FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of October 26, 2016 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)
Dr. Asim Ali (Ophthalmology)
Dalia Al-Mouaswas (Ex officio; UHN)
Ashley Bedard (Medicine) *
Dr. Peter Chung (Radiation Oncology)
Jessica Filion (PGME)
John Kerr (PGME)
Dr. Helen MacRae (Surgery) **
Dr. Julie Maggi (St. Michael's Hospital)
Maureen Morris (PGME)
Loreta Muharuma (PGME)
Dr. Andrea Simpson (Clinical Fellow)
Dr. Rayfel Schneider (FEAC Chair; Paediatrics)
Dr. Salvatore M. Spadafora (Vice Dean, Post MD Education)
Dr. Doreen Yee (Anaesthesia) **

* Guest
** By teleconference

Regrets:

Dr. Julia Alleyne (Family & Community Medicine)
Dr. Glen Bandiera (Associate Dean PGME)
Dr. Dimos Karangelis (Clinical Fellow)
Dr. Linda Probyn (Director, Admissions & Evaluation PGME)
Dr. Arun Ravindran (Psychiatry)

1. Introduction

a) ***New Committee Members for 2016-17***
Dr. Schneider, Chair of the FEAC, opened the committee's first meeting of the academic session by inviting the members to introduce themselves, including new committee members Dr. Peter Chung (Radiation Oncology), Dr. Helen MacRae (Surgery) and Dr. Andrea Simpson (Clinical Fellow, Obstetrics and Gynaecology).

b) FEAC background: Terms of Reference, Clinical Fellows by the Numbers 2015-16
Dr. Schneider turned the committee's attention to its Terms of Reference, publicly accessible via the FEAC website. He described the committee's role as one of identifying and responding to clinical fellowship issues, and providing advice to the Vice Dean Post MD Education on these issues. He noted that the Terms of Reference, last revised October 29, 2013, include the statement that "the Chair will ensure that the mandate, membership, activities, Terms of Reference, and relevance of the FEAC are reviewed every three years to ensure that the FEAC continues to meet ongoing needs." He proposed that J. Kerr distribute the Terms of Reference to committee members and gather feedback from them for formal review at the FEAC meeting of December 7, 2016.

J. Kerr presented three slides (attached) which summarized the status of clinical fellows registered during the 2015-16 academic session according to citizenship, program registration, and source of funding. The data had been sourced from the POstgraduate Web Evaluation and Registration (POWER) system. C. Abrahams suggested that tightened POWER coding might alleviate the ambiguity of "hospital" funding as entered on the system. Dr. Spadafora indicated that "hospital" funding represented the flow, and not necessarily the origin, of funding. Disentangling the source and flow of reported funding would be a complex and costly task. Dr. Schneider confirmed that, at SickKids, fellowship funding from a variety of sources flowed through the hospital to fellows.

2. Minutes of FEAC Meeting of June 14, 2016

Dr. Schneider confirmed acceptance of the minutes of the FEAC meeting of June 14, 2016 as drafted and reviewed action items from the meeting.

J. Kerr reassured the committee that the retrospective report, *Answering the Challenge 2009-2016: Report of the Fellowship Education Advisory Committee (FEAC)*, was at the final formatting stage. He anticipated providing the FEAC members with access to the finished product for their review and feedback before official publication of the report online.

J. Kerr reported that the mechanics of making a research ethics training module freely accessible online for clinical fellows was being resolved and looked forward to providing the FEAC with an update at its next meeting, on December 7, 2016. Dr. Spadafora commented that research ethics currently held a place within an informational mosaic in the hospital system. He stressed the importance of providing clinical fellows with easy access to research ethics training. J. Kerr confirmed that a communication to academic departments and University-affiliated hospitals would be drafted and text about research ethics would be added to the 2017 *Orientation Handbook* for new PGME trainees.

3. OHIP Billing and Clinical Fellows

Dr. Spadafora provided the FEAC with a brief account of events in October that triggered widespread concern among fellowship supervisors about their ability to bill the Ontario Health Insurance Plan (OHIP) for services rendered by clinical fellows in training. On October 4, 2016, Dr. Virginia Walley, President of the Ontario Medical Association (OMA), informed OMA members that the Ministry of Health and Long-Term Care had decided supervising physicians could not bill OHIP for services rendered by clinical fellows in training. On October 13, 2016 President Walley reported that the Physician Services Committee (PSC) of the OMA had developed an interim solution with the Ministry that would allow supervising physicians to treat clinical fellows the same as residents for billing purposes. She added that a clarifying informational bulletin would be forthcoming from the Ministry and a working group was being formed to look at longer-term approaches to the issue.

