

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of June 15, 2017 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)
Dr. Julia Alleyne (Family & Community Medicine)
Dalia Al-Mouaswas (Ex officio; UHN)
Dr. Glen Bandiera (Associate Dean PGME)
Ashley Bedard (Medicine)*
Dr. Peter Chung (Radiation Oncology)
Jessica Fillion (PGME)
Dr. Cheryl Jaigobin (Medicine)

John Kerr (PGME)
Maureen Morris (PGME)
Loreta Muharuma (PGME)
Dr. Rayfel Schneider (FEAC Chair; Paediatrics)
Dr. Salvatore M. Spadafora (Vice Dean, Post MD
Education)
Dr. Doreen Yee (Anaesthesia)

* Guest

Regrets:

Dr. Asim Ali (Ophthalmology)
Dr. Helen MacRae (Surgery)
Dr. Arun Ravindran (Psychiatry)

Dr. Linda Probyn (Director, Admissions &
Evaluation PGME)
Dr. Andrea Simpson (Clinical Fellow)

1. Introduction

a) *Minutes of meeting of March 22, 2017*

Dr. Schneider, Chair of the FEAC, confirmed the committee's acceptance of the minutes of the meeting of March 22, 2017, before reviewing the action items contained in the meeting's minutes.

b) *Action Items from meeting of March 22, 2017*

- *FEAC Terms of Reference* – J. Kerr indicated that revised FEAC Terms of Reference, incorporating changes that the committee had approved at its meeting of March 22, 2017, had been posted on the PGME website (direct link: <http://pg.postmd.utoronto.ca/wp-content/uploads/2017/03/FEAC-Terms-of-Reference-Rev-22-Mar-17.pdf>; webpage: <http://pg.postmd.utoronto.ca/about-pgme/boards-committees/>).
- *Schedule of FEAC Meetings for 2017-18* – Dr. Schneider confirmed that, for 2017-18, FEAC meetings would revert from Wednesdays to the Tuesdays of previous years. The quarterly meetings for 2017-18 would occur on October 24, 2017, January 16, 2018, April 24, 2018, and June 12, 2018.
- *Slides accompanying FEAC Presentations* – J. Kerr verified that FEAC members had received copies of the slides that Dr. Spadafora had presented on March 22, 2017 about the Royal College's AFC and SEAP initiatives, and the slides that N. Harrison had presented about the Online PG Applications System in development.
- *Pools Framework* – On March 30, 2017, Dr. Schneider and Dr. Spadafora had jointly distributed the most recent update of the *Pools Framework* (December 20, 2013) to FEAC members. The *Pools Framework* is a joint statement of policy by the Council of Ontario Faculties of Medicine (COFM) and the Ontario Ministry of Health & Long-Term Care (MOHLTC) for managing postgraduate medical education in Ontario, including the provincial funding of this training.

Dr. Spadafora affirmed that the *Pools Framework* provides direction for guidelines concerning clinical fellowship education, including examinations and billing for services. Dr. Bandiera stressed the importance of the *Pools Framework* as context for guidelines involving clinical fellows. Dr. Spadafora predicted that understanding the *Pools Framework* (including the unavailability of MOHLTC Clinical Education Budget (CEB) funding for clinical fellowships) would become increasingly important, as the enrolment of clinical fellows in Royal College accredited clinical fellowship programs continues to grow.

2. Annual Review: Guidelines for Educational Responsibilities in Clinical Fellowships

Dr. Spadafora recounted the complex, multi-year process through which the FEAC first reached the *Guidelines for Educational Responsibilities in Clinical Fellowships*, as issued in July 2014. He noted that the University's legal counsel had promoted the development of simple, yet thorough, guidelines that had worked well when put to the test over the past three years. Considering the established usefulness of the *Guidelines*, the committee accepted Dr. Spadafora's proposal that the FEAC should in future formally review the *Guidelines* once every three years rather than on an annual basis.

Dr. Bandiera noted that, with new Royal College forms of recognition for clinical fellows such as the Areas of Focused Competence (AFC) and the Subspecialty Examination Affiliate Program (SEAP), it is especially important to clarify the eligibility of trainees for Royal College examination. Dr. Alleyne stressed the need for correct language regarding clinical fellowships and suggested enhancing the definition of a clinical fellow in the introductory section of the *Guidelines*. Dr. Spadafora proposed adding a hyperlink to the definition of a clinical fellow as contained in the document that he and Dr. Schneider had recently issued, *The Role of the University in Clinical Fellowship Education*.¹

Dr. Schneider recommended revising the *Guidelines*' list of mandatory subjects that the clinical fellowship offer letter must cover to include evaluation. Dr. Bandiera supported an additional emphasis on the importance of formal evaluation. Dr. Schneider affirmed that the offer letter needs to clarify what form evaluation will take, so that the trainee will know what to expect from the program. He added that the offer letter also needs to clarify how the clinical fellow would be evaluated during the fellowship. Dr. Alleyne highlighted the importance of the clinical fellow's evaluation of the fellowship program and the teacher.

3. Evaluation of Clinical Fellows: Update of the FEAC Sub-group

Dr. Schneider briefly recapped the creation of a FEAC sub-group in October 2016 to review the evaluation of clinical fellows and recommend ways of improving documentation and promoting comprehensive, detailed evaluation. He noted a number of limiting considerations, such as the fact that entering evaluation data on the POstgraduate Web Evaluation and Registration (POWER) system is optional for clinical fellows. He also noted that the one-on-one relationship between the clinical fellow and the supervisor may involve detailed offline feedback that may go unreported.

