

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of November 25, 2014 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)

Jessica Fillion (PGME)

Dr. Jeannette Goguen (Medicine)

Dr. Astrid Haenecour (Clinical Fellow)

John Kerr (PGME)

Jessica Kiryakos (Medicine)

Dr. Jonathan Kronick (SickKids)

Dr. David Latter (FEAC Chair; Surgery)

Maureen Morris (PGME)

Loreta Muharuma (PGME)

Dr. Linda Probyn (PGME)

Dr. Arun Ravindran (Psychiatry) *

Dr. Rayfel Schneider (Paediatrics)

Dr. Salvatore Spadafora (PGME)

Shannon Spencer (Ex officio; UHN)

Dr. Doreen Yee (Anaesthesia)

* By teleconference

Regrets:

Dr. Julia Alleyne (Family & Community Medicine)

Dr. Cynthia Maxwell (Obstetrics & Gynaecology)

Dr. Glen Bandiera (PGME)

1. Introduction

Dr. Latter began the meeting by confirming the committee's acceptance of the draft minutes of the FEAC meeting of October 7, 2014. He introduced Dr. Doreen Yee and Jessica Kiryakos to the committee.

2. Fellowship Education Advisory Committee (FEAC) Updates

a) *Presentation by Dr. S. Spadafora to Clinical Chairs*

Dr. Spadafora reported on his presentation to the Clinical Chairs Committee on November 12, 2014 of the *FEAC 2013-14 Academic Session Report*. He noted the Clinical Chairs' interest in clinical fellowship issues and reported that the Royal College's Specialist Examination Affiliate Program (SEAP) had generated discussion. Dr. Spadafora indicated that J. Kerr would distribute a copy of his slides for this meeting to FEAC members as an aid to further presentations at the departmental level. Dr. Spadafora commented on the need to inform the Vice Chairs of Education about the FEAC's work and suggested sending them a copy of the annual report with a covering memorandum by Dr. Latter. Dr. Probyn suggested seeking a date for a presentation to the Vice Chairs of Education in 2015.

b) *Survey of University of Toronto Clinical Fellow Alumni*

C. Abrahams presented the draft survey instrument to follow up on the *Survey of University of Toronto Clinical Fellows* that the FEAC conducts every two years. She confirmed that Alumni Relations had provided a distribution list of active email addresses for approximately 2,400 former clinical fellows who had been registered with PGME between 2008 and 2014. She noted that the representation of clinical fellows on the list by department reflected the current pattern of distribution. C. Abrahams reviewed the draft survey's eight mandatory questions (including one geographic information question) and four optional questions (all demographic information questions). Dr. Spadafora suggested promoting the follow-up survey via the online fellowship forum.

C. Abrahams proposed adding a reflection question, asking survey recipients to comment on how their clinical fellowship had made a difference. Dr. Spadafora recommended asking survey recipients to describe their fellowship's return on investment. Dr. Latter indicated that a reflection question encouraging suggestions for improvement of the clinical fellowship experience could be valuable. Dr. Schneider suggested that clinical fellow alumni could be asked about ongoing contacts with the University of Toronto. C. Abrahams confirmed that the survey would be sent out very soon.

c) ***Clinical Fellowship Offer Letters: Updated Exemplars***

J. Filion briefly recounted the FEAC's issuance in 2013 of *Clinical Fellowship Offer Letters: Exemplars*, a collection of exemplary text drawn from clinical fellowship offer letters in use across a number of University of Toronto postgraduate medical departments. The document was intended to provide fellowship programs with a means of judging the completeness of their own offer letters and to offer programs a resource from which to select text that would best meet the needs of individual clinical fellowships.

J. Filion confirmed that an updated document could include a checklist of educational content that the University's legal counsel had approved in 2014 as well as new examples of current practice across postgraduate medical departments. Dr. Goguen stated that the Department of Medicine had posted a departmental template on its website. Dr. Yee and Dr. Latter affirmed the need for departmental consistency. Dr. Schneider verified that a standard template offer letter was in use in the Department of Paediatrics.

