

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of June 16, 2015 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)	Dr. Jonathan Kronick (SickKids)
Dr. Julia Alleyne (Family & Community Medicine) *	Dr. David Latter (FEAC Chair; Surgery)
Dr. Glen Bandiera (PGME)	Dr. Julie Maggi (St. Michael's Hospital)
Ashley Bedard (Medicine) **	Dr. Cynthia Maxwell (Obstetrics & Gynaecology)
Jessica Filion (PGME)	Maureen Morris (PGME)
Dr. Jeannette Goguen (Medicine)	Loreta Muharuma (PGME)
Dr. Astrid Haenecour (Clinical Fellow)	Mariela Ruetalo (PGME) **
John Kerr (PGME)	Shannon Spencer (Ex officio; UHN)

* By teleconference

** Guest

Regrets:

Dr. Linda Probyn (PGME)	Dr. Rayfel Schneider (Paediatrics)
Dr. Arun Ravindran (Psychiatry)	Dr. Doreen Yee (Anaesthesia)

1. Introduction

Dr. Latter opened the meeting by welcoming Ashley Bedard (Fellowship Coordinator, Department of Medicine) as a guest of Dr. Goguen and Mariela Ruetalo (Research Officer, Policy and Analysis, PGME) as a guest of C. Abrahams. Dr. Julie Maggi (Director of Postgraduate Medical Education, St. Michael's Hospital) joined the meeting as a new FEAC member representing St. Michael's Hospital. Dr. Kronick was attending his last meeting of the FEAC as a representative for The Hospital for Sick Children. Dr. Haenecour was attending her final FEAC meeting as a Clinical Fellow member of the committee.

Dr. Latter confirmed committee acceptance of the draft minutes of the FEAC meeting of April 7, 2015 and reminded members that the minutes would be publicly accessible through the FEAC website.

Reviewing action items from the April 7, 2015 meeting of the FEAC, Dr. Latter confirmed J. Kerr had distributed to FEAC members a copy of the slide deck that had accompanied C. Abrahams' presentation of preliminary findings of the *2015 Fellowship Follow Up Survey*. C. Abrahams updated the committee on the status of the survey, confirming that the survey had now achieved a response rate of approximately 35%. She introduced Mariela Ruetalo, who would be developing a paper for publication based on the survey's findings. C. Abrahams confirmed that she would be inviting FEAC members by email to join a working group which would participate in writing the paper. She also confirmed that a sufficient number of survey responses had been received to enable the disaggregation of data by department and the presentation of survey findings to departments on request.

2. *Clinical Fellowship Offer Letters: Exemplars and Recommendations*

J. Filion recapped her initial offer letters presentation of April 7, 2015 to the FEAC. She clarified that the *Clinical Fellowship Offer Letters: Exemplars and Recommendations* is an updated version of the original *Exemplars* document that the FEAC approved in 2013. Reflecting on her contact with departments regarding offer letters, she reported that the single most common source of trouble involved multi-year clinical fellowship offers.

J. Filion confirmed that, in addition to new exemplary text from sample offer letters, the 2015 update also contained eight statements that the University's legal counsel had previously identified as essential content for offer letters. She also noted the addition of an appendix of optional considerations, including the text of a pre-offer cover page.

Dr. Bandiera emphasized the importance of ensuring minimum standards in offer letters. He commented on the difficulty of operationalizing the inclusion of the essential content listed by legal counsel. Dr. Latter recommended implementation of a process at the departmental level. Dr. Goguen confirmed that the Department of Medicine's website featured a departmentally approved template for offer letters. Dr. Kronick advocated revising the *Exemplars and Recommendations* to highlight the eight statements that legal counsel had listed. J. Kerr confirmed that this change would be made. J. Filion suggested that the document would be more effective if it were made openly accessible through the PGME website, in addition to being distributed to programs by email. The committee agreed with this suggestion.

Dr. Alleyne raised the subject of cross-departmental fellowship appointments, which involve appointing a trainee to a clinical fellowship in a discipline in which the trainee does not hold specialty certification. Referring to the FEAC's *Cross-Departmental Clinical Fellowship Appointment Request* form (developed in consultation with the CPSO), Dr. Latter indicated that the hosting department should be responsible for processing the fellowship appointment for a cross-departmentally appointed fellow. Dr. Bandiera stated that the author of the fellowship offer letter needs to take ownership of the fellowship and have jurisdiction over it. Dr. Alleyne recommended revision of the *Exemplars and Recommendations* to clarify this requirement for cross-departmental fellowship appointments. J. Filion confirmed that clarifying text would be added to the document.

3. Application for Accreditation of an AFC Program in Cytopathology

Dr. Bandiera reported that, after inviting input from FEAC members, he and Dr. Latter had reviewed and approved the application of the Department of Laboratory Medicine and Pathobiology for accreditation of an Area of Focused Competence (AFC) Program in Cytopathology at the University of Toronto.