The FEAC sub-group had focused on the Pre-Entry Assessment Program (PEAP) as a period of evaluation for clinical fellows that would benefit from additional support for administrators, to make completing and submitting evaluation results more efficient. Dr. Schneider presented a fully electronic version of the PEAP final assessment form that could eliminate the inefficiencies of the current paper-based process. This electronic document was available in formats tailored for Mac and Android users. He also recommended developing an improved system of PEAP reminders, including reminders for interim PEAP evaluation, to ensure timely feedback to trainees. Dr. Chung agreed that program administrators could benefit from reminder help. A. Bedard offered to share the Department of Medicine's reminder system as a possible "best practice" for other academic departments.

Noting that clinical fellowships may involve significant research/scholarly activity, Dr. Schneider presented a draft online, searchable compilation of evaluation questions currently in use to record the evaluation of research/scholarly activity on the POWER system. By illustrating the variety of questions in use across academic departments, the compilation could act as a resource to encourage increased evaluation through POWER of this educational activity by clinical fellows.

The FEAC's agreement that clinical fellowship offer letters should include text about evaluation during the fellowship echoed the FEAC sub-group's recommendation for change in this area to promote the formal evaluation of clinical fellows. Dr. Bandiera stated that there needs to be an active decision for formal feedback to occur.

¹ *The Role of the University in Clinical Fellowship Education*, May 2017
(<http://pg.postmd.utoronto.ca/clinical-fellowship-education-universitys-role/>)

Dr. Schneider proposed the addition of an “Evaluation of Clinical Fellows” section to the “Administrator Resources” webpage of the PGME website. This section could host web links to the electronic PEAP final assessment form and evaluation policy/guidelines documents, as well as contain PEAP tracking information, a PEAP timeline, and PEAP FAQs. The “Evaluation of Clinical Fellows” section could also include resources for the online evaluation of research/scholarly activity by clinical fellows and a guide to existing help services for recording evaluation data on POWER. J. Kerr clarified that the proposed section of the PGME website would not involve reorganization of the existing website, but the addition of a section of collected hyperlinks to existing website content in various locations across the current website.

Further to Dr. Schneider’s presentation, the FEAC approved the following next steps to support the evaluation of clinical fellows:

- Implement an electronic PEAP final assessment form
- Explore ways to support administrators in the timely documentation and submission of PEAP evaluations
- Promote best practices of administrators in recording evaluations on POWER
- Add an “Evaluation of Clinical Fellows” section to the existing “Administrator Resources” webpage of the PGME website

4. *Clinical Fellowship Offer Letters: Guidelines and Exemplars* – Draft Update 2017

Dr. Schneider presented a draft update of the *Clinical Fellowship Offer Letters: Guidelines and Exemplars*, most recently revised in July 2015. This document had been developed as a reference work from which fellowship programs could pick and choose text appropriate to their respective program needs. The document’s content was grouped according to the following four themes: (1) clinical fellowship activity, (2) supervision and evaluation, (3) clinical fellowship pre-conditions, and (4) acceptance of the clinical fellowship offer. The draft update included the following additional content

- Conditional multiple-year fellowship offer text
- Recommended text regarding evaluation
- Appendix regarding Royal College recognition of clinical fellowship training through the Subspecialty Examination Affiliate Program (SEAP)

The multiple-year fellowship offer text originated with FEAC discussion and a subsequent communication by the Vice Dean Post-MD Education in March 2016. Dr. Schneider and A. Bedard confirmed that the Department of Paediatrics and the Department of Medicine had been using similar text with satisfactory results over the past year. Dr. Alleyne and Dr. Yee clarified that multiple-year fellowships were not a concern to some academic departments, where clinical fellowships were ordinarily no more than one year in duration. Dr. Chung commented that the text could be useful in allowing for work permit-related delays in some cases, but would not be necessary for the majority of fellowships in the Division of Radiation Oncology.

The committee supported the addition of recommended text regarding evaluation as well as the addition of information about the SEAP to the appendix of the *Guidelines and Exemplars*. Dr. Bandiera recommended adding text to clarify that a clinical fellow can be a SEAP candidate only if the clinical fellowship training meets applicable Royal College accreditation standards to the same degree that the residency program does. C. Abrahams commented that evaluation of the clinical fellow as a SEAP candidate would need to be the same as that for a resident, and questioned the impact of Competency Based Medical Education (CBME) on SEAP candidates. Dr. Schneider suggested adding text to confirm that the residency Program Director must sign off on the clinical fellowship offer letter to SEAP candidates.

5. Action Items

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

- a) ***Guidelines for Educational Responsibilities in Clinical Fellowships***
Draft *Guidelines* incorporating the committee's recommended revisions would be distributed to FEAC members for feedback and subsequent referral to the Vice Dean Post-MD Education.
- b) ***Evaluation of Clinical Fellows***
The next steps approved by the FEAC (as noted above) would be taken, and results reported to the FEAC at its first meeting of 2017-18 (Tuesday, October 24, 2017).
- c) ***Clinical Fellowship Offer Letters: Guidelines and Exemplars***
FEAC members would receive a revised draft for review and input by email prior to referral to the Vice Dean Post-MD Education.

Dr. Schneider encouraged feedback from committee members on important and current issues for discussion over the next academic session. He looked forward to the next session's survey of clinical fellows at the University of Toronto and a deeper dive into the survey data that had historically driven FEAC initiatives over the years.

The meeting adjourned at 9:40 AM.