



**UNIVERSITY OF CALGARY** | Cumming School of Medicine  
Postgraduate Medical Education

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## 2024 - 2025 ANNUAL REPORT

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**UNIVERSITY OF  
CALGARY**

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## List of Abbreviation

Abbreviation	Definition
AHS	Alberta Health Services
AIMERS	Assessment of Internal Medicine Evaluations in Residency Study
AIMG	Alberta International Medical Graduates
APOR	Action Plan Outcomes
CanERA	Canadian Excellence in Residency Education
CanRAC	Canadian Residency Accreditation Consortium
CaRMS	Canadian Resident Matching Service
CBD	Competence by Design
CCME	Canadian Conference on Medical Education
CFPC	College of Family Physicians of Canada
CMG	Canadian Medical Graduates
CPSA	College of Physicians & Surgeons of Alberta
CSM	Cumming School of Medicine
EDI	Equity, Diversity & Inclusion
EMR	Electronic Medical Record
EPA	Entrustable Professional Activities
FM	Family Medicine
ICU	Intensive Care Unit
LEaPP	The Learner Education Handover Pilot Project
MELD	Mentoring for Education Leadership Development
MedSIS 3C	LGI Healthcare Solutions
Non-CMG	Non-Canadian Medical Graduates
ORAPW	Office of Resident Affairs and Physician Wellness
PARA	Professional Association of Resident Physicians of Alberta
PGME	Post Graduate Medical Education
PGY	Post Graduate Year
PPE	Personal Protective Equipment
RCPSC	Royal College of Physicians & Surgeons of Canada
RESP	Resident Education Scholars Program
SAC	Strategic Advisory Committee
SET	Simulation Educator Training
UME	Undergraduate Medical Education
U of C	University of Calgary
WISHES	Wellness Innovation Scholarship for Health Professions Education and Sciences

## Overview of PGME

The mission of Postgraduate Medical Education (PGME) at the Cumming School of Medicine (CSM) is to deliver outstanding clinical training that prepares graduating physicians to provide excellent health care to Albertans.

Each program offers unique, discipline-specific educational opportunities to support the development of competencies necessary for independent practice. Achievement of these competencies is also mandated to satisfy certification requirements of the Royal College of Physicians & Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).

The PGME office oversees 65 accredited residency training programs which take place in a variety of clinical and academic settings in Calgary and in distributed sites throughout the province. Programs range from two to eight years in length, and each has independent, defined curricula established by the relevant College.

For a full list of our programs, please visit: [PGME | Residency Program Directory | POSTGRADUATE MEDICAL EDUCATION | Cumming School of Medicine | University of Calgary \(ucalgary.ca\)](#)



## Highlights and New Initiatives

- 55 programs already in CBD model; final 6 to launch in July 2025.
- New IMG Lead role created to support transition and mentorship.
- Expansion: 27 AIMG entry positions offered; 40 matched via reversion (29 in Family Medicine).
- New survey section added in 2025 on Competency-Based Medical Education (CBD).
- ORAPW provided 339.5 hours of counselling to 104 residents and 106 hours of occupational therapy to 62 client.
- Peer support program expanded (13 trained residents across 7 programs).
- PGME Awards of Excellence expanded, now recognizing program directors, mentors, clinical teachers, administrators and a new Resident Leader Award.
- Two new Family Medicine Enhanced Skills (ES) programs were approved in 2024–25: Sexual and Reproductive Health and Chronic Pain.

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Building healthy communities through high-quality, innovative postgraduate medical education.

