



Post MD Education
UNIVERSITY OF TORONTO

To: Clinical Chairs
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Hospital University Education Committee (HUEC)
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Fellowship Education Advisory Committee (FEAC)
All Admins

From: Dr. Salvatore M. Spadafora
Professor, Department of Anesthesia; and Vice Dean Post MD Education

Dr. Rayfel Schneider
Professor and Associate Chair, Department of Paediatrics; and
Chair, Fellowship Education Advisory Committee (FEAC)

Subject: **Billing for Services Rendered by Clinical Fellows
(Including a Glossary of Categories of Registration for Postgraduate
Medical Trainees at the University of Toronto)**

PLEASE DISTRIBUTE WIDELY ¹

Dr. Virginia Walley, President, Ontario Medical Association (OMA), informed OMA members on October 4, 2016 by email that the Ministry of Health and Long-Term Care (MOHLTC) had taken the position that services performed by a Fellow in training may not be claimed by the supervising physician. Dr. Walley acknowledged the frustration of physicians with the lack of clarity for funding for Fellows and confirmed that the OMA would be bringing this issue forward to the Physician Services Committee (PSC).

President Walley subsequently reported by email on October 13, 2016 that the OMA representatives on the Physician Services Committee (PSC) had been successful in working with their Ministry counterparts to develop an interim solution that would allow Fellows to be treated as Residents, so that physicians can continue to submit billing claims for services

¹ This memorandum was originally issued by email to all recipients on November 4, 2016 with the following attachments:

- a) CPSO's policy regarding Professional Responsibilities in Postgraduate Medical Education
- b) Glossary of Postgraduate Medical Trainees
- c) Flowchart – Postgraduate Medical Trainees by Registration

rendered by clinical fellows whom they supervise. She indicated that the Ministry would release an Info Bulletin which would provide clarification for billing for Fellows. She also confirmed that a working group was also being formed to look at longer term approaches to this issue.

Clinical fellows play a significant role in our healthcare system, and the University of Toronto is a leading institution in the training of clinical fellows. According to the most recent data of the Canadian Post MD Education Registry (CAPER), 68% of all the clinical fellows in Ontario and 47% of all the clinical fellows in Canada are registered at the University of Toronto. This share of the total provincial and national clinical fellowship enrolment has belonged to the University of Toronto since 2007.

As an educational institution, the University of Toronto is not involved in the practice of billing the Ontario Health Insurance Plan (OHIP) for services rendered by clinical fellows in training; that is determined by the OMA and MOHLTC. However, given the University's historic commitment to training clinical fellows, as well as the vital importance of clinical fellows to our postgraduate medical educational system, and the valuable clinical services that clinical fellows provide to Canadians; the University must consider itself a major stakeholder in the issue.

In accordance with the *Medicine Act, 1991* (<http://www.cpsso.on.ca/Policies-Publications/Legislation-By-Laws>), clinical fellows in Ontario require educational licensure (a certificate of registration authorizing postgraduate education) from the College of Physicians and Surgeons of Ontario (CPSO). Registration with the University of Toronto is a requirement for licensure as a clinical fellow in Toronto. The supervision of clinical fellows is subject to the CPSO's policy regarding Professional Responsibilities in Postgraduate Medical Education (attached; also accessible online at <http://www.cpsso.on.ca/Policies-Publications/Policy/Professional-Responsibilities-in-Postgraduate-Medi>). The policy identifies both "residents" and "fellows" as postgraduate trainees.

Also accompanying this memo are a *Glossary of Postgraduate Medical Trainees* and a *Flowchart – Postgraduate Medical Trainees by Registration* which we hope will advance a clear appreciation of who our clinical fellows are.

This is an opportunity for us as an education community to collectively review the supervision of all postgraduate trainees. We urge all clinical faculty supervisors and trainees to review the policy and in fact to discuss the obligations of both parties in the relationship.



