

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of September 29, 2015 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)

Dr. Glen Bandiera (PGME)

Ashley Bedard (Medicine) *

Jessica Fillion (PGME)

Dr. Jeannette Goguen (Medicine)

John Kerr (PGME)

Dr. David Latter (FEAC Chair; Surgery)

Dr. Julie Maggi (St. Michael's Hospital) **

Dr. Cynthia Maxwell (Obstetrics & Gynaecology) **

Maureen Morris (PGME)

Loreta Muharuma (PGME)

Dr. Arun Ravindran (Psychiatry) **

Mariela Ruetalo (PGME) *

Dr. Salvatore M. Spadafora (Vice Dean, Post MD Education)

Shannon Spencer (Ex officio; UHN)

** By teleconference

* Guest

Regrets:

Dr. Julia Alleyne (Family & Community Medicine)

Dr. Linda Probyn (PGME)

Dr. Rayfel Schneider (Paediatrics)

Dr. Doreen Yee (Anaesthesia)

1. Introduction

Dr. Latter began the meeting by welcoming Ashley Bedard (Fellowship Coordinator, Department of Medicine) as a guest of Dr. Goguen. He also introduced Mariela Ruetalo (Research Officer, Policy and Analysis, PGME) who would be joining C. Abrahams in updating the FEAC on the status of the *2015 Follow Up Survey of Clinical Fellows at the University of Toronto*.

Dr. Latter confirmed committee acceptance of the draft minutes of the June 16, 2015 meeting of the FEAC and reviewed that meeting's action items.

J. Kerr confirmed that the Vice Dean Post MD Education had issued the *Offer Letters: Exemplars and Recommendations* to Chairs, Fellowship Program Directors and Administrators on September 11, 2015. Dr. Spadafora noted that, by not including text about the Royal College's Subspecialty Examination Affiliate Program (SEAP), the exemplars and recommendations followed the practice of residency offer letters which do not contain references to Royal College certification. He suggested that the clinical fellowship offer letter could contain clarification where necessary that the fellowship does not equal subspecialty residency training. Dr. Latter emphasized that fellowship programs were free to pick and choose what is appropriate for them from the *Offer Letters* document.

Dr. Spadafora informed the committee that the application for accreditation of an Area of Focused Competence (AFC) Program in Cytopathology at UofT had been submitted to the Royal College on June 18, 2015 with the approval of the Vice Dean PGME. A decision would be forthcoming in November 2015.

L. Muharuma reported that the Ontario Ministry of Labour had provided briefing/guidance documents to the Council of Ontario Universities (COU) regarding Bill 18, *Stronger Workplaces for a Stronger Economy Act*; but these documents did not directly address the issue of Workplace Safety and Insurance Board (WSIB) coverage for residents and fellows. For internationally sponsored and externally funded trainees, WSIB coverage remains a "grey" area. She reported that PGME had followed up with WSIB's Business Registration Centre (Employer Services) and prepared a briefing note which contained a summary of the issues and suggested a possible route to implementing WSIB coverage for these trainees. Dr. Spadafora recommended focusing the note as a fact summary to stimulate a solution.

2. 2015 Follow Up Survey of Clinical Fellows at the University of Toronto: Update

C. Abrahams presented a draft survey summary which consisted of the following five sections: (1) demographics, (2) post-fellowship employment, (3) ratings of fellowship experience, (4) recommending a fellowship at UofT, and (5) key observations. She reported that the survey's response rate had risen from an initial 25% by April 2015 to almost 35% by September 2015. Survey results showed that with the passage of time clinical fellow alumni viewed their UofT experience with increasing appreciation. Survey responses revealed that a significant proportion of international clinical fellow alumni have progressed in academic careers in international jurisdictions. Survey data demonstrated both the University's global reach and the value-added benefit of clinical fellowship training. M. Ruetalo quoted comments from clinical fellow survey respondents on the positive career impact of their fellowship experience at UofT.

Dr. Latter highlighted the unique value of the survey data, remarking that the findings helped to establish and validate clinical fellows as a postgraduate learner group. C. Abrahams clarified that the findings to date represented a "first cut" of data and affirmed that further development was possible. She encouraged FEAC members to consider participating in developing the data for publication. Dr. Spadafora suggested expanding the survey into an academic paper and creating a one-page infographic to promote awareness of the findings. C. Abrahams confirmed that an abstract had been submitted to the Canadian Conference on Medical Education (CCME) for presentation at the 2016 CCME in Montréal.

3. Areas of Focused Competence (Diploma) Program and Subspecialty Examination Affiliate Program (SEAP): Update

Dr. Spadafora provided the FEAC with an update on the status of the Royal College's AFC (Diploma) Program and the SEAP for clinical fellows. He noted that fellowship programs at UofT were taking a cautious approach towards AFC accreditation. Two clinical fellowship programs to date at UofT – Transfusion Medicine and Adult Interventional Cardiology – had obtained Royal College accreditation as AFC-diploma programs. He confirmed that in the case of some recognized AFC disciplines (such as Solid Organ Transplantation) which were open to candidates from multiple primary specialties and subspecialties, AFC accreditation issues could be complexly interdepartmental.