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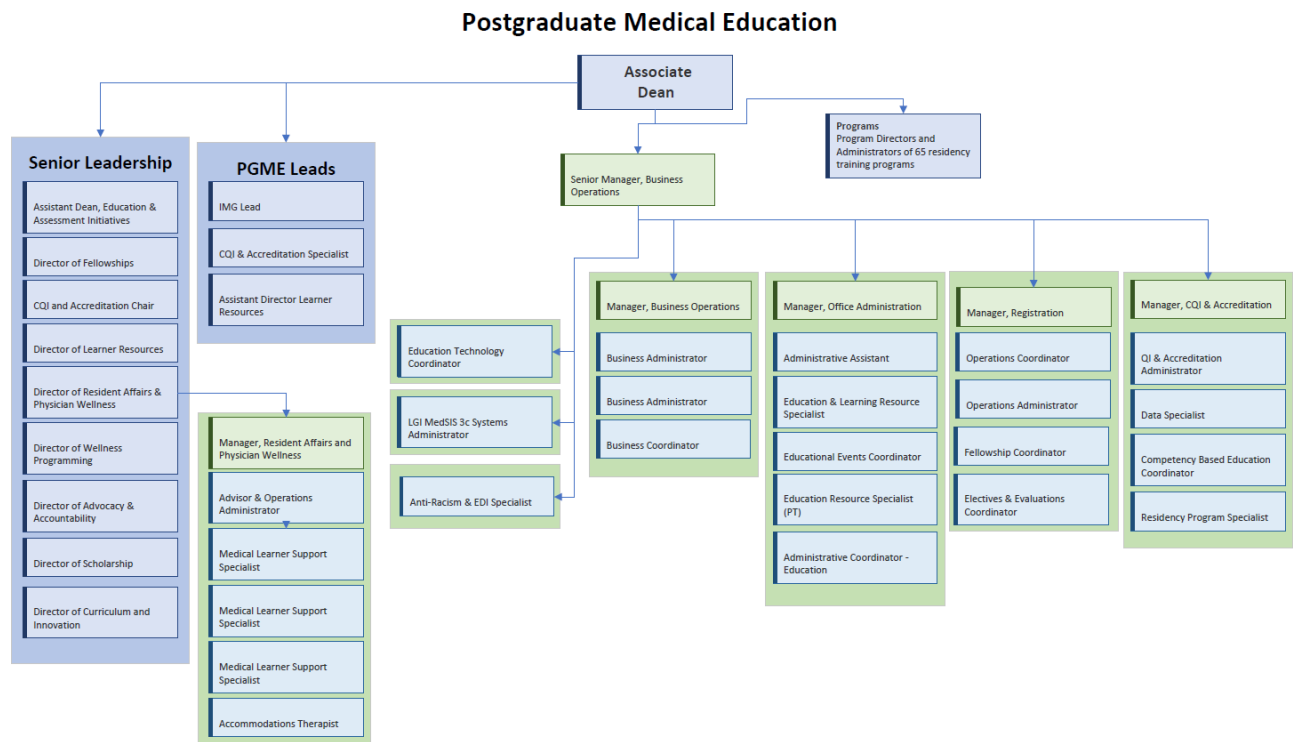
Postgraduate Medical Education (PGME) at the Cumming School of Medicine (CSM) strives to deliver an outstanding clinical experience that prepares graduating physicians for independent practice. Our mission is to offer training in a safe, inclusive environment that promotes patient-centered care and is socially accountable to the needs of individuals and health care systems both locally and nationally. This mission is advanced by a community that supports excellence in health care research, education, and innovation.

## PGME Office

The PGME Office is organized into four functional areas:

- Accreditation and Quality Improvement
- Administration
- Business Operations
- Registration

These four functional areas represent the mandated and delegated authorities provided to it by the CSM and the accrediting Colleges.



## Committees

The PGME Committee provides effective governance for the development and review of all aspects of residency education at the CSM. The Committee includes 32 permanent members plus rotating/voting representatives, including CPSA, AHS, PARA. Non-voting members include an Undergraduate Medical Education (UME) Assistant Dean, included to facilitate decision-making around shared issues at the UME and PGME level. Representation also includes the College of Physicians & Surgeons of Alberta (CPSA), Alberta Health Services (AHS), and Professional Association of Resident Physicians of Alberta (PARA).

Subcommittees – Standing	Subcommittees – Ad Hoc
Accommodations Assessment Committee	PGME Learning Site Committee (Rural)
PGME Accreditation Committee	PGME Learning Site Committee
PGME Allocations Committee	
PGME Appeals Committee	
PGME Awards Committee	
PGME Fellowship Committee	
Competency Based Education – Continuous Quality Improvement (CQI) Committee	
PGME Learner Academic Support and Assessment Committee	
PGME Patient Safety Council	
PGME Policy Committee	
PGME Strategic Advisory Committee (SAC)	

## Resident Education Overview

Alberta Health funding enables PGME to provide financial support for a variety of professional development and education resources and activities completed by residents. These initiatives substantially enhance the quality of the postgraduate learning experience. This support is not limited to, but includes:

- Funding for conferences
- Special courses
- Educational events
- Visiting speakers

U of C PGME residents train and provide essential health care services at five acute-care hospitals in Calgary:

- Calgary Foothills Hospital
- Alberta Children's Hospital
- Rockyview General Hospital
- Peter Lougheed Centre
- South Health Campus

They are also assigned to train in community clinics, Alberta Provincial Laboratories, and in communities such as:

- Medicine Hat
- Lethbridge
- Red Deer

Distributed learning takes place in a variety of non-urban settings such as:

- |                  |                 |
|------------------|-----------------|
| • Banff          | • Longview      |
| • Bassano        | • Olds          |
| • Bellevue       | • Okotoks       |
| • Bow Island     | • Pincher Creek |
| • Brooks         | • Ponoka        |
| • Camrose        | • Raymond       |
| • Canmore        | • Stettler      |
| • Cardston       | • Strathmore    |
| • Claresholm     | • Sundre        |
| • Drumheller     | • Taber         |
| • Fort McMurray  | • Three Hills   |
| • Grande Prairie | • Whitehorse    |
| • High River     | • Yellowknife   |



