

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of April 24, 2018 Meeting
8:00 AM to 9:30 AM – PGME Boardroom A

Present:

Caroline Abrahams (PGME)
Dalia Al-Mouaswas (Ex officio; UHN)
Dr. Glen Bandiera (Associate Dean PGME)
Ashley Bedard (Medicine)
Jessica Filion (PGME)
Nathan Harrison (PGME)
Dr. Karl Iglar (St. Michael's Hospital)
Dr. Cheryl Jaigobin (Medicine)
John Kerr (PGME)
Dr. Zachary Liederman (Clinical Fellow)
Maureen Morris (PGME)

Loreta Muharuma (PGME)
Dr. Linda Probyn (Director, Admissions &
Evaluation PGME)
Dr. Arun Ravindran (Psychiatry) *
Dr. Rayfel Schneider (FEAC Chair; Paediatrics)
Dr. Salvatore M. Spadafora (Vice Dean, Post MD
Education)
Shannon Spencer (PGME)
Amy Widdifield (PGME)
Dr. Doreen Yee (Anesthesia)

* Guest

** By teleconference

Regrets:

Dr. Asim Ali (Ophthalmology)
Dr. Julia Alleyne (Family & Community Medicine)
Dr. Peter Chung (Radiation Oncology)

Dr. Helen MacRae (Surgery)
Dr. Andrea Simpson (Clinical Fellow)

1. Introduction

Dr. Schneider opened the meeting as Chair of the FEAC by confirming the committee's acceptance of the minutes of its meeting of January 16, 2018, as drafted. He guided the committee through a review of the following action items from that meeting:

- (i) The FEAC reviewed the statement that Dr. Probyn had drafted, with input from legal counsel, about the **National Residency Matching Program (NRMP) match participation requirement** and its impact on clinical fellowship applications. The statement quoted NRMP policy and included a link to the NRMP website. Dr. Probyn stressed that all UofT programs must respect the match participation requirement (including those UofT programs that do not participate in the NRMP match) or the NRMP could find UofT as an institution be in violation of the match agreement.

Dr. Spadafora emphasized that programs should be educating applicants about the NRMP requirement. Since UofT as an institution must bear the consequences of a match agreement violation, good communication with applicants is essential.

The draft statement contained wording that all fellowship and subspecialty training programs must post without edits on their respective websites for potential applicants to review. The statement also contained wording that all fellowship and subspecialty programs must include verbatim in the offer letter to successful applicants. By signing the offer letter, the candidate would acknowledge having read and understood applicable NRMP policy.

Dr. Spadafora commented that this statement would deter, if not prevent, future violations of the match agreement. Dr. Bandiera noted that UofT would be demonstrating due diligence by reminding applicants of what is already on the NRMP website. Dr. Spadafora stated that there must be consequences for an applicant who knowingly violates the NRMP match participation requirement, and suggested that such a violation might nullify the process for such applicants. He clarified that if rescinding the fellowship offer would be a consequence of an applicant's violating the NRMP policy, then this information should be included with the statement about the NRMP requirement.

The committee agreed that PGME would need to communicate the draft statement in final form to all Fellowship and Subspecialty Program Directors, as well as to post the information on the PGME website. In addition, the statement could be added to the *Clinical Fellowship Offer Letters: Guidelines and Exemplars* reference document that is accessible through the PGME website. Dr. Yee suggested that the statement could be a feature of the online application system now at the implementation stage for new clinical fellows.

- (ii) Dr. Schneider and Dr. Spadafora presented a draft **clarification of the FEAC process to review applications by UofT fellowship programs for Royal College accreditation** as an Area of Focused Competence (AFC) diploma program. The Vice Dean Post MD Education, who must approve all such applications before their submission to the Royal College, relies on the FEAC's review to help ensure the educational quality of applications. Dr. Spadafora described the FEAC review process as part of the University's sign-off as a community on AFC programs.

