

**FELLOWSHIP EDUCATION ADVISORY COMMITTEE**  
**Minutes of March 5, 2013 Meeting**  
**8:00 AM to 9:30 AM – PGME Boardroom**

**Present:**

Caroline Abrahams (PGME)	Dr. David Latter (FEAC Chair; Surgery)
Dr. Glen Bandiera (PGME)	Dr. Cynthia Maxwell (Obstetrics & Gynaecology) *
Dr. Charles Catton (Radiation Oncology)	Loreta Muharuma (PGME)
Jessica Fillion (PGME)	Dr. Benoit Mulsant (CAMH) *
Dr. Jeannette Goguen (Medicine)	Dr. Arun Ravindran (Psychiatry)
Dr. Karen Gómez Hernández (Clinical Fellow)	Dr. Rayfel Schneider (Paediatrics)
Dr. Julie Johnstone (Clinical Fellow) *	Dr. Salvatore Spadafora (PGME)
John Kerr (PGME)	Dr. Roy Wyman (Family Medicine)

\* *By teleconference*

**Regrets:**

Dr. Jonathan Kronick (SickKids)	Shannon Spencer (Ex officio; UHN)
Dr. Ashesh Kumar (Clinical Fellow)	Dr. David Wong (Ophthalmology)

**1. Introduction**

Dr. Latter opened the meeting by confirming acceptance of the draft minutes of the FEAC meeting of December 11, 2012.

**2. Proposed PGME Review Process for Applications for AFC (Diploma) Program Accreditation (Revised Draft)**

Dr. Spadafora presented a draft PGME review process for fellowship programs seeking Royal College accreditation as an Area of Focused Competence (Diploma) program. He explained that the draft process had been revised to include recommendations put forward at the December 11, 2012 meeting of the FEAC.

Dr. Spadafora stated that departments must establish a process for internal cross-checking and review of applications, exercising due diligence at the clinical department level before signoff by the Chair or Vice Chair of Education. He confirmed that, as Vice Dean PGME, he could not approve AFC (Diploma) programs which might jeopardize the accreditation of established residency programs.

Dr. Latter noted that the proposed PGME review process does not stipulate the departmental process for reviewing applications for AFC programs, but leaves departments free to establish the process internally. Dr. Spadafora commented that it would be beneficial to applications if the departmental Chair's letter of approval outlined the department's internal review process. Dr. Latter remarked that departmental review of enrolment numbers would be relevant to assessing the impact of an AFC (Diploma) program on residency programs.

The committee supported Dr. Bandiera's recommendations to replace a reference to "university clinical fellowship program" in the draft copy with a reference to "university AFC (Diploma) program" and to revise the phrase "clinical fellows seeking the DRCPSA qualification" to "candidates for the DRCPSA qualification."

Dr. Spadafora clarified that the proposed 30-day turnaround for review of applications by the FEAC prior to the Royal College deadline could mean formation of a FEAC sub-group or electronic review of documents by

FEAC members. Dr. Wyman recommended the creation of a checklist of review considerations for FEAC members, to standardize the review process.

Dr. Spadafora observed that it would be necessary to update Clinical Chairs regarding AFC (Diploma) programs and the PGME review process for applications for Royal College accreditation.

C. Abrahams commented on the need for separate accounting of enrolment data of AFC programs, to enable the monitoring of trends between regular fellowships and AFC programs. She stated that it would be important to follow up with the Canadian Post-MD Education Registry (CAPER) and the Ontario Physician Human Resources Data Centre (OPHRDC) on how to capture this data.

### **3. Clinical Fellows and Moonlighting**

Dr. Latter presented a draft information sheet on moonlighting and clinical fellows. He presented this item as a clarifying statement and not as a policy document. Dr. Schneider confirmed that the topic was one of interest to fellowship programs and hospital administration.

Dr. Spadafora indicated that the key consideration for clinical fellows with an educational license is assigned supervision during additional work that is consistent with the fellowship's educational objectives. Dr. Wyman agreed that the identity of the most responsible physician was an essential criterion. Dr. Spadafora stated that "moonlighting" is possible only if the clinical fellow has an independent practice certificate from the CPSO and appropriate coverage from the CMPA; otherwise, the additional experience must be within the educational objectives of the fellowship and must involve supervision.

Dr. Latter recommended re-titling the document to clarify its purpose as an information item regarding extra shifts for clinical fellows under supervision in an educational environment. Dr. Catton agreed on the need to distinguish that experience from "moonlighting." Dr. Spadafora approved distributing the information sheet to Fellowship Program Directors and relevant hospital and program administrators.

### **4. Draft Revised Terms of Reference for the FEAC**

Dr. Spadafora presented revised draft Terms of Reference which, he explained, had been reworked to incorporate the committee's discussion of the initial draft during its meeting of December 11, 2012. He indicated that the reworking had added structure without straying from the original Terms of Reference.

The committee agreed with Dr. Bandiera's recommendation to enhance the flexibility of the FEAC's mandate by adding a reference to the committee's "acting, where appropriate, under the direction of the Vice Dean PGME." The committee also agreed on the need to acknowledge the importance of clinical fellowship issues in Family Medicine and the impact of CFPC policies by confirming the membership of a representative of the Department of Family and Community Medicine in the FEAC. It was also agreed to delete from the "Management and Administration" section the statement that "recommendations for improvement will be considered on an ongoing basis." With these three revisions, the FEAC accepted and approved the draft revised terms of reference.

### **5. Action Items**

#### **a.) Access to primary care for clinical fellows**

J. Kerr confirmed receiving inquiries about the options open to new clinical fellows who require access to primary care for themselves and their accompanying family members, especially during the first three months of fellowship training, when they must complete the mandatory waiting period for OHIP health care coverage. Dr. Spadafora suggested exploration of a hospital-site based solution but noted that the FEAC could not assume this responsibility. He proposed contacting Dr. Susan Edwards (Director of Resident Wellness for the PGME Office) regarding options for such a service. Dr.

Wyman cautioned that a departmental solution might yield only a diluted result at the level of hospital site implementation. Dr. Latter volunteered to write to Dr. Edwards on behalf of the FEAC, asking for a brief to clarify the situation and possibilities. C. Abrahams indicated that the February 2014 survey of University of Toronto clinical fellows could include a question regarding access to primary care.

**b.) Educational content in letters of offer to prospective clinical fellows (environmental scan of best practices)**

J. Kerr verified that the PGME Office had received inquiries from fellowship programs seeking input on optimal wording of letters of offer to prospective clinical fellows. Dr. Spadafora commented that an environmental scan of fellowship program offer letters would aid in the development of a template document which could be of benefit to programs. Dr. Latter recommended compiling a collection of best practices in this area for presentation at the next meeting of the FEAC.

**c.) FEAC meetings with the CPSO and RCPSC**

Dr. Latter confirmed that as Chair of the FEAC he would be delivering a presentation regarding University of Toronto clinical fellows to the CPSO's Registration Committee on March 8, 2013.

Dr. Latter also confirmed that, during its accreditation visit to the University of Toronto (April 7 to 12, 2013), the Royal College accreditation team would be meeting with the FEAC on April 9, 2013.

The meeting adjourned at 9:25 AM.