



Document	Fellowship Education Advisory Committee (FEAC) Terms of Reference
Date Approved	Approved by FEAC, January 9, 2024
Approved By	FEAC Members
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Review to Commence	3 years post approval, or as needed
Responsible Portfolio/Unit/Committee	Postgraduate Medical Education Committee (PGMEC)
Responsible Officer(s)	Associate Dean, PGME

Part I: Mandate and Responsibilities

A. Mandate:

The Fellowship Education Advisory Committee (FEAC) is responsible for providing advice to the Associate Dean on the oversight of clinical/research fellowship training, Area of Focused Competence (AFC-Diploma) programs, Practice-Ready Assessment (PRA) programs, and the management of fellowship issues. FEAC is a subcommittee of the Postgraduate Medical Education Committee (PGMEC) and reports to PGMEC.

B. Major Responsibilities:

The FEAC will develop policies, procedures, and guidelines for fellowship training, including:

a. New Fellowship Programs:

- provide advice to programs on developing new fellowships and AFC programs: The FEAC does not develop or approve new fellowship programs.
- develop guidelines for the creation of new fellowship programs, sharing resources and experience across programs on best processes
- review all new programs to ensure quality and provide suggestions for improvement

- develop guiding principles for employment/human resource standards – i.e., remuneration, leave and vacation entitlements, and educational support
- b. Recruitment, Selection, and Admission Procedures:
- liaise with the PGME Office on recruitment strategies
 - establish best practices on admission procedures and selection of clinical fellows
 - establish guidelines for enrolment requirements – i.e., language requirements, standard interview questions
 - provide input on a standard orientation package for fellows that includes general information on the university, faculty, hospitals, and city
 - ensure principles of EDIIA are integrated in the recruitment and selection process
 - set principles for social accountability within the programs (e.g., when can tuition be reduced or waived)
- c. Provide guidance and advice on the management of education expectations:
- develop terms of reference template for Fellowship Program Committees (or program equivalent)
 - review best practices for the development of educational goals and objectives.
 - establish guidelines/minimum standards for the assessment and evaluation of fellows, rotations and faculty– i.e., use within Elentra, types and frequency of assessments
 - establish policies to guide supervision, remediation, probation and the requirement to withdraw
 - establish and maintain an initial appeal pathway for matters related to unsatisfactory assessments, remediation, the requirement to withdraw, and decisions regarding the completion of fellowships, as per the Queen’s PGME Assessment, Promotions and Appeals policy
 - regularly review policies to ensure they are meeting established rules and regulations
 - develop and maintain polices governing fellows’ safety related to travel, patient encounters, including house calls, after-hour consultations in

- isolated departments and patient transfers, fatigue risk management, and wellness
- establish guidelines for fellows' interaction and supervision of residents and medical students
 - ensure fellowship programs have a process for program review and quality improvement
 - develop a standardized process for ensuring the successful completion of objectives prior to issuing certificates

C. Access to Information:

Members of the committee will have access to documents required to inform the effective management of postgraduate medical education fellowship programs.

Part II: Leadership & Membership

Membership on this committee is for those fellowship directors/supervisors who are providing post-certification training. Programs with registered international clinical fellows who are completing the goals and objectives of the residency program are excluded.

D. Membership:

Core Voting Committee

- Associate Dean, PGME
- Fellowship Directors/Supervisors *
- AFC Directors
- PRA Directors
- 2 Program Directors (1 PGY 1 entry, 1 subspecialty)
- 2 Fellows, one internationally sponsored
- 1 Program Administrator or Educational Consultant
- EDIIA Representative

* Where there is more than one program representative, only one vote per program will be recorded, unless the other representative has a different position on the committee (e.g., core program representative).

