of last 3 years of data will require explanations from learner perspective of these numbers and subsequent actions taken.</li> </ul>	
<p>b) SAS (see attached report)</p> <ul style="list-style-type: none"> <li>• No action required from UGMS.</li> </ul>	
<p>c) iTac (see attached report)</p> <ul style="list-style-type: none"> <li>• The main auditorium will undergo redesign.</li> <li>• Proctorio White Board alternatives discussed.             <ul style="list-style-type: none"> <li>○ Additional notation required if learners use challenge card section for notes and challenges.</li> <li>○ Zero grade essay question can be used for notes (preferred).                 <ul style="list-style-type: none"> <li>▪ To be trialed on Monday, April 26<sup>th</sup>.</li> <li>▪ Learners will be advised by email this week. There will also be a note at the beginning of the exam.</li> </ul> </li> </ul> </li> </ul>	<p><b>Action:</b> S. Pennell to include the essay type question for learners notes on next exam.</p> <p><b>Action:</b> S. Pennell to request email to be sent by Elas to learners.</p>
<p>d) COS (see attached report)</p> <ul style="list-style-type: none"> <li>• Discussion about the use of “mandatory” for sessions in the schedule which do not meet “attendance required” criteria of the University Calendar.</li> <li>• Possible solutions to encourage attendance in courses and tutorials discussed.</li> </ul>	
<p>4. Phase 4 report</p> <ul style="list-style-type: none"> <li>• AFMC board of directors announced that there would be no visiting electives for Class of 2022.</li> </ul>	<p><b>Action:</b> T. Adey to bring learner concerns to the AFMC undergraduate medical education deans.</p>



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<p>5. Phase 3 report (see attached report)</p> <ul style="list-style-type: none"> <li>• Two major changes to curriculum <ul style="list-style-type: none"> <li>○ Name change for theme put forward by A. Hayes to better reflect content.</li> <li>○ Take one of the three hours dedicated to ophthalmology in Phase 3 and move it to Phase 1 for an introductory session on vision (50 minutes). Change suggested by R. Gendron and approved by COS.</li> </ul> </li> </ul>	<p>Motion 1: Change the name of “Palliative Care” to “Palliative Care and Pain Management” <b>Moved:</b> J. Gill <b>Second:</b> H. Jackman</p> <p><b>In Favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> none <b>APPROVED</b></p> <p>Motion 2: Add an introduction to vision session in Phase 1 using 1 of the 3 hours for that topic that is already in phase 3.</p> <p><b>Moved:</b> J. Gill <b>Second:</b> A. Pendergast</p> <p><b>In Favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> none <b>APPROVED</b></p>
<p>6. Phase 2 report</p> <ul style="list-style-type: none"> <li>• No action required from UGMS.</li> </ul>	
<p>7. Phase 1 report (see attached report)</p> <ul style="list-style-type: none"> <li>• Change in the curriculum to decrease the time allotted for “Carbohydrate Metabolism II, Krebs Cycle and Oxidative Phosphorylation” session, taught by Dr. Paradis. <ul style="list-style-type: none"> <li>○ Phase 1 team and COS in support.</li> </ul> </li> </ul>	<p>Motion: To reduce the time allotted for the Carbohydrate Metabolism II lecture from 2.5 to 1.5 h.</p> <p><b>Moved:</b> A. Pendergast <b>Second:</b> T. Hearn</p>



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	<b>In Favour:</b> all <b>Opposed:</b> none <b>Abstained:</b> none <b>APPROVED</b>
8. Report from NB <ul style="list-style-type: none"> <li>• T. Lambert reported a new LIC administrator for Fredericton.</li> <li>• The MUN New Brunswick team is working on strategic plan map.</li> </ul>	<b>Action:</b> T. Lambert to send out strategic map before next meeting.
9. Accreditation matters <ul style="list-style-type: none"> <li>• The ARC seeking volunteers and establishing a subcommittee to review Standards 6-9.</li> </ul>	
10. Learner issues <ul style="list-style-type: none"> <li>• Class of 2022 concerns with proximity of OSCE and block exam. Concerned learners will seek accommodations.</li> </ul>	
11. Associate Dean Update (see attached report) <ul style="list-style-type: none"> <li>• There will be no visiting electives for the Class of 2022 as previously discussed.</li> </ul>	
12. Policy <ul style="list-style-type: none"> <li>• No action required from UGMS.</li> </ul>	
13. UGME office report <ul style="list-style-type: none"> <li>• No action required from UGMS.</li> </ul>	
<b>Next Meeting May 19, 2021</b> <b>Adjourned: 6:03 p.m.</b>	
Keep in View	Exam deferral policy

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## AFMC Board of Directors Meeting

UGME Accreditation Update

April 18 2021



# A Brief History of MD Program Accreditation in Canada

Canadian schools accredited by LCME since 1940's with minimal input

1979 CACMS was created by AFMC and the CMA and since 2014 has full recognition by the World Federation of Medical Education (WFME)

1979 to 2007 joint accreditation visit using LCME Standards and processes, but separate decisions by CACMS and LCME using (2 sets of decisions, 2 letters, 2 timelines)

2008 to 2014 there were separate deliberations by CACMS and LCME with a reconciliation process to provide one joint response letter, based on the harshest decisions (standards, status, follow-up).

Data confirms the reconciliation led to 33% more standards to address than if Canadian schools had to respond to only one accreditation body



# What benefits occurred for Canada as a result of the MoU?

The 2013 AFMC-CMA-AAMC-AMA MoU on UGME Accreditation (renewed 2017, 2019) codified a new arrangement whereby Canadian schools would continue having dual accreditation yet:

- Canada could add, modify or delete elements of Standards and accreditation processes thus the first CACMS Standards were approved in 2014.
- CACMS would make decisions (standards, status and follow-up) that are reviewed by LCME, with the LCME only able to make a decision on status and follow-up. Disagreement brought to Joint Committee (LCME Chair, LCME Chair Elect and CACMS Chair) for final decision.
- CACMS alignment report confirmed that out of over 90 decisions made by CACMS, only one was brought to the Joint Committee for discussion.



# What is the benefit of dual accreditation?

LCME accreditation of Canadian medical schools leads to graduates of Canadian schools (CMGs) being considered equivalent to graduates of US LCME accredited schools (USMGs) in both countries

In the last 5 years, on average, 16 CMGs applied and 9 were successfully matched to a US residency program. The average number of USMGs that applied to Canadian programs was 41 with 23 matching

Once in residency in Canada, applicants for a fellowship or a license to practice in US need to have other certifications or qualifications (e.g., MCC licentiate, RCPSC certification)

US Licensing requirements and decisions vary by state, region, program and hospital



# What are the key changes in the new LCME position?

LCME has asked that the MoU not be renewed in Sept 2021, and that the LCME process of accreditation of Canadian schools return to pre-MOU state. The AAMC and AMA support this position.

