

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of December 7, 2016 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)
Dalia Al-Mouaswas (Ex officio; UHN)
Ashley Bedard (Medicine) *
Dr. Peter Chung (Radiation Oncology)
Jessica Fillion (PGME)
John Kerr (PGME)
Maureen Morris (PGME)

Loreta Muharuma (PGME)
Dr. Arun Ravindran (Psychiatry) **
Dr. Rayfel Schneider (FEAC Chair; Paediatrics)
Dr. Salvatore M. Spadafora (Vice Dean, Post MD
Education)
Dr. Doreen Yee (Anaesthesia) **

* Guest

** By teleconference

Regrets:

Dr. Asim Ali (Ophthalmology)
Dr. Julia Alleyne (Family & Community Medicine)
Dr. Glen Bandiera (Associate Dean PGME)
Dr. Dimos Karangelis (Clinical Fellow)
Dr. Helen MacRae (Surgery)

Dr. Julie Maggi (St. Michael's Hospital)
Dr. Linda Probyn (Director, Admissions &
Evaluation PGME)
Dr. Andrea Simpson (Clinical Fellow)

1. Introduction

a) *Minutes of meeting of October 26, 2016*

Dr. Schneider, Chair of the FEAC, opened the meeting by confirming committee acceptance of the minutes of the FEAC meeting of October 26, 2016. Reviewing action items from that meeting, he noted for the record that he and Dr. Spadafora had issued a clarifying memorandum on November 4, 2016 to educational stakeholders about billing for services rendered by clinical fellows.¹

b) *Memorandum re: Billing for Services Rendered by Clinical Fellows*

The memorandum offered reassurance to those involved in the training of clinical fellows at the University of Toronto that an interim solution had been achieved by Ontario Medical Association (OMA) representatives and their counterparts at the Ontario Ministry of Health and Long-Term Care (MOHLTC). The interim solution allows supervisors to continue to treat clinical fellows like residents for purposes of billing, so that physicians can continue to submit billing claims to the Ontario Health Insurance Plan (OHIP) for services rendered by clinical fellows whom they supervise.

Dr. Schneider emphasized that the memorandum's purpose was strictly informational, since the University is not involved in the practice of billing OHIP for services rendered by clinical fellows. Dr. Spadafora observed that documenting the supervisory relationship was always prudent for those involved, but noted there were no hard and fast documentation guidelines to follow. He looked forward to MOHLTC's forthcoming information bulletin and indicated that those with detailed queries in the interim should consult their respective OMA Section Head for guidance.

Dr. Spadafora highlighted the memorandum's conclusion, an appeal to the education community to review and consider the respective obligations of clinical faculty and trainees in the context of the CPSO's policy regarding *Professional Responsibilities in Postgraduate Medical Education*.²

¹ Recipients of the memorandum "Billing for Services Rendered by Clinical Fellows" included Clinical Chairs, Vice Chairs of Education, Vice Presidents of Education of University affiliated hospitals, the Hospital University Education Committee (HUEC), Program/Fellowship Directors, the Postgraduate Medical Education Advisory Committee (PGMEAC), the FEAC, and Administrators.

² <http://www.cpso.on.ca/Policies-Publications/Policy/Professional-Responsibilities-in-Postgraduate-Medi>

2. The University and the Clinical Fellow: Registration, Supervision, Obligations

Dr. Spadafora reviewed the different categories of registration of postgraduate medical trainees. Clinical fellows may now register in Royal College accredited training through the Areas of Focused Competence (AFC) programs or the Subspecialty Examination Affiliate Program (SEAP), besides the many unaccredited clinical fellowships that the University offers. He stressed the importance of knowing the CPSO's policy on *Professional Responsibilities in Postgraduate Medical Education*, which applies to all physicians involved in the guidance, observation and assessment of residents and fellows, as well as to the residents and fellows themselves. The *Guidelines for Educational Responsibilities in Clinical Fellowships* that the FEAC developed and approved in 2014 includes the statement that "every supervising and collaborating clinical faculty member and every clinical fellow is expected to know and comply with the CPSO policy on *Professional Responsibilities in Postgraduate Medical Education*."

