Clinical Fellow in Difficulty … What do I do?

**Tips for Supporting Clinical Fellows in Difficulty**

Acknowledge that this news can be distressing to the Clinical Fellow.

Connect them to the appropriate resources, including the Office of Learner Affairs (OLA) which oversees wellness, accommodations, and leaves of absence, and the Learner Experience Office (LEO) for learners who have witnessed or experienced learner mistreatment and/or have concerns about learning environment.

Document the meeting you have with the Clinical Fellow and share a follow-up summary in writing, including references for applicable resources and supports.

Reassure the Clinical Fellow that discussions and issues will be kept confidential, and only shared with others on a need-to-know basis.

After your meeting, book a follow up with the Clinical Fellow to ensure they are supported.

**Step 1**

Fellowship Director identifies a Clinical Fellow who may need educational support to accomplish goals and objectives of fellowship training

Refer to the [Guidelines for Educational Responsibilities in Clinical Fellowships](#)

Discuss the potential issues with members of your Fellowship Program Committee, with a strict reminder of privacy and confidentiality.

Assess whether the identified issues are remediable within a reasonable amount of time (what is reasonable will vary in each program, will depend on the length of the fellowship program as well as where the clinical fellow is in the program).

Consider early notification to the Division Head, and/or Chair, and/or Vice-Chair Education in select cases, including but not limited to:

- Risk of reputational damage to department/program and/or institution
- Reporting to CPSO
- Significant changes to clinical fellow status (e.g., suspension, patient risk etc.)

Email **PGME** to discuss issues and options for support and next steps [pglearnersupport@utoronto.ca](mailto:pglearnersupport@utoronto.ca)

Meet with the Fellow in person as early as possible to notify them, explore possible contributing factors (personal or learning environment), and discuss the potential for developing a learning support plan.

After consultation with PGME, develop a learning support plan. Once signed off by PGME, provide a copy of this document to the Clinical Fellow.

Also provide the Clinical Fellow with the contact information for OLA ([ola.reception@utoronto.ca](mailto:ola.reception@utoronto.ca)) or should they wish to book an appointment to confidentially discuss wellness, accommodations, leaves of absence, learner mistreatment and/or learner environment issues.
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Step 2
Developing a Learner Support Plan and due process

Contact PGME who can assist with the development of a learning support plan. There are many resources available for Fellowship Directors, including assessment tools, access to educational consultants, learning specialists and experienced coaches.

PGME will provide the Fellowship Director with a template and provide input to a learning support plan.

Once PGME and the Fellowship Director feel the learning support plan is near its final stages, the Fellowship Director should re-engage the Clinical Fellow. The Fellowship Director should:

Provide a copy of the learning support plan to the Clinical Fellow.

The Fellowship Director should arrange a meeting with the Clinical Fellow to review the learning support plan. The Clinical Fellow must have an opportunity to review and respond to the learning support plan and all documentation (e.g., assessments, other correspondence) that is available to support the rationale for the learning support plan.

**The Fellowship Director MUST notify and invite the Clinical Fellow to attend the Fellowship Committee meeting (or equivalent) at which the need for the learning support plan will be discussed so that they can provide input and/or request changes and/or have the opportunity for a program level appeal (e.g., of assessment or evaluation results, or the rationale leading to the initiation of a learning support plan).** Clinical Fellows may not wish to attend this meeting however they must have the option to attend or decline.

Step 3
Monitoring the Clinical Fellow Education Support Plan and Progress

Learning Support Plans for Clinical Fellows are implemented and monitored by the Program. Ensuring that Clinical Fellows are supported through this process is imperative to a successful outcome.

The Clinical Fellow and Fellowship Program are jointly responsible to manage and ensure assessments are completed in a timely manner.

