

**FELLOWSHIP EDUCATION ADVISORY COMMITTEE**  
**Minutes of June 14, 2016 Meeting**  
**8:00 AM to 9:30 AM – PGME Boardroom**

**Present:**

Caroline Abrahams (PGME)  
Dr. Asim Ali (Ophthalmology)  
Dalia Al-Mouaswas (Ex officio; UHN)  
Dr. Glen Bandiera (Associate Dean PGME)  
Ashley Bedard (Medicine) \*  
Jessica Fillion (PGME)  
Dr. Dimos Karangelis (Clinical Fellow)  
John Kerr (PGME)  
Dr. David Latter (FEAC Chair; Surgery)  
Dr. Julie Maggi (St. Michael's Hospital)

Maureen Morris (PGME)  
Dr. Linda Probyn (Director, Admissions & Evaluation PGME)  
Dr. Arun Ravindran (Psychiatry) \*\*  
Mariela Ruetalo (PGME) \*  
Dr. Rayfel Schneider (Paediatrics)  
Dr. Heather Shapiro (Obstetrics & Gynaecology) \*  
Dr. Salvatore M. Spadafora (Vice Dean, Post MD Education)  
Mary-Kay Whittaker \*\*  
Dr. Doreen Yee (Anaesthesia)

\* Guest

\*\* By teleconference

**Regrets:**

Dr. Julia Alleyne (Family & Community Medicine)  
Dr. Jeannette Goguen (Medicine)

Dr. Cynthia Maxwell (Obstetrics & Gynaecology)  
Loreta Muharuma (PGME)

**1. Introduction**

The meeting began with Dr. Latter's confirmation of committee acceptance of the draft minutes of the meeting of March 8, 2016. Dr. Latter reported that on April 27, 2016 he and Dr. Spadafora had jointly presented the *FEAC 2014-15 Academic Session Report* to the Clinical Chairs Committee. The presentation had focused on the follow up survey of UofT Clinical Fellow alumni, on guidelines and exemplars for offer letters, on Royal College initiatives for clinical fellows, and on Workplace Safety and Insurance Board (WSIB) coverage for clinical fellows. Dr. Spadafora confirmed the Clinical Chairs' interest in fellowship issues and stressed the value of the annual presentation as an ongoing dialogue with the Chairs.

Dr. Latter reviewed the following action items from the FEAC meeting of March 8:

**a) *WSIB and Clinical Fellows***

L. Muharuma confirmed that a fact sheet on the current status of WSIB and clinical fellows had been finalized and distributed to the FEAC membership on March 14, 2016. Dr. Spadafora had presented the fact sheet to the Hospital University Education Committee (HUEC) on March 23, 2016. The fact sheet had been distributed widely by email on June 9, 2016, with a covering message by the Vice Dean Post MD Education. Email recipients included: Clinical Chairs; Vice Chairs, Education; Vice Presidents of Education and Medical Education Office Administrators, UofT Affiliated Hospitals; and Program/Fellowship Directors and Administrators. The aim of the fact sheet was to improve awareness and understanding of the issue. Dr. Spadafora stressed that the business of the FEAC was education, and hoped that the fact sheet would help stakeholders in their decision-making on this complex issue.

**b) *Clinical Fellowship Re-appointments***

M. Morris indicated that a follow-up email message from the Vice Dean Post MD Education about clinical fellowship re-appointments had been issued on March 24, 2016 to academic departments and UofT affiliated hospitals. Since then, the average processing time that Immigration, Refugees and Citizenship Canada (IRCC) was reporting for work permit extensions had fallen from 129 days to 26 days for online applications. IRCC's average time for processing paper applications continued to be 114 days. The arrival of new trainees and the registration of returning trainees for 2016-17 would occur mainly in the last two weeks of June. PGME would be open July 1 to register trainees.

## **2. Draft Report: *Achievements in Fellowship Education at the University of Toronto***

M.-K. Whittaker presented a draft report on the FEAC's activities and achievements since its origin in 2009. The report combined historical account with personal narratives of committee members. She invited FEAC members to contribute substantive responses to the draft by email no later than June 17, when the design and formatting of the report would begin. She presented a two-page, formatted sample that illustrated the combination of interview and historical content, using personal stories to illustrate the activity and impact of the FEAC and to complement the report's demographic information.

Dr. Spadafora clarified that the report would be an online document. He found the personal content added to the report's readability and accessibility. Dr. Latter favoured including FEAC-developed guidelines and documents, like the WSIB fact sheet, as appendices to the report. Dr. Bandiera commended the report as a useful reminder of the FEAC's starting-point years ago. Dr. Spadafora praised the report as a collection of best practices for enhancing fellowship education, and suggested a five-year cycle for the issuance of future reports of this kind. Dr. Latter identified fellowship application and recruitment as potential areas of future focus for the FEAC. Dr. Spadafora described the allocation and distribution of fellowships at clinical sites as potential subjects for exploration by the FEAC. M.-K. Whittaker assured the committee that there would be a further opportunity to review the report by email once the design work had been completed.