Royal College - Number of Residents by Year and Program as at July 1, 2024										
Count	Program	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7	PGY8	Total
1	Anesthesiology	9	9	10	8	8	-	-	-	44
2	Cardiac Surgery	1	-	1	2	2	4	-	-	10
3	Cardiology	-	-	-	4	4	4	-	-	12
4	Child and Adolescent Psychiatry	-	-	-	-	2	1	-	-	3
5	Clinical Pharmacology and Toxicology	-	-	-	-	-	2	-	-	2
6	Clinician Investigator Program	-	-	2	1	5	-	-	-	8
7	Colorectal Surgery	-	-	-	-	-	1	-	-	1
8	Critical Care Medicine	-	-	-	2	-	3	3	1	9
9	Dermatology	3	3	3	4	2	-	-	-	15
10	Developmental Pediatrics	2	2	2	1	1	-	-	-	8
11	Diagnostic and Clinical Pathology	4	3	2	6	5	-	-	-	20
12	Diagnostic and Molecular Pathology	5	6	5	5	6	-	-	-	27
13	Diagnostic Radiology	4	5	3	4	3	-	-	-	19
14	Emergency Medicine	-	-	-	3	1	-	-	-	4
15	Endocrinology and Metabolism - Adult	-	-	-	-	-	1	-	-	1
16	Endocrinology and Metabolism - Pediatric	-	-	-	2	3	-	-	-	5
17	Gastroenterology - Adult	-	-	-	-	-	2	-	-	2
18	Gastroenterology - Pediatric	6	5	5	4	3	-	-	-	23
19	General Surgery	-	-	-	-	-	3	1	-	4
20	General Surgical Oncology	-	-	-	1	2	-	-	-	3
21	Geriatric Medicine	-	-	-	-	-	1	1	-	2
22	Gynecologic Oncology	-	-	-	4	1	-	-	-	5
23	Hematology	-	-	-	2	3	1	-	-	6
24	Infectious Diseases - Adult	-	-	-	-	1	-	-	-	1
25	Internal Medicine	36	39	37	4	-	-	-	-	116
26	Internal Medicine - General	-	-	-	7	8	-	-	-	15
27	Maternal Fetal Medicine	-	-	-	-	-	-	1	-	1
28	Medical Genetics and Genomics	1	1	1	2	1	-	-	-	6
29	Medical Microbiology	1	-	-	1	1	-	-	-	3
30	Medical Oncology	-	-	-	3	2	-	-	-	5
31	Neonatal/Perinatal Medicine	-	-	-	-	-	-	1	-	1
32	Nephrology - Adult	-	-	-	3	3	-	-	-	6
33	Nephrology - Pediatric	-	-	-	-	-	1	-	-	1
34	Neurology - Adult	4	4	3	4	3	-	-	-	18
35	Neurology - Pediatric	1	1	3	-	1	-	-	-	6
36	Neuropathology	-	-	1	1	-	-	-	-	2
37	Neuroradiology	1	1	2	2	-	-	-	-	6

<b>38</b>	Neurosurgery	-	-	1	-	1	-	-	-	<b>2</b>
<b>39</b>	Obstetrics and Gynecology	3	2	1	3	-	-	-	-	<b>9</b>
<b>40</b>	Ophthalmology	6	7	8	7	2	-	-	-	<b>30</b>
<b>41</b>	Orthopedic Surgery	2	2	2	2	2	-	-	-	<b>10</b>
<b>42</b>	Otolaryngology - Head and Neck Surgery	5	5	5	5	5	-	-	-	<b>25</b>
<b>43</b>	Pain Medicine	3	1	1	1	2	-	-	-	<b>8</b>
<b>44</b>	Pediatric Emergency Medicine	-	-	-	-	-	2	-	-	<b>2</b>
<b>45</b>	Pediatric Hematology Oncology	-	-	-	1	-	-	-	-	<b>1</b>
<b>46</b>	Pediatric Surgery	-	-	-	1	3	0	-	-	<b>4</b>
<b>47</b>	Pediatrics	-	-	-	-	1	1	-	-	<b>2</b>
<b>48</b>	Physical Medicine & Rehabilitation	-	-	-	-	-	1	1	-	<b>2</b>
<b>49</b>	Plastic Surgery	15	13	14	10	-	-	-	-	<b>52</b>
<b>50</b>	Psychiatry	3	2	2	4	1	-	-	-	<b>12</b>
<b>51</b>	Public Health and Preventive Medicine	2	2	3	3	1	-	-	-	<b>11</b>
<b>52</b>	Public Health and Preventive Medicine with Family Medicine	9	10	8	12	6	-	-	-	<b>45</b>
<b>53</b>	Radiation Oncology	-	-	-	-	2	-	-	-	<b>2</b>
<b>54</b>	Respirology - Adult	2	2	1	2	-	-	-	-	<b>7</b>
<b>55</b>	Rheumatology - Adult	2	1	2	2	1	-	-	-	<b>8</b>
<b>56</b>	Thoracic Surgery	-	-	-	3	3	-	-	-	<b>6</b>
<b>57</b>	Vascular Surgery	-	-	-	2	2	-	-	-	<b>4</b>
<b>Total</b>										<b>659</b>

