FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of October 29, 2013 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Dr. Glen Bandiera (PGME)
Jessica Filion (PGME)
Dr. Jeannette Goguen (Medicine)
John Kerr (PGME)
Dr. Jonathan Kronick (SickKids)
Dr. David Latter (FEAC Chair; Surgery)
Loreta Muharuma (PGME)
Dr. Linda Probyn (PGME)
Dr. Salvatore Spadafora (PGME)

Guest:

Dr. Susan Edwards (Resident Wellness, PGME)

Regrets:

Caroline Abrahams (PGME)
Dr. Charles Catton (Radiation Oncology)
Dr. Karen Gómez Hernández (Clinical Fellow)
Dr. Ashesh Kumar (Clinical Fellow)
Dr. Cynthia Maxwell (Obstetrics & Gynaecology)
Dr. Arun Ravindran (Psychiatry)
Dr. Rayfel Schneider (Paediatrics)
Shannon Spencer (Ex officio; UHN)
Dr. David Wong (Ophthalmology)
Dr. Roy Wyman (Family Medicine)

1. Introduction

Dr. Latter confirmed acceptance of the draft minutes of the June 4, 2013 FEAC meeting for posting on the FEAC website. He noted a change to the committee's membership, with Dr. Linda Probyn attending as the newly appointed Director, PGME, during the period of Dr. Bandiera's secondment to the Mississauga Academy of Medicine and Trillium Health Partners. The committee approved revising the FEAC terms of reference, to include the Vice Dean PGME as a standing member of the FEAC. This change aligns the terms of reference with those of PGMEAC, which identify the Vice Dean as a member of PGMEAC.

Dr. Latter briefly reviewed the *FEAC 2012-13 Academic Session Report* and confirmed he would be presenting it to the Clinical Chairs Committee on December 11, 2013 at the request of Dean Whiteside. He also confirmed he would be sharing the FEAC presentation with Dr. Spadafora, who would be updating the Clinical Chairs on the Royal College's AFC (Diploma) Programs initiative and the FEAC's role in the University of Toronto approval process for clinical fellowship programs seeking Royal College accreditation.

Dr. Spadafora informed the committee that, after reviewing the FEAC's draft guidelines for educational assessment and management of deficiencies in clinical fellowships, University of Toronto's legal counsel had responded with a comprehensively re-drafted document. He clarified that legal counsel had re-drafted the document to eliminate confusion of educational and employment detail in the guidelines. L. Muharuma noted that legal counsel had separated the Pre-Entry Assessment Program (PEAP) content from the guidelines and would be offering a newly drafted PEAP text as a separate item. J. Kerr commented that legal counsel's revised draft was more of a statement of core principles than a detailed procedural item. Dr. Spadafora confirmed he would circulate the revised guidelines to FEAC members before the FEAC's next meeting on January 14, 2014. He emphasized the confidentiality of the draft and asked members not to consider implementing any of the draft content until the FEAC has released a fully approved set of guidelines.

2. Royal College AFC (Diploma) Programs Update

Dr. Spadafora updated the FEAC on the status of AFC (Diploma) Programs, briefly reviewing the status of 15 AFC Programs now at various stages of Royal College approval and implementation. He noted that two UofT fellowship programs which had applied for Royal College accreditation – Adult Cardiac Electrophysiology and Interventional Cardiology – had been deferred by the AFC-AC (the Accreditation Committee subcommittee that oversees AFC Program accreditation) pending additional clarification from the applicants. Dr. Spadafora verified that Transfusion Medicine was the University of Toronto's only Royal College accredited AFC Program to date. Regarding the status of registrants in Transfusion Medicine who would be candidates for the DRCPSC qualification, L. Muharuma indicated that they would be registered with the PGME Office as clinical fellows and would not be funded by the Ontario Ministry of Health and Long-Term Care. Dr. Spadafora noted that, because of the Royal College's cost recovery model for these programs, there is a fixed annual cost (currently $2,000) to AFC Programs to maintain their accreditation status.

3. Recommended Minimum Content for Clinical Fellowship Offer Letters

Dr. Latter indicated that, due to overlapping content, the recommended minimum content for clinical fellowship offer letters would need to remain a discussion document, pending approval by legal counsel of the draft guidelines for educational assessment and management of deficiencies in clinical fellowships. He commented on the educational focus of the environmental scan of clinical fellowship offer letters and supported making this document accessible to Chairs and Fellowship Program Directors as a reference item to help in the drafting of offer letters. He stressed the need to clarify that the environmental scan was not a policy document. The committee agreed to distribute the document accordingly.