## **3. Annual Review : *Guidelines for Educational Responsibilities in Clinical Fellowships***

The FEAC's approval of the *Guidelines for Educational Responsibilities in Clinical Fellowships* in June 2014 included a commitment to review the guidelines annually following their implementation. Dr. Spadafora described the guidelines as imperfect but useful scaffolding for managing difficult situations that can arise during fellowship training. He confirmed that a case earlier in the current academic session had proved the soundness of the guidelines by resulting in an outcome which all parties had accepted as the result of due process. Dr. Latter emphasized that the guidelines protect the clinical fellow by ensuring a level playing field for everyone. Dr. Schneider affirmed the usefulness of the guidelines to departments, indicating that the guidelines had facilitated the prompt resolution of fellowship issues over the past year. Dr. Latter confirmed the committee's acceptance of the guidelines in their current state.

## **4. Research Ethics Training for Clinical Fellows**

Noting that research ethics training was mandatory in the Department of Obstetrics and Gynaecology for residents, and that many clinical fellowships involve a research component, Dr. Shapiro suggested that the FEAC consider promoting awareness of research ethics for all clinical fellows doing research. She indicated that resources were publicly accessible through the website of the Government of Canada's Panel on Research Ethics (<https://tcps2core.ca/welcome>).

Dr. Spadafora clarified that CIPCorEd – an online tool by which residents in the Clinician Investigator Program (CIP) can learn about skills critical to the clinical investigator – includes a research ethics module that could be made available to clinical fellows. He suggested that the FEAC explore a systematic, standardized way of ensuring awareness of research ethics issues, making educational options available to (but not mandatory for) clinical fellows. Engagement with Fellowship Program Directors and Supervisors would be necessary in developing a flexible resource for learners.

Dr. Latter proposed that the FEAC draft a communication to UofT affiliated hospitals and academic departments which would spread awareness of issues and resources. Dr. Spadafora suggested including the subject in PGME's Orientation Handbook for new trainees.

## **5. Survey of Clinical Fellows at the University of Toronto 2016**

C. Abrahams and M. Ruetalo reported on the findings of the *2016 Survey of University of Toronto Clinical Fellows* that had been launched on February 2, 2016 for all clinical fellows registered as of September 2015. M. Ruetalo confirmed a response rate of 59% (578 respondents from 982 invitees), a high rate consistent with surveys of UofT clinical fellows in 2012 and 2014. The distribution of respondents by academic department and hospital was consistent with these earlier surveys.

M. Ruetalo noted additional findings consistent with previous surveys. Licensing, credentialing and registration, as well as level of fellowship funding; remained the most pressing challenges for clinical fellows. As in previous years, clinical fellows rated their educational experience most highly for mix and diversity of cases, for quality of patient care experiences, and for quality of teaching. Overall, 91% of the 2016 survey respondents rated their fellowship experience as either meeting or exceeding expectations.

The 2016 survey confirmed a trend since 2010 of a dwindling number of fellows reporting less than \$50,000 per annum in remuneration, concurrent with an ever-increasing number of fellows reporting remuneration in the \$75,000 to \$100,000 per annum range.

When asked about recommending a clinical fellowship at UofT, 69% of the respondents answered “Yes, without hesitation” – the highest such response to date in these surveys of UofT clinical fellows.

M. Ruetalo confirmed that, as in previous surveys, respondents answered freely to open-ended questions. Positive comments focused on clinical experience and the value of the fellowship as a unique opportunity to gain highly specialized experience. Teaching attracted both negative and positive comments, while remuneration was an area of concern to fellows, with international fellows providing feedback about financial difficulties they experienced. Dr. Spadafora cautioned on the importance of qualifying comments according to representativeness and context.

C. Abrahams stated that survey findings would be distributed to FEAC members and topline results would be posted on the PGME website.

## 6. Special Acknowledgement of the Chair

Dr. Spadafora confirmed that, with the end of the 2015-16 academic session, Dr. Latter would be concluding his role as the Chair of the FEAC and as the committee’s representative for the Department of Surgery. Dr. Spadafora took this opportunity to offer the committee’s collective gratitude to Dr. Latter for his dedication to the cause since the creation of the FEAC in 2009. He thanked Dr. Latter for providing the FEAC with an effective voice outside the group and for overseeing the successful implementation of so many FEAC led initiatives that will benefit fellows for years to come.

## 7. Action Items

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

**a) *Draft FEAC Report 2009-16***

M.-K. Whittaker would finalize the draft report which would be circulated among FEAC members for input prior to its issuance in 2016-17.

**b) *Research Ethics Training for Clinical Fellows***

J. Kerr would consult Tamara Bahr (Manager, Instructional Design, PGME) about making CIPCorEd’s research ethics module accessible to clinical fellows. A communication to academic departments and UofT affiliated hospitals would be drafted and text would be added to the *Orientation Handbook* for new PGME trainees.

**c) *Survey of Clinical Fellows at the University of Toronto 2016***

Survey findings would be distributed to FEAC members and topline results would be posted on the PGME website.

The meeting adjourned at 9:40 AM.