3. FEAC Terms of Reference

The FEAC's Terms of Reference were most recently reviewed and revised in October 2013. Dr. Schneider reminded the committee that the Terms of Reference include a requirement for review every three years, to ensure the FEAC meets ongoing needs. Dr. Spadafora suggested that, because the committee had successfully met so many fundamental challenges to date, housekeeping revisions would likely be sufficient at the present time. Dr. Schneider felt that a refined focus was necessary for the committee for the next year.

Dr. Schneider proposed replacing the reference to "biennial surveys" in the "Scope and Purpose" section with less specific language. C. Abrahams supported the removal of references to operational means. Dr. Spadafora submitted that the activity could be described more generally as "collecting and acting on feedback." He also recommended clarifying that the Vice Dean Post MD Education requires the FEAC to respond to issues "that govern individual fellows and management of fellowships." L. Muharuma suggested expanding the "Scope and Purpose" section to include a reference to the Royal College's Area of Focused Competence (AFC-diploma) programs.

L. Muharuma also proposed removing the reference to "deficiencies in clinical fellowships" from the "Mandate" section, so that the issue would be "assessment and management of clinical fellows during training, including termination and appeals."

L. Muharuma recommended changing the text about ad hoc members, to clarify that the Chair may invite individuals with particular expertise or experience to provide input on a specific topic or agenda item, but that these persons do not participate in formulating advice to the Vice Dean Post MD Education unless at the invitation of the Vice Dean.

The committee agreed to the following changes to the "Membership" section: adding the Associate Dean PGME and the Director PGME (Admissions and Evaluation) as FEAC members and designating PGME staff as ex officio members ("*Ex officio members include PGME staff and may include fellowship coordinators/administrators of academic departments and/or University of Toronto affiliated teaching hospitals.*"). Dr. Chung recommended making the two-year term for rotating members renewable up to a maximum duration of six years.

There was agreement on the need to improve communication of issues and FEAC initiatives rather than to expand the committee's membership further.

4. Research Ethics Module for Clinical Fellows

At the June 2016 meeting of the FEAC, Dr. Spadafora had suggested that the research ethics module accessible online to residents in the Clinician Investigator Program (CIP) could be made accessible independently to clinical fellows, to promote their awareness of skills critical to the clinical investigator.

J. Kerr demonstrated a stand-alone Research Ethics module that had been located at an independent internet landing page for this purpose. Dr. Spadafora proposed fanning out a communication to University-affiliated teaching hospitals and academic departments that would spread awareness of research ethics issues for clinical fellows and promote educational resources, including the Research Ethics module as an option.

Dr. Schneider affirmed that evidence of completion of the module could be important should a breach of protocol occur. J. Kerr stated that it might be possible for PGME to offer information to fellowship programs about implementing an online questionnaire to track completion of the module. Dr. Ravindran confirmed that clinical fellows in research at the Centre for Addiction and Mental Health (CAMH) must complete a module and submit a certificate.

Dr. Spadafora clarified that the module represented an introductory survey of research ethics issues for participants in research and hospital sign off would be necessary before the module could be considered to meet any requirements of the hospital site. It was agreed that a memorandum on research ethics training for clinical fellows, including an announcement of the Research Ethics module, would be developed for issuance by the Vice Dean Post MD Education.

5. Electronic Travel Authorization (eTA) Requirement for Foreign Nationals

J. Kerr described the new Electronic Travel Authorization (eTA) requirement that Immigration, Refugees and Citizenship Canada (IRCC) implemented for foreign nationals on November 10, 2016.

A temporary resident visa (TRV, also referred to as a “visitor visa”) is an official document that IRCC places in a person’s passport to indicate that he or she has met the requirements for admission to Canada as a temporary resident and can remain in the country as a visitor, worker or student. Many foreign nationals are exempt from this requirement because of their nationality and require only the work permit from IRCC for their postgraduate medical training. The IRCC website enables applicants to confirm if they are exempt from the visitor visa requirement. With the new eTA requirement, foreign nationals who are exempt from the visitor visa requirement – with the exception of U.S. citizens – now must obtain an eTA in order to visit or transit through Canada by air.