J. Filion proposed establishing a sub-group of the FEAC which would review a new collection of offer letters and identify exemplars for an updated compilation. Dr. Goguen, Dr. Probyn, Dr. Haenecour and J. Kiryakos volunteered to participate in the sub-group with J. Filion.

3. Specialist Examination Affiliate Program (SEAP)

Dr. Spadafora and Dr. Latter confirmed that they had co-authored a letter to the Royal College, summarizing their concerns about the implementation of the SEAP, including: verification of program content, increased administrative burden, cost factor, and protection of residency training resources. Their letter also advocated close consultation with educational stakeholders in order to make the SEAP a workable form of discipline recognition. Dr. Spadafora indicated that the letter would be sent to the Royal College on November 28, following the meeting of the Royal College's Education Committee.

Dr. Haenecour stated that clinical fellows want to know if SEAP recognition will allow them to work permanently in Canada. J. Kerr remarked that, according to the Royal College's website, SEAP candidates who pass the Royal College examination would be eligible for Royal College affiliate status but would not be eligible for Royal College Fellowship and would not be able to use the Royal College Fellowship designation. Dr. Spadafora stated that possibilities could vary from one province to another. Dr. Haenecour recommended that programs inform clinical fellows early on if their clinical fellowship could make them eligible for SEAP recognition. Dr. Goguen suggested that it may be necessary to clarify SEAP eligibility in the fellowship offer letter.

Dr. Spadafora noted that the Program Director must sign the Final In-Training Evaluation Report (FITER) for the SEAP candidate and emphasized the need for dialogue when the training program has a separate Subspecialty Program Director and Fellowship Program Director. It was agreed that J. Kerr would prepare an algorithm for reference in these situations.

4. Communicating Clinical Fellowship Information and Initiatives

a) ***Orientation Handbook Updates***

J. Kerr confirmed that the *2015 Orientation Handbook* for new trainees was in preparation for posting on the PGME website in January 2015. He also confirmed that PGME would arrange printing of hard copies for distribution. PGME would issue a hard copy to Clinical Chairs, Program Directors and Program Administrators. In addition to updated content from the 2014 handbook, the 2015 edition would include new sections about access to primary health care in Toronto, English as a Second Language (ESL) courses, the FEAC, and social media for PGME trainees.

b) ***Communications to Support Program Administrators and Clinical Fellows***

J. Kerr presented a one-page document about source verification of the medical degree, as the first of a series of "Fellowship Notes" that PGME would be issuing to improve communication of fellowship issues and initiatives to program administrators and, by extension, clinical fellows. He stated that the

notes would follow a standardized format, identify key points and include references to guide more detailed reading for those interested. The release of the “Fellowship Notes” would be timed to match the annual cycle of information needs. The notes would be developed in consultation with Program Administrators and clinical fellows to ensure relevance and effectiveness. J. Kerr presented a draft annual information timeline for the distribution of notes from December through July on topics ranging from source verification of the medical degree to the Facebook-based Fellowship Forum and guidelines for educational responsibilities in clinical fellowships.

5. Action Items

Dr. Latter confirmed the following action items at the end of the meeting:

- a) ***FEAC 2013-14 Academic Session Report***
J. Kerr would provide FEAC members with a copy of the slides that accompanied Dr. Spadafora’s presentation of the *FEAC 2013-14 Academic Session Report* to the Clinical Chairs and would follow up on providing the annual report to the Faculty of Medicine’s Vice Chairs of Education.
- b) **Survey of University of Toronto Clinical Fellow Alumni**
The survey of University of Toronto clinical fellow alumni would be put into the field and C. Abrahams would report on the findings at the FEAC meeting of April 7, 2015.
- c) **Clinical Fellowship Offer Letters: Exemplars 2015**
J. Filion collect sample clinical fellowship offer letters in current use for a sub-group of the FEAC to compile into an updated set of exemplars for presentation to the FEAC at its meeting of April 7, 2015.
- d) **Specialist Examination Affiliate Program (SEAP)**
A letter co-authored by Dr. Latter and Dr. Spadafora regarding the SEAP pilot program would be sent to the Royal College on November 28, 2014, following the meeting of the Royal College’s Education Committee.

The meeting adjourned at 9:30 AM.