FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of January 16, 2018 Meeting
8:00 AM to 9:30 AM – PGME Boardroom A

Present:

Caroline Abrahams (PGME)
Dalia Al-Mouaswas (Ex officio; UHN)
Ashley Bedard (Medicine) *
Jessica Filion (PGME)
Dr. Karl Iglar (St. Michael's Hospital)
Dr. Cheryl Jaigobin (Medicine)
John Kerr (PGME)
Dr. Zachary Liederman (Clinical Fellow)
Dr. Helen MacRae (Surgery) **
Maureen Morris (PGME)

Loreta Muharuma (PGME)
Laura Leigh Murgaski (PGME) *
Dr. Linda Probyn (Director, Admissions &
    Evaluation PGME)
Mariela Ruetalo (PGME) *
Dr. Rayfel Schneider (FEAC Chair; Paediatrics)
Dr. Salvatore M. Spadafora (Vice Dean, Post MD
    Education)
Shannon Spencer (PGME)
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. Peter Chung (Radiation Oncology)
Dr. Arun Ravindran (Psychiatry)
Dr. Andrea Simpson (Clinical Fellow)

1. **Introduction**

    Dr. Schneider, Chair of the FEAC, opened the meeting by confirming the committee's acceptance of the minutes of the FEAC meeting of October 24, 2017, as drafted. He led the committee in a review of action items from that meeting:

    (i) Following the committee's discussion of a draft update of the ***Guidelines for Educational Responsibilities in Clinical Fellowships*** on October 24, 2017, Dr. Schneider had invited FEAC members to contribute additional input by email by October 31, 2017. Dr. Spadafora had distributed the resulting final version of this document to the FEAC membership in December 2017. The updated *Guidelines* are also publicly accessible through the PGME website.

    (ii) The FEAC meeting of October 24, 2017 had included committee review of a draft update of the ***Clinical Fellowship Offer Letters: Guidelines and Exemplars***. In December 2017, Dr. Spadafora had distributed this document in final form to Chairs, Program Directors, Program Administrators, and FEAC members. This item is also publicly accessible through the PGME website.

    (iii) The **Electronic PEAP Final Assessment Form** is now accessible as a form-fillable, downloadable document, with a choice of PDF or MS Word format, for use by Program Administrators. The electronic form is accessible through the "Policies and Guidelines" section of the PGME website, and appears in the "For Faculty & Staff" section of the website alongside reference items to assist in the evaluation of clinical fellows.

2. **Impact of the U.S. National Resident Matching Program (NRMP) on Applications for Clinical Fellowship at the University of Toronto**

    The National Residency Matching Program (NRMP) is a private, non-profit organization in the U.S. that matches applicants to U.S. residency training positions. Currently, four subspecialties at UofT – General Surgical Oncology and three subspecialty programs in the Department of Obstetrics and Gynaecology – recruit candidates through the NRMP.

    The Match Participation Agreement for Institutions states that <u>none</u> of the programs sponsored by the institution (regardless of whether or not those programs participate in the NRMP-administered match) can discuss a

position with, interview for a position for, or offer a position to an applicant who has matched to a concurrent year position through the NRMP match process. The NRMP's penalty for violation of this requirement is a red flag that signals all applicants to UofT programs in the NRMP match process to review the violation report. The red flag will appear for one year.

The FEAC agreed that, because applicants for clinical fellowships at UofT should not have to declare if they are applying elsewhere, it would be unreasonable to ask them to attest to participation in the NRMP match process as part of the application process for a clinical fellowship at UofT.

The FEAC agreed therefore that, going forward, application information should include a statement of the NRMP requirement and the offer letter to clinical fellowship candidates should include a declaration by the candidate that, in signing the offer letter, the candidate had read and understood this requirement. Dr. Probyn would develop the wording for this statement and present it at the next meeting of the FEAC.

3. Royal College Accreditation of AFC Diploma Programs

Dr. Schneider reminded FEAC members that the committee's terms of reference included a commitment to review, at the request of the Vice Dean Post MD Education, applications by UofT clinical fellowship programs for Royal College accreditation as Areas of Focused Competence (AFC-diploma) programs.