This position includes :

- 1) The LCME to assess Canadian schools using LCME standards/elements, using LCME criteria, and following LCME processes to make decisions on standards/elements, status and follow-up and following LCME processes.
- 2) The LCME statement that Canadian schools will receive one letter with the most severe of outcomes for elements/standards, status and follow-up

The LCME has also clearly indicated that Canadian schools will be assessed against US normative data



## How will the new LCME position impact the accreditation process for Canadian Medical Schools?

Canadian schools would have to respond to the CACMS standards/elements/Data Collection Instrument (DCI) and the LCME standards/elements/DCI

Canadian schools would be compared to US normative data (e.g. diversity)

Canadian schools would be a risk of having more standards/elements to respond to (historically this was 33% more) creating “double jeopardy”



# Questions for Faculties

Understanding that CACMS is the accreditation body for Canadian Medical Schools fully recognised by the World Federation on Medical Education:

1. Does your school see value in continuing a relationship with the LCME under their new requirements?
2. Would your school want AFMC to negotiate a revised MOU using the terms of the new LCME position?
3. In the event that a new MoU is not negotiated, would your school consider seeking separate LCME accreditation in addition to accreditation with CACMS?





## Accreditation of MD Programs in Canada

### Background

Canadian medical faculties are accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS). The World Federation of Medical Education (WFME) recognizes CACMS as the independent accreditation body for Canadian MD Programs. Prior to the establishment of CACMS in 1979, Canadian MD Programs received accreditation from the American Liaison Committee on Medical Education (LCME) and continue to do so today. Our MD programs receive dual accreditation from CACMS and the LCME.

The American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) sponsor the LCME. The Canadian Medical Association (CMA) and the Association of Faculties of Medicine of Canada (AFMC) sponsor the CACMS. In 2013 a first Memorandum of Understanding (MoU) was signed by the four sponsors to codify the requirements for dual accreditation of MD Programs in Canada. With dual accreditation, graduates from Canada and the US could continue to be considered equivalent when applying to residency in either country.

The 2013 MoU stipulates that CACMS must have the same 12 accreditation standards as the LCME and now has the capacity to add, modify or delete elements of the standards. This enabled CACMS to develop its first accreditation standards and elements document with specific Canadian content. The current MoU remains in force until September 7, 2021.

The LCME wants to return to the accreditation conditions for Canadian medical schools that existed before the 2013 MoU. This would presume that Canadian medical schools would go through parallel but independent accreditation by CACMS and LCME accreditation teams. This means that Canadian schools would be judged by the LCME using LCME standards/elements using American normative data.

If Canadian schools were not accredited by the LCME, the impact would be that Canadian graduates would be considered International Medical Graduates by the US, which would require them to apply for Educational Commission for Foreign Medical Graduates (ECFMG) certification (approx. \$200 CAD). In the last 5 years, on average, 16 Canadian Medical Graduates (CMGs) have applied to residency in the US with 10 successfully matching.

### Next steps

The Deans of Medicine have been asked by AFMC to undertake a consultation process with their Faculties and others as appropriate to inform the future of the MoU on MD Program Accreditation. Consultation will revolve around the following points: **1)** The value in continuing a relationship with the LCME under their new requirements; **2)** The desire to negotiate a revised MOU using the terms of the new LCME position; and **3)** The desire for separate LCME accreditation.

## Briefing Note

**Regarding: Canadian Medical Trainees and Practicing Physicians Training/Practicing in the US**

**Prepared for: AFMC Board of Directors**

**Date: April 18, 2021**

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\* A list of abbreviations is available at the end of the briefing note

### **Current Status of Relationship in Medical Education Between Canada and the US**

The Current situation for Canadian medical trainees and practicing physicians who wish to pursue training or practice in the US is described below. These details are also summarized in the table at the end of this document.

#### UGME Accreditation

Canadian medical faculties are accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS). The World Federation of Medical Education (WFME) recognizes CACMS as an independent accreditation body for Canadian MD Programs. Canadian Faculties of medicine are thus included in the World Directory of Organizations that recognize/accredit medical schools.<sup>1</sup> Prior to the establishment of CACMS in 1979, Canadian MD Programs received accreditation from the American Liaison Committee on Medical Education (LCME) and continue to do so today. Our MD programs receive dual accreditation from CACMS and the LCME.

The American Medical Association (AMA) and the Association of American Medical Colleges (AAMC) sponsor the LCME. The Canadian Medical Association (CMA) and the Association of Faculties of Medicine of Canada (AFMC) sponsor the CACMS. In 2013 a first Memorandum of Understanding<sup>2</sup> was signed by the four sponsors to codify the relationship of Canada and the United States on the accreditation of MD Programs in Canada.

#### Application to residency in the US

All graduates from an LCME accredited school are considered equivalent for the purposes of the residency match in Canada (CaRMS) and the US (NRMP). This relationship allows graduates from each country to be considered as “domestic” in the other country.

#### Equivalence of Canadian Licensing examinations

With the exception of five states<sup>3</sup>, those with a Licentiate of the Medical Council of Canada (LMCC) designation are able to obtain a state license by endorsement. LMCC designation requires passing the MCCQE I and MCCQE II examinations. Due to the exceptions, CMGs are often recommended to take the USMLE examinations.

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<sup>1</sup> WFME. (2020, December 4). *Directory of Organizations that Recognize/Accredit Medical Schools (DORA)*. <https://www.faimer.org/resources/dora/index.html>

<sup>2</sup> CACMS. (2017, September 8). *Memorandum of Understanding*. <https://cacms-cafmc.ca/about-cacms/memorandum-understanding>

<sup>3</sup> Florida, Hawaii, Louisiana, New Jersey, and Texas. FSMB. (2018). *U.S. Medical Regulatory Trends and Actions 2018*. pp. 89 <https://www.fsmb.org/siteassets/advocacy/publications/us-medical-regulatory-trends-actions.pdf>



## Equivalence of Canadian Residency Training

Royal College of Physicians and Surgeons of Canada (RCPSC) residency programs are recognized by the ACGME.<sup>4</sup> RCPSC trained physicians do not need further training to practice in the US in most disciplines. However, to be accredited by the ACGME a Family Medicine program must be three years in length.<sup>5</sup> Therefore, a Family Medicine physician with a Certification in the College of Family Physicians (CCFP) wishing to practice in the United States is usually eligible to challenge the American Board of Family Medicine (ABFM) examination but is not automatically given that certification.

## Visa Requirements for Canadian Citizens/Permanent Residents to train in the US

One requirement that both residents/fellows/physicians in practice who want to train in the US must achieve before entering in the United States is the issuance of a temporary non-immigrant J-1 visa.<sup>6</sup> One of the requirements for a J-1 visa is to obtain a Statement of Need from Health Canada. Those wishing to practice in the United States require a valid US work eligible visa such as a H1B (requires USMLE).

## **Current Patterns of Canadians training in/practicing medicine to the US (2016-2020)**

The data below pertains to Canadian Citizens or Permanent Residents of Canada.