**NOTES:**

1. Only programs with registered trainees are listed. The current number of accredited RCPSC programs is 63.
2. Residents who are part of the Rockyview PGY1 and Surgical Foundations are included in the totals for their respective Residency Training Programs.
3. Resident totals for the Clinician Investigator Program (6) include residents from the following programs: Emergency Medicine, Internal Medicine-General,
4. Public Health and Preventive Medicine with Family Medicine resident numbers are included here.

Family Medicine - Number of Residents by Year and Program as at July 1, 2023					
Count	Program	PGY1	PGY2	PGY3	Total
1	Family Medicine	90	71	-	161
2	Family Medicine - Anesthesia	-	-	3	3
3	Family Medicine - Emergency Medicine	-	-	7	7
4	Family Medicine - Enhanced Skills - Addiction Medicine	-	-	2	2
5	Family Medicine - Enhanced Skills - Care of the Elderly	-	-	1	1
6	Family Medicine - Enhanced Skills - Health Equity: Local and Global Care	-	-	1	1
7	Family Medicine - Enhanced Skills - Maternal and Newborn Care	-	-	3	3
8	Family Medicine - Enhanced Skills - Palliative Care	-	-	1	1
9	Family Medicine - Enhanced Skills - Sport and Exercise Medicine	-	-	1	1
10	Family Medicine - Rural Alberta South - Lethbridge	11	10	-	21
11	Family Medicine - Rural Alberta South - Medicine Hat	9	4	-	13
<b>Total</b>		110	85	19	214

Fellowship Programs and Number of Fellows in Fellowship Programs		
Count	Program	Total
1	Anatomical Pathology	5
2	Anesthesiology	5
3	Cardiac Surgery	1
4	Cardiology	14
5	Colorectal Surgery	1
6	Critical Care	2
7	Diagnostic Radiology	13
8	Gastroenterology	6
9	General Surgery	9
10	Gynecologic Oncology	2
11	Hematology	1
12	Internal Medicine	5
13	Medical Genetics	2
14	Medical Oncology	7
15	Neonatal/Perinatal Medicine	19
16	Nephrology	1
17	Neurology	34
18	Neuroradiology	7
19	Neurosurgery	7
20	Obstetrics and Gynecology	8
21	Ophthalmology	8
22	Orthopedic Surgery	24
23	Otolaryngology	1
24	Palliative Medicine	1
25	Pediatric Gastroenterology	1
26	Pediatric Hematology Oncology	2
27	Pediatric Nephrology	5
28	Pediatric Neurology	2
29	Pediatric Respiriology	1
30	Pediatrics	10
31	Physical Medicine and Rehabilitation	3
32	Plastic Surgery	4
33	Psychiatry	1
34	Radiation Oncology	4
35	Respirology	1

<b>36</b>	Urology	6
<b>Total</b>		<b>223</b>

## Training Physicians to Meet the Health Needs of Albertans

Timelines for the CaRMS PGY1 match were slightly earlier for 2025, with the first iteration match day, which transpired on March 4th, 2025, followed by the second iteration, which occurred on April 17th, 2025. Interviews continued to be held in a virtual format to avoid unnecessary travel across the country.

PGME offered 207 entry-level positions for the Canadian Medical Graduate (CMG) stream, of which 28 remained unfilled going into the second iteration:

- Twenty-six in Family Medicine
- One in Neuropathology
- One in Medical Genetics and Genomics

The second iteration of the CaRMS match took place on April 17th, and 15 of the remaining 28 positions were filled. The 13 unfilled positions include:

- Twelve CMG-designated Family Medicine seats
- One CMG-designated Neuropathology seat

The percentage of unmatched medical school graduates across the country after the match was 1.6%, down from 1.9% in 2024. At the University of Calgary CSM, four UME graduates remained unmatched following the second iteration of the PGY1 match.