J. Kerr confirmed that the eTA requires payment of a \$7 application fee, that there is an online application process, and that an eTA is not required for travel by land or sea. He noted that, according to the website (<http://www.cic.gc.ca/english/visit/eta.asp>), most eTA applications are processed within minutes of applying; however, the website also featured the warning that “some requests may need several days to process.” Applicants would therefore be wise to apply early for the eTA. He reassured committee members that PGME regularly informs new and returning international trainees about the eTA requirement.

Dr. Schneider recognized that some international trainees who had entered Canada and begun training prior to IRCC’s implementation of the eTA requirement may be vulnerable if they temporarily leave the country (for example, to attend a conference) and are required to have an eTA in order to re-enter Canada. The committee agreed that a memorandum from the Vice Dean Post MD Education should be distributed widely, to ensure broad awareness of this new immigration requirement for international trainees.

6. Evaluation of Clinical Fellows: An Update

Dr. Schneider described the forming of a subgroup of the FEAC to examine the evaluation of clinical fellows, and reported on the results of the subgroup’s initial review and discussion of the subject. Data from the POWER system indicated that, of the 1,126 clinical fellows who were registered for at least six months of training in 2015-16, the online evaluation completion rate was 83%. Dr. Schneider qualified this information by noting that, given the broad spectrum of clinical fellowships with diverse needs, it is unclear how, and how well, clinical fellows are evaluated.

Almost all new clinical fellows who are international medical graduates (IMGs) must successfully complete the Pre-Entry Assessment Program (PEAP) at the outset of the fellowship as a condition of educational licensure by the CPSO. Dr. Schneider reported that in 2015-16 a total of 461 clinical fellows enrolled in the PEAP. These PEAP registrants required an average of 66 days to complete the PEAP. Because of the volume, detail, and paper-based nature of the process, managing timelines and documentation for this high stakes evaluation of clinical fellows was a challenge for program administrators. The subgroup recommended that the FEAC consider a number of initiatives: promoting best practices in documentation for administrators, including a reminder system; creating a PEAP handbook for administrators that would combine relevant PGME documents in a single package; and exploring the feasibility of an electronic PEAP form for online processing. A. Bedard offered to share the form-fillable PDF final assessment form that the Department of Medicine had designed for the PEAP.

The subgroup found that following up on evaluation data from supervisors can be challenging for program administrators throughout the course of fellowship training, and recommended that the FEAC promote best practices in the in the collection and entry of data as well as in the format of clinical fellow ITERs for entry on the POWER system. Dr. Schneider commented on the need for evaluation of the scholarly content of fellowship training, especially for fellowships with significant research/scholarly objectives. C. Abrahams commented that CIP had developed forms for research evaluation. Dr. Spadafora supported highlighting best practices in documenting assessment. Dr. Schneider suggested reviewing responses from previous FEAC-administered clinical fellow surveys to understand better how clinical fellows regard their evaluation.

The committee agreed that an update of the *Clinical Fellowship Offer Letters: Guidelines and Exemplars* should include sample text about evaluation of the clinical fellow. The FEAC also agreed on the need to improve communication of existing supports and options for the POWER-based evaluation of clinical fellows.

Dr. Schneider indicated that the subgroup would continue its work as approved by the committee and report back on progress in these areas..

7. Action Items

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

a) *FEAC Terms of Reference*

J. Kerr would distribute to committee members a draft revision of the Terms of Reference which would incorporate the changes discussed at the meeting, with a view to having the committee approve a finalized version at its meeting of March 22, 2017.

b) *Research Ethics Training for Clinical Fellows*

An email communication from the Vice Dean Post MD Education announcing the Research Ethics module would be distributed to Program Directors and the 2017 edition of PGME's Orientation Handbook for new residents and fellows would include an entry for the module.

c) *Electronic Travel Authorization (eTA) Requirement*

An email communication from the Vice Dean Post MD Education would be distributed to University stakeholders, to ensure maximum awareness of this new requirement for international trainees.

d) *Evaluation of Clinical Fellows*

The FEAC sub-group would pursue its recommendations further and report back to the committee on its progress.

The meeting adjourned at 9:40 AM.