

**FELLOWSHIP EDUCATION ADVISORY COMMITTEE**  
**Minutes of October 24, 2017 Meeting**  
**8:00 AM to 9:20 AM – PGME Boardroom**

**Present:**

Caroline Abrahams (PGME)	Loreta Muharuma (PGME)
Dr. Julia Alleyne (Family & Community Medicine)	Laura Leigh Murgaski (PM+GME) *
Dalia Al-Mouaswas (Ex officio; UHN)	Dr. Linda Probyn (Director, Admissions & Evaluation PGME)
Dr. Glen Bandiera (Associate Dean PGME)	Dr. Arun Ravindran (Psychiatry) **
Ashley Bedard (Medicine) *	Dr. Rayfel Schneider (FEAC Chair; Paediatrics)
Jessica Fillion (PGME)	Dr. Salvatore M. Spadafora (Vice Dean, Post MD Education)
Dr. Karl Iglar (St. Michael's Hospital)	Shannon Spencer (PGME)
Dr. Cheryl Jaigobin (Medicine)	Dr. Doreen Yee (Anaesthesia)
John Kerr (PGME)	Dr. Ari Zaretsky (Sunnybrook Health Science Centre) *
Dr. Zachary Liederman (Clinical Fellow)	
Dr. Helen MacRae (Surgery) **	
Maureen Morris (PGME)	

\* Guest

\*\* By teleconference

**Regrets:**

Dr. Asim Ali (Ophthalmology)	Dr. Andrea Simpson (Clinical Fellow)
Dr. Peter Chung (Radiation Oncology)	

**1. Introduction**

**a) *New Committee Members for 2017-18***

Dr. Schneider, Chair of the FEAC, opened the committee's first meeting of the academic session by inviting FEAC members to introduce themselves, including new members Dr. Karl Iglar (Director, Postgraduate Medical Education, St. Michael's Hospital), and Dr. Zachary Liederman (Clinical Fellow, Division of Hematology, Department of Medicine).

**b) *FEAC background: Clinical Fellows by the Numbers 2017-18***

Dr. Schneider provided an overview of citizenship, program registration, and funding of clinical fellows during the 2016-17 academic session, using data sourced from the Postgraduate Web Evaluation and Registration (POWER) system. He noted that total enrolment had increased by 5% over the previous session (from 1,392 clinical fellows in 2015-16 to 1,486 in 2016-17). The Department of Medicine had the largest enrolment of clinical fellows of any academic department in 2016-17, with 433 clinical fellows registered. Approximately 71% of clinical fellows in 2016-17 had funding from a departmental or University-affiliated hospital or practice plan source. The committee accepted that these data may represent the flow, if not the origin, of fellowship funding. Additional details can be reviewed in the Appendix, below (pages 5-7).

**2. Minutes of FEAC Meeting of June 15, 2017**

Dr. Schneider confirmed the committee's acceptance of the minutes of the FEAC meeting of June 15, 2017, as drafted. He led the committee in a review of action items from that meeting.

**a) *Action Items Update***

- (i) An updated version of the *Guidelines for Educational Responsibilities in Clinical Fellowships* had been distributed with draft revisions to FEAC members on October 17, 2017, for review and input. The draft revisions reflected the discussion that had occurred during the committee's review of this document on June 15, 2017. Dr. Spadafora stated that the *Guidelines* had been developed

from first principles but could be expected to evolve over time as clinical fellowship training itself evolved. The FEAC membership agreed that, given the success of the *Guidelines* to date, it would be appropriate in future to review them once every three years, rather than on an annual basis.

Dr. Schneider highlighted the revision of the *Guidelines*' definition of a clinical fellow to include reference to Royal College-accredited training for clinical fellows through Areas of Focused Competence (AFC) diploma programs and the Subspecialty Examination Affiliate Program (SEAP). The revised *Guidelines* also contained added emphasis on the importance of being clear and explicit in offer letters about how the clinical fellow would be evaluated.

Dr. Schneider invited committee members to provide further feedback by email to J. Kerr by the end of the month. The revised *Guidelines* would replace the version currently accessible through the "Policies & Guidelines" section of the PGME website and would be distributed by the Vice Dean Post MD Education to Clinical Chairs, Fellowship Program Directors, Vice Presidents of Education of University-affiliated hospitals, and Program Administrators.

- (ii) The FEAC meeting of June 15, 2017 had included review of a draft update of the *Clinical Fellowship Offer Letters: Guidelines and Exemplars*. Further to the committee's discussion at that meeting, a draft version with additional changes had been distributed to FEAC members by email on October 17, 2017 for final review and input. The final draft version contains new text about conditional multiple-year fellowship offers and increased emphasis on evaluation, as well as an appendix about the Royal College's SEAP initiative for clinical fellows.

