

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of January 14, 2014 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)

Jessica Fillion (PGME)

Dr. Jeannette Goguen (Medicine)

Dr. Karen Gómez Hernández (Clinical Fellow)

Dr. Astrid Haenecour (Clinical Fellow)

John Kerr (PGME)

Dr. David Latter (FEAC Chair; Surgery)

Loreta Muharuma (PGME)

Dr. Linda Probyn (PGME)

Dr. Rayfel Schneider (Paediatrics)

Shannon Spencer (Ex officio; UHN)

Dr. Salvatore Spadafora (PGME)

Guest:

Mariela Ruetalo (PGME)

Regrets:

Dr. Glen Bandiera (PGME)

Dr. Charles Catton (Radiation Oncology)

Dr. Jonathan Kronick (SickKids)

Dr. Cynthia Maxwell (Obstetrics & Gynaecology)

Dr. Arun Ravindran (Psychiatry)

Dr. David Wong (Ophthalmology)

Dr. Roy Wyman (Family Medicine)

1. Introduction

Dr. Latter opened the meeting by introducing a new clinical fellow member of the FEAC, Dr. Astrid Haenecour, who is currently registered as a clinical fellow in the Paediatric Critical Care Medicine Program. Dr. Latter confirmed acceptance of the draft minutes of the October 29, 2013 meeting of the FEAC and reminded members that the minutes are publicly accessible via the FEAC website. Dr. Latter reviewed action items from the October 29, 2013 meeting:

- a) ***Clinical Fellowship Offer Letters: Exemplars***
J. Kerr confirmed that the *Clinical Fellowship Offer Letters: Exemplars*, an environmental scan of current clinical fellowship program practices, had been distributed by email with a covering message from Dr. Spadafora on December 10, 2013 to Chairs, Fellowship Program Directors and administrators. Noting the absence of remuneration content in the *Exemplars*, Dr. Spadafora suggested that programs could either provide prospective fellows with a separate letter regarding funding or add a financial appendix to the fellowship offer letter. He stressed that programs would need to decide based on what was best for each program.
- b) ***Access to Primary Care for Clinical Fellows***
Dr. Spadafora confirmed that Dr. Susan Edwards was developing a short-term strategy for clinical fellows who require access to primary care for themselves and/or their families. Dr. Edwards was exploring multiple, hospital-based solutions as well as program-based ones. Dr. Latter emphasized the need to follow up on this issue.
- c) ***Workplace Safety and Insurance Board (WSIB) and Clinical Fellows***
L. Muharuma described protracted, inconclusive correspondence she had undertaken in the past with the Ontario Hospital Association (OHA), the Council of Academic Hospitals of Ontario (CAHO) and WSIB regarding WSIB coverage for residents and fellows not funded by CAHO/Ontario Ministry of Health and Long-Term Care (MOHLTC). She remarked that changes to administrative staff in these organizations had also affected clarification of the issue. L. Muharuma confirmed that she and J. Kerr

would gather fresh information on WSIB and clinical fellows for referral to the Hospital University Education Committee (HUEC). Dr. Spadafora affirmed the need for acknowledgement of responsibilities in this issue of workplace safety. S. Spencer remarked that the diversity of funding sources for clinical fellows added to the complexity of the issue.

Dr. Latter and Dr. Spadafora reported on their joint FEAC presentation to the Clinical Chairs Committee at its December 11, 2013 meeting. Dr. Spadafora confirmed the interest of the Clinical Chairs in the Royal College's Areas of Focused Competence (Diploma) Programs initiative that the FEAC has been monitoring. Dr. Latter reported that his presentation of the *FEAC 2012-13 Academic Session Report* had been well-received by the Chairs, who have requested an annual presentation by the FEAC.

Dr. Goguen briefly informed the FEAC of her efforts to develop departmental guidelines for the appointment of self-funded clinical fellows. She looked forward to presenting the guidelines at a future meeting of the FEAC. Dr. Schneider felt that guidelines in this area would be of interest to many departments and confirmed that self-funded fellowships are approved on a case-by-case basis as exceptions to the norm in the Department of Paediatrics. Dr. Probyn highlighted the importance of considering the impact on residency training when approving self-funded clinical fellowships.

2. 2014 Survey of Clinical Fellows at the University of Toronto

C. Abrahams reminded committee members that the administration of a survey of clinical fellows at the University of Toronto every two years is a key responsibility of the FEAC. She presented a draft version of the survey questionnaire for 2014, the fourth iteration of the biennial survey. Noting the survey's high response rate in 2010 (51%) and 2012 (58%), she proposed some minor enhancements to the questionnaire.