In the last 5 year, the number of CMGs applying to residency in the US (NRMP) has been 16 on average with 22 (out of 35,476 to 40,084 active applicants) in 2016 and in 2020.<sup>7</sup> Match success rate has been 56% on average with as many as 13 matching in 2016 and 7 matching in 2020.

According to Health Canada, from 2016 to 2020 between 117 to 132 Canadians<sup>8</sup>, per year, enrolled in Canadian residency training program received a J-1 visa to undertake a Fellowship in the US. Relative to an average of 2,872 CMGs who exited post-M.D. training, per year.<sup>9</sup> During that same period 29 to 36 practicing specialists licensed in Canada, per year, received a J-1 visa to undertake a Fellowship in the US in the same field of practice.

Recent data from the Canadian Institute for Health Information (CIHI)<sup>10</sup> show that the number of practicing Canadian physicians moving to the United States to practice medicine continues to decline over the last 5 years from 82 in 2014 to 38 in 2019.

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<sup>4</sup> Royal College of Physicians and Surgeons of Canada (2021). *Eligibility for Licensure*.

<https://www.royalcollege.ca/rcsite/credentials-exams/assessment-canadian-us-e>

<sup>5</sup> ACGME. (2020). ACGME Program Requirements for Graduate Medical Education in Family Medicine. pp. 4.

[https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120\\_FamilyMedicine\\_2020.pdf?ver=2020-06-29-161615-367](https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_FamilyMedicine_2020.pdf?ver=2020-06-29-161615-367)

<sup>6</sup> It is also possible to pursue a residential visa (H1-B) from the United States but we do not have access to further data on how often this visa is utilized. Visa requirements can vary by state and facility.

<sup>7</sup> National Resident Matching Program. (2020). Results and Data: 2020 Main Residency Match®. pp. 14.

[https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2020/06/MM\\_Results\\_and-Data\\_2020-1.pdf](https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2020/06/MM_Results_and-Data_2020-1.pdf)

<sup>8</sup> Health Canada. (2021). [Custom Data Request].

<sup>9</sup> Canadian Post-M.D. Education Registry. (2021). Table H-1. <https://caper.ca/sites/default/files/pdf/census-tables/2019.h-1.pdf>. Exit years 2015/16 to 2018/19 were used as they are the most recent exit data available from CAPER.

<sup>10</sup> CIHI. (2021). [Custom Data Request based on Physicians in Canada Database].

## United States Medical Graduates (USMG) Applying to Canadian Residencies

In the last 5 year, the number of USMGs applying to residency in Canada (CaRMS) has been 41 on average with 33 in 2016 and 47 in 2020.<sup>11</sup> Match success rate has been 57% on average with as many as 18 matching in 2016 and 28 matching in 2020.

### Current Process for a Canadian IMG to train or practice in the US

In contrast, all other IMGs, including Canadian IMGs must pursue certification through the Educational Commission for Foreign Medical Graduates (ECFMG) before being eligible to apply to the NRMP.<sup>12</sup> This included ECFMG application (\$191.66 CAD), passing the USMLE Step 1 (\$1,245.81 CAD), Step 2 CK (\$1,245.81 CAD), and Step 2 CS (\$2,018.86 CAD). Due to the COVID-19 pandemic the USMLE Step 2 CS is currently not being offered and the ECFMG currently has no plans to re-introduce the examination. ECFMG is continuously updating their pathways to certification and we recommend you visit their website for more information.

### List of Abbreviations

Abbreviation	Full Name
ACGME	Accreditation Council for Graduate Medical Education
ABFM	American Board of Family Medicine
AMA	American Medical Association
AAMC	Association of American Medical Colleges
AFMC	Association of Faculties of Medicine of Canada
CIHI	Canadian Institute for Health Information
CMA	Canadian Medical Association
CMG	Canadian Medical Graduate
CaRMS	Canadian Residency Matching Service
CCFP	Certification in the College of Family Physicians
CFPC	College of Family Physicians of Canada
CACMS	Committee on Accreditation of Canadian Medical Schools
ECFMG	Educational Commission for Foreign Medical Graduates
IMG	International Medical Graduate
LCME	Liaison Committee on Medical Education
LMCC	Licentiate of the Medical Council of Canada
MCCQE I	Medical Council of Canada Qualifying Exam (Part I)
MCCQE II	Medical Council of Canada Qualifying Exam (Part II)
NRMP	National Residency Matching Program
RCPSC	Royal College of Physicians and Surgeons of Canada
USMLE	United States Medical Licensing Examinations
WFME	World Federation of Medical Education

<sup>11</sup> CaRMS. (2021, February 25). *Summary of match results*. [https://www.carms.ca/wp-content/uploads/2020/05/2020\\_r1\\_tbl1e.pdf](https://www.carms.ca/wp-content/uploads/2020/05/2020_r1_tbl1e.pdf)

<sup>12</sup> ECFMG. (2020, September 30). *New to ECFMG Certification*. <https://www.ecfm.org/certification/certification.html>

## Summary of Requirements for Canadian Students and Physicians in the United States

**Canadian Medical Graduates** are considered domestic and do not require ECFMG certification.

Seeking in the U.S.	Field of Practice	USMLE Requirements	LMCC Endorsement for Licensure	Additional ACGME Residency Required?	Board Certification Details	Other Requirements
Residency	N/A	No, if planning to return to Canada for practice.	N/A	N/A	N/A	Must obtain a J-1 Visa and Statement of Need from Health Canada
Fellowship	N/A	No, with the exception of the five states <sup>1</sup> which do not accept LMCC for licensure by endorsement.	Yes, but five states <sup>1</sup> do not accept LMCC for licensure by endorsement. Some states only require an educational license. <sup>2</sup>	Typically no but can vary by state.	N/A	N/A
Practice	CFPC	No, with the exception of the five states <sup>1</sup> which do not accept LMCC for licensure by endorsement.	Yes, but five states <sup>1</sup> do not accept LMCC for licensure by endorsement.	No, but in the states <sup>1</sup> that do not accept LMCC for licensure by endorsement it may be required.	There are two pathways to ABFM certification. If you completed a third year of FM training approved by the CFPC you can take the ABFM certification exam. If you are a CCFP who is actively involved in family medicine in the United States for at least six months you can also challenge the ABFM certification exam.	Some states that do accept LMCC for licensure by endorsement do have additional requirements. For example, New York state requires the physician to have two years of independent practice experience.
Practice	RCPSC	No, with the exception of the five states <sup>1</sup> which do not accept LMCC for licensure by endorsement.	Yes, but five states <sup>1</sup> do not accept LMCC for licensure by endorsement.	No, but in the states <sup>1</sup> that do not accept LMCC for licensure by endorsement it may be required.	Some American Boards will grant Board certification to physicians with RCPSC certification (e.g., General Surgery). Other Boards will allow RCPSC certified physicians to challenge their certification exam (e.g., Pediatrics).	Some states that do accept LMCC for licensure by endorsement do have additional requirements. For example, New York state requires the physician to have two years of independent practice experience.