Dr. Spadafora clarified that submission of a statement of educational objectives of the clinical fellowship is a requirement for CPSO educational licensure and University of Toronto registration as a clinical fellow, but submission of the clinical fellowship offer letter is not mandatory.

Dr. Schneider reported that the Department of Paediatrics has standardized clinical fellowship offer letters but allowed for adaptation in individual cases as appropriate. A. Bedard confirmed that the Department of Medicine has given programs the option of using text that the FEAC previously approved for conditional, multi-year fellowship offers and that those who had exercised this option to date had been happy with the results.

Dr. Schneider emphasized that the additional text about evaluation in the *Guidelines and Exemplars* was consistent with revisions that the committee had approved on this subject for the *Guidelines for Educational Responsibilities in Clinical Fellowships*.

Dr. Bandiera felt that eligibility for SEAP recognition may be an ongoing issue, despite the recommended text on this subject in the *Guidelines and Exemplars* document. Dr. Spadafora foresaw no single way to manage the challenge, since application for SEAP recognition begins with the clinical fellow applying independently to the Royal College. C. Abrahams questioned the health workforce planning impact of SEAP recognition and its place in the provincial management of subspecialty training. Dr. Alleyne noted a parallel between Royal College recognition for clinical fellows in medical specialties and Certificates of Added Competence (CAC) for clinical fellows in Family Medicine. She saw merit in clinical fellowship offer letters in Family Medicine having more explicit content about eligibility of the clinical fellow for CAC recognition.

Dr. Schneider encouraged the committee to submit any additional input by email to J. Kerr by the end of October so that the revised *Clinical Fellowship Offer Letters: Guidelines and Exemplars* document could be finalized, then posted on the PGME website and distributed by email to University of Toronto stakeholders.

- (iii) The Pre-Entry Assessment Program (PEAP) is a short-term, high-stakes period of evaluation for new clinical fellows. Dr. Schneider reported that 7 of the 489 new clinical fellows who were enrolled in the PEAP in 2016-17 were not successful. He observed that unsuccessful PEAP candidates were almost always clinical fellows who withdrew from the PEAP. He clarified that the PEAP final assessment can be appealed on the basis of process only. He observed that the interim, detailed PEAP assessment form for optional departmental use did not correlate directly with the final assessment form, but underlined that the principle of providing written feedback was valuable. He asked J. Kerr to send committee members a copy of the interim form as a good

example of what to look at halfway through the PEAP. Dr. D. Yee confirmed that the Department of Anaesthesia used this interim form. Dr. Jaigobin provided a similar confirmation for the Department of Medicine.

Dr. Schneider confirmed that a fully electronic Pre-Entry Assessment Program (PEAP) Final Assessment Form was now ready for posting on the PGME website. A “landing page” had been created for the PGME website, offering Program Administrators a choice of PDF and MS Word formats for this electronic form, and step-by-step instructions on using it. The “landing page” and downloadable forms would replace the paper-based PDF item currently accessible through the “Policies & Guidelines” section of the PGME website. This new website content would also appear as part of a new “Evaluation of Clinical Fellows” sub-section of the PGME website for Program Administrators.

**b) FEAC 2016-17 Academic Session Report**

In accordance with the FEAC’s terms of reference, Dr. Schneider had provided Dr. Spadafora with a report on the committee’s activities and achievements for 2016-17. Dr. Spadafora had forwarded this report to the Dean, Faculty of Medicine. The report had also been distributed to FEAC members by email. As in previous years, Dr. Spadafora would be distributing the report to Clinical Chairs, Fellowship Program Directors, Vice Presidents of Education of University-affiliated hospitals, and Program Administrators. Dr. Schneider and Dr. Spadafora looked forward to presenting the report to Clinical Chairs.

**3. Areas of Focused Competence (AFC) Diploma Programs: A Brief Update**

Dr. Spadafora presented a brief overview of the current status of the Royal College’s Areas of Focused Competence (AFC) diploma programs. He described this Royal College initiative in the context of its management of subspecialty training, and stressed the need for oversight and stewardship of these programs because of the limitations of resources and training capacity. He noted that the Royal College had recognized 21 AFC disciplines to date, with 5 more under consideration, including Hematopoietic Stem Cell Transplantation, and Interdisciplinary Brain Medicine. There are now 4 accredited AFC programs at the University of Toronto, with applications for accreditation of additional programs either in development for submission or already submitted to the Royal College for approval.