Professional Responsibilities in Postgraduate Medical Education

APPROVED BY COUNCIL:	September 2003
REVIEWED AND UPDATED:	May 2011
PUBLICATION DATE:	<i>Dialogue</i> , Issue 2, 2011
KEY WORDS:	Postgraduate trainee, most responsible physician, supervisor, resident, clinical fellow, assessment, supervision, training, professional behaviour, consent
RELATED TOPICS:	Consent to Medical Treatment, Delegation of Controlled Acts, Mandatory Reporting, Medical Records, Disclosure of Harm, Physician Behaviour in the Professional Environment, The Practice Guide: Medical Professionalism and College Policies
LEGISLATIVE REFERENCES:	<i>Regulated Health Professions Act, 1991; O. Medicine Act, 1991; Health Care Consent Act, 1996;</i>
COLLEGE CONTACT:	Quality Management Division

Professional Responsibilities in Postgraduate Medical Education

INTRODUCTION

The delivery of postgraduate medical education in Ontario has significantly evolved over time. Today training occurs in a variety of environments – teaching sites are not limited to traditional teaching hospitals, but also extend to community settings, such as physicians' private practices. Also, training relies on a team-based approach to care, involving the provision of comprehensive health services to patients by multiple health-care professionals. There are no longer exclusive domains of practice; rather, care is delivered through multidisciplinary teams. This collaborative, team-based approach promotes optimal health care for patients.

In order to ensure both an appropriate educational experience for trainees and a safe and effective delivery of health care to patients, it is essential that supervisors and trainees in the postgraduate environment are aware of the responsibilities and expectations that their roles entail.

Trainees need to be given opportunities to observe and actively participate in clinical interactions in order to acquire the knowledge, skills, and judgment required for future practice. This occurs through a process of graduated responsibility, whereby trainees are expected to take on increased responsibility as they acquire greater competence. For this to occur safely, supervisors must be capable of assessing the competencies of the trainees they are supervising on an ongoing basis.

Trainees cultivate attitudes about professionalism through observing the attitudes and behaviours displayed by their supervisors. Positive role-modeling is therefore of the utmost importance and supervisors are expected not only to demonstrate a model of compassionate and ethical care, but also to interact with colleagues, patients, trainees, and other support staff in a professional manner.

An understanding of the responsibilities and expectations placed on supervisors and trainees is essential for ensuring patient safety in this complex environment. Thus, while this policy focuses on professional responsibilities in the postgraduate environment, supervisors and trainees are expected to be familiar with other applicable CPSO policies as well; these include, but are not limited to Delegation of Controlled Acts, Mandatory Reporting, Consent to Medical Treatment, Disclosure of Harm, Medical Records, and Physician Behaviour in the Professional Environment.

PURPOSE

The purpose of this policy is to clarify the roles and responsibilities of the most responsible physicians (MRPs), supervisors and postgraduate trainees engaged in postgraduate medical education programs. This policy focuses on professional responsibilities related to the following aspects of postgraduate medical education:

1. Supervision and Training
2. Professional Relationships
3. Patient Care within the Postgraduate Educational Environment

SCOPE

This policy applies to all physicians who are involved in the guidance, observation and assessment of postgraduate trainees enrolled in postgraduate medical programs in Ontario and to the postgraduate trainees, themselves.

DEFINITIONS

Postgraduate Trainees (“trainees”)¹ are physicians who hold a degree in medicine and are continuing in postgraduate medical education. Regardless of the class of certificate of registration held, postgraduate trainees cannot practice independently within the confines of the training program.

Most Responsible Physician is the physician who has final accountability for the medical care of a patient when the trainee is providing care.

Supervisors are physicians who have taken on the responsibility by their respective training programs to guide, observe and assess the educational activities of trainees. The supervisor of a trainee involved in the care of a patient may or may not be the most responsible physician for that patient. Residents or fellows often serve in the role of supervisors, but do not act as the most responsible physician for patient care.

