FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of October 7, 2014 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Jessica Filion (PGME)
John Kerr (PGME)
Jessica Kiryakos (Medicine) *
Dr. Jonathan Kronick (SickKids)
Dr. David Latter (FEAC Chair; Surgery)
Dr. Cynthia Maxwell (Obstetrics & Gynaecology) **
Maureen Morris (PGME)
Dr. Linda Probyn (PGME)
Dr. Rayfel Schneider (Paediatrics)
Dr. Salvatore Spadafora (PGME)
Shannon Spencer (Ex officio; UHN)

* For Dr. J. Goguen (Medicine)
** By teleconference

Regrets:

Caroline Abrahams (PGME)
Dr. Julia Alleyne (Family & Community Medicine)
Dr. Glen Bandiera (PGME)
Dr. Jeannette Goguen (Medicine)
Dr. Astrid Haenecour (Clinical Fellow)
Loreta Muharuma (PGME)
Dr. Arun Ravindran (Psychiatry)

1. Introduction

The meeting began with Dr. Latter's confirmation of acceptance of the draft minutes of the FEAC meeting of June 24, 2014. There was a brief discussion regarding the frequency of FEAC meetings, which concluded with a consensus that the committee would continue to meet on a quarterly basis, but would consider cancelling meetings on a case-by-case basis, depending on the agenda items.

Dr. Latter reviewed the action items from the June meeting, beginning with distribution of the final version of the *Guidelines for Educational Responsibilities in Clinical Fellowships.* Dr. Spadafora confirmed that the guidelines had been distributed in July 2014 to Vice Presidents of Education of UofT affiliated hospitals, as well as to Clinical Chairs, Fellowship Program Directors and program administrators. J. Kerr reported that that the guidelines had been posted on the PGME website in the "Policies and Guidelines" section and the "Clinical Fellow Resources" section.

J. Kerr confirmed that a condensed version of the slide deck that had accompanied C. Abrahams' April 2014 presentation of the results of the *2014 Survey of Clinical Fellows at UofT* had been distributed to FEAC members by email and posted on the FEAC website in September 2014. He also stated that a copy of this version of the slide deck had been sent to the CPSO.

J. Kerr also indicated the slide deck that had accompanied Dr. Spadafora's June 2014 presentation to the FEAC regarding the Specialist Examination Affiliate Program (SEAP) had been posted on the FEAC website. Dr. Spadafora reiterated his concern about the absence of a baseline qualification with regard to the primary specialty qualification for SEAP candidates, and noted the lack of consultation by the Royal College prior to implementation of the SEAP 2015 pilot program. Dr. Schneider emphasized the need to sort out program details as soon as possible, and anticipated interest among clinical fellows in the three Paediatric pilot SEAP subspecialties (Neonatal-Perinatal Medicine, Paediatric Emergency Medicine and Paediatric Nephrology). Dr. Kronick suggested that the FEAC formulate a collective opinion on the SEAP. Dr. Spadafora agreed, recommending that the committee take into account the Royal College's visit to the University of Toronto on November 13, 2014.

2. FEAC Updates

a) ***Workplace Safety and Insurance Board (WSIB) Coverage for Clinical Fellows - Update***
Dr. Spadafora reported on the presentation of the FEAC's research on this topic to the Hospital University Education Committee (HUEC) and the Postgraduate Medical Education Advisory Committee (PGMEAC) in September 2014. He identified WSIB coverage for clinical fellows as a longstanding unresolved issue for University affiliated hospitals. Dr. Spadafora stated that PGME would be following up with legal counsel in November and suggested that affiliated hospitals should follow up with their respective lawyers to understand the role and responsibilities of the hospitals. Dr. Spadafora identified risk management implications for hospitals, noting that trainees who work for employers who have workplace safety insurance coverage with the WSIB cannot sue their employers if injured in a workplace accident. S. Spencer informed the FEAC that the University Health Network (UHN) would be assigning employee status to all hospital-funded clinical and research fellows. Dr. Schneider commented on the complexity of the issue, observing that many clinical and research fellows may be self-funded or externally funded.

b) Royal College Areas of Focused Competence (Diploma) Program – Update
J. Kerr provided an update on the current status of the Royal College's Areas of Focused Competence (Diploma) Program. He reported that 16 AFC (Diploma) Programs are in varying stages of implementation. Transfusion Medicine is the only accredited AFC Program at UofT, but the Royal College's Accreditation Committee (AFC-AC) will be considering UofT program applications for Adult Cardiac Electrophysiology and Adult Interventional Cardiology in December 2014.

J. Kerr briefly outlined recently revised Royal College policies and procedures for AFC Programs, including: a six-year accreditation cycle with onsite surveys to coincide with those for residency programs; a university internal review at the midpoint of the six-year review cycle; additional reviews within 24 months of an accreditation decision; and an AFC trainee exit questionnaire to supplement direct conversation and feedback with AFC trainees.