Recognizing a need for easily accessible information about AFC programs for University of Toronto stakeholders, PGME has made resources available in the “For Faculty & Staff” section of the PGME website (<http://pg.postmd.utoronto.ca/faculty-staff/areas-focused-competence-afc-diploma-programs/>). Dr. Spadafora also confirmed that Accreditation and Education Quality Systems, PGME, would be able to respond to questions from fellowship programs about an application package or curriculum documents. A tip sheet for applications for AFC accreditation would be accessible through the PGME website. Accreditation and Education Quality Systems, PGME, would be able to review new applications and provide feedback to applicants before submission of the application materials to the Vice Dean Post MD Education and afterwards to the Royal College for approval.

**4. Royal College Accreditation of AFC Diploma Programs**

Laura Leigh Murgaski, Program Manager, Accreditation and Education Quality Systems, PGME, confirmed that an application for accreditation of the University of Toronto’s Brachytherapy clinical fellowship as an AFC program had been submitted to the Royal College. She described the accreditation cycle for AFC programs, from discipline recognition through new program application for accreditation to Royal College approval and mandated internal review.

L. L. Murgaski provided the FEAC with additional detail about the resources that would be available to clinical fellowship programs seeking Royal College accreditation as AFC programs. She indicated that fellowship programs would have three opportunities annually to submit their application for accreditation to the Vice Dean Post MD Education for approval. In each case, PGME’s Accreditation Team would be able to provide a preliminary review of the application package, provided it reached PGME by the appropriate annual deadline (May 3, August 28, and November 26; as linked to the annual Royal College deadlines for applications for AFC accreditation).

As stated in the FEAC's terms of reference, the Vice Dean Post MD Education asks the FEAC to review applications for accreditation of AFC programs. L. L. Murgaski agreed to return to the FEAC on January 16, 2018, to review the Royal College's 'C' Standards and their impact on the FEAC's review of these applications. Highlights of the 'C' Standards that she would cover at the next FEAC meeting would include administrative structure, resources, educational program, and competency-based assessment.

## 5. Action Items

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

a) ***Guidelines for Educational Responsibilities in Clinical Fellowships***

The *Guidelines* will appear in updated form in the "Policies & Guidelines" section of the PGME website (<http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>) and will be distributed by email to administrative stakeholders.

b) ***Clinical Fellowship Offer Letters: Guidelines and Exemplars***

The *Guidelines and Exemplars* will be distributed in updated form by email to administrative stakeholders and be accessible through the "Access Administrator Resources" section of the PGME website (<http://pg.postmd.utoronto.ca/faculty-staff/access-pg-administrative-resources/find-registration-document-templates/>).

c) ***Electronic PEAP Final Assessment Form***

The electronic PEAP Final Assessment Form will be implemented as a form-fillable, downloadable document in either PDF or MS Word format for use by Program Administrators. It will replace the non-fillable PDF form document now accessible via the "Policies & Guidelines" section of the PGME website and will also appear in a new "Evaluation of Clinical Fellows" sub-section of the "For Faculty & Staff" portion of the PGME website.

Dr. Schneider looked forward to the committee's next meeting, on January 16, 2018, when L. L. Murgaski would complete her presentation about Royal College accreditation of AFC diploma programs, and the survey instrument for the *2018 Survey of Clinical Fellows at the University of Toronto* will be presented.

The meeting adjourned at 9:20 AM.

**APPENDIX**

# Clinical Fellows by the Numbers 2016-17: Citizenship Status

## Enrolment of Clinical Fellows by Citizenship 2016-17

TOTAL ENROLMENT: 1,466 (Trainee count; not FTEs)

