

Fellowship Education Advisory Committee 2013-14 Academic Session Report

Overview

The Fellowship Education Advisory Committee (FEAC) was established in 2009 as a source of advice to the Vice Dean PGME on the oversight of clinical fellowship training and the management of fellowship issues. Creation of the committee was a key recommendation of the Fellowship Working Group in its report, *Raising the Bar* (September 2009). The first meeting of the FEAC took place on October 29, 2009.

The committee meets quarterly under the direction of the Chair, Dr. David Latter. The terms of reference, as well as the agenda and minutes of FEAC meetings, are publicly accessible through the PGME website at <http://www.pgme.utoronto.ca/content/fellowship-education-advisory-committee>. For further details regarding these publicly accessible items, John Kerr of the PGME Office can be contacted by email at john.kerr@utoronto.ca.

Membership ¹

The Chair is Dr. David Latter. In 2013-14, the FEAC consisted of 19 members, including: the Vice Dean PGME; the Associate Dean PGME (Admissions and Evaluation); the Director PGME Educational Development; standing members from the Departments of Medicine, Paediatrics, Surgery, and Family & Community Medicine; rotating members from four other postgraduate medical departments; one member representing University of Toronto affiliated hospitals/Hospital University Education Committee (HUEC); and two currently registered clinical fellows. The term of rotating departmental members is two years and is renewable once for a second two-year term. Clinical fellows serve on an annual basis, but may be renewable twice. The FEAC includes the Fellowship Coordinator of the University Health Network as an ex-officio member. PGME Office personnel provide administrative support to the committee as required.

Meetings

Meetings of the FEAC took place on October 29, 2013; January 14, 2014; April 15, 2014; and June 24, 2014. Agenda items included: impact of *Bill C-35: An Act to amend the Immigration and Refugee Protection Act*; access to primary care for new clinical fellows; clinical fellowship offer letters; Workplace Safety and Insurance Board (WSIB) coverage for clinical fellows; guidelines for educational responsibilities in clinical fellowships; the *2014 Survey of Clinical Fellows at the University of Toronto*; and guidelines for the appointment of self-funded clinical fellows.

Communications

The FEAC promotes transparency in its work by posting meeting agendas and minutes, as well as other materials such as its Terms of Reference, membership information, schedule of meetings, and annual reports, on the FEAC website at <http://www.pgme.utoronto.ca/content/fellowship-education-advisory-committee>,

¹ See appendix (page 4) for list of 2012-13 FEAC membership.

In addition, the FEAC Chair, Dr. Latter, presented the FEAC's Academic Session Report for 2012-13 to the Clinical Chairs Committee at its meeting of December 11, 2013. At the same meeting, Dr. Spadafora presented to Clinical Chairs the FEAC-developed *University of Toronto Approval Process: Application for Accreditation of an Area of Focused Competence (Diploma) Program*.

Selected Highlights

- **2014 Survey of Clinical Fellows at the University of Toronto**

The survey of clinical fellows that occurs every two years is a leading responsibility of the FEAC. This web-based survey was first administered under the direction of the Fellowship Working Group in June 2008. As in the surveys of 2008, 2010 and 2012, the 2014 survey achieved a significant rate of response, with 58% of survey recipients (540 of 925 clinical fellows) completing the questionnaire. The 2014 survey focused on the following traditional themes: application, registration and licensure; goals and objectives; orientation; remuneration; overall educational experience; intimidation and harassment; career plans; and demographics. The 2014 survey also contained new questions about remuneration, vacation entitlement, medical licensure and access to primary care. Survey results will be presented to the Hospital University Education Committee (HUEC) and the Clinical Chairs Committee. Survey results have been instrumental in shaping guidelines and new services/products for clinical fellows at UofT.

- **Clinical Fellowship Offer Letters: Exemplars**

The FEAC conducted an environmental scan of clinical fellowship offer letters, reviewing sample letters provided by 30 different fellowship programs across 11 departments. Content was subsequently edited, compiled and distributed as exemplars to Chairs, Fellowship Program Directors and administrators. The compilation offers programs a means of measuring the completeness of their own offer letters. Programs can select or adapt exemplary text to meet the needs of individual offers.