PGME offered 27 entry-level positions in the AIMG stream. As a result of the reversion plan implemented in the first iteration, 13 additional CMG-designated positions were filled by AIMG trainees, bringing the total AIMGs matched to 40. Distribution of these positions included:

- 29 in Family Medicine
- • 1 in General Surgery
- 6 in Internal Medicine
- 1 in Adult Neurology
- 2 in Pediatrics
- 1 in Diagnostic and Molecular Pathology

PGME has launched new supports to enhance AIMG readiness for residency training. This initiative includes early access to personal coaching focused on CanMEDS roles. Additional information are described under the AIMG initiatives section of this report

## Physician Retention in Alberta

The percentage of Canadian Medical Graduates (CMG) physicians who completed PGME training two years ago (June 2021) and continue to be geographically located in Alberta is 68.09%. The percentage for Non-CMG physicians is slightly lower at 66.67%.

The breakdown of these percentages is depicted in the following table:

	RCPSC Programs	Family Medicine Programs	All Programs
CMG	68.38%	66.67%	68.09%
Non-CMG	65.00%	77.78%	66.67.1%



## Quality Improvement and Accreditation

Following the University of Calgary's 2022 external accreditation review, PGME shifted its focus to preparing programs for the upcoming 2025 external reviews and the institutional Action Plan Outcomes Report (APOR). A comprehensive mock review program was launched with an external consultant, beginning with preparatory meetings in Fall 2023. Between March and October 2024, nineteen residency programs completed on-site mock reviews, receiving detailed feedback to strengthen documentation and processes. The institutional APOR also underwent a mock review and is on track for submission in May 2025.

In addition, PGME piloted **Accreditation Health Checks** with ten programs in Spring 2024. This approach provided early check-ins, dashboards, and tracking tools to monitor accreditation standards. Six programs completed the process, offering valuable feedback that is now being used to refine the model and reduce administrative burden.

Quality improvement principles have been further integrated into accreditation support. Educational workshops introduced QI fundamentals and emphasized using accreditation as a tool for continuous improvement. Programs are supported with dashboards, resources, and coaching to meet standards and build their own CQI frameworks. At the institutional level, PGME established a formal CQI framework, empowering the Accreditation & QI Committee to review data, identify cross-program trends, and recommend system-wide improvements.

Looking ahead, PGME plans to implement **internal cross-review surveys** beginning in 2026. These reviews will see program directors, administrators, and residents evaluate each other's programs, producing reports that highlight areas for improvement and strengthen preparation for future accreditation cycles.

## Competence by Design (CBD)

CBD is the RCPSC version of competency-based medical education. This nationally driven restructuring of medical education focuses on an outcomes-based approach to residency training. CBD is a multi-year initiative, represents a major shift in the delivery of medical education in Canada and applies to all RCPSC residency training specialty and subspecialty programs. This new methodology is designed to ensure physicians acquire the necessary skills needed to meet evolving patient needs. The RCPSC expects that all programs will have transitioned to CBD by 2025.

The transition to CBD requires extensive development of faculty leadership roles to implement new assessment mechanisms, curriculum updates and communication strategies. The U of C is in year eight of this significant initiative. Initially there were seven cohorts, representing all 63 RCPSC programs at the U of C, scheduled to transition to CBD. The number of cohorts has grown to nine as some programs experience delays. The RCPSC expects that all programs will have transitioned to CBD by 2025.

The CBD funding made available through AH has assisted programs in cohorts one through seven with the transition process. Funding has been used for:

- Leadership support
- Academic advising
- Courses to enhance readiness for CBD
- Development and implementation of new assessment strategies
- Curriculum mapping
- Simulation teaching
- Additional faculty development

At the start of this academic year, four additional RCPSC programs (Infectious Disease Adult and Pediatric, Medical Microbiology, and Neuroradiology) transitioned to the Competence by Design (CBD) curriculum. As of July 1st, 2024, there are 55 programs officially functioning in a CBME model. The following chart chronicles the progress to date:

2017	<i>Anesthesiology, Otolaryngology-Head and Neck Surgery</i>
2018	<i>Emergency Medicine, Nephrology Adult and Pediatric, Medical Oncology, Surgical Foundations</i>
2019	<i>Cardiac Surgery, Critical Care Medicine, Diagnostic and Clinical Pathology (formerly General Pathology), Diagnostic and Molecular Pathology (formerly Anatomical Pathology), Gastroenterology Adult and Pediatric, General Internal Medicine, Geriatric Medicine, Internal Medicine, Neurosurgery, Obstetrics and Gynecology, Radiation Oncology, Rheumatology</i>
2020	<i>General Surgery, Neurology Adult and Pediatric, Orthopedic Surgery, Physical Medicine and Rehabilitation, Plastic Surgery, Psychiatry</i>
2021	<i>Cardiology, Child and Adolescent Psychiatry, Clinical Pharmacology and Toxicology, Forensic Psychiatry, Geriatric Psychiatry, Neonatal Perinatal Medicine, Pediatrics, Pediatric Hematology Oncology, Pediatric Surgery, Respiriology Adult and Pediatric, Vascular Surgery</i>
2022	<i>Dermatology, Diagnostic Radiology, Gynecology Oncology, Hematology, Medical Genetics and Genomics, Maternal Fetal Medicine, Neuropathology</i>
2023	<i>Developmental Pediatrics, Ophthalmology, Pain Medicine, Palliative Medicine, Pediatric Emergency Medicine</i>
2024	<i>Infectious Disease, Adult and Pediatric, Medical Microbiology, Neuroradiology</i>