Dr. Spadafora recounted his participation in a subcommittee which had examined the issue in 2008 and recommended that the PSC consider revising the preamble to the schedule of benefits. Dr. Spadafora emphasized the multiplicity of stakeholders in this issue. He stressed that the University has little control over billing and that its role is educational. At the same time, Dr. Spadafora identified a need to educate stakeholders about learners and responsibilities, and confirmed that he and Dr. Schneider would issue a clarifying memorandum on the subject shortly. He suggested that all clinical faculty supervisors and trainees should start thinking about the types of learners in postgraduate medicine and the structures within fellowship programs.

It was anticipated that there would be consultation between the Ministry and stakeholder organizations including OHIP, the College of Physicians and Surgeons of Ontario (CPSO) and Ontario's Academic Health Science Centres (AHSC). Dr. Ali was concerned about non-academic stakeholders' understanding of supervision and how academic medicine works. Dr. Schneider noted that CPSO policy is silent on documentation. Dr. Spadafora suggested consideration be given to upgrading documentation that would record the supervisory component. He encouraged those with detailed questions about implementation of the interim solution developed by the OMA and the Ministry to contact their OMA Section Head. He highlighted the role for the FEAC to play in educating stakeholders about learners and responsibilities.

4. Evaluation of Clinical Fellows

K. Adatia and J. Kerr offered the committee an overview of the evaluation of clinical fellows at the University of Toronto. Evaluation is important to clinical fellows as justification for the issuance of a certificate confirming successful completion of the fellowship, given the absence of a final examination. A formal evaluation process is also important to clinical fellows as a means of evaluating teachers and rotations. The FEAC's *Guidelines for Educational Responsibilities in Clinical Fellowships* includes recommendations for the evaluation of clinical fellows. Committee members agreed that common practice in the evaluation of clinical fellows accords with these recommendations. Data sourced from the POWER system for 2015-16 showed that rotations had been entered online for 1,036 (or 92%) of the 1,126 clinical fellows who had completed at least six months of training during the academic session. For these 1,036 clinical fellows with rotations entered on POWER, the online evaluation completion rate was 83%. This

completion rate was comparable with that of a number of residency programs at UofT for whom the evaluation of trainees is mandatory.

K. Adatia described the online evaluation process, emphasizing the options available to Program Directors which could help to promote evaluation completion and increase evaluation detail if appropriate. A single, standardized In-Training Evaluation Report (ITER) form does not exist for all clinical fellows, due to the variability of clinical fellowship training. Some programs may use a common ITER form for both clinical fellows and residents (when, for example, a clinical fellowship duplicates the content of subspecialty residency training). Programs may also rely on a common ITER form for all trainees for a limited interval, when a clinical fellowship involves a rotation that residency trainees also complete.

K. Adatia outlined the various forms of support (from online resources to personalized training sessions and newsletters) that PGME offers POWER system users, to help in the entry of evaluation data. J. Kerr briefly outlined challenges for Program Administrators in the entry of rotation data on the POWER system, including the impact of administrative turnover without accompanying knowledge transfer. He noted, for example, that there were no guidelines for the entry of Pre-Entry Assessment Program (PEAP) data in POWER's Rotation Schedule feature.

C. Abrahams commented on the absence of structure, guidelines and benchmarks for the evaluation of clinical fellows, and noted opportunities for highlighting best practices in this area. Dr. Spadafora observed that many clinical fellows have a one-on-one relationship with their supervisor that yields detailed offline feedback which may go undocumented. Documentation of fellow evaluation is not mandatory but can be of vital importance to the program and the fellow. Dr. Spadafora cautioned that attempting to set minimum standards would be problematic, but saw merit in encouraging the inclusion of details about evaluation in the clinical fellowship offer letter and in promoting awareness of PGME resources to support programs and administrators.