C. Abrahams presented revised questions designed to elicit more information about the program/subprogram, access to primary care, remuneration, and CPSO licensure of clinical fellows. The FEAC agreed that requesting the divisional affiliation (if applicable) of survey respondents would provide important additional demographic detail without compromising the confidentiality of survey replies. Dr. Haenecour cautioned that individual need for primary care could affect respondents' responses to questions about access to it. C. Abrahams proposed changes to questions about remuneration that would separate official sources of remuneration for fellowship training from other, unrecognized sources, such as personal savings or spousal support. She also proposed adding a survey question to clarify whether the respondent held an educational or an independent practice certificate from the CPSO.

C. Abrahams indicated that she would follow up on the committee's discussion by incorporating written input from FEAC members by email prior to implementation of the survey instrument. She proposed sending out an email invitation on February 3, 2014 to all clinical fellows registered as of September 2013 (i.e. clinical fellows who had completed at least 5 months of training) to complete the survey online. She looked forward to sharing the findings of the survey with the FEAC at a future meeting.

The committee welcomed C. Abrahams' proposal also to implement a follow-up survey in 2014 with former UofT clinical fellows, to assess their opinions two years after the completion of their UofT fellowship experience. She proposed a concise survey questionnaire, consisting of no more than 10 questions. She informed the committee that she would present a draft survey instrument to the FEAC at its next meeting, on April 15, 2014.

3. Guidelines for Educational Assessment of Clinical fellowships

Dr. Spadafora introduced discussion of legal counsel's re-drafting of the *Guidelines* document by briefly recapping the development of the *Guidelines* by the FEAC over the past two years. Sub-groups of the FEAC had drafted and re-drafted a detailed document (*Guidelines for Performance Assessment and Management of Deficiencies in Clinical Fellowships, including Termination and Appeals*) that had been referred to the University's legal counsel for review in August 2012. Legal counsel had responded in October 2013 by re-

drafting the document (*Guidelines for Educational Assessment of Clinical Fellowships*) to eliminate confusion of educational and employment content in the guidelines and provide a less operationally detailed, higher level statement of principles.

Dr. Spadafora stressed that the guidelines were intended to assist in cases which occur infrequently but can have a significant impact when they do take place. He reminded committee members that fellowship programs and clinical fellows are operating in a regulatory vacuum compared to residents and residency training programs. He clarified that FEAC-approved guidelines would require review, and possibly revision, every few years.

J. Kerr quoted written feedback from Dr. Bandiera which suggested that the guidelines did not provide a lot of security or support to the fellow. Committee members agreed that it would improve the fairness and balance of the guidelines to add a section which addressed the possibility of a fellowship program's failure to deliver on its obligations to the clinical fellow, such as failing to follow through on educational goals and objectives filed with the CPSO. Dr. Spadafora suggested separate guideline content for the clinical fellow and the fellowship program. It was acknowledged that the dual status of clinical fellows as learners and service providers represented a challenge to the development of guidelines.

FEAC members discussed potential enhancements for consideration. Dr. Latter proposed the addition of references to fellowship start and end dates, as well as to educational goals and objectives, in the list of content that each fellowship offer letter shall include. L. Muharuma suggested adding text which states that the fellow may have the option to revise the goals and objectives. Dr. Latter questioned the inclusion of remuneration information in the list, given the educational focus of the document. Dr. Schneider commented that further clarification of the role of the PGME Office in the process would be helpful.

It was agreed that written input from FEAC members on the guidelines would be incorporated in a revised document which would be referred to legal counsel and that the results would be returned to the FEAC for ratification on April 15, 2014.

4. Action Items

Dr. Latter confirmed the following action items for the FEAC:

- a) **Follow-up Survey of UofT Clinical Fellow Alumni**
On April 15, 2014, C. Abrahams would present to the FEAC a draft survey questionnaire aimed at UofT clinical fellow alumni.
- b) **2014 Survey: Report on Findings**
C. Abrahams would present the findings of the *2014 Survey of Clinical Fellows at the University of Toronto* at the June 17, 2014 meeting of the FEAC. Additional, departmentally-focused presentations would follow by request.
- c) **Self-funding of Clinical Fellows**
Dr. Goguen would present the Department of Medicine's guidelines for the appointment of self-funded clinical fellows, at a future meeting of the FEAC.
- d) **Guidelines for Educational Assessment of Clinical Fellowships**
Legal counsel's draft document would be revised to incorporate the FEAC's review of January 14, 2014, as well as separately-submitted written input from FEAC members. The resulting document would be referred to legal counsel for review before being returned to the FEAC for formal acceptance on April 15, 2014.

The meeting adjourned at 9:45 AM.