PRINCIPLES

1. Safe and effective care of the patient takes priority over the training endeavour.
2. Proper training optimizes patient care as well as the educational experience.

1. The majority of trainees in Ontario hold a certificate of registration authorizing postgraduate education, and are commonly referred to as “residents” or “fellows” in most teaching sites. However, a trainee may have a different class of registration depending on his/her individual circumstances: 1) pre-entry assessment program certificate of registration – commonly issued to international medical graduates (IMGs) for an initial “assessment phase”; this would include completing a “pre-entry assessment program” or “assessment verification period”; 2) restricted certificate of registration – trainees who have qualified under the “Residents Working Additional Hours for Pay” policy: <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1648>; 3) certificates of registration authorizing independent practice – trainees who have completed their residency program and qualified for full registration, but who continue to do fellowship training.



3. The autonomy and personal dignity of trainees and patients must be respected.
4. Joint decision-making and exchange of information between most responsible physician, supervisor, and trainee provides an optimal educational experience.
5. Professionalism, which includes demonstration of compassion, service, altruism, and trustworthiness, is essential in all interactions in the training environment in order to provide the best quality care to patients.²

1. Supervision and Training

The supervisor and/or most responsible physician must provide appropriate supervision to the trainee. This includes:

- a) being familiar with program objectives;
- b) making the patient or substitute decision-maker³ aware of the identity of the most responsible physician, and the fact that the most responsible physician is ultimately accountable for the patient's care;
- c) making the patient or substitute decision-maker aware of the identity of trainee(s) who are members of the treatment team, their stage in the postgraduate program, as well as their degree of involvement in patient care;
- d) being willing and available to see patients when required or when requested;
- e) regularly evaluating a trainee's clinical competence and learning needs, and assigning graduated responsibility accordingly;
- f) making reasonable efforts to determine that the trainee has the necessary competence (knowledge, skill and judgment) to participate in a patient's care and does not compromise that care;
- g) ensuring that all relevant clinical information is made available to the trainee, and directly assessing the patient as appropriate; and
- h) communicating regularly with the trainee to discuss and review the trainee's patient assessments, management, and documentation of patient care in the medical record.

The trainee must:

- a) participate in the care of patients as appropriate to his or her competencies, and specific circumstances, as well as to meet identified educational needs;
- b) make the patient or substitute decision-maker aware of their name, role, stage in the postgraduate program, and degree of involvement in patient care;
- c) make the patient or substitute decision-maker aware of the name and role of the most responsible physician, and the fact that the most responsible physician is ultimately accountable for the patient's care;
- d) communicate with the supervisor and/or most responsible physician:
 - i) in accordance with guidelines of the postgraduate program and/or clinical placement setting;
 - ii) about patient assessments performed by the trainee;
 - iii) when there is a significant change in a patient's condition;
 - iv) when the trainee is considering a significant change in a patient's treatment plan or has a question about the proper treatment plan;
 - v) about a patient discharge;
 - vi) when a patient or substitute decision-maker and family expresses significant concerns; or
 - vii) in any emergency situation or when there is significant risk to the patient's well-being;
- e) document his or her clinical findings and treatment plans and discuss these with the most responsible physician and/or the supervisor.

2. Professional Relationships

The most responsible physician, supervisor and trainee must demonstrate professional behaviour in their interactions with each other, as well as with patients, other trainees, colleagues and support staff. Displaying appropriate behaviour and providing an ethical and compassionate model of patient care is particularly important for the most responsible physician and supervisor, as trainees often gain knowledge and develop attitudes about professionalism

2. For more information about professionalism and the key values of practice, please refer to The Practice Guide: Medical Professionalism and College Policies.

3. For details about substitute decision-maker and consent, please refer to the CPSO policy Consent to Medical Treatment.

PROFESSIONAL RESPONSIBILITIES IN POSTGRADUATE MEDICAL EDUCATION

through role modeling.