Dr. Schneider proposed that, while continuing to welcome input from all committee members through an online process, the FEAC would also establish a review panel of at least three FEAC members (including at least one standing member of the FEAC) to review and provide input via email on applications. PGME would support the review panel's work by such means as offering application review tools, by compiling committee-wide FEAC input, and by informing the Vice Dean Post MD Education of this input, while ensuring timely compliance with Royal College deadlines.

Dr. Spadafora reminded committee members that applications would be subject to checks and balances at the departmental and hospital site level before their submission for review. PGME's Manager, Accreditation and Education Quality Systems, would also be available to help applicants with the preparation of the application package. Consequently, the documents that would reach the FEAC for review would be in penultimate draft form. Dr. Spadafora anticipated that, should serious concerns arise about an application, then the review panel could refer the application back to the FEAC for further discussion as 'other business' of the committee. Dr. Schneider confirmed the FEAC's approval to proceed with the proposed review process.

2. Subspecialty Examination Affiliate Program (SEAP): Update

Dr. Spadafora referred the committee to an email memorandum he had sent to all Program Directors and Administrators, as well as to FEAC members, on April 2, 2018, in which he confirmed the Royal College's expansion of the SEAP last year to all 43 subspecialty programs. SEAP recognition would now be accessible to eligible clinical fellows in all subspecialties with an Objective Structured Clinical Examination (OSCE) component, along with all subspecialties with a written-only examination. Eligible clinical fellows must apply to challenge the subspecialty examination by August 31 of the preceding year (e.g. August 31, 2018 is now the deadline for those wishing to challenge the examination in Fall 2019). Payment of a late penalty fee must accompany applications that the Royal College receives after the August 31 deadline.

Dr. Spadafora confirmed that the educational objectives of SEAP fellowships must be congruent with those of the subspecialty residency program, since SEAP recognition involves signing off on equivalency to a subspecialty. Dr. Bandiera noted that in some disciplines the clinical fellowship program is the same as the subspecialty program, but in others the content of fellowship training is variable. In all cases, it would be a matter of convincing the Royal College of the achievement of competencies, of the fulfillment of the specialty training requirements, as well as passing the examination.

Dr. Schneider emphasized that the evaluation of SEAP candidates must be the same as the evaluation of residents in the program. C. Abrahams observed that the expansion of Competency by Design (CBD) to subspecialty programs would have an impact on SEAP fellowships. Dr. Jaigobin commented on complex considerations for departments offering SEAP fellowships. Dr. Spadafora suggested that measured judgement would be necessary to compare training and to sign off on completion of the training. It would be up to the department to decide on the appropriate sign-off, including possible dual sign-off by the Residency Program Director and the Fellowship Program Director. Dr. Schneider reminded committee members that the current edition of the *Clinical Fellowship Offer Letters: Guidelines and Exemplars*, that the FEAC approved last year, includes text about the SEAP.

3. Review of the *Guidelines for the Remuneration of Clinical Fellows*

The FEAC developed guidelines for the remuneration of clinical fellows in 2011. Later that year, the Vice Dean Post MD Education distributed the guidelines widely to University of Toronto stakeholders, following presentation of the guidelines, with the support of the Dean, Faculty of Medicine, to the Clinical Chairs Committee and the Hospital University Education Committee (HUEC). J. Kerr confirmed that PGME had annually updated the cost of living information appended to the guidelines. The FEAC had not reviewed the guidelines since 2011.

Dr. Spadafora clarified that the guidelines represented a position statement, not policy. PGME cannot dictate employment contracts but can encourage departments to review funding arrangements. The guidelines reflected Canada's immigration requirement that foreign nationals must be remunerated at a rate commensurate with that of a Canadian performing the same duties in the same location of work as the foreign national.

The committee discussed the remuneration of self-funded clinical fellows (i.e. clinical fellows who support their training with personal funds only). The Department of Paediatrics and the Department of Medicine each have review procedures in place to ensure self-funded clinical fellowships meet appropriate educational and remuneration requirements. Dr. Spadafora commented on potential overlap between continuing professional development and fellowship training in such cases, and stressed the importance of integrating service and education to achieve a sound educational program. Dr. Ravindran underlined the Department of Psychiatry's focus on educational process in its consideration of self-funded clinical fellowships.

