

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of December 15, 2015 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)	Dr. Julie Maggi (St. Michael's Hospital) **
Dr. Asim Ali (Ophthalmology)	Dr. Cynthia Maxwell (Obstetrics & Gynaecology)
Dr. Julia Alleyne (Family & Community Medicine)	Maureen Morris (PGME)
Dr. Glen Bandiera (PGME)	Loreta Muharuma (PGME)
Ashley Bedard (Medicine) *	Dr. Linda Probyn (PGME)
Jessica Fillion (PGME)	Dr. Arun Ravindran (Psychiatry)
Dr. Jeannette Goguen (Medicine)	Mariela Ruetalo (PGME) *
Dr. Dimos Karangelis (Clinical Fellow)	Dr. Salvatore M. Spadafora (Vice Dean, Post MD Education)
John Kerr (PGME)	Shannon Spencer (Ex officio; UHN)
Dr. David Latter (FEAC Chair; Surgery)	

* Guest

** By teleconference

Regrets:

Dr. Rayfel Schneider (Paediatrics)	Dr. Doreen Yee (Anaesthesia)
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1. Introduction

Dr. Latter began the meeting by introducing new FEAC members Dr. Asim Ali (Fellowship Program Director, Department of Ophthalmology & Vision Sciences) and Dr. Dimos Karangelis (Clinical Fellow, Department of Surgery). After confirming the committee's acceptance of the draft minutes of its meeting of September 29, 2015, Dr. Latter reviewed the meeting's action items.

L. Muharuma confirmed that a revised briefing note on WSIB and clinical fellows had been drafted to help stimulate a solution. Dr. Latter remarked that WSIB coverage for clinical fellows remained an unresolved issue but some University affiliated hospitals, such as UHN, were increasingly taking on the responsibilities of the employer of clinical fellows. Summarizing the WSIB issue, Dr. Spadafora observed that more clinical fellows have WSIB coverage now than was the case five years ago but that further analysis was in order to ensure all clinical fellows obtain coverage. He indicated that a briefing note which would summarize the current situation and dispel confusion would be appropriate. Dr. Spadafora added that payment of WSIB premiums may remain an issue for hospitals to resolve with practice plans located in the hospitals.

J. Kerr confirmed that an updated AFC table had been distributed to FEAC members since the last meeting and was accessible via the FEAC website. Dr. Bandiera identified two important issues for fellowship programs applying for Royal College AFC accreditation; namely, (1) having a single, centrally run program, and (2) demonstrating rigour in the management of the clinical fellowship.

2. Clinical Fellowship Re-appointments: Considerations for 2016-17

M. Morris updated the committee on the re-appointment of clinical fellows for the new academic session that will begin July 1, 2016. International clinical fellows make up nearly two-thirds of the annual registration of clinical fellows at UofT. Obtaining a work permit extension was a key consideration for returning international clinical fellows. M. Morris described significant changes that Citizenship and Immigration Canada (CIC) had made in its processing of work permit applications in 2015, including the implementation of new mandatory CIC forms and an Employer Compliance Fee in February 2015 and the

launch of a new online CIC Employer Portal in November 2015. She reported that PGME had been participating since August 2015 in a pilot test of the CIC Employer Portal, but that no clinical fellows had been fully processed from appointment to arrival in Canada through the Employer Portal before the Portal's launch date of November 31, 2015.

M. Morris stated that CIC was currently reporting an average processing time of 115 days for paper-based applications for work permit extensions and 120 days for online applications for the same. CIC calculated these processing times from the date of CIC's receipt of a *complete* application package from the work permit applicant. She contrasted these reported processing times with CIC's average processing time of 15 days for a work permit extension a year earlier.

M. Morris verified that an email message from the Vice Dean Post MD Education had been sent in October 2015 to Vice Presidents of Education of UofT affiliated hospitals, to Clinical Chairs, and to all Program Directors, advising them of the need to submit re-appointments with supporting documentation to PGME as soon as possible in view of CIC's reported processing times. A similar message was sent in November 2015 to all Program and Fellowship Directors and Administrators as part of the communication regarding the annual reappointment process.

Dr. Latter indicated that submitting paperwork to PGME for fellowship reappointments five to six months in advance could be difficult for programs when the trainee may be only halfway through the first year of fellowship training. He suggested that, as an alternative, programs might consider appointing clinical fellows upfront for two years of training with a strongly worded clarification that the second year of training would be conditional on successful completion of the first year. Committee members agreed with this suggestion. Dr. Spadafora confirmed that PGME would follow up on this option, to see if it was possible logistically.

