



FELLOWSHIP EDUCATION ADVISORY COMMITTEE

**Minutes of October 20, 2020
8:00 AM to 9:30 AM – Via Zoom**

Present:

Caroline Abrahams, Dr. Jennifer Amadio, Dr. Glen Bandiera, Samantha Chin, Dr. Jennifer Croke, Jennifer Fischer, Dr. Patricia Houston, Dr. Karl Iglar, Dr. Cheryl Jaigobin, Maureen Morris, Laura-Leigh Murgaski, Dr. Linda Probyn, Dr. Rayfel Schneider, Dr. Giovanna Sirianni, Shannon Spencer, Dr. Adrienne Tan, Dr. Doreen Yee

1. Minutes of last meeting, June 2, 2020, Introductions

The meeting was brought to order by the Chair, Dr. Rayfel Schneider. The minutes from the last meeting of June 2020 were pre-circulated and these were accepted without changes. Laura Leigh Murgaski requested “New AFC Application” to be added to the agenda.

Each member of FEAC was asked to introduce themselves and their role, as there have been new additions to FEAC membership. Dr. Peter Chung has been replaced by Dr. Jennifer Croft. FEAC fellow member, Dr. Dina Dabaneh has been replaced by Dr. Jennifer Amadio. Ms. Samantha Chin is now a new member of FEAC and will support the committee.

Dr. Schneider also welcomed Dr. Patricia Houston to FEAC in her new role as Vice Dean, Medical Education, Faculty of Medicine.

2. Follow up – Incoming Clinical Fellows COVID-19 (Shannon Spencer)

Shannon Spencer outlined measures taken by the PGME office to assist and advocate for incoming new fellows to enter Canada:

- Continuous out reach for fellows who were stuck in country and unable to travel to Canada due to COVID-19
- Advocacy for incoming visa trainees at the highest levels
- Bridging the gap with Pandemic Funding for the extension of current fellows who could not return home
- Assistance with housing for the 14-day self isolation period
- Assistance for fellows needing access to Wellness resources

3. Clinical Fellow Registration and CPSO delays

With delays due to COVID, many of our fellows have experienced longer wait times for requirements needed for licensing and subsequent registration with PGME. It was noted that several programs have identified delays in their fellows receiving their CPSO licenses, getting registered and being able to begin clinical training.

Maureen Morris, Director of Operations for PGME advised members of FEAC that the CPSO has been largely paper based and has recently moved to a new enterprise online system. It is anticipated that this will result in some expediency for the processing of the letters of eligibility, which is one of the first steps of bringing in our visa trainees. Along with that there have been a few bumps in their process which has impacted some of our PGME systems. PGME generally receives nightly downloads from the CPSO with all the updated licensures, which would subsequently be downloaded into POWER. That is still not working at full efficiency and a few other issues that is being sorted out with CPSO. Because of this switch to the online system, we have identified some trainees who have experienced delays and we ask that if you have trainees in this situation, please let PGME know so we can address this directly with the CPSO. Additionally, PGME is completing a gap analysis and identifying where the issues are and this will be brought to COFM to communicate with CPSO. PGME has a meeting with CPSO later today and hopefully we can receive feedback on the issue raised.

The benefits of the Enterprise system is at the outset trainees complete a questionnaire which directs them to the correct application type. There is an online portal that they can log into to check the status of their application, so they can see exactly what is outstanding and where they are in the process of application. Once the bugs are worked out, this new system should speed up processing times with the CPSO. The PEAP and AVP process are now more streamlined as well. The PEAP license automatically rolls into a full educational license, unless PGME notifies the CPSO of extensions or an unsuccessful PEAP.

4. Fellow 14-day self-isolation

FEAC has previously discussed the 14-day self-isolation as it pertains to NEW fellows arriving. What has not been yet discussed are the international fellows who are here currently in training that have been unable to return home due to the pandemic. Some fellows have not been able to return home for nearly a year and some more. This experience has been very isolating for fellows and further compounded by the fact that they are separated from their families. As fellows become able to travel, how will we be able to manage the 14-day isolation period, as it relates to wellness, scheduling and program requirements.

Dr. Schneider asked committee members whether they have been hearing from programs and or fellows on this issue and what solutions programs have come up with to assist their fellows. The Department of Medicine has heard from fellowship programs on this, and have asked programs to provide as much flexibility as possible to allow the fellows leave to reunite with family members and also to provide flexibility in dealing with the 14-day self-isolation period, so as to achieve the right balance in terms of wellness for our fellows, and program requirements.

5. Accreditation as it relates to Clinical Fellows (Glen Bandiera/Linda Probyn)

FEAC members were asked to refer to the accreditation briefing note attached to the agenda today. This document was drafted by the PGME Accreditation Team to help assist FEAC with the meeting with the Accreditors.

