

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of March 22, 2017 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)	Dr. Helen MacRae (Surgery) **
Dr. Julia Alleyne (Family & Community Medicine)	Maureen Morris (PGME)
Dalia Al-Mouaswas (Ex officio; UHN)	Dr. Arun Ravindran (Psychiatry) **
Dr. Glen Bandiera (Associate Dean PGME)	Dr. Rayfel Schneider (FEAC Chair; Paediatrics)
Ashley Bedard (Medicine) *	Dr. Salvatore M. Spadafora (Vice Dean, Post MD Education)
Nathan Harrison (PGME) *	Dr. Doreen Yee (Anaesthesia) **
Dr. Cheryl Jaigobin (Medicine)	
John Kerr (PGME)	

* Guest

** By teleconference

Regrets:

Dr. Asim Ali (Ophthalmology)	Loreta Muharuma (PGME)
Dr. Peter Chung (Radiation Oncology)	Dr. Linda Probyn (Director, Admissions & Evaluation PGME)
Jessica Fillion (PGME)	Dr. Andrea Simpson (Clinical Fellow)
Dr. Julie Maggi (St. Michael's Hospital)	

1. Introduction

a) *Minutes of meeting of December 7, 2016*

Dr. Schneider, Chair of the FEAC, confirmed the committee's acceptance of the minutes of its meeting of December 7, 2016, before reviewing the action items resulting from the meeting.

b) *Action Items from meeting of December 7, 2016*

- *Electronic Travel Authorization (eTA) Communication* – On January 30, 2017, Dr. Spadafora, Vice Dean Post MD Education, had issued an informational memorandum, confirming the applicability of the new immigration requirement to postgraduate medical trainees without Canadian citizenship or permanent resident status.¹
- *Research Ethics Module for Clinical Fellows* – On February 9, 2017, Dr. Spadafora had issued a memorandum, outlining research ethics considerations for clinical fellows whose training may involve a research component and announcing the launch of a new PGME online learning module to promote awareness and understanding of these issues by clinical fellows.¹ J. Kerr confirmed that the 2017 Orientation Handbook would include a page about the new research ethics module.
- *Terms of Reference* – Dr. Schneider summarized revisions to the committee's terms of reference as wordsmithing of goals and activities, and minor adjustments to the text about membership. Dr. Bandiera suggested that the stated scope and purpose of the FEAC could be enhanced to include identifying, as well as responding to, issues that govern individual clinical fellows and the management of clinical fellowships. Dr. Schneider confirmed the FEAC's acceptance of the revised terms of reference, including the proposed change to the scope and purpose. J. Kerr said that the revised terms of reference would be posted on the FEAC website.
- *Evaluation of Clinical Fellows: FEAC Sub-Group* – Dr. Schneider briefly recounted the formation of a FEAC sub-group in November 2016 to review the evaluation of clinical fellows. He verified that the sub-group was pursuing an electronic PEAP final assessment form, best practices,

¹ Recipients of the memorandum included Clinical Chairs, Vice Chairs of Education, Vice Presidents of Education of University affiliated hospitals, Program/Fellowship Directors, the FEAC, and Administrators.

communication, and reviewing data from prior clinical fellow surveys. There would be a presentation of the sub-group's progress at the next scheduled FEAC meeting.

2. Schedule of FEAC Meetings for 2017-18

Dr. Schneider noted that 2016-17 was the first year that the FEAC had moved its quarterly meetings from Tuesdays to Wednesdays. In view of challenges this change had posed for some FEAC members, he indicated that the FEAC would return to Tuesday meetings for the 2017-18 academic session. Dr. Alleyne stated that the second Tuesday of the month represented a potential conflict for her as Family Medicine's representative. Dr. Schneider reassured her that every effort would be made to avoid potential conflicts where stated. Specific meeting dates would be circulated to the committee's membership shortly.

3. Update on the Royal College's Areas of Focused Competence (AFC) and Subspecialty Examination Affiliate Program (SEAP)

Dr. Spadafora updated the FEAC on recent developments in the Areas of Focused Competence (AFC) and Subspecialty Examination Affiliate Program (SEAP). These initiatives offer a form of Royal College recognition to clinical fellows and represent a grey area between clinical fellowship and residency training.

In January 2017, the Royal College had issued questionnaires as part of a national consultation process for two proposed AFC disciplines: Medical and Surgical Retina, and Pediatric Urology. Dr. Spadafora clarified that PGME distributes the questionnaire for each proposed AFC discipline to as many University of Toronto stakeholders as possible before answering the Royal College with a collective University response. He stressed the importance of feedback from departments to verify the impact of niche area recognition on primary and subspecialty training.