The most responsible physician and supervisor must be mindful of the power differential in their relationship with the trainee. Also, they should not allow any personal relationships to interfere with their supervision and evaluation of the trainee. Any personal relationship, which pre-dates or develops during the training phase between the most responsible physician or supervisor and the trainee, e.g., family, dating, business, friendship, etc., must be disclosed to the appropriate responsible member of faculty (such as department or division head or postgraduate program director). The appropriate faculty member would need to decide whether alternate arrangements for supervision and evaluation of the trainee are merited and, if necessary, make these arrangements.

Any form of behaviour that interferes with, or is likely to interfere with, quality health-care delivery or quality medical education is considered “disruptive behaviour.” This includes the use of inappropriate words, actions or inactions that interfere with the ability to function well with others⁴. Physicians, in any setting, are expected to display professional behaviour at all times.

3. Patient Care within the Postgraduate Educational Environment

In the postgraduate environment, it is important for patients to understand that care involves a collaborative, team-based approach and that trainees are integral members of the health-care team.⁵ The delivery of care relies on MRPs, supervisors, and trainees fulfilling each of their obligations as outlined in section one “Supervision and Training”.

Trainee involvement in patient care will vary according to the trainee’s stage in a postgraduate training program as well as their individual level of competency. Trainees are

expected to take on a graduated level of clinical responsibility in step with their demonstrated growing competency, although never completely independent of appropriate supervision.

In accordance with the *Health Care Consent Act*⁶ and the CPSO’s policy on Consent to Medical Treatment,⁷ patient consent is required in all situations where a treatment or a change in treatment is proposed. In addition, there are some factors unique to the postgraduate environment which should be disclosed to the patient in order for them to make an informed decision as to whether to give or refuse consent:

a) Significant component of procedure performed independently by trainee

When a significant component, or all, of a medical procedure is to be performed by a trainee without direct supervision, the patient must be made aware of this fact and where possible, express consent must be obtained. Express consent is directly given, either orally or in writing.

b) Examinations performed solely for educational purposes

An examination is defined as solely “educational” when it is unrelated to or unnecessary for patient care or treatment. An explanation of the educational purpose behind the proposed examination or clinical demonstration must be provided to the patient and their express consent must be obtained. This must occur whether or not the patient will be conscious during the examination. If express consent cannot be obtained, e.g., the patient is unconscious then the examination cannot be performed. The most responsible physician and/or supervisor should be confident that the proposed examination or clinical demonstration will not be detrimental to the patient, either physically or psychologically.

4. For more information, please refer to the CPSO policy Physician Behaviour in the Professional Environment.

5. Typically, hospitals and other clinical settings would have signage notifying patients that they are teaching institutions. However, physicians in private offices and clinics need to explicitly communicate this information.

6. *Health Care Consent Act, 1996*.

7. For more information, please refer to the CPSO policy Consent to Medical Treatment.



COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

80 COLLEGE STREET, TORONTO, ONTARIO M5G 2E2



Glossary of Postgraduate Medical Trainees

There is a need for clarity in the designation of a clinical fellow. Not all physicians who call themselves a “fellow” are in fact clinical fellows. Some doctors enrolled in subspecialty training may call themselves a “fellow” because they have attained Royal College certification in the primary specialty and are therefore a Fellow of the Royal College of Physicians and Surgeons of Canada (FRCPC or FRCSC). To encourage clarity of discussion about any issue involving clinical fellows, we offer the following glossary of postgraduate medical trainees for consideration:

- ***Clinical Fellow***

A clinical fellow is an individual who has completed sufficient training for a specialty qualification either in this country or in a foreign country. The fellowship is intended to permit the fellow to obtain additional experience over and above the basic specialty requirement, as well as to provide the opportunity to acquire specific or more specialized expertise that will not normally be acquired during residency training. All clinical fellows in Toronto must register with the University of Toronto as a condition of educational licensure by the CPSO. Training undertaken during a clinical fellowship cannot be recognized for credentialing purposes as training leading to certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC).