Dr. Probyn took the members through the Accreditation questionnaire prepared for FEAC. The accreditation document at a high level outlines the mandate and structure of FEAC and how it relates to the accreditation standards and indicators. FEAC is certainly a unique committee to U of T PGME, and thus the accreditors may be quite interested in its work. The document also outlines the effectiveness of this committee and Dr. Probyn encouraged the FEAC members to review these and think of other areas of effectiveness that could also be included. There are also some general questions which can be reviewed prior to prepare FEAC members for the meeting with the Accreditors.

Accreditation begins on November 22nd and this year due to the Pandemic will be 100% virtual. Our last accreditation was in 2013. There have been some changes to the Institutional Standards of which this committee is involved with. Similar to what occurs in residency programs, PGME will also undergo institutional review. The institutional reviewers, a team of 6 individuals, are separate from the program reviewers. Accreditation is normally one week, but now will be over a two-week period. The institutional review will occur during the first week and FEAC will meet with the Accreditors on November 23rd at 2:30pm.

One of the main differences in accreditation is ongoing process improvement. So, unlike previous “point in time” review, the accreditors will look for proof of ongoing review and process improvement in programs.

Additionally, Dr. Bandiera outlined that PGME relies on FEAC to facilitate the application review for AFCs. AFCs once accredited go through an accreditation process similar to residency programs but the application to accredit a program to the Royal College is reviewed first by FEAC.

The other important item for the meeting with the accreditors is the intersection of residency programs and fellowship programs, and what FEAC does to ensure a good experience for trainees that does not compete for resources and clinical experience. These are the items that tie directly to standards and it is likely that the accreditors will be interested in other activities of FEAC and continuous process improvement.

Shannon and Rayfel will build out this accreditation document as well to reflect the large body of work done by FEAC since 2013.

6. Wellness Update (Discussion – Dr. Heather Flett)

Dr. Schneider welcomed Dr. Flett to FEAC and let her know that Wellness is on the forefront of discussions as it relates to our fellows. The committee has discussed several items with respect to wellness, such as isolation of fellows and travel restrictions.

Dr. Flett let the committee know that what she would talk about today would be more anecdotal and experiential in nature. She will attempt to gather some more data for a later meeting on wellness of fellows and their visits to Postgraduate Wellness.

There is generally an increase across the board of trainees accessing Wellness. This may be due in large part to outreach from the Wellness office to trainees who are self-isolating and those who have been re-deployed. Specifically, Wellness has been able to provide linkages for trainees to gain access to child care, alternate housing for self-quarantine, groceries, etc.

Some of the themes have been around isolation, related to trainees being far away from home and removed from family members who are part of their core support network and navigating grief, if family members at home have been impacted by COVID. Wellness has also heard about acclimatization issues with academic communities and colleagues due to virtual care. We will need to be more thoughtful around how to create more virtual social connectivity. Other concerns were raised by fellows who are training at U of T to gain the sub-specialty skills that will allow them to start new jobs etc. Fellows programs may be altered due to the pandemic and there is some anxiety about how this will affect resident's and fellow's job prospects and future employment.

Wellness plans to host some drop-in discussion groups to address some of these issues and what people are experiencing and in part to normalize this and create connections. The aim is to have the first one in November.

7. Redeployment of Clinical Fellows

As discussed at the last meeting, PGME has put into place a redeployment plan for residents, which does not include fellows. The fellows are a rather heterogenous group with differences in contracts, sponsorship etc.

There have been some queries around the need for backup calls due to the pandemic and where fellows may fit into this, especially as it relates to smaller programs who do not have many residents and fellows. Thus, the need to call on fellows for backup calls may exist, but is outside their educational objectives. Most programs have been able to deal with these as they arise and the hope is that fellows would be flexible to assisting during these times, even though their educational objectives are quite different than a resident as is their employment status.

8. Clinical Fellow Selection – This item was deferred to next meeting

9. New AFC Application

Laura Leigh let the committee know that we have another AFC application that is almost ready from the Pediatric Urology Program in the Department of Surgery. The accreditation team works with Director of the Fellowship Program to complete the application and when it is ready, it is emailed to all FEAC members. It should be ready within a week. Laura Leigh and the accreditation team then work with Dr. Schneider and Shannon to select three members from this committee to do a more thorough review of the application and provide feedback. The recommendations would then be sent to Dr. Schenider and then to Dr. Bandiera so he can make his decision on whether it is forwarded on the Royal College or if we need to do more work on the application. Dr. Schneider let the group know that for those chosen to do the review, it is a relatively non-onerous task and it is very well organized by the Accreditation team. It is also organized so that no one is called on more than once in an academic cycle to review.