### Notes

- 1) The following states do not accept a LMCC designation for licensure by endorsement: Florida, Hawaii, Louisiana, New Jersey, and Texas.
- 2) Some states require all post-M.D. trainees to obtain a limited practice license which for CMGs typically involves providing MCC test scores among other documents. Some states consider whether the fellowship is accredited by ACGME in the requirement to obtain a limited licence.

**International Medical Graduates** must register and obtain ECFMG certification.

Seeking in the U.S.	USMLE Requirements	LMCC Endorsement for Licensure	ACGME Accredited Residency Required?	Board Certification Details	Other Requirements
Residency	Yes (Step 1, Step 2 CK, Step 2 CS) <sup>1</sup> required for ECFMG certification.	N/A	N/A	If the IMG wishes to practice in the U.S. after completing residency their pathway to board certification will parallel their American counterparts.	English proficiency test results required for ECFMG certification (OET Medicine).
Fellowship (Canadian Residency)	No, with the exception of the five states <sup>2</sup> which do not accept LMCC for licensure by endorsement.	Yes, but five states <sup>2</sup> do not accept LMCC for licensure by endorsement. Some states only require an educational license. <sup>3</sup>	No, but in the states <sup>2</sup> that do not accept LMCC for licensure by endorsement it may be required.	N/A	N/A
Fellowship (International Residency)	Yes (Step 1, Step 2 CK, Step 2 CS) <sup>1</sup> required for ECFMG certification.	N/A	Yes	N/A	English proficiency test results required for ECFMG certification (OET Medicine).
Practice (Canadian Residency)	No, with the exception of the five states <sup>2</sup> which do not accept LMCC for licensure by endorsement.	Yes, but five states <sup>2</sup> do not accept LMCC for licensure by endorsement.	No, but in the states <sup>2</sup> that do not accept LMCC for licensure by endorsement it may be required.	See above for CMGs for further details.	Some states that do accept LMCC for licensure by endorsement do have additional requirements. For example, New York state requires the physician to have two years of independent practice experience.
Practice (International Residency)	Yes (All Steps)	N/A	Yes	Parallel those of American counterparts. Steps to certification will be undertaken during residency.	N/A

**Notes**

- 1) Due to COVID-19 the USMLE Step 2 CS has been discontinued. As of January 26, 2021 there are no plans to re-introduce the USMLE 2 CS. ECFMG has created pathways for learners to still attain certification.
- 2) The following states do not accept a LMCC designation for licensure by endorsement: Florida, Hawaii, Louisiana, New Jersey, and Texas.
- 3) Some states require all post-M.D. trainees to obtain a limited practice license which for CMGs typically involves providing MCC test scores among other documents. Some states consider whether the fellowship is accredited by ACGME in the requirement to obtain a limited licence.
- 4) Due to the general need of IMGs to complete an ACGME accredited residency program the pathway to board certification parallels those of domestic U.S. students and is not considered here.
- 5) Due to the complex nature of international immigration this document will not consider visa requirements for legal entry into the United States.

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LCME Critical Elements Necessary for Further Discussions with CACMS Colleagues  
Approved by the LCME, February 15, 2021

**Principles:**

LCME and CACMS affirm their commitment to ensuring the highest quality of medical education and accreditation and to collaborating on the LCME/CACMS accreditation of the MD-granting programs of Canadian medical schools.

LCME and CACMS acknowledge their obligation and affirm their commitment to exercise independent authority from their sponsors in establishing and implementing all steps in an accreditation process for Canadian medical schools that is complete, consistent, and fair across schools. In addition, the LCME acknowledges its accountability to the United States Department of Education in accrediting U.S. medical schools.

The standards and elements used for LCME accreditation of Canadian medical education programs, the intent of those standards and elements, and the criteria used to judge performance in elements, compliance with standards, accreditation status, and follow-up will be the same as those used for LCME accreditation of U.S. medical education programs.

**Processes and Procedures:**

Accreditation documents submitted by Canadian medical schools are reviewed by CACMS reviewers and the CACMS, as well as by LCME reviewers and the LCME.

Both the CACMS and the LCME will make independent determinations regarding the level of performance in elements, compliance with standards, accreditation status, and follow up. If the independent CACMS and LCME reviews result in different outcomes (i.e., in performance in elements, compliance with standards, accreditation status, or follow-up), the matter will be settled by formula based on the selection of the most severe outcome (e.g., if one body selects CM and the other NC, NC would be the final outcome for that standard; if one body selects indeterminate term and the other selects warning, warning would be the final accreditation status outcome).

Canadian medical schools will receive a single letter with the final actions on performance in elements, compliance with standards, accreditation status, and follow-up.



***Understanding that CACMS is the accreditation body for Canadian Medical Schools and is fully recognised by the World Federation on Medical Education (WFME):***

- 1. Does your school see value in continuing a relationship with the LCME under their new requirements?***
- 2. Would your school want AFMC to negotiate a revised MOU using the terms of the new LCME position?***
- 3. In the event that a new MoU is not negotiated, would your school consider seeking separate LCME accreditation in addition to accreditation with CACMS?***

Question	Response	Comments
<b><i>Does your school see value in continuing a relationship with the LCME under their new requirements?</i></b>	No	The Undergraduate Medical Studies (UGMS) committee felt that a continued relationship with LCME under the new requirements would have little value to our program with the historical context of few learners participating in the National Residency Matching Program (NRMP). Upholding the LCME accreditation would require a significant amount of unnecessary work in addition to the requirements for CACMS accreditation.
<b><i>Would your school want AFMC to negotiate a revised MOU using the terms of the new LCME position?</i></b>	No	The UGMS committee did not see the benefit of asking the AFMC to renegotiate the MOU with LCME, given the variability amongst accreditation standards and elements and the new LCME requirements.
<b><i>In the event that a new MoU is not negotiated, would your school consider seeking separate LCME accreditation in addition to accreditation with CACMS?</i></b>	No	With the Committee on the Accreditation of Canadian Medical Schools recognized by the World Federation on Medical Education (WFME) the UGMS committee felt that Memorial University would not be in favor of seeking accreditation with LCME independently.

# Undergraduate Medical Studies (UGMS)

April 2021

## Terms of Reference

### Summary of Recommended Revisions

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Dear Faculty Council members,

The following is a summary of recommended revisions for the Undergraduate Medical Studies (UGMS) Terms of Reference (ToR) as recently voted on, and approved by UGMS membership:

1. General Revisions:

- In keeping with other Faculty of Medicine ToR documents, a “Purpose” was added, and the appropriate MUN Bylaw was referenced within as a source of authority.