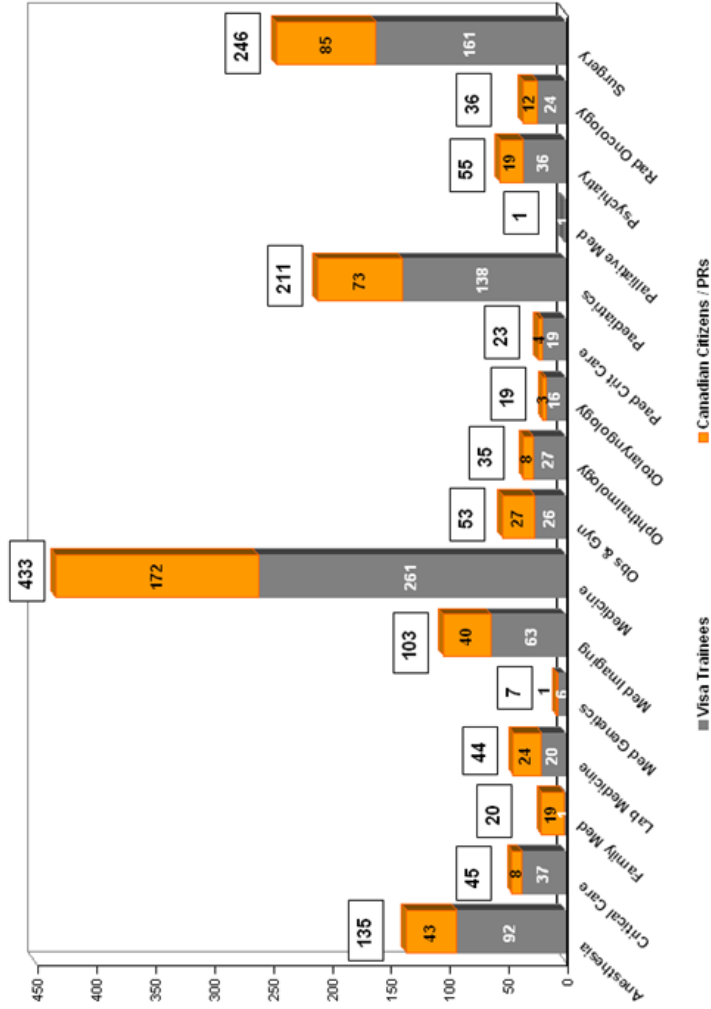


*N.B. Data excludes the 37 elective clinical fellows registered in 2016-17*

# Clinical Fellows by the Numbers 2016-17: Enrolment by Department / Division / Unit

Enrolment of Clinical Fellows by Department / Division / Unit 2016-17

TOTAL ENROLMENT: 1,466 (Trainee count; not FTEs)

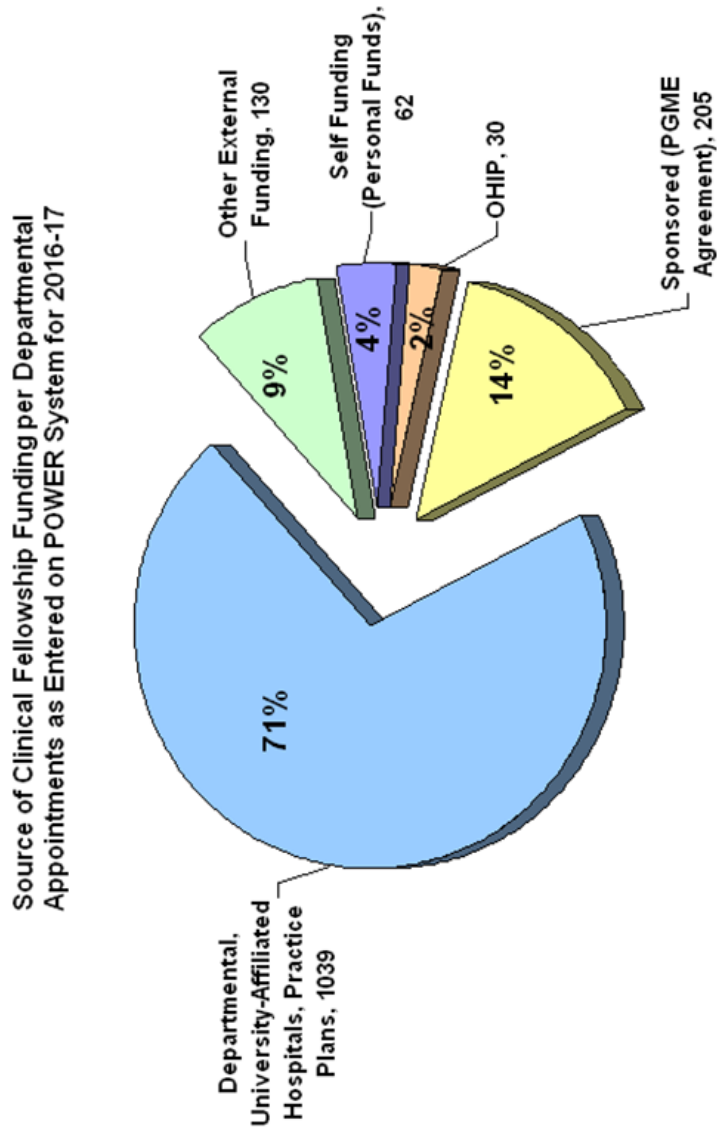


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N.B. Data excludes the 37 elective clinical fellows registered in 2016-17

# Clinical Fellows by the Numbers 2016-17: Source of Funding



TOTAL ENROLMENT 2016-17: 1,466  
(Trainee count, not FTEs; also excludes 37 elective clinical fellows)