L. L. Murgaski (Program Manager, Accreditation and Education Quality Systems, PGME), outlined the accreditation cycle for AFC programs, from discipline recognition, through new program application for Royal College accreditation, to Royal College approval, and mandated internal review. She reviewed resources available to the FEAC through the PGME website (http://pg.postmd.utoronto.ca/faculty-staff/areas-focused-competence-afc-diploma-programs/) and the timelines for review of applications for accreditation.

The FEAC's review of applications must involve consideration of how the program seeking accreditation meets the Royal College's *General Standards for Areas of Focused Competence (AFC) Programs* or *'C' Standards*. There are four 'C' Standards, namely: (C1) Administrative Structure; (C2) Resources; (C3) Educational Program; and (C4) Competency Based Assessment of Trainee Performance. Clarifying that each application for accreditation includes appendices (A to G, as necessary), L. L. Murgaski provided the FEAC with a one-page worksheet that matched appendices with relevant 'C' standards and offered sample criteria to facilitate measuring how well the application satisfied the 'C' Standards.

Dr. Spadafora reviewed the historical background of the "Resources" Standard, observing that this standard had been "under the microscope" for many years, reflecting the concern that an AFC program must not impede or impair residency training access to resources. The impact of an AFC program on the residency program could be a major issue for smaller programs.

L. L. Murgaski suggested it was difficult at present to foresee how many applications the FEAC might expect to review annually. Dr. Spadafora stressed the importance of FEAC review to ensure educational quality of applications. L. L. Murgaski indicated that several applications were currently in development and that a number of clinical fellowship programs had shown interest in applying for Royal College accreditation. Dr. Spadafora felt that FEAC review of applications could effectively occur online, with the assignment of FEAC members as reviewers. He suggested that Dr. Schneider and J. Kerr work with him to draft a brief text that would clarify the FEAC process going forward for reviewing these applications.

L. L. Murgaski confirmed that PGME provides resources to help interested clinical fellowship programs develop their application for Royal College accreditation.

4. 2018 Survey of Clinical Fellows at the University of Toronto

M. Ruetalo (Research Officer, PGME), advised the FEAC that the *2018 Survey of Clinical Fellows* would represent a departure from those of previous years in its alignment with the *Voice of the Resident* (VOTR) survey that PGME had implemented in 2017. She highlighted the longitudinal panel component of the VOTR survey that would enable tracking changes in attitude of individual residents through the course of their training. She also indicated that the forthcoming survey of clinical fellows would occur in the broader context of the combined survey efforts of the Toronto Academic Health Science Network TAHSN) Learner Task Force.

Dr. Spadafora verified that all of the University's TAHSN affiliates would be surveying all learners in the Faculty of Medicine, including graduate and post-doctoral students as well as postgraduate medical trainees. He noted that hospital CEOs were deeply interested in the data that the VOTR survey had generated. Like the survey of residents, the survey of clinical fellows would reflect the context of the clinical environment.

M. Ruetalo listed a number of questionnaire modules for the survey of clinical fellows, including fellowship experience, health and wellness, remuneration, diversity, discrimination, and future plans. The wording of questions would match the wording of similar questions in the VOTR survey. Questions about the health and wellness of clinical fellows would conform in wording to Statistics Canada questions, to enable the measurement of survey results against national data. The 2018 survey of clinical fellows would also examine the socioeconomic status (SES) of clinical fellows, and include a TAHSN section.

Dr. Schneider confirmed that the 2018 survey would continue to provide recipients with narrative opportunities in the form of open-ended questions.

M. Ruetalo suggested a launch date during March 2018 for the survey, and indicated that she would present a preliminary report on the survey to the FEAC at its meeting of April 24, 2018.

5. Action Items

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

a) *NRMP and Applications for Clinical Fellowships at UofT*
Dr. Probyn would develop a statement of the NRMP match participation requirement and its impact on clinical fellowship applications. This statement could appear in clinical fellowship application information. This statement could also appear in clinical fellowship offer letters, with a declaration by the candidate that, in signing the offer letter, the candidate had read and understood the NRMP requirement.

b) *FEAC Process for Review of Applications for AFC Accreditation*
With support from J. Kerr, Dr. Spadafora and Dr. Schneider would draft a clarification of the FEAC process to review applications for Royal College accreditation as an Area of Focused Competence (AFC) programs.

c) *2018 Survey of Clinical Fellows at the University of Toronto*
M. Ruetalo would report to the committee at its meeting of April 24, 2018 on the 2018 survey of clinical fellows at UofT.

The meeting adjourned at 9:25 AM.