Dr. Schneider proposed forming a sub-group of the FEAC to examine the issue in detail and return to the committee with recommendations for FEAC involvement regarding the evaluation of clinical fellows. Dr. Chung emphasized the importance of engaging Program Administrators in any evaluation-related initiative.

5. Action Items

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

a) FEAC Terms of Reference
J. Kerr would distribute the Terms of Reference to FEAC members and gather feedback for formal review at the FEAC meeting of December 7, 2016.

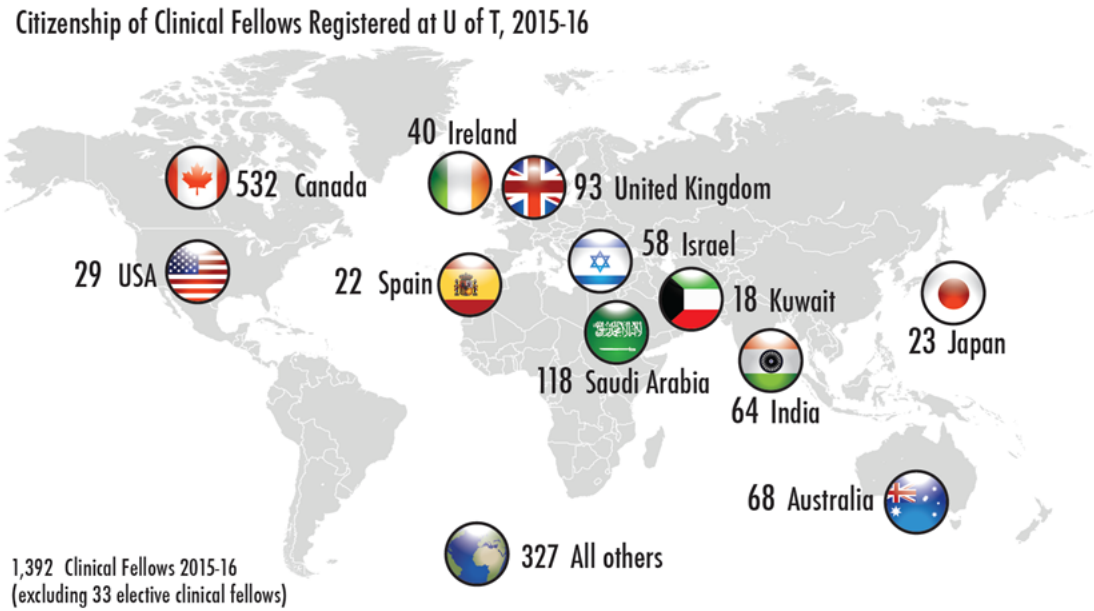
b) Research Ethics Training for Clinical Fellows
J. Kerr reported that the mechanics of making a research ethics training module easily accessible online for clinical fellows was being resolved and looked forward to providing the FEAC with an update at its next meeting, on December 7, 2016. A communication to academic departments and UofT affiliated hospitals would be drafted and text would be added to the *Orientation Handbook* for new PGME trainees.

c) OHIP Billing and Clinical Fellows
Dr. Schneider and Dr. Spadafora would issue a joint clarifying memorandum for wide distribution to stakeholders that would promote improved awareness of clinical fellows as learners and consideration of the responsibilities of all involved in clinical fellowship training.

d) Evaluation of Clinical Fellows
A sub-group of the FEAC would consider the evaluation of clinical fellows and report to the committee with suggestions for FEAC involvement.

The meeting adjourned at 9:40 AM.

