

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of June 4, 2013 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)	Loreta Muharuma (PGME)
Dr. Glen Bandiera (PGME)	Dr. Rayfel Schneider (Paediatrics)
Jessica Fillion (PGME)	Shannon Spencer (Ex officio; UHN)
John Kerr (PGME)	Dr. Salvatore Spadafora (PGME)
Dr. Jonathan Kronick (SickKids)	Dr. David Wong (Ophthalmology) *
Dr. David Latter (FEAC Chair; Surgery)	Dr. Roy Wyman (Family Medicine) *
Dr. Cynthia Maxwell (Obstetrics & Gynaecology) *	

* *By teleconference*

Regrets:

Dr. Charles Catton (Radiation Oncology)	Dr. Benoit Mulsant (CAMH)
Dr. Jeannette Goguen (Medicine)	Dr. Ashesh Kumar (Clinical Fellow)
Dr. Karen Gómez Hernández (Clinical Fellow)	Dr. Arun Ravindran (Psychiatry)
Dr. Julie Johnstone (Clinical Fellow)	

1. Introduction

Dr. Latter reviewed with the committee the draft minutes of its meeting of March 5, 2013. After noting the need to revise attribution of comments about the revised FEAC terms of reference, he confirmed committee acceptance of the minutes.

Recapping action items from the previous FEAC meeting, Dr. Latter informed the committee that Dr. Susan Edwards (Director, Resident Wellness, PGME Office) was working with Dr. Roy Wyman to explore the options for a hospital based solution to the challenge of access to primary care for new clinical fellows. Dr. Spadafora clarified that Resident Wellness did not have the resources to become a primary care referral service, but suggested that the office could assist in brokering urgent care and help devise a strategy to develop solutions in cooperation with large institutions. Dr. Wyman confirmed the need for further research and noted that Dr. Edwards had contacted individuals who could be a valuable resource in this area. Dr. Latter looked forward to a follow up on this issue at the next FEAC meeting.

2. FEAC Presentations

Dr. Latter reported to the committee on the FEAC's presentations to the Registration Committee of the College of Physicians and Surgeons of Ontario (CPSO) on March 8, 2013 and its presentation to members of the Royal College of Physicians and Surgeons of Canada's visiting accreditation team on April 9, 2013.

CPSO representation at the meeting of March 8, 2013 was numerous and diverse; including staff from the Applications and Credentials Department, the CPSO Registrar (Dr. Rocco Gerace) and representatives of the Registration Committee. The Registration Committee's membership was broad-based, including non-medical as well as medical representation. Dr. Latter, Dr. Spadafora, C. Abrahams and J. Kerr were present for the FEAC. Dr. Latter reported that the meeting provided an opportunity to recognize recent registration initiatives of the CPSO and to familiarize the CPSO with the work of the FEAC. He reported two areas of CPSO concern: the concept of a clinical fellow being "junior faculty" and clinical fellows exceeding the CPSO's three-year limit on fellowship training. Dr. Latter had clarified to the CPSO that clinical fellowships were educational opportunities

and not faculty appointments. Dr. Spadafora suggested using the expression “junior colleague” as the appropriate term for a clinical fellow. Dr. Latter had reassured the CPSO on the subject of longer term clinical fellowships by stressing that all clinical fellows must submit the educational objectives of their training in the CanMEDS framework for departmental approval and final sign-off by the Vice Dean PGME. It had also been indicated to the CPSO that the number of clinical fellows who continue their training beyond three years represents a small proportion (less than 4%) of the total number of UofT clinical fellows registered annually.

Four representatives of the visiting Royal College accreditation team (Dr. Kamal Rungta, Royal College Chair; Dr. Tom Laughlin, CFPC Postgraduate Reviewer; Dr. Samantha Kelleher, Deputy Registrar, CPSBC; and Sarah Taber, Manager of the Royal College’s Educational Strategy, Innovations and Development Unit) met with FEAC representatives on April 9, 2013. Dr. Latter reported that the meeting had focused primarily on what impact clinical fellows had on resident education at UofT. Dr. Bandiera affirmed that competition between residents and fellows had not been identified as an issue during accreditation week. Dr. Wong commented that the Department of Ophthalmology had resolved the competition issue by setting departmental guidelines for fellowship preceptors. Dr. Spadafora remarked that the Royal College viewed the FEAC as one of UofT PGME’s strengths.

3. Medical Trainee Days (MTDs) and Reporting Data for Clinical Fellows

C. Abrahams briefly outlined how hospitals submit Medical Trainee Day (MTD) information on medical students, residents and fellows to the Ontario Ministry of Health and Long-Term Care (MOHLTC), to inform funding formulas, the distribution of learners, the funding of medical education at hospitals, and funding for community preceptors. Dr. Spadafora described continuing challenges in the way this data has been captured. MOHLTC introduced new standards in MTD reporting in 2010 that entailed more detailed reporting and capped the number of MTDs per individual learner at 275 per year. Dr. Spadafora emphasized that institutions must optimize MTD data for accuracy and completeness. C. Abrahams confirmed that achieving optimal data would require implementing enhanced scheduling and evaluation systems.