2. Revisions to Membership:

- The Dean of Medicine was added under non-voting members as “*Ex-Officio.*”
- In keeping with other medical schools across the country, the role of Chair will be assigned to the Associate Dean, UGME.
- The role of Vice Chair was added, and assigned to the Curriculum Oversight Subcommittee (COS) Chair for the purpose of chairing the meeting in the Chair’s absence.
- Due to time constraints, the addition of faculty-at-large to the membership will be considered after accreditation.
- The Assistant Dean, New Brunswick, Assistant Dean, Distributed Medical Education, and the PEI Undergraduate Medical Education Coordinator will continue to be voting members of the UGMS committee in line with Memorial University Memoranda of Understanding and the MD program structure, within which learners participate in learning in the represented regions (i.e., New Brunswick, PEI, and rural Newfoundland and Labrador) throughout the four year program.
- The Faculty Undergraduate Accreditation Lead (FUAL) will be added to the membership.
- In consultation with the Associate Dean of the Office of Learner Well-Being and Success, it was decided that regular attendance of the Associate Dean (or delegate) on the committee was not required; however, they would be glad to attend if/when input was needed (see update to “Operations” section noted below). As an aside, there are varying practices among medical schools across the country in terms of the Associate Dean, Learner Well-Being and Success sitting on a respective curriculum committee such as our UGMS. Some schools have such representation as a voting member, some as a non-voting member, and for some they are not on the committee at all.
- The Assistant Dean, Social Accountability will be added as a voting member. (The Assistant Dean, Social Accountability is expected to sit on this committee as part of the position we feel it would be appropriate for this position to be represented on UGMS to ensure the MD

## Terms of Reference

### Summary of Recommended Revisions

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Program curriculum supports its social accountability outcomes and the Faculty of Medicine social accountability mandate.)

- Assistant Dean, Yukon was removed from the membership.

#### 3. Revisions to Operations:

- Quorum was updated to represent 50% plus one (1) voting members along with the requirement of at least one learner.
- It was added that the term of the medical learner representatives is one (1) year, once renewable.
- As per membership changes above, the following was added, “Key stakeholders from faculty, staff, and learners will be consulted and invited to attend meetings on an as needed basis when additional content expertise is required for decision-making related to the planning and delivery of the curriculum.”
- For voting members only, a delegate may attend with prior notification to, and approval by, the Chair. The delegate will assume voting rights, or, if unable to do so, send advance notice of their absence.
- Motions may be circulated and approved by e-mail vote for time sensitive matters.

Thank you,





Faculty of Medicine

## **Undergraduate Medical Studies (UGMS) Committee**

### **Terms of Reference**

#### **Preamble**

CACMS Element 8.1 states: “The faculty of a medical school entrust authority and responsibility for the medical education program to a duly constituted faculty body, commonly called a curriculum committee. This committee and its subcommittees, or other structures that achieve the same functionality, oversee the curriculum as a whole and have responsibility for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum.”

#### **Purpose**

The Undergraduate Medical Studies (UGMS) Committee was established to govern all aspects of the curriculum for the Doctor of Medicine (M.D.) program as a principle education committee for the Faculty of Medicine Faculty Council in accordance with by-law 5.1.1.4. UGMS is responsible for the design, implementation, management, integration, evaluation and enhancement of the curriculum, as well as ensuring alignment with current accreditation standards.

#### **Membership**

##### Voting Members

- Associate Dean, Undergraduate Medical Education (UGME) (Chair)
- Curriculum Oversight Subcommittee (COS) Chair (Vice Chair)
- Two medical learner representatives (one from Phase 1-3; one from Phase 4)
- Registrar’s delegate
- Coordinator, UGME
- Faculty Undergraduate Accreditation Lead (FUAL)
- Program Evaluation Subcommittee (PESC) Chair
- Student Assessment Subcommittee (SAS) Chair
- Information Technology Advisory Committee (iTac) Chair
- Phase 1-4 Leads
- Assistant Dean, New Brunswick
- Assistant Dean, Distributed Medical Education
- HPEI Undergraduate Medical Education Coordinator, Prince Edward Island
- Assistant Dean, Social Accountability
- Health Sciences Library delegate



Faculty of Medicine

### Non-Voting Members

- Curriculum and Accreditation Advisor, UGME
- Policy Analyst, Dean's Office
- Dean of Medicine

### **Operations**

- The Committee shall meet monthly from September to June and at the call of the Chair.
- Quorum will be 50% plus one (1) voting members and must include one learner.
- The term of the medical learner representatives is one (1) year, once renewable.
- Meeting minutes that reflect the activity of the committee shall be recorded.
- Committee members are expected to attend meetings or, if unable to do so, send advance notice of their absence.
- When the Chair is unable to attend a meeting, the Vice Chair will be the Chair's delegate.
- For voting members only, a delegate may attend with prior notification to, and approval by, the Chair. The delegate will assume voting rights.
- Motions may be circulated and approved by e-mail vote for time sensitive matters.
- The UGMS Committee may assign duties to subcommittees.
- Key stakeholders from faculty, staff, and learners will be consulted and invited to attend meetings on an as needed basis when additional content expertise is required for decision-making related to the planning and delivery of the curriculum.
- The Chair or delegate will represent the Faculty of Medicine on the Senate Undergraduate Studies Committee.
- The Committee will report to Faculty Council annually.

### **Committee Member Expectations**

- Attendance at 75% of monthly meetings.
- Meeting preparation.
- Timely completion of assigned tasks.
- Participation on working groups or committees, as requested by the Chair.
- Pursuit of professional development related to undergraduate education.
- Solicitation of collegial input, when requested.



Faculty of Medicine

## Responsibilities

- Develop policies and procedures related to curriculum delivery, content, assessment and outcomes of the MD program and seek approval where necessary.
- Plan curriculum content (objectives) and assessment, as well as the review and approval of any changes.
- Review curriculum content for relevance and redundancy.
- Ensure graduates achieve the prescribed competencies.
- Monitor:
  - policy adherence and effectiveness
  - accreditation standards compliance
  - performance and effectiveness of the committee's function
- Communicate recommendations to the appropriate individuals or groups.
- Report program outcomes to Faculty Council.
- Seek Faculty Council approval for University Calendar changes.
- Prepare for approval by Faculty Council and the appropriate University bodies, the regulations for curriculum and student assessment required for the MD degree.



**WAIVER OF LIABILITY**

I, \_\_\_\_\_ hereby acknowledge the following:  
Print name of participant

1. I wish to participate in the ultrasound training offered in the Multidisciplinary Laboratories, Medical Laboratories (formerly MELSS), Faculty of Medicine, Memorial University of Newfoundland as a scanning model.
2. I have had the scanning process fully explained to me by the Instructor/ physician. I do not have any further questions or concerns.
3. I understand that I may ask questions at any time, and that scanning will stop while my question is being answered, should I request it.
4. I understand that I am under no obligation to undergo the scan, even after it has begun, and that I can request the scanning procedure to be stopped at any time.
5. I have no known medical condition that would prevent my full participation in the ultrasound training.
6. I have read and understand the model information sheet.
7. I hereby assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the ultrasound training and being scanned.
8. I understand that the following protocol will be followed in the unlikely event of an incidental finding or detection:
  - Trainee notifies an Instructor/ physician of the finding
  - Instructor/ physician reviews the finding and determines the clinical implications
  - Instructor/ physician will advise of follow-up formal imaging if deemed necessary
  - Instructor/ physician will discuss the findings with the subject and suggest follow-up with family physician

I hereby forever release the Multidisciplinary Laboratories, Medical Laboratories (formerly MELSS) , Faculty of Medicine, Memorial University and its directors, officers, employees, agents, professional staff, volunteers, ultrasound training companies, participants, instructors, and all other persons involved in the ultrasound training from all actions, causes of action, suits, claims, liability, damages and demands of any kind, whether direct, indirect, special, exemplary or consequential, including interest thereon ("**Claims**") which may arise as a result of any ill effects or injuries, including death, howsoever sustained by any person, resulting from my participation as an ultrasound training model.