Dr. Spadafora reviewed the background of the Royal College's SEAP initiative which allows internationally trained physicians lacking Royal College certification in the primary specialty to challenge the subspecialty certification examination if they have completed a clinical fellowship that duplicates the accredited subspecialty residency program. He reported that Final In-Training Evaluation Reports (FITERs) and Confirmation of Completion of Training (CCT) forms for Fall 2015 had been submitted to the Royal College for a total of 6 clinical fellows across the original 6 SEAP pilot subspecialties. He recalled that he and Dr. Latter, as FEAC Chair, had written jointly to the Royal College in November 2014 about the SEAP's implementation. Dr. Spadafora reported that in August 2015 the Royal College had announced an expansion of the SEAP to include all subspecialties that have a written examination only. The total number of SEAP subspecialties for Fall 2016 would therefore rise from 6 to 29 subspecialties.

4. New Citizenship and Immigration Canada (CIC) Procedures for Visa Trainees: Update

M. Morris updated the FEAC on new Citizenship and Immigration Canada (CIC) procedures that would affect the approximately 800 foreign nationals who register annually with UofT PGME as clinical fellows. She confirmed that, since CIC's implementation of new offer of employment forms for employers in February 2015, PGME had processed documentation for more than 650 work permit applicants. She reported that, for each applicant, PGME had issued new CIC forms, a CPSO letter of eligibility, and a receipt for PGME's online payment of the CIC Employer Compliance Fee of \$230.

M. Morris stated that processing timelines had remained stable for those applying outside Canada, but those who applied within Canada for a work permit extension had experienced delays. She noted that CIC's reported *average* processing time for an online application submitted within Canada had increased from 15

days in July 2014 to 98 days in July 2015 and was liable to continue increasing. Postgraduate programs were strongly advised to provide PGME with the necessary documentation for visa trainees who would need to extend their work permit for the 2016-17 academic session no later than December 2015.

M. Morris praised the CPSO for responding to this unprecedented situation by taking the one-time step of recognizing the “implied status” of returning visa trainees with appropriate documentation and granting a temporary extension of educational licensure pending the trainee’s receipt of the renewed work permit. She clarified the meaning of “implied status” by explaining that, if a returning visa trainee applies for the extension of their work permit before its expiry, then their authorized stay is extended by law until CIC makes a decision on the application, and they can continue to work under the same conditions during this interval until their application is approved or refused.

M. Morris informed the FEAC that CIC would be implementing a new CIC Employer Portal in November 2015 which would require PGME to process all work permit documentation for visa trainees through an online process. She reassured the committee that PGME was participating in a CIC pilot program with the University’s HR & Equity Office which would help to meet the challenges of this significant change.

5. Minimum Requirements for Clinical Fellowship

Dr. Goguen requested input from the FEAC to clarify the time and educational requirements for a clinical fellowship. She confirmed that the minimum duration of a clinical fellowship in the Department of Medicine was six months, but reported having received requests for part-time clinical fellowships. Dr. Spadafora acknowledged the educational benefit of part-time fellowship training, but suggested that this experience would be more appropriate in the context of a continuing professional development (CPD) program than a clinical fellowship. He remarked on the need for a truly work-based category of short-term training that would not be called a clinical fellowship. Dr. Ravindran emphasized the importance of clearly separating clinical fellows from other learners such as observers.

Dr. Latter endorsed the FEAC-approved minimum standard – training that is accompanied by an In-Training Evaluation Report (ITER) to support the issuance of a completion of training certificate for a clinical fellowship of at least six months’ duration.

6. Inventory of Clinical Fellowships, 2011 to 2015

J. Kerr described an inventory of clinical fellowships, compiled from completion of training certificates that PGME had issued with departmental approval during the period from July 1, 2011 to June 30, 2015. According to PGME records, over 2,000 certificates had been issued during this interval for more than 400 different clinical fellowships across postgraduate medical departments, divisions and units. These figures represented certificate issuance and not total clinical fellowship enrollment during the years in question. He also explained that these numbers did not include duplicate certificates (PGME does not issue certificate copies; because the certificate is a legal document, the only copy that may exist is the one that was originally issued to the clinical fellow).

J. Kerr suggested that the inventory could provide data for a sub-program menu on the POWER system that would help to standardize input of detailed program information. He added that the inventory could be posted as an annually-updated catalogue of clinical fellowship certificates issued. In addition, the inventory could be shared departmentally, with a divisional breakdown of data. Dr. Spadafora stressed the importance of qualifying the data as a record of certificate issuance only. He also noted that clinical fellowships with similar names could have different educational goals. Dr. Latter emphasized the need to recognize that the body of clinical fellowships on offer at UofT was subject to change from one academic session to the next, but supported keeping an inventory for informational purposes.

7. Action items

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

a) *WSIB and Clinical Fellows*

L. Muharuma would provide a revised briefing note on WSIB for clinical fellows, refining the document as a fact summary to help stimulate a solution.

b) *Follow Up Survey*

C. Abrahams would continue analysis of the survey data and develop a one-page infographic.

c) *AFC table update*

J. Kerr would distribute an up-to-date AFC table and post it on the FEAC website.

The meeting adjourned at 9:35 AM.