In 2011, the Council of Ontario Faculties of Medicine (COFM) established the MTD Working Group which recommended that Faculties of Medicine take responsibility for collecting data on behalf of hospitals, with the hospitals to validate this data before its submission to MOHLTC. In response to this recommendation, the UofT Faculty of Medicine initiated the Toronto MTD Working Group and the Toronto Steering Committee in 2012. UofT MTD activities to date have included: identified enhancements for improved scheduling capability and reporting, training/data entry process improvements, a validation process for hospitals, pilot testing, and a communications strategy.

Dr. Spadafora observed that electives are now fully accounted for by their host institutions, but reporting issues for clinical fellows remain unresolved. C. Abrahams stressed the need for clinical fellows’ rotational/scheduling information to be entered on the POWER system. She also emphasized that scheduling must reflect actual or close approximations of rotation/block location, duration and service.

Dr. Spadafora clarified that MTDs do not apply to research fellows; however, for clinical fellows who do research, their time must be apportioned, including time spent in research with call coverage. C. Abrahams indicated that identifying schedulers could be a challenge. Dr. Bandiera remarked on the absence of information about how many fellows are part-time clinical. Dr. Schneider underlined the need to have those not now using the POWER system to begin recording fellowship rotations on it. C. Abrahams anticipated that full implementation of the new MTD reporting system would occur in the 2014-15 academic session.

4. Royal College AFC (Diploma) Programs Update

Dr. Spadafora confirmed that 15 Areas of Focused Competence (AFC) programs had received Royal College Committee on Specialties (COS) Part I approval to date and were in various stages of implementation. Three AFC programs had been fully approved as diploma disciplines: Transfusion Medicine, Adult Cardiac

Electrophysiology and Interventional Cardiology. A national consultation would be occurring in summer 2013 for the newest proposed AFC program, Solid Organ Transplantation.

Dr. Spadafora highlighted a potential resource issue for the implementation of accredited AFC programs at UofT, noting that some programs seemed mistakenly to assume that MOHLTC would fund AFC program training, with administrative direction by the PGME Office. He confirmed that, while the PGME Office would have some jurisdictional oversight, the programs themselves would have to assume the lead role in Royal College accredited AFC program implementation. He referred to annual funds transfers from the PGME Office to postgraduate medical departments as a possible source of support for AFC program accreditation costs. Dr. Kronick commented on the need for clear messaging to the programs. Dr. Spadafora indicated that the issue would be taken to the Chairs and the FEAC would work on messaging for programs.

5. Clinical Fellowship Offer Letters: Exemplars

J. Kerr referred to the Fellowship Working Group's report of September 2009 (*Raising the Bar*) which recommended setting standards for clinical fellowship offer letters. He provided the committee with an overview of the environmental scan of clinical fellowship offer letters that he had prepared with J. Filion. The scan incorporated content from sample letters provided by 30 different fellowship programs across 10 departments. The extracts were grouped according to four themes: clinical fellowship pre-conditions, clinical fellowship activity, supervision and evaluation (including Pre-Entry Assessment Program evaluation), and acceptance of the clinical fellowship offer. J. Kerr and J. Filion suggested that programs might use the scan as an aid in creating a template fellowship offer letter appropriate to program and departmental needs.

Dr. Bandiera stressed the importance of linking fellowship In-Training Evaluation Reports (ITERS) to the issuance of the completion of training certificate. Dr. Spadafora recommended creating a sub-group of the FEAC to build on the environmental scan by developing a template of minimum recommended content for use across programs and departments. There was general agreement among FEAC members on the need to develop a firm, concise, clear and generic document. There was agreement that the proposed sub-group consist of a small number of members, drawn from the following departments: Medicine, Paediatrics, Surgery, Medical Imaging, Anaesthesia, Psychiatry and Family Medicine.

6. Action Items

a) Access to primary care for clinical fellows

Dr. Edwards and Dr. Wyman would be invited to share their insights on this issue with the FEAC at its meeting of October 29, 2013.

b) Template of recommended content for clinical fellowship offer letters

A sub-group of the FEAC would be struck during the summer to develop a template of minimum recommended content and present it to the FEAC at its meeting of October 29, 2013.

c) AFC (diploma) program presentation to Clinical Chairs Committee

Dr. Spadafora would provide Clinical Chairs with an overview of the Royal College's AFC (diploma) program initiative and present to the Chairs the proposed UofT approval process for applications for AFC (diploma) program accreditation.

d) Guidelines for educational assessment and management of deficiencies in clinical fellowships

The outcome of review by the University's legal counsel would be sought for presentation at the FEAC meeting of October 29, 2013.

The meeting adjourned at 9:25 AM.