- **Guidelines for Educational Responsibilities in Clinical Fellowships**

Following a detailed development and review process, including consultation with legal counsel, the FEAC finalized *Guidelines for Educational Responsibilities in Clinical Fellowships*. The guidelines do not represent policy but are intended to assist programs in dealing with serious educational issues that arise infrequently during clinical fellowship training but require immediate, sensitive and informed response when they occur. The guidelines are subject to annual review by the FEAC, to assess their effectiveness in balancing the needs of educators, clinical fellows and administrators. The guidelines will be presented to the Clinical Chairs Committee and the Postgraduate Medical Education Advisory Committee (PGMEAC).

- **Access to Primary Care for new Clinical Fellows**

Recognizing the importance of access to primary care for new clinical fellows, the FEAC is supporting the development of short-term and long-term strategies to address this complex challenge for new trainees at the University of Toronto. Advisory text is now in development for inclusion in the orientation handbook for new trainees.

- **Workplace Safety and Insurance Board (WSIB) Coverage for Clinical Fellows**

The FEAC completed an environmental scan of University-affiliated hospitals, documenting the status of WSIB coverage for clinical fellows. The Ontario Hospital

Association (OHA), the Council of Academic Hospitals of Ontario (CAHO), and WSIB were also consulted as part of the information-gathering process. Additional follow-up consultation will be occurring with stakeholders. Results of the environmental scan will be referred to HUEC for consideration.

Looking Ahead

- The FEAC will continue to support the development of options to address the challenge of access to primary care for new clinical fellows.
- The FEAC-developed *Guidelines for Educational Responsibilities in Clinical Fellowships* will be presented to the Clinical Chairs Committee and PGMEAC. The guidelines will receive their first annual review by the FEAC in June 2015.
- The FEAC's research into WSIB coverage for clinical fellows will be presented to HUEC and the FEAC will follow up on this issue with the University's legal counsel, the WSIB and the OHA.
- To improve awareness of guidelines, recommendations and policies for clinical fellows as well as developments relevant to clinical fellowship training (such as Royal College initiatives), the FEAC will explore the feasibility of a regular, dedicated means of communication with programs and administrators, such as a clinical fellowship newsletter.
- The FEAC will review the orientation needs of new clinical fellows and explore ways of providing more coordinated, accessible and comprehensive information to improve the transition to fellowship training for them.

The FEAC will also continue to respond to new developments affecting clinical fellows and advise the Vice Dean PGME on the oversight of clinical fellowship training and the management of fellowship issues.

Acknowledgements

This report summarizes the committee's progress during 2013-14 on a number of complex and challenging issues involving clinical fellowships at the University of Toronto.

As Chair of the FEAC, I would like to thank the FEAC membership for their contribution to the committee's achievements during the past academic session. I must also thank Dr. Salvatore Spadafora, Vice Dean PGME, for his close attention to the work of the committee and his personal commitment to translating its recommendations into practice.

Also, I would like to acknowledge the administrative support of the PGME Office personnel – Caroline Abrahams, Jessica Fillion, John Kerr, Maureen Morris and Loreta Muharuma – whose contributions reliably ensure that the FEAC continues to be a productive and relevant advisory body.

Sincerely,

David Latter, MD, CM, FRCSC, FACS
Chair, Fellowship Education Advisory Committee

APPENDIX

**FELLOWSHIP EDUCATION ADVISORY COMMITTEE
MEMBERSHIP 2013-14**

Chair

Dr. David Latter

Vice Dean PGME

Dr. Salvatore M. Spadafora

Associate Dean PGME (Admissions and Evaluation)

Dr. Glen Bandiera

Director PGME Educational Development

Dr. Linda Probyn

Standing Members

<i>Medicine</i>	Dr. Jeannette Goguen
<i>Paediatrics</i>	Dr. Rayfel Schneider
<i>Surgery</i>	Dr. David Latter
<i>Family & Community Medicine</i>	Dr. Roy Wyman

Rotating Members

<i>Obstetrics & Gynaecology</i>	Dr. Cynthia Maxwell
<i>Ophthalmology</i>	Dr. David Wong
<i>Psychiatry</i>	Dr. Arun Ravindran
<i>Radiation Oncology</i>	Dr. Charles Catton

Affiliated Hospitals – HUEC

<i>The Hospital for Sick Children</i>	Dr. Jonathan Kronick
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Clinical Fellows

Dr. Karen Gómez Hernández	Dr. Astrid Haenecour
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Ex-Officio

<i>University Health Network</i>	Shannon Spencer
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PGME Office

Caroline Abrahams	Jessica Filion
John Kerr	Maureen Morris
Loreta Muharuma	