Non-voting (ex-officio)

- Vice-Dean, Health Sciences Education
- Director, Resident Wellness

- Chief of Medical and Academic Affairs, KHSC
- Executive Director Medical Affairs, Patient Flow and Research, Providence Care
- Assistant Fellowship Directors/Supervisors where there is more than one per program
- Associate Director, Operations, PGME Office
- Program Coordinator, PGME
- Registration Coordinator, PGME Office
- Director, Assessment and Evaluation
- Director, Postgraduate Services

Guests

Program Administrators and Educational Consultants may attend meetings for information

E. Chair:

The Chair will be selected from the membership of the committee by a nomination process, for a three-year term, renewable once. If there is more than one nominee, a vote by the membership will determine the Chair.

F. Term of Membership:

- Fellowship/PRA/AFC Directors/Supervisors
Permanent by virtue of office
- Program Directors
Program Directors will normally commit to a three-year term, renewable for an additional three-year term. Program Directors will be nominated by the Associate Dean and confirmed by the PGMEC. If needed, an electronic vote will be conducted by PGMEC members.
- Fellows
Fellows will be recommended by their Fellowship Director for a one-year term, renewable for the duration of their training. The Chair will have final approval over membership.
- Program Assistant/Educational Consultant

Program Assistant or Educational Consultant will be recommended by the group of fellowship Program Assistants for a three-year term. The Chair will have final approval over membership.

- Ex officio membership
Permanent members of the committee

G. Responsibilities of Members:

- Attend meetings
- Read pre-circulated material
- Participate in discussions
- Communicate committee activities and report feedback at Departmental meetings and to program administrators

Part III: Meeting Procedures

H. Frequency and Duration of Meetings:

- The FEAC will meet quarterly during the academic year
- Additional meetings may be called at the discretion of the Chair

I. Ad Hoc Subcommittees:

- As needed, subcommittees will be formed to address a topic, policy or procedure and report back to FEAC for ratification

J. Quorum:

8 voting members

K. Decision-Making:

- Committee members are encouraged to work toward consensus-based decision making (See Appendix 1)
- Motions will be passed by a majority vote

L. Conflict of Interest:

Members must declare any [conflict of interest](#) to Chair in advance who will determine an appropriate course of action

M. Confidentiality:

All documents and files reviewed and prepared by members of the committee are confidential unless otherwise stipulated

Part IV: Administrative Support & Communication

N. Administrative Support:

Provided by the Program Coordinator in the Postgraduate Medical Education Office

O. Agendas & Minutes:

Agendas and Minutes to be distributed electronically to all members one week prior to the meeting

P. Evaluation:

Terms of reference to be formally reviewed by the Core committee on an annual basis, and as required

APPENDIX A: CONSENSUS-BASED DECISION MAKING

Rules for Building a Consensus

A consensus requires that everyone involved in the decision must agree on the individual points discussed before they become part of the decision. Not every point will meet with everyone's complete approval. Unanimity is not the goal, although it may be reached unintentionally. It is not necessary that everyone is satisfied, but everyone's ideas should be thoroughly reviewed. The goal is for individuals to understand the relevant data, and if need be, accept the logic of differing points of view.

The following rules are helpful in reaching a consensus:

- Avoid arguing over individual ranking or position. Present a position as lucidly as possible, but seriously consider what the other group members are presenting.
- Avoid "win-lose" stalemates. Discard the notion that someone must win and thus someone else must lose. When an impasse occurs, look for the next most acceptable alternative for both parties.
- Avoid trying to change minds only in order to avoid conflict and achieve harmony. Withstand the pressure to yield to views that have no basis in logic or supporting data.
- Avoid majority voting, averaging, bargaining, or coin flipping. These techniques do not lead to a consensus. Treat differences of opinion as indicative of an incomplete sharing of information, and so keep probing.
- Keep the attitude that the holding of different views by group members is both natural and healthy. Diversity is a normal state; continuous agreement is not.
- View initial agreement as suspect. Explore the reasons underlying apparent agreement on a decision and make sure that all members understand the implication of the decision and willingly support it.