The shift to CBD remains a major focus of work for the Assistant Dean, Education and Assessment Initiatives, as has the ongoing development of an IT system to support CBD. This CSM-wide platform will also serve the Family Medicine residency programs and the Undergraduate Medical Education program, emphasizing the comprehensive nature of the new assessment system. An exhaustive search for a new learning management and assessment platform for the University of Calgary was carried out over much of the previous reporting period. Final contract negotiations with the successful vendor, LGI Healthcare Solutions (MedSIS 3C) were completed in April 2024 and the implementation of the new platform began in May.

## Wellness

Resident wellness continues to be a focus for PGME at the CSM. The Office of Resident Affairs and Physician Wellness (ORAPW) is responsible for addressing the physical, psychological, and spiritual wellbeing of PGME learners. Its role is to provide health and wellness resources for PGME learners and facilitate an environment in which they can be and stay well as they navigate the opportunities and challenges they will face throughout their medical training.

### *Organization & Structure*

The Advisor & Operations Administrator (1.0 FTE) added in FY24 has become a fundamental part of office operations throughout FY25. The position acts as a first point of contact for all stakeholders to triage requests and assist in providing information. The role plays an integral role in scheduling counselling appointments, coordinating programming delivery for specialty and subspecialty residency programs, and is an integral part of implementing the ORAPW communications strategy.

In the current organizational structure, a full complement of Medical Learner Support Specialists (MLSS) totals 1.4 FTE across three positions. For the majority of this reporting period, the ORAPW functioned with a single MLSS (0.6 FTE). This was due to a 12-month maternity leave as well as some staff turnover.

### *Services*

The Accommodations Therapist (AT) role continues at 0.5 FTE offering supports to trainees and residency programs, primarily in the area of accommodations and other occupational therapy resources and services.

During this reporting period, MLSS provided counselling services to a total of 104 clients. This represented a total of 339.5 direct client hours.

### *Accommodations*

The operating standard for the Postgraduate Medical Learner Accommodation process continues to be implemented. During this reporting period, the Accommodations Assessment Committee (AAC) addressed 26 new requests and 18 accommodation reviews.

### *Programming and Events*

In addition to providing one-on-one services, the ORAPW also participates in and provides wellness programming to trainee groups through academic half days and retreats. This wellness programming is delivered by the MLSS, the AT, the Director Resident Affairs and Physician Wellness, the Director of Wellness Programming, the Advisor & Operations Administrator and the ORAPW Manager depending on the topic, audience, and expertise required.

During this reporting period, the ORAPW delivered and/or funded 23 sessions with a reach of over 704 trainees.

An additional three sessions were delivered to those who support trainees, including:

- Medical Education Leadership Development Training targeting new Program Directors

- Cabin Fever (Rural Family Medicine Conference) targeting rural family medicine residents and physicians
- Professional Development for PGME Directors of Resident Support

### *Peer Support*

Peers CARE (Community, Acceptance, Respect, Empathy) is a peer support program launched in FY 2024 in partnership with Well Doc Alberta. A second cohort of peer supporters was trained in the spring of 2025. The total number of trained peer supporters is currently 13 residents from seven different residency programs. Reporting from this group indicates they receive between two and four contacts per month. A third cohort has been nominated and invited to be trained early in 2026.

### *New Offerings*

An opt-out counselling program was launched in Spring 2025 to support trainee wellness. Initially offered to Family Medicine externs, it expanded to all Rural Family Medicine residents by summer. Of 53 invited trainees, 27 (50.94%) attended a virtual counselling session.

Ice Cream Rounds, a non-mandatory peer support forum, was soft-launched mid-year. Facilitated by ORAPW-affiliated mental health professionals, the sessions aim to foster connection and wellbeing during training. Three sessions were held during the reporting period.

## Scholarship

As Director of Scholarship in PGME, Dr. Kassam's work encompasses activities related to scholarship around resident teaching and research.

### *Learner Supervision*

During the 2024/2025 academic year, Dr. Kassam had two of her three graduate students (master's level), and one Bachelor of Health Science student successfully complete their theses. Two of these students focused on residency education for their research. Dr. Kassam also mentored 4 resident physicians for their research projects during the 2024/2025 academic year.