Dr. Bandiera praised the application as a well-constructed document. At the same time, he noted a potential need among departments for application support. Dr. Bandiera underlined the need for review and scrutiny to ensure necessary rigour and detail in applications for accreditation. He described review as essentially a matter of measuring applications against the Royal College's 'C' Standards, with fellowship goals and objectives, and curriculum, as key areas of the application. Dr. Latter anticipated that the review of applications for AFC accreditation would be an important role for the FEAC in the future.

4. Annual Review of the *Guidelines for Educational Responsibilities in Clinical Fellowships*

Dr. Latter briefly recounted the development of the *Guidelines for Educational Responsibilities in Clinical Fellowships*, which involved input from sub-groups of the FEAC and final review and revision by the University's legal counsel. When the FEAC formally approved the *Guidelines* in June 2013, it was agreed that there would be an annual review of the document's effectiveness. Dr. Bandiera affirmed that the *Guidelines* had been helpful in supporting the resolution of serious educational issues in fellowships over the past year. The committee's feedback on the *Guidelines* was favourable. Dr. Latter confirmed that there was no need for changes at the present time but emphasized the need for vigilance to ensure that the *Guidelines* remain an effective resource, fair to both programs and clinical fellows.

5. Status of the Clinical Fellow

Dr. Bandiera stated that, with the passage in 2014 of Ontario's Bill 18, *Stronger Workplaces for a Stronger Economy Act*, it was clear that non-hospital funded clinical fellows fit the definition of "unpaid" workers; namely, workers not paid by the entity which has jurisdiction over the workplace. Also, the Operational Policy Branch of the Workplace Safety and Insurance Board (WSIB) had confirmed that the hospital as "placement host" was the employer of the clinical fellow during the placement, and therefore responsible for WSIB premiums, regardless of the fellow's source of remuneration.

Dr. Bandiera stressed the need for clarity on a number of practical issues. He indicated that the Ontario Ministry of Labour (MOL) would be providing further information to the Council of Ontario Universities (COU) to clarify the impact of the provisions of Bill 18.

L. Muharuma commented on the challenge of operationalizing payment of WSIB premiums for clinical fellows, with fellows receiving remuneration from a variety of non-hospital sources. She affirmed the need

for a centralized approach, with a process for invoicing where payroll deduction would not be possible, possibly using a proxy amount (such as the PGY1 level of remuneration) for the WSIB premium.

Dr. Bandiera affirmed that PGME would meet the cost of WSIB premiums for internationally sponsored clinical fellows (and residents). Dr. Latter noted that WSIB premiums for non-Canadian, non-hospital funded clinical fellows who were not covered by a PGME sponsorship agreement remained an unresolved issue.

There was agreement on the need for a high-level meeting between WSIB, the hospitals and the University to address WSIB coverage for clinical fellows. L. Muharuma observed that legal counsel may need to be involved. Dr. Alleyne indicated that, based on her experience with WSIB, the Board would be interested in facilitating a solution.

Dr. Bandiera indicated it would be necessary to confirm if affiliation agreements currently in negotiation between the University and the hospitals would offer the hospitals the option of third-party liability insurance in lieu of WSIB coverage.

Dr. Bandiera described fellowship payment models, including the possibility of consolidating payment to facilitate city-wide fellowships across multiple sites. S. Spencer clarified that the University Health Network (UHN) takes responsibility for UHN-based fellows at other hospital sites. Dr. Bandiera reminded committee members that the University could not be the employer of clinical fellows. He suggested the Ontario MOL may bring clarity to the issue when it provides COU with additional information about the significance of Bill 18.

6. Action items

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

a) **2015 Fellowship Follow Up Survey**

C. Abrahams would distribute updated survey data to FEAC members and invite participation in a report with a view to its publication. Disaggregated data would be available to departments on request.

b) **Offer Letters: Exemplars and Recommendations**

The introductory section of the draft document would be enhanced to underline the importance of the recommended minimum content on page 3. The document would also be revised to clarify that the author of the offer letter would be the hosting department of the clinical fellowship. The final document would be distributed by email and posted on the PGME website.

c) **Application for Accreditation of an AFC Program in Cytopathology**

Following the FEAC's review, the Acting Vice Dean PGME would submit the application for accreditation of an AFC program in Cytopathology at UofT to the Royal College.

d) **WSIB and Clinical Fellows**

Multi-stage follow up would involve:

- Reviewing Ministry of Labour information to COU once available
- Initiating high-level consultation with WSIB
- Determining the logistics of centrally managed payment of WSIB premiums for clinical fellows
- Clarifying whether clinical fellows must have WSIB coverage or whether hospitals retain the option of relying on a generalized liability agreement

The meeting adjourned at 9:35 AM.