I have read the above waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Participant  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness  
Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



Faculty of Medicine

## **Consent to Participate in Point of Care Ultrasound (POCUS) Examination**

As much as possible, the Faculty of Medicine attempts to provide simulated and real patients for learners to learn anatomy and clinical skills with point of care ultrasound (POCUS). In some cases, it is not possible to recruit patients. In such cases, we may ask that learners examine each other to ensure learners get the opportunity to practice specific skills to achieve the objectives of the course.

Prior to engaging in any peer examination, we want to ensure that you have the opportunity to provide consent to allow other learners in your clinical skills or anatomy group to practice their POCUS exam skills on you. This is a good opportunity to help your classmates to learn these skills in a safe environment and to get feedback from a peer or tutor.

We acknowledge that there may be some discomfort in participating in POCUS sessions and it is important for you to know that you are not required or obligated to provide consent and your learning will not be adversely affected should you not give consent. If you choose not to consent to POCUS exams in general, or of any specific regions, this will not adversely affect your assessment of performance. You may also change your mind about providing consent at any time and this similarly will have no adverse effect on your learning or assessments.

If you have any additional specific concerns or needs related to participating or not participating in POCUS sessions by peers, you may confidentially contact the course administrative coordinator, course director, and/or the Office of Learner Well-Being and Success to help address any specific needs or concerns.

Please also refer to the Physical Examination of Learners by Peers and Tutors Policy on the Faculty of Medicine website for further information.

**\*\*THERE WILL NEVER BE peer or tutor assessment for breast, genitals, or rectal areas.**

**Please indicate your consent from the options below:**

- A. Consent  
 I give consent to all POCUS examinations.
- B. No Consent  
 I do not give consent for any POCUS examinations.
- C. I wish to make alternate arrangements  
 I have/will connect with the Office of Learner Well-Being and Success to discuss my consent decision and will work with them to inform the administrative team.
- D. Partial Consent  
I give consent to some peer examination using POCUS, the below exams are those that I DO give consent for (check any that you do consent to):
- Chest/thorax (heart and lung)
  - Abdomen (gallbladder, renal, aorta, liver, spleen, bladder)
  - Female Pelvis (uterus, ovaries and bladder – the ultrasound probe is placed on the lower part of the abdomen to visualize these structures. We will ask participants to drink water ahead of the session to visualize these structures easily.)
  - Upper Limb (shoulder, tendons of the fingers)
  - Lower Limb (knee, ankle)
  - Head and Neck (eyes, blood vessels, thyroid)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Access to Information and Protection of Privacy**

Personal information is collected under the authority of the Access to Information and Protection of Privacy Act, 2015 (SNL2015 Chapter A-1.2) and is used for the purposes of academic learning, administration and evaluation, and program planning and evaluation. Questions about this collection and use of personal information may be directed to the FoM Policy Analyst at 709-864-6399.



## UGMS Summary Report

April 2021

**Phase Team or Sub-Committee:** Program Evaluation Subcommittee (PESC)

**Liaison to the UGMS:** Dr. Alan Goodridge, Chair of PESC

**Date of Last Phase Team or Sub-Committee Meeting:** 20 / April / 2021

**Date of Next Phase Team or Sub-Committee Meeting:** 18 / May / 2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Review of AFMC Graduate Questionnaire	A. Goodridge to present AFMC GQ results to UGMS in April 2021.	
Review of AFMC Graduate Questionnaire The Mistreatment results are concerning and require further consideration. K. Zipperlen suggested that we compare data related to mistreatment in the GQ with the Mistreatment Survey administered by the Faculty of Medicine.	H. Coombs to retrieve data from the FOM Mistreatment Survey.	In Process
New Business A. Goodridge noted that we have begun a process of keeping track of faculty/instructors who go overtime and/or use too many slides in their lectures. This will allow us to identify individuals who are consistently going overtime.	A. Goodridge and H. Coombs to put together guidelines related to faculty going overtime and/or using too many slides.	In Process

Agenda Items Requiring UGMS Action:
1.
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1. Dr. Goodridge will present summary data from the AFMC GQ and CaRMS.
2.
3.

***Our Vision:** Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.*



# UGMS Summary Report

April 2021

**Phase Team or Sub-Committee:** Student Assessment Subcommittee

**Liaison to the UGMS:** Dr. Vernon Curran

**Date of Last Phase Team or Sub-Committee Meeting:** 24/March/2021

**Date of Next Phase Team or Sub-Committee Meeting:** 28/April/2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Phase 1 course assessment reports (Class of 2024)	Reviewed by SAS and response request sent to Phase 1 Lead Dr. Amanda Pendergast	Done
New EPA 14: Social determinants of health	Presentation by EPA 14 implementation team. SAS in support of adding this new EPA as pilot in Phase 4.	Ongoing
Update on EPA assessment working group	Group moving forward with interviews with clerkship discipline coordinators to determine use of EPA assessment & clinic cards; working on new wording of current clinic card scale, review of T-res app usage and deliverables timeline.	Ongoing
Recommendations from curricular review	Continued discussion and follow-up on action items. Navigate demo scheduled for April SAS meeting.	Ongoing

Agenda Items Requiring UGMS Action:
1.

Additional Comments, Suggestions, New or Pending Business:

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## Executive Summary Phase 1 Course Assessment Reports (Class of 2024)

### MED 5710 Patient I

Infections and Fever content was moved to Phase 2 and the Blood Flow and Oxygenation theme added to Phase 1. To accommodate these curricular changes, a fourth exam was introduced. All examinations were invigilated remotely. The examination mean scores ranged from 80.0% to 89.8%. The Hofstee pass mark was between 65% and 70% for all examinations. The assessment statistics and item analysis were within expected norms and didn't indicate any areas of concern. The overall course assessment mean was similar to previous iterations. All learners passed the course.

### MED 5720 Clinical Skills II

Assessment for the course is based on the summative assessment report (SAR) and all learners passed the course. The percentage of learners achieving exemplary performance on the SAR was somewhat higher at 38.3% compared to recent iterations (12.3 –36.3%).