During the learning support plan, Clinical Fellows must be guaranteed support from Program leadership and faculty supervisors:

Fellowship Directors should provide a copy of the education support plan to the faculty supervisors who are listed in the plan and any other faculty or staff that must be aware of the education plan. **The program should only share the plan and details of the plan on a need-to-know basis and should do all they can to protect the confidentiality of the Clinical Fellow.**

Fellowship Directors should plan to meet with Clinical Fellows monthly throughout an education support plan to review progress.

Feedback provided to Clinical Fellows undergoing an education support plan should be:

- **Accurate** – reflect the scores on assessments and the feedback being provided to the Clinical Fellow
- **Transparent** – Feedback that is transparent is a way to empower Clinical Fellows to help them achieve the best they can be. It also can help them grow and strive to achieve success.
- **Consistent** – Feedback that is consistent provides a roadmap for Clinical Fellows undergoing an education support plan. It will provide a sense of direction for the Clinical Fellow and will help them determine if they are on the road to progress or if they should be making and/or asking for advice on how to course correct.
## Clinical Fellow in Difficulty … What do I do?

<table>
<thead>
<tr>
<th>Other Considerations</th>
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<td>important to consider when you identify a Clinical Fellow in difficulty</td>
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- Engage Program Leadership (Chair, Vice-Chair) of the Program
- Determine the ‘registration status’ of the Clinical Fellow in difficulty – Clinical Fellow, AFC, or SEAP; this will impact what type of learning support can be provided
- Acknowledge that in most cases Clinical Fellows are employed through the hospital. Therefore, the learning support plan should be provided to the appropriate leadership to determine any stipulations that may impact the implementation of the plan.

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1. *The Role of the University in Clinical Fellowship Clinical Fellowship Education*
## Clinical Fellows – Type of Registration Status

<table>
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<tr>
<th>Clinical Fellow</th>
<th>A clinical fellow is an individual who has completed sufficient training for a specialty qualification (both nationally and internationally). The fellowship is intended to permit the fellow to obtain additional experience over and above the basic specialty requirement, as well as to provide the opportunity to acquire specific or more specialized expertise that will not normally be acquired during residency training. All clinical fellows in Toronto must register with the University of Toronto as a condition of educational licensure by the CPSO. Training undertaken during a clinical fellowship cannot be recognized for credentialing purposes as training leading to certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC).</th>
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| **Area of Focused Competence (AFC)** | The Area of Focused Competence (Diploma) Program represents a new category of Royal College discipline recognition which Royal College Council approved in February 2011. The Royal College defines the format for these programs in the following terms:  
1. Typically, one to two years of additional training, but competency-based  
2. Built upon training in a broader discipline  
3. Supported within the existing Specialty Committee of the primary discipline (unless one does not currently exist)  
4. Assessed through summative portfolio  
5. Training programs accredited by the Royal College  
6. A separate annual dues fee and Maintenance of Certificate (MOC) requirements  
Candidates successfully completing all requirements of an approved program would receive an added qualification known as a *Diploma of the Royal College of Physicians and Surgeons of Canada*. |
| **Sub-specialty Examination Affiliate Program (SEAP)** | In February 2014, Royal College Council approved a new examination program and Affiliate category for non-certified subspecialists, the Subspecialty Examination Affiliate Program (SEAP). SEAP enables two groups of internationally trained physicians to be assessed against Royal College standards for their subspecialty:  
1. Internationally trained physicians already licensed and practicing as subspecialists in Canada who do not have access to Royal College certification via a primary specialty.  
2. Internationally trained physicians who are registered with a postgraduate office in an accredited Royal College subspecialty training program but are not eligible to meet the prerequisite for subspecialty certification (Royal College certification in a primary specialty), based on the jurisdiction of their primary specialty training (i.e., primary specialty training was completed outside Canada and the United States.) These individuals would be registered with the University as a clinical fellow in a fellowship program which duplicates subspecialty residency training.  
Successful exam candidates cannot use the FRCPC or FRCSC designation. The Royal College will provide those who pass the exam with an attestation of its successful completion and will offer them the option to become a Royal College Subspecialist Affiliate. |