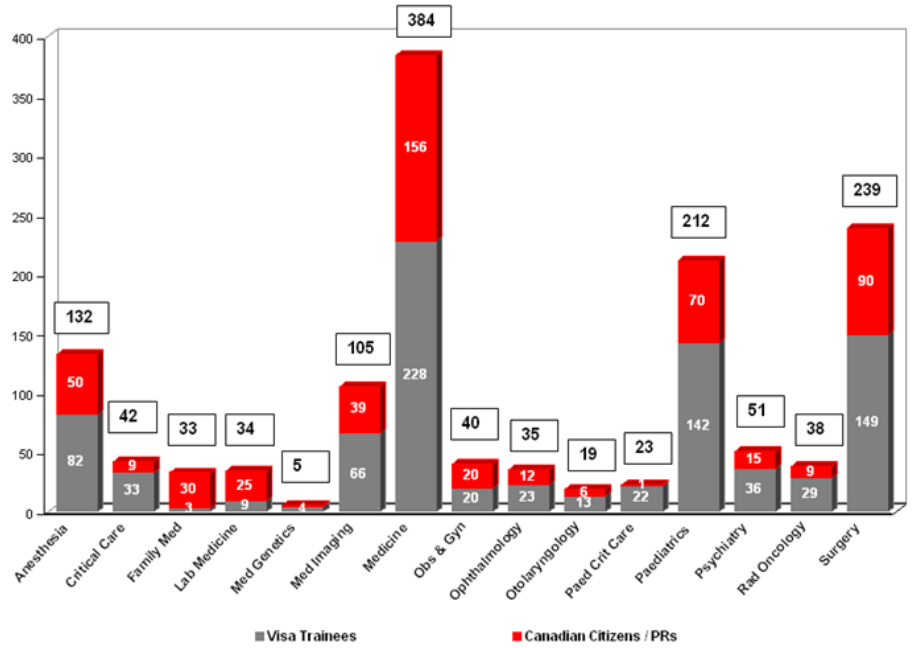
Clinical Fellows by the Numbers 2015-16: Citizenship Status



Post MD Education
UNIVERSITY OF TORONTO

Clinical fellows from more than 70 different countries were registered during 2015-16.

Clinical Fellows by the Numbers 2015-16: Enrolment by Department / Division / Unit



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Total clinical fellow enrolment 2015-16: 1,392 trainees

(Trainee count, not FTEs; also excludes 33 elective clinical fellows)

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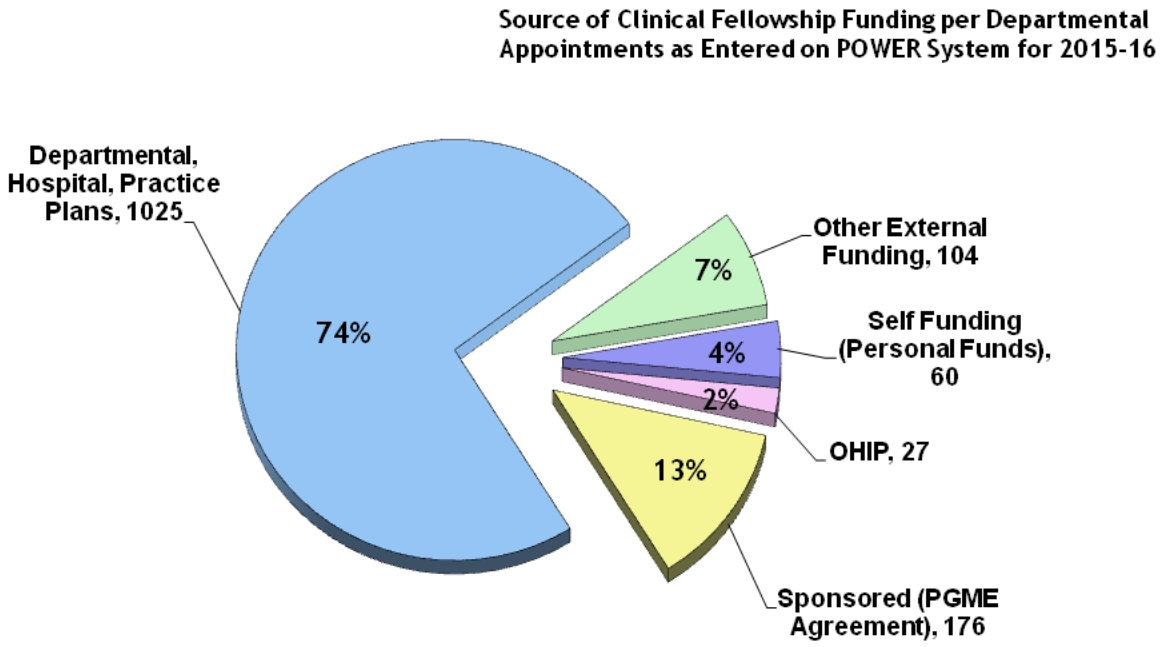
Clinical Fellows by the Numbers 2015-16: Source of Funding



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