There was a consensus that the guidelines did not need revision at this time, apart from updating the cost of living data appended to them. Dr. Bandiera proposed that the guidelines should be subject to periodic review, possibly in step with changes to the PARO-CAHO Agreement, and there should be a presentation at that time to the Clinical Chairs Committee. Dr. Spadafora and Dr. Schneider agreed to present the guidelines to the Clinical Chairs Committee in 2018.

4. Implementation of Online Application System for Clinical Fellows

N. Harrison provided the FEAC with a project update on the online postgraduate application system (PASS) for clinical fellows. He reported that PASS has been implemented in the Division of Paediatric Nephrology and will be implemented in almost all of the clinical sites of the Department of Anesthesia by the end of May 2018. He looked forward to implementing PASS in the Departments of Medical Imaging and Radiation Oncology, as well as in specific divisions within the Departments of Medicine and Paediatrics, between May and October 2018.

He reported that PASS had now been implemented at almost all of the clinical sites of the Department of Anaesthesia and had been implemented in the Division of Paediatric Nephrology where it has now approached the offer stage for applicants. He looked forward to implementing PASS in the Departments of Medicine, Medical Imaging, Radiation Oncology, and Paediatrics between May and October 2018.

N. Harrison noted that the use of standardized templates in PASS had proved highly effective to date, reducing implementation timelines and maintaining a minimum standard of departmental application requirements. Further to the standardized templates, he invited input from the committee regarding guidelines for the creation and use of these templates. L. Muharuma recommended reference to the standardized application requirements that departments created for the annual Canadian Resident Matching Service (CaRMS) match process.

N. Harrison confirmed that the transfer of data between PASS and the Postgraduate Web Evaluation and Registration (POWER) system was a long-term goal of the application system. He also confirmed that PASS currently was appropriate for new appointments only, but that re-appointment functionality was also a goal of the new system.

5. 2018 Survey of Clinical Fellows at the University of Toronto: Current Status

Dr. Schneider informed the committee that there would be a delay in implementing the 2018 survey of clinical fellows, in the interest of aligning the survey with the survey of all learners in the Faculty of Medicine that the Toronto Academic Health Science Network Education Committee (TAHSNe) would be implementing later this year.

Dr. Spadafora indicated that alignment with the TAHSNe survey would necessitate dropping some clinical fellow survey questions but there would be gains from participating in the broader context of the TAHSNe initiative. Dr. Bandiera expected that, despite the wide variety of learners who would receive the survey, respondents to it would find the TAHSNe survey to be one, seamless survey. He identified participation in the TAHSNe survey as an opportunity to capitalize on the interest of the TAHSN consortium, and emphasized that the best way to achieve significant change in the learning environment would be through alignment with our TAHSN partners. The survey's data would have the endorsement of TAHSN and would empower TAHSN to make change in accordance with the findings.

6. Action Items

Dr. Schneider confirmed the following action items at the close of the meeting:

- a) ***NRMP match participation requirement*** – PGME would communicate the requirement and the appropriate text to Fellowship and Subspecialty Program Directors and Administrators for posting on their respective websites and for inclusion in their offer letters. PGME would also post this text on the PGME website and add it to the downloadable *Clinical Fellowship Offer Letters: Guidelines and Exemplars* resource for faculty and administrators. PASS would incorporate this text into its online application process for clinical fellowships.
- b) ***FEAC Process for Review of Applications for AFC Accreditation*** – PGME would add this clarification of FEAC process to the document currently accessible through the PGME website about the UofT approval process.
- c) ***Remuneration of Clinical Fellows*** – The Vice Dean Post MD Education would re-issue to University of Toronto stakeholders by email the memorandum of 2011, attaching a copy of the *FEAC Guidelines for the Remuneration of Clinical Fellows* with up-to-date web links and cost-of-living information for 2018. Dr. Spadafora and Dr. Schneider would jointly present this material on behalf of the FEAC to the Clinical Chairs Committee. PGME would post the documents on the PGME website.

The meeting adjourned at 9:30 AM.