- ***Area of Focused Competence (AFC) Candidate***

The Area of Focused Competence (Diploma) Program represents a new category of Royal College discipline recognition which Royal College Council approved in February 2011. The Royal College defines the format for these programs in the following terms:

1. Typically one to two years of additional training, but competency-based
2. Built upon training in a broader discipline
3. Supported within the existing Specialty Committee of the primary discipline (unless one does not currently exist)
4. Assessed through summative portfolio
5. Training programs accredited by the Royal College (‘C’ Standards)
6. A separate annual dues fee and Maintenance of Certificate (MOC) requirements

Candidates successfully completing all requirements of an approved program would receive an added qualification known as a *Diploma of the Royal College of Physicians and Surgeons of Canada*. To date, the Royal College has accredited three AFC Programs at the University of Toronto: Adult Interventional Cardiology, Cytopathology, and Transfusion Medicine.

- ***SEAP Candidate***

In February 2014, Royal College Council approved a new examination program and Affiliate category for non-certified subspecialists, the Subspecialty Examination Affiliate Program

(SEAP). SEAP enables two groups of internationally-trained physicians to be assessed against Royal College standards for their subspecialty:

1. Internationally-trained physicians already licensed and practising as subspecialists in Canada who do not have access to Royal College certification via a primary specialty.
2. Internationally-trained physicians who are registered with a postgraduate office in an accredited Royal College subspecialty training program, but are not eligible to meet the prerequisite for subspecialty certification (Royal College certification in a primary specialty), based on the jurisdiction of their primary specialty training (i.e. primary specialty training was completed outside Canada and the United States.) These individuals would be registered with the University as a clinical fellow in a fellowship program which duplicates subspecialty residency training.

Successful exam candidates cannot use the FRCPC or FRCSC designation. The Royal College will provide those who pass the exam with an attestation of its successful completion and will offer them the option to become a Royal College Subspecialist Affiliate.

- ***Resident (Primary Specialty)***

Residency training is accredited training designed to lead to certification by the Royal College for practice in Canada as specialist (or subspecialist) or to certification by the College of Family Physicians of Canada (CFPC) for practice in Canada as a family physician. Accreditation by the Royal College or the CFPC is a process which ensures that all residency programs adhere to a minimum set of standards. A resident (primary specialty) is a postgraduate medical trainee enrolled in a direct-entry accredited specialty program.

- ***Resident (Subspecialty)***

A resident (subspecialty) is a postgraduate medical trainee who has attained Royal College certification in the appropriate primary specialty or has completed the required Royal College approved training in the primary specialty to enter subspecialty training. All candidates must be certified by the Royal College in the primary specialty in order to be eligible to write the Royal College certification examination in the subspecialty.

- ***Research Fellow***

Research fellows have no patient contact. The minimum educational requirement for research fellowship is the Canadian MD degree or its international equivalent. Because they do not have patient contact, research fellows do not require licensure by the CPSO and their registration with the University is optional.

- ***Not Postgraduate Medical Trainees:***

- a) ***Observers*** have no patient contact and no University of Toronto status. Those who wish to be an observer must arrange the observership through the appropriate hospital. The CPSO has a *Delegation of Controlled Acts* policy that is relevant to the practice of allowing internationally trained medical graduates to observe patient care in clinical settings (<http://www.cpso.on.ca/Registering-to-Practise-Medicine-in-Ontario/International-Medical-Graduates/Observerships>).
- b) ***Postdoctoral Fellows*** are PhD degree graduates who, following completion of their PhD studies, conduct research, work with faculty and may engage with graduate students. PhD graduates may also be MD graduates, but postdoctoral fellows at the University of Toronto register with the School of Graduate Studies (SGS) and not with Postgraduate Medical Education (PGME).



Postgraduate Medical Trainees by Registration