4. Impact of *Bill C-35: An Act to amend the Immigration and Refugee Protection Act*

Dr. Spadafora reminded committee members that he had sent a memorandum on this subject to Program Directors and administrators on August 29, 2013. He briefly recounted the background to Bill C-35, noting that the Act came into force in 2011 with the aim of protecting prospective immigrants from unqualified immigration advice. Providing third party representation or advice for consideration is prohibited at all stages of an application under the Act unless the third party is a member of a provincial law society, the Chambre des notaires du Québec or the Immigration Consultants of Canada Regulatory Council (ICCRC). On May 24, 2013, Citizenship and Immigration Canada (CIC) issued a formal clarification that these legislative changes apply to educational institutions.

Dr. Spadafora confirmed that the PGME Office can continue to provide applicants with publicly accessible information, direct applicants to appropriate resources on the CIC website, and can respond to direct requests for information or documentation from CIC and Canada Border Services Agency (CBSA). At the same time, the PGME Office can no longer intervene in the application process on behalf of trainees or request expedited processing of individual applications. J. Kerr commented that serious penalties could accompany contravention of the Act.

Dr. Spadafora confirmed that the PGME Office had consulted the University's Centre for International Education (CIE) Office to discuss the impact of Bill C-35 on University services and would continue to monitor immigration situations involving prospective trainees. He emphasized the importance of programs confirming residency and fellowship appointments in as timely a manner as possible, since the PGME Office no longer had the option of intervening with CIC visa offices on behalf of applicants..

5. Access to Primary Care for New Clinical Fellows

Dr. Edwards identified access to primary care as an issue for all PGME trainees, especially for those with accompanying family members. She confirmed that the initial attempt of the Office of Resident Wellness to maintain a list of primary care physicians for residents and fellows had been problematic. She reported that hospital Family Medicine Site Chiefs had been contacted regarding capacity to take on fellows and residents as patients. She noted that peripheral sites had expressed willingness to do so. Dr. Spadafora emphasized the need to map out numbers. Dr. Edwards affirmed that Family Medicine Site Chiefs are willing to participate in a subcommittee to develop a long-term strategy. In the short-term, she underlined the need to clarify the extent of the challenge, taking into account the accompanying family members of trainees. She recognized in this need for access to primary care an opportunity for new family physicians seeking to establish a practice. She commented that the Ontario Government's Health Care Connect service seemed to be working effectively for those who had transitioned from UHIP to OHIP health care coverage.

Remarking that one simple solution would not solve a complex problem, Dr. Spadafora noted that each hospital Family Medicine site would require an individual approach. He stressed the importance of identifying needs and developing a roster of options for trainees. Dr. Latter suggested adding a question regarding access to primary care to the *2014 Survey of University of Toronto Clinical Fellows*.

6. Action Items

Dr. Latter summarized the following action items for the FEAC:

a) **Guidelines for educational assessment and management of deficiencies in clinical fellowships**
Dr. Spadafora confirmed that the revised draft prepared by legal counsel would be distributed to FEAC members for input before the January 14, 2014 meeting of the FEAC.

b) **Clinical Fellowship Offer Letters: Exemplars**
J. Kerr would coordinate the distribution to Chairs and Fellowship Program Directors of this environmental scan of practices.

c) **Access to primary care for clinical fellows**
Dr. Edwards would continue working with stakeholders in the Department of Family and Community Medicine to develop a short-term strategy, identifying needs and proposing options for trainees.

d) **Survey Questions**
A question regarding access to primary care for new clinical fellows would be considered for addition to the *2014 Survey of University of Toronto Clinical Fellows* at the January 14, 2014 FEAC meeting.

e) **WSIB and Clinical Fellows**
L. Muharuma and J. Kerr would begin to collect information and survey offices (e.g. Occupational Health, Medical Education, and Vice Presidents of Education) regarding the management of WSIB issues for clinical fellows at UofT affiliated hospital sites. The FEAC would refer the results to HUEC.

The meeting adjourned at 9:40 AM.