### *Teaching*

Biomedical Ethics for Residents (Spring 2025): 3 Hrs, 27 students

Biomedical Ethics for Family Medicine Residents (Winter 2025): 3 Hrs, 40 students

Biomedical Ethics for Internal Medicine Residents (Winter 2025): 3 Hrs, 30 students

Biomedical Ethics for Residents: (Winter 2025): 3Hrs, 33 students

Biomedical Ethics for Residents: (Fall 2024): 3Hrs, 60 students

### *Grants*

1. Validating an Adapted Just Culture Assessment Tool (JCAT): A Comparative Analysis of Rural and Urban Family Medicine Contexts in Residency Education. Distributed Learning Rural Initiative. University of Calgary - \$5000.00.

2. Exploring Neuroinclusion in Learners, Staff and Faculty in the Schools of Medicine, Business and Engineering: An Intersectional Study. Transdisciplinary Connector Grant, University of Calgary - \$8500.00.

### *Publications*

The following papers were published during the 2024/2025 academic year.

1. Roze des Ordons A, Kassam A & Ellaway R. Landscapes of psychological trauma in residency education: Exploring lived experiences. Medical Education. 2025 Jun 26.
2. Neufeld A, Kassam A. Why Respect for Learner Autonomy Is an Ethical Priority. Clin Teach. 2025 Apr;22(2):e70062.
3. Schlozman S, Osterberg L, Kassam A, Wolf J. Developing a Framework for Mental Health Disclosure Decision-Making Among Medical Students: A Qualitative Pilot Study. American Journal of Health Promotion. 2025;0(0).
4. Fatima D, Gill J, Kassam A. Advancing diversity, equity, and inclusion at academic medicine conferences: the need for safe spaces. Can Med Educ J. 2024 Nov 13;15(5):164.
5. Bakunda L, Crooks R, Johnson N, Osei-Tutu K, Bharwani A, Gye E, Okoro D, Hinz H, Nearing S, Peer L, Kassam A, Smyth P, Chu P, Ruzyski S, Joneja M, Rabi D, Barnabe C, Roach P. Redefining professionalism to improve health equity in competency based medical education (CBME): A qualitative study. MedEdPublish. 2024 Oct 18;14:237.

6. Kassam A, de Vries I, Zabar S, Durning SJ, Holmboe E, Hodges B, Boscardin C, Kalet A. The Next Era of Assessment Within Medical Education: Exploring Intersections of Context and Implementation. *Perspect Med Educ*. 2024 Oct 9;13(1):496-506.

#### *Conference Presentation*

Kassam A, Gbolahan O, Abraha B & Hafeez M. Privilege Breeds Privilege - An Analysis of Capital Using Pan-Canadian Medical Student Demographic Data. Learn. Serve. Lead. Association of American Medical Colleges (AAMC) Conference. Atlanta, Georgia, November 8-12, 2024.



## Anti-Racism and Anti-Discrimination Task Force

PGME continues to make a deliberate effort to better understand and address issues with respect to equity, diversity, inclusion, and accessibility. The Anti-Racism and Anti-Discrimination Taskforce, founded in 2020, envisions a postgraduate medical education culture that is just, safe, representative, and supports individuals and communities to thrive. It also recognizes that racism and other forms of oppression are embedded in education and healthcare institutions through their culture, practices, policies, and curriculum. By centering on the Black, Indigenous, and People of Colour (BIPOC) community, the Taskforce is committed to addressing gaps in medical curricula and policies that affect marginalized communities and to identify ways in which our educational and health care institutions can better prepare physicians to serve these communities.

Taskforce members continue to develop and deliver numerous sessions on anti-racism topics at residency program academic half-days. A multi-part seminar series on the implementation of a holistic review model to mitigate bias in postgraduate learner selection was again delivered to program directors and leaders in collaboration with OFDP. This included both a series of newly developed asynchronous online presentations and resource kits to facilitate implementation at the program level, and synchronous discussion groups and sessions with program leaders. Confidential sessions with leaders struggling with change management and resistance were also provided to support the implementation of best practices in selection.

The final report of the Taskforce was completed and submitted to the Associate Dean. It provides recommendations which are organized thematically, identifies the parties best positioned to implement the recommendation, provides the rationale, and references the relevant internal or external accountability framework for each. The Task Force is proposed to transition to a Working Group, and a budget for the implementation of the recommendations is in development.

The Taskforce is involved with numerous research and scholarly activities related to Anti-Racism curriculum and initiatives, Just Culture, and a curriculum needs assessment of equity, diversity, and inclusion programs in the CSM. Presentations have been made to CSM leadership and other CSM units.