Dr. Spadafora emphasized the need for departmental governance structures to ensure orderly approval and quality control of applications for accreditation of clinical fellowships within approved AFC disciplines. Dr. Bandiera noted that Royal College accreditation involves increased rigor and more administrative work for clinical fellowships. Dr. Spadafora affirmed the importance of FEAC review of applications for accreditation as a cross-check on the possible impact of accredited fellowships on programs and resources.

Dr. Alleyne observed an overlap with the areas of enhanced competency that the College of Family Physicians of Canada (CFPC) recognizes for family physicians, including the Certificates of Added Competence (CAC) that the CFPC issues to family physicians for the achievement of enhanced areas of expertise. Dr. Spadafora invited Dr. Alleyne to update the FEAC at a future date on this form of recognition for clinical fellows and detail its impact on the Department of Family and Community Medicine.

Dr. Spadafora reviewed the history of the SEAP since February 2014, when the Royal College Council first approved this Affiliate category of recognition for internationally-trained doctors who (1) lack Royal College certification in a primary specialty and (2) are enrolled as a clinical fellow in a program which duplicates that of an accredited Canadian subspecialty residency. To date, all SEAP disciplines have involved a written examination only. Dr. Spadafora confirmed that the next expansion of the SEAP would embrace disciplines in which the certification examination includes an oral component. He highlighted the need for departmental dialogue to manage the challenges of SEAP expansion. FEAC members agreed on the need for clinical fellowship offer letters to clarify SEAP eligibility before the beginning of the fellowship.

Dr. Jaigobin noted the absence of funding from the Ministry of Health and Long-Term Care (MOHLTC) for clinical fellowships, despite Royal College recognition of the training. Dr. Spadafora confirmed that the Ministry's policy was consistent with the *Pools Framework*, a joint policy of the Council of Ontario Faculties of Medicine (COFM) and MOHLTC for managing postgraduate medical education in Ontario, including provincial funding of this training. Dr. Spadafora and Dr. Schneider agreed to distribute a copy of the *Pools Framework* to the FEAC membership, to promote awareness of this important policy document.

4. **Application and Acceptance of Clinical Fellows: A Scan of Departmental Practices for an Online PG Application System**

N. Harrison provided the FEAC with a project update on the PG Application System, a centralized online system to manage fellowship applications from submission to acceptance and appointment. Following an initial planning stage in 2015 and an environmental scan of application processing practices and requirements of academic departments in 2016, plus three months of system development to date in 2017, the PG Application System is now poised to enter final testing before its pilot launch in the fall of 2017.

N. Harrison and J. Filion have completed consultations with 15 departments/divisions/units to date, compiling a demographic overview of fellowship intake procedures and assessing rollout requirements for the new system across departments. The consultations were well-received. Common themes of discussion at these meetings involved (1) interest in pre-screening capabilities and application scoring, and (2) centralization versus localization of intake activities. N. Harrison verified that the system was designed to meet high-volume pre-screening challenges and would provide ranking tools to meet departmental demand for application ranking. He also highlighted the flexibility of the system, indicating that it could be tailored down to the position level.

In general, the FEAC supported implementation of an online application system that would: (1) allow for centralized screening criteria, (2) offer departments the option of central approval of the fellowship offer, (3) identify fellowships by type (e.g., Area of Focused Competence, Subspecialty Examination Affiliate Program, and standard), and (4) accommodate uniquely-tailored fellowships.

Dr. Bandiera foresaw an increasing need for central sign off in future, as clinical fellowships become more rigorous. Dr. Schneider suggested that the pilot should cover the complete process, from application intake to fellowship appointment. N. Harrison confirmed a minimum four-month timeframe for the initial rollout and a two-year period for implementation of the system across all departments. Dr. Spadafora emphasized the need for communications, noting that departments should not invest in online solutions before the rollout of the PG Application System. C. Abrahams highlighted the potential for reporting inherent in the new system. N. Harrison affirmed that the system would allow the export of data points for reporting purposes and would provide centralized access to real-time application data. Dr. Spadafora emphasized the importance of fellowship application data for all stakeholders.

5. **Action Items**

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

- a) ***FEAC Terms of Reference***
The terms of reference, with approved revisions, would be posted on the FEAC website.
- b) ***Schedule of Meetings for 2017-18***
The committee's schedule of meetings for 2017-18 would be circulated to FEAC members and posted on the FEAC website.
- c) ***Slides Accompanying FEAC Presentations***
J. Kerr would ensure that all FEAC members receive a copy of the slides that accompanied Dr. Spadafora's presentation about the Royal College's AFC and SEAP initiatives and N. Harrison's presentation about the Online PG Applications System.
- d) ***Pools Framework***
Dr. Spadafora and Dr. Schneider would send a copy of the *Pools Framework* to the FEAC membership.
- e) ***Evaluation of Clinical Fellows***
The FEAC sub-group would report back to the committee on its progress.

The meeting adjourned at 9:40 AM.