### MED 5730 Physician Competencies I

No significant changes to the assessment of the course, Lifelong Learning assessment reduced to one assignment. The learners performed well in each component with a mean assessment score of 91.5% for the Physician Competencies block and a mean score of 91.8% for the Research block. The MCQ exam for Biostats had a mean item difficulty of 90.8%. The Hofstee pass mark was 67%. The overall course assessment mean was slightly higher than for the previous iteration but the trend in course assessment mean scores has been stable over the past five years. All learners passed the course.

### MED 5740 Community Engagement I

Despite the virtual delivery of the Early Clinical Experience component, no significant changes to course assessment. The learners performed well with a mean assessment score of 86.8%. The trend in course assessment mean scores has been stable over the past five years. All learners passed the course.



# UGMS Summary Report

April 2021

**Phase Team or Sub-Committee:** iTac

**Liaison to the UGMS:** Steve Pennell

**Date of Last Phase Team or Sub-Committee Meeting:** Jan 14, 2021

**Date of Next Phase Team or Sub-Committee Meeting:** April 22, 2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status

Agenda Items Requiring UGMS Action:
1. Kerry O’Neill is our new instructional design assistant (replaced Aaron Goudling)
2. Gina Barnes will finish out moderating with Phase 2 until the end of the year.
3. iTac meeting tomorrow. Delayed due to CCME.
4. Main auditorium redesign

Additional Comments, Suggestions, New or Pending Business:
1.
2.
3.

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# UGMS Summary Report

April 2021

**Phase Team or Sub-Committee:** Curriculum Oversight Subcommittee

**Liaison to the UGMS:** Alison Haynes / Brian Kerr

**Date of Last Phase Team or Sub-Committee Meeting:** 30/03/2021

**Date of Next Phase Team or Sub-Committee Meeting:** 27/04/2021

Agenda Items Requiring Phase Team or Sub-Committee Action								
Phase	Item (Session)	Change Type					Action	
		Title Change	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Approved	Implemented
1	Imaging of the Body		X			X	X	X
1	Thorax - Radiological Anatomy					X	X	X
1	Biostatistics 1		X			X	X	X
1	Biostatistics 2		X			X	X	X
1	Biostatistics 3		X			X	X	X
1	Biostatistics 4		X			X	X	X
1	Epidemiology: Lectures and Tutorials		X		X	X	X	X
1	Orientation to Reflection			X		X	X	X
1	Introduction to Community Health		X			X	X	X
1	Determinants of Health		X				X	X
1	Social Justice and Accountability		X			X	X	X
1	Global Health		X			X	X	X
2	Anatomy and Function of the Brain 1		X		X	X	X	X
2	Dizziness, Syncope and Vertigo		X				X	X
2	Neuroanatomy labs		X			X	X	X
2	Hypothalamus and Homeostasis		X			X	X	X
2	Audition, Taste and Olfaction		X			X	X	X
2	Anatomy and Function of the Spinal Cord		X				X	X
2	Neoplasms of the Small and Large Bowel		X				X	X
2	Imaging of the GI and Renal Tract		X			X	X	X

**Our Vision:** Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.

## UGMS Summary Report

April 2021

Agenda Items Requiring Phase Team or Sub-Committee Action (cont.'d)								
Phase	Item (Session)	Change Type					Action	
		Title Change	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Approved	Implemented
2	Introduction to Ultrasound		x			x	x	x
2	Abdomen - Radiological Anatomy					x	x	x
2	Head and Neck Radiological Anatomy					x	x	x
2	Chest X-Ray					x	x	x
2	Applied Anatomy with Realtime Ultrasound					x	x	x
2	Approach to Bone Tumors					x	x	x
2	MSK Radiological Anatomy		x			x	x	x
2	Infectious Disease Epidemiology		x	x			x	x
2	Outbreak Investigation and Management		x	x			x	x
2	Principles of Vaccination		x		x		x	x
2	Vaccination Tutorial		x				x	x
2	Emerging Infectious Diseases Tutorial		x				x	x
2	Case and Outbreak Management Tutorial (1)	x				x	x	x
2	Critical Appraisal		x		x	x	x	x
2	Beliefs, Cognitions, and Behaviours: Health and Illness		x	x		x	x	x
2	Health Status; Indicators and Vital Statistics		x				x	x
2	Health Promotion		x			x	x	x
2	Arts and Health in Medicine		x			x	x	x
2	Global Health and Non-Communicable Disease			x			x	x
2	Disease Prevention		x				x	x
2	Injury Prevention		x				x	x
2	Health and Nutrition I		x				x	x
2	The Community Visit - Orientation		x				x	x
2	Field Preparation and Reflection Exercise		x			x	x	x
2	The Community Visit		x				x	x
2	The Community Visit - Debrief		x				x	x
2	Bone and Joint Infections		x			x	x	x

**Our Vision:** Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.

## UGMS Summary Report

April 2021

Agenda Items Requiring Phase Team or Sub-Committee Action (cont.'d)								
Phase	Item (Session)	Change Type					Action	
		Title Change	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Approved	Implemented
3	Traumatic Brain Injury (TBI)		X				X	X
3	Coma		X			X	X	X
3	Common Medical Complications Post-Spinal Cord Injury	X	X			X	X	X
3	Gait and Coordination	X	X			X	X	X
3	Headache		X				X	X
3	Language		X				X	X
3	Limbic System		X			X	X	X
3	Memory		X				X	X
3	Movement Disorders		X				X	X
3	Multiple Sclerosis		X			X	X	X
3	Peripheral Motor Sensory Defects		X				X	X
3	Principles of Rehabilitation		X			X	X	X
3	Seizures		X				X	X
3	Seizures Tutorial		X				X	X
3	Stroke - Clinical Syndromes		X				X	X
3	Stroke - Diagnosis and Management		X				X	X
3	Vision		X			X	X	X
3	Vision Laboratory		X			X	X	X
3	Weakness		X			X	X	X
3	Pathophysiological Basis of Neurological Signs and Symptoms		X				X	X
3	Acute Back Pain and Spinal Column Injury		X				X	X
3	Acute Sports Injury		X				X	X
3	Approach to Trauma and MSK Injury		X			X	X	X
3	Common Hand Problems		X				X	X
3	Complications of Fractures		X				X	X
3	Fractures of the Lower Extremity (Thigh - Foot)					X	X	X
3	Ultrasound in Gynecology		X			X	X	X

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## UGMS Summary Report

April 2021

Agenda Items Requiring Phase Team or Sub-Committee Action (cont.'d)								
Phase	Item (Session)	Change Type					Action	
		Title Change	Reword Objectives	Add Objectives	Remove Objectives	Modify MCC Objectives	Approved	Implemented
3	Cerebrovascular Anatomy		X			X	X	X
3	Head CT		X			X	X	X
3	Imaging in Obstetrics					X	X	X
3	Urogenital Radiological Anatomy					X	X	X
3	Radiology Boot Camp					X	X	X
3	Cerebrovascular Anatomy					X	X	X
3	Emergency Response Preparedness		X				X	X
3	Environmental Health		X		X	X	X	X
3	Health System Funding		X				X	X
3	Origins of Canada's Health System, Federal Responsibility		X				X	X
3	Physician Payment and Professional Regulation		X				X	X
3	Physician Supply and Economic Evaluations		X				X	X
3	Physician and the Public Health System		X				X	X
3	Health Inequities and Building Advocacy and Allyship		X			X	X	X
3	Healthy Sexualities		X			X	X	X
3	Nutrition and Health 2		X				X	X
3	Weight Bias and Obesity		X				X	X

### Agenda Items Requiring UGMS Action:


**Our Vision:** Through excellence, we will integrate education, research and social accountability to advance the health of the people and communities we serve.