3. 2016 Survey of University of Toronto Clinical Fellows

C. Abrahams confirmed that the *2016 Survey of University of Toronto Clinical Fellows*, the fifth survey of clinical fellows at UofT, would be implemented in February 2016. She noted that the first ever survey of UofT clinical fellow *alumni* had taken place earlier in 2015 and presented a two-page infographic which offered an overview of significant findings from that survey. She informed the committee that the abstract of the *2015 Follow-Up Survey of Clinical Fellows at the University of Toronto* had been accepted for presentation as a poster at the April 2016 meeting in Montréal of the Canadian Conference on Medical Education (CCME).

C. Abrahams stated that, as in 2014, the 2016 survey of clinical fellows would be restricted to clinical fellows who have been registered for at least five months prior to the date of the survey's implementation. In preparation for the new survey, she reviewed the survey instrument from 2014 with the committee, inviting their input for 2016. There was committee interest in reducing the total number of questions, balanced by recognition that the survey had experienced a strong response rate to date. Dr. Alleyne suggested that a short version of the survey could be implemented and its results compared against a longer version. Dr. Ravindran remarked that access to fellowships was a topic of concern that could be added to the survey. There was discussion about updating the content of the survey's question about mandatory administrative/licensing processes. The committee recognized the need for maximum clarity in questions about remuneration. There was agreement that a definition of "annual income" should accompany the survey question "What is your annual funding to support your fellowship (in Canadian dollars)?" The FEAC looked forward to receiving a preliminary report at its next meeting on the survey's implementation.

4. Proposal for a FEAC Report on the Management of Clinical Fellowships 2016

Dr. Latter presented for discussion a proposal for the FEAC to report on the current state of clinical fellowship management at UofT. He recounted the background to the creation of the FEAC, beginning with the Department of Surgery's *2006 Task Force Report on Clinical Fellows*, which led to the formation in January 2008 the PGME Fellowship Working Group was formed and in September 2009 issued its report, *Raising the Bar: Recommended Standards for the Management of Clinical Fellowships*. A leading

recommendation of this report was the establishment of the FEAC as a source of advice to the Vice Dean PGME on the oversight of clinical fellowship training and the management of fellowship issues.

Dr. Latter observed that significant changes had occurred in the field of clinical fellowship training since the Fellowship Working Group issued its 2009 report with detailed recommendations. He noted, for example, that the Royal College had created new forms of recognition for clinical fellows through its Areas of Focused Competence (AFC) Program and Subspecialty Examination Affiliate Program (SEAP). Citizenship and Immigration Canada (CIC) had also introduced new requirements for the remuneration of foreign nationals as clinical fellows, such as the requirement that visa trainees must receive remuneration commensurate with that of a Canadian performing the same duties in the same location of work.

Dr. Latter suggested the proposed FEAC report might include the following content:

- a) A comprehensive overview of the current state of clinical fellowship training at UofT
- b) FEAC developed guidelines that have been separately issued on a variety of subjects
- c) A cumulative summary of survey data regarding clinical fellows, as well as data regarding fellowship certificate issuance and fellowship enrolment
- d) Identification of priority areas of focus for the FEAC going forward

Committee members favoured a report that would find its own format, rather than echo the format of the report of the Fellowship Working Group. FEAC members also favoured a unified approach to the report, rather than separating the work into sub-groups of the FEAC

5. Action items

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

- a) ***WSIB and Clinical Fellows***
L. Muharuma would distribute to FEAC members a briefing note which would summarize the current status of WSIB and clinical fellows.
- b) ***Clinical Fellowship Re-appointments***
M. Morris would follow up on a draft message to clinical fellowship programs regarding work permit extensions.
- c) ***2016 Survey of UofT Clinical Fellows***
C. Abrahams would distribute a copy of the questionnaire to the FEAC membership for input prior to implementing the survey in February 2016. A preliminary report on the survey's implementation would occur at the March 8, 2016 meeting of the FEAC.
- d) ***FEAC Report on the Management of Clinical Fellowships 2016***
J. Kerr would compile documentation regarding FEAC activities and achievements and contact a writer. A timeline would be prepared for the draft report and its presentation to the FEAC.

The meeting adjourned at 9:30 AM.