Taskforce members have been recognized for their excellence and work in this area with numerous awards. For example, a graduate student working on a study about *Just Culture* in healthcare was awarded a patient-oriented research grant and an equity, diversity, inclusion and accessibility (EDIA) award. Additionally, two manuscripts prepared from Taskforce activities are under review in peer-reviewed journals and the following work has been published by Taskforce members:

Bakunda L, Crooks R, Johnson N, Osei-Tutu K, Bharwani A, Gye E, Okoro D, Hinz H, Nearing S, Peer L, Kassam A, Smyth P, Chu P, Ruzycki S, Joneja M, Rabi D, Barnabe C, Roach P. Redefining professionalism to improve health equity in competency based medical education (CBME): A qualitative study. *MedEdPublish* (2016). 2024 Oct 18;14:237.

Fatima D, Gill J, Kassam A. Advancing diversity, equity, and inclusion at academic medicine conferences: the need for safe spaces. *Canadian Medical Education Journal*. 2024 Nov. 12;15(5):164.

Collaboration with individual programs and the ILGHO is ongoing regarding educational resource development for Indigenous Health curricula, including the development of program-specific learning objectives with adaptability across PGME in the future.

Members of the Taskforce continue to contribute to initiatives across the CSM, including membership in the Precision Equity and Social Justice Office's EDIA Leads Council to help guide school-wide initiatives in this space. Work also continues nationally to update accreditation standards to address Anti-Black and Anti-Indigenous racism for CanMEDS 2026 and for the Black Health Education Collaborative.

## Resident Surveys

Since 2013, PGME has conducted an annual exit survey of all completing residents. This gives exiting residents the opportunity to anonymously provide a candid reflection of all aspects of their training experience. The findings of this survey create an opportunity to collect quality assurance data to improve on and sustain a supportive learning environment for residency education and help facilitate a successful transition to future practice.

In order to gain a better understanding of current issues in residency training, two Learner Feedback Surveys were implemented ahead of the Exit Survey in 2021. One survey is distributed specifically to PGY1 residents towards the end of their first year while another targets PGY3 residents completing their third year of training.

### *PGY 1 Survey*

- In the second PGY1 Survey in 2024, there were 77 respondents, for a 28.21% response rate

### *PGY 3 Survey*

- In the second PGY3 Survey in 2024, there were 45 respondents, for a 29.49% response rate.

### *Exit Survey*

- In the most recent resident exit survey for 2024, there were 73 respondents out of approximately 267 exiting residents, indicating a response rate of 42.31%

## Educational Workshops and Events

PGME offered several educational workshops for residents and fellows in 2024-2025:

Workshop Name	Times Run
Fellows as Teachers Toolkit	X1
Introduction to Biostatistics – 4 consecutive weeks	X1
Medical Ethics	X5
Medical Legal	X5
Money Management & Billing Mechanics for New Graduates	X2
Physician Financial Management	X1
Residents as Teachers Toolkit	X4
Developing a Personalized Learning Plan	X1
Independent Learning Strategies & Time Management	X1
Study Strategies	X1
Lifelong Learning & Productivity	X1
Cognitive Overload	X1
Time Management	X2
Lifelong Learning & Productivity	X1
Lifelong Learning & Productivity	X1
Crafting Your Perfect Study Scenario	X1
Task & Stress Management	X1
Crafting Your Perfect Study Scenario	X1

Faculty Development Workshops	Times Run
Medical Education Leadership Development	X1
Residency Program Best Practices: Technology	X1
Residency Program Best Practices: MedSIS	X1
Residency Program Best Practices: Documentation	X1
Indigenous Health	X1
Demystifying Standard 9: A practical guide to implementing CQI in your program	X1
Inclusive Leadership	X1
Putting Power into EmPowerment - It Starts with You	X1
Difficult Conversations	X1
What to Expect: External Reviews & APORs	X2

## Challenges

Challenges over the past year have included:

- Family Medicine continues to struggle with unfilled positions after CaRMS, reflecting broader national challenges in FM recruitment.
- Growing reliance on International Medical Graduates (IMGs) to fill vacancies highlights both opportunity and risk in long-term workforce planning.
- Rising workloads for **program directors and administrators**, further complicated by Alberta Health Services restructuring.
- Persistent administrative burden linked to **Competency-Based Medical Education (CBD)**. Many residents view EPA assessments as **checkbox exercises** rather than meaningful feedback.
- Transition to MedSIS 3C assessment platform has been resource-heavy, with initial rollout challenges for both residents and faculty.
- Alberta retains only ~68% of graduates, with lower rates for RCPSC subspecialty trainees. This creates shortages in rural and underserved communities.

## Report Contributions

1. University of Calgary, Cumming School of Medicine, Postgraduate Medical Education 2024-2025 Year-End Narrative Report

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