## UGMS Summary Report

April 2021

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<b>Additional Comments, Suggestions, New or Pending Business:</b>
1. Discussions with SAS, Community Health UCL and Physician Competencies lead referencing including participation as part of assessment for the next academic year
2. Working on new Terms of Reference
3. Objectives review ongoing with majority completed
4. Exploring having a focus group with learners for their input on the Theme Based Curriculum
5. Discussing adding academic advising for specific content to UCL job description
6. Draft schedules are completed. Waiting to review with CLSC followed by UCLs
7. Minor curriculum changes attached



# UGMS Summary Report

April 2021

**Phase Team or Sub-Committee:** Phase 3 Management Committee

**Liaison to the UGMS:** Dr. Jasbir Gill

**Date of Last Phase Team or Sub-Committee Meeting:** 07 / 04 / 2021

**Date of Next Phase Team or Sub-Committee Meeting:** 05 / 05 / 2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status

Agenda Items Requiring UGMS Action:
1. Motion to approve two Major Curriculum Changes requests (see attached): <ul style="list-style-type: none"> <li>• Change name of Palliative Care theme to "Palliative Care and Pain Management"</li> <li>• Add "Introduction to Vision" 50-minute session to Phase 1</li> </ul>
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1.
2.
3.

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# Curriculum Change Request

a.haynes@mun.ca

Tue 2021-04-06 12:53 PM

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;  
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



## Curriculum Change Form

**Your Name:** Alison Haynes

**Your Email:** a.haynes@mun.ca

**Your Discipline:** Faculty Curriculum Lead

**Select Phase:** Phase 3

**Session Title:** Palliative Care Theme

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**Curriculum content change type:** Major Changes

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**Session title modification:**

**Please provide the existing session title followed by the new proposed title:**

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**Re-wording of session objectives:**

**Please outline the current objective including Blueprint number followed by the proposed change in objectives:**

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**Change in teaching and learning method for session:**

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

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**Splitting a session into multiple sessions, or merging multiple sessions into one:**

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

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<b>Change type(s):</b>	Moving a session to a different theme
<b>Proposal:</b>	Change the Palliative Care theme to Palliative Care and Pain Management
<b>Academic Rationale:</b>	There was a recent addition of coordinated pain management content into phase 3. Curriculum Oversight Subcommittee felt that this important topic should be reflected in the theme title.
<b>Learning Objectives:</b>	N/A
<b>Delivery of Proposed Change:</b>	N/A
<b>Assessment:</b>	N/A

# Curriculum Change Request

rgendron@mun.ca

Tue 2021-03-02 10:57 AM

Inbox

To: David.Stokes@med.mun.ca <David.Stokes@med.mun.ca>; Haynes, Alison Theresa <a.haynes@mun.ca>;  
ugme.advisor@med.mun.ca <ugme.advisor@med.mun.ca>;



## Curriculum Change Form

**Your Name:** Robert Gendron

**Your Email:** rgendron@mun.ca

**Your Discipline:** BMS

**Select Phase:** Phase 1

**Session Title:** Introduction to vision

**Curriculum content change type:** Major Changes

**Session title modification:**

**Please provide the existing session title followed by the new proposed title:**

**Re-wording of session objectives:**

**Please outline the current objective including Blueprint number followed by the proposed**

**change in objectives:****Change in teaching and learning method for session:**

Please outline the current teaching and learning method(s) followed by the proposed change in method(s):

**Splitting a session into multiple sessions, or merging multiple sessions into one:**

Please outline how session is currently delivered followed by the proposed change in timing of delivery:

**Change type(s):**

Assigning objectives to a different session  
 Moving a session to a different theme  
 Adding or removing a session

**Proposal:**

As UCL Ophthalmology, my colleagues and I discussed and wholeheartedly agreed to create a "Vision 101" or "Introduction to Vision" lecture in foundations. This stemmed from the desire and need from both professors and learners to have some limited basic vision content in the foundations theme, since the eye is important to many other themes and content throughout the curriculum (the eye is a window to the body). This hour would introduce the eye in foundations and would come out of the 2 hours of vision content I normally would deliver in phase 2 or 3 (now phase 3). For now I would leave that second hour of phase 3 and have the lab associated with that phase 3 lecture hour. Content and objectives would simply be moved and rearranged. This change would be a prelude to a more complex idea of having a Phase 3 "Vision Day" which, at this point, is still a work-in-progress since it would involve recruiting local clinicians and specialists as potential guest participants in related labs or tutorials etc.

**Academic Rationale:**

See above.

**Learning Objectives:**

Existing. See above

**Delivery of Proposed Change:**

See above.

**Assessment:**

Existing assessment will be used and simply rearranged.



# UGMS Summary Report

April 2021

**Phase Team or Sub-Committee:** Phase 1

**Liaison to the UGMS:** Amanda Pendergast

**Date of Last Phase Team or Sub-Committee Meeting:** 25 / March / 2021

**Date of Next Phase Team or Sub-Committee Meeting:** 23 / Sept / 2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status
Assessment response reports	Will be sent to SAS by April 16, 2021	
Evaluation response reports	Will be sent to PESC by April 16, 2021	

Agenda Items Requiring UGMS Action:
1.
2.
3.

Additional Comments, Suggestions, New or Pending Business:
1. After reviewed by SAS and PESC, Phase 1 reports will be presented to UGMS
2.
3.

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# UGMS Summary Report

April 2021

**Phase Team or Sub-Committee:** Associate Dean update

**Liaison to the UGMS:** Tanis Adey

**Date of Last Phase Team or Sub-Committee Meeting:** March 2021

**Date of Next Phase Team or Sub-Committee Meeting:** May 2021

Agenda Items Requiring Phase Team or Sub-Committee Action		
Item	Recommended Action	Status

Agenda Items Requiring UGMS Action:
1.

Additional Comments, Suggestions, New or Pending Business:
1. Eastern Health has indicated that learners in Phase 4 of the MD program have been contacted by the health authority to schedule an appointment to receive the COVID-19 vaccination in the very near future. Learners in Phases 2 and 3 can anticipate being contacted by the health authority as the provincial vaccination planning progresses.
2. Learners are reminded to bring concerns forward to the administrative teams via the elected learner representatives.
3. CaRMS Match Day April 20, 2021
4. Graduation 2021 - Virtual
5. Covid-19 Task Force meeting weekly.
6. CCME April 17-20, 2021

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