Dr. Kronick expressed concern about the costs associated with AFC programs and the need for clear messaging on this topic. Dr. Spadafora observed there is an annual Royal College registration fee of $2,000 that individual university programs must pay, regardless of trainee enrolment, in order to maintain AFC accreditation status. Dr. Spadafora also clarified that AFC programs do not qualify for funding by the Ontario Ministry of Health and Long-Term Care (MOHLTC). He confirmed that when Transfusion Medicine completed its transition from subspecialty residency to AFC program it lost MOHLTC funding for registrants in the program.

3. Source Verification of Medical Degrees

Dr. Latter reported to the committee on the impact of the CPSO's requirement that international medical graduates must arrange source verification of their medical degree through physiciansapply.ca. He described a recent complaint from a clinical fellow and from a faculty member about delays and frustrations caused by the source verification process.

Source verification of the medical degree by the Physicians Credentials Registry of Canada – a joint creation of the Medical Council of Canada (MCC), the Federation of Medical Regulatory Authorities of Canada (FMRAC) and Employment and Social Development Canada (ESDC) – became a CPSO requirement for the licensure of international medical graduates on January 1, 2012. The MCC launched the physiciansapply.ca portal in May 2013 to process source verification requests online. J. Kerr confirmed that the MCC contracted out to the Educational Commission for Foreign Medical Graduates (ECFMG) in the U.S. as service provider for source verification of international credentials.

Dr. Latter reviewed the source verification timeline, remarking that the process could take six months or more to complete, with the MCC requiring 6 to 8 weeks to send documents to the ECFMG, who could in turn require

2 to 4 months to verify credentials, and the MCC subsequently needing up to 20 business days to record the status change of successful ECFMG verification in the applicant's physiciansapply.ca account.

Dr. Latter recounted his teleconference of September 25, 2014 with Nathalie Novak (Manager, Applications and Credentials, CPSO), Pierre Lemay (Director, Repository and Registration Centre, MCC), and members of the PGME Office, to discuss the lengthy timeline for source verification and its disruption of the registration of new clinical fellows. It was acknowledged during the teleconference that improvements must be made to the process. Dr. Latter commended Ms. Novak for her openness to new ideas beyond the CPSO's current implementation of a designated queue for queries, early quality check on applications and online live status check for applicants. Dr. Latter reported that Mr. Lemay had promised an operations team review and had invited suggestions from all stakeholders. The development of a direct communications channel between the MCC, CPSO and PGME to resolve emergency cases had also been discussed. S. Spencer suggested that programs should be encouraged to send fellowship appointments to PGME more than 6 months prior to the fellowship start date, to allow for source verification delays. Dr. Spadafora suggested the development of an FAQ for clinical fellows.

4. Communicating Fellowship Guidelines and Initiatives

J. Kerr briefly reviewed FEAC initiatives and achievements since the FEAC's establishment in October 2009, including: remuneration guidelines, the template statement of educational objectives for clinical fellowships, the standardized UofT certificate of completion of training, clinical fellowship offer letter exemplars, the orientation handbook for new trainees, the online fellowship forum, and guidelines for educational responsibilities in clinical fellowships. He pointed out that the *2014 Survey of Clinical Fellows at UofT* had found 50% of the respondents were unfamiliar with the template goals and objectives, 44% unfamiliar with the orientation handbook, 51% unfamiliar with the Facebook fellowship forum and 51% unfamiliar with the completion of training certificate. He also highlighted the need for program administrators to be kept up-to-date with the FEAC's work. A survey of program administrators conducted in 2014 by the Task Force on Best Practices in PGME Program Support had found 36 program administrators in the role with less than 3 years of experience.

M. Morris confirmed that the PGME Office would be offering information sessions to program administrators, beginning in October, which could be helpful to fellowship program administrators. J. Kiryakos encouraged promoting these information sessions for fellowship administrators. Dr. Spadafora suggested parceling information from sources, such as the orientation handbook, on a monthly basis, to inform the maximum number of individuals. J. Kiryakos recommended engaging program administrators as an effective way of disseminating information and enhancing the connection with clinical fellows. J. Kerr committed to consulting with clinical fellows and program administrators about improved communications and reporting the results to the FEAC at its next meeting.

5. Action Items

Dr. Latter confirmed the following action items at the end of the meeting:

a) ***Communicating Fellowship Guidelines and Initiatives***
J. Kerr would consult with fellowship program administrators, visa trainee staff and clinical fellows to develop a schedule for communicating essential fellowship information during the academic year.

b) **Access to Primary Care for New Clinical Fellows**
Dr. Edwards would prepare information for new clinical fellows regarding access to primary care Toronto. J. Kerr would incorporate this information into the orientation handbook in electronic and hard copy format, and update the FEAC.

The meeting adjourned at 9:30 AM.