

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of June 12, 2018 Meeting
8:00 AM to 9:30 AM – PGME Boardroom A

Present:

Caroline Abrahams (PGME)
Dalia Al-Mouaswas (Ex officio; UHN)
Dr. Glen Bandiera (Associate Dean PGME)
Dr. Peter Chung (Radiation Oncology)
Jessica Filion (PGME)
Jennifer Fischer (Medicine) *
Dr. Karl Iglar (St. Michael's Hospital)
Dr. Cheryl Jaigobin (Medicine)
John Kerr (PGME)

Dr. Helen MacRae (Surgery) **
Dr. Julie Maggi (PGME) *
Loreta Muharuma (PGME)
Dr. Arun Ravindran (Psychiatry) **
Dr. Rayfel Schneider (FEAC Chair; Paediatrics)
Dr. Salvatore M. Spadafora (Vice Dean, Post MD
Education)
Shannon Spencer (PGME)
Dr. Doreen Yee (Anesthesia)

* Guest

** By teleconference

Regrets:

Dr. Asim Ali (Ophthalmology)
Dr. Julia Alleyne (Family & Community Medicine)
Dr. Zachary Liederman (Clinical Fellow)
Maureen Morris (PGME)

Dr. Linda Probyn (Director, Admissions &
Evaluation PGME)
Dr. Andrea Simpson (Clinical Fellow)

1. Introduction

Dr. Schneider, Chair of the FEAC, welcomed attendees, including Jennifer Fischer, the Department of Medicine's new Fellowship Program Coordinator, to the final meeting of the 2017-18 academic session. After confirming the committee's acceptance of the draft minutes of its meeting of April 24, 2018, he guided a review of the following action items from that meeting:

- (i) Dr. Spadafora confirmed he had sent a memorandum by email (May 2, 2018) to Fellowship and Subspecialty Program Directors and Program Administrators about the annual **U.S. National Residency Matching Program (NRMP)**. The memorandum included FEAC-approved text about the significance of terms of participation in the NRMP for applicants who may at the same time be seeking admission to clinical fellowship or subspecialty training at the University of Toronto.

J. Kerr confirmed that PGME had posted the FEAC-approved text in multiple locations on the PGME website. A number of postgraduate medical departments had posted the text on their respective departmental websites. PGME would soon post an updated version of the *Clinical Fellowship Offer Letters: Guidelines and Exemplars* reference work for faculty and administrators that would feature approved text about the NRMP.

Dr. Schneider reminded the committee of Dr. Spadafora's suggestion at the previous FEAC meeting that an applicant who knowingly violates the NRMP terms of match participation might as a consequence nullify their application for clinical fellowship or subspecialty residency training at UofT. Dr. Spadafora affirmed that an applicant's signing of an offer letter must mean something. He also stressed that the decision to rescind an offer to an applicant who had violated the NRMP terms of participation would up to the individual program on a case-by-case basis.

- (ii) Dr. Schneider confirmed that the ***UofT Approval Process for Areas of Focused Competence (AFC) Programs***, accessible through the PGME website, now included clarification of the FEAC process to review UofT fellowship program applications for AFC accreditation by the Royal College.
- (iii) Dr. Spadafora confirmed the distribution by email (May 31, 2018) of an updated version of the ***Guidelines for the Remuneration of Clinical Fellows***, as approved by the FEAC, to the following recipients: Clinical Chairs; Vice Chairs, Education; Vice Presidents, Education, UofT Affiliated Hospitals; the Hospital

University Education Committee (HUEC); Program/Fellowship Directors and Program Administrators; and the FEAC. Dr. Schneider and Dr. Spadafora would jointly present these guidelines to the Clinical Chairs Committee during the 2018-19 academic session. It was noted that the cost of living had increased for clinical fellows since the remuneration guidelines were last presented to the Clinical Chairs in 2011.

2. Research Fellows and Clinical Fellows

To illustrate the importance of distinguishing research fellows from clinical fellows, Dr. Spadafora described the possible case of an MD researcher who, without a CPSO certificate of registration, performs a controlled act, such as drawing blood, during the course of his or her research. The consequences of straying into clinical activity without CPSO licensure could have serious consequences for both the clinical site and the trainee. The transgression could follow the trainee as a lasting issue, arising whenever he or she applies for medical licensure.

Dr. Spadafora encouraged wide distribution of the information sheet which outlined key differences between research fellows and clinical fellows, and included an excerpt from the *Regulated Health Professions Act, 1991* that identifies controlled acts. He noted the amendment of the act in December 2017 to include psychotherapy as a controlled act.

The committee agreed on the need to raise awareness of the boundary separating research fellows from clinical fellows. J. Kerr reported that approximately 100 doctors chose annually to register with PGME. L. Muharuma commented that the number of research fellows at hospitals and academic departments seemed to be increasing. The information sheet would be shared with educational stakeholders such as Clinical Chairs; Vice Chairs, Education; and Vice Presidents, Education, UofT Affiliated Hospitals and would be posted on the PGME website.

3. Workplace Safety and Insurance Board (WSIB) Coverage for Clinical Fellows: Update

L. Muharuma reminded members that if a worker is injured or becomes ill because of their work, WSIB provides care and support to the worker according to Ontario's workplace safety and insurance system. She also noted that workers without WSIB coverage may take legal action against the employer/placement host if a work-related injury occurs. The Ontario Ministry of Health and Long-Term Care (MOHLTC) pays WSIB premiums for the residents it funds through the Toronto Hospitals Postgraduate Payroll Association (THPPA). Arranging WSIB coverage for non-MOHLTC funded residents and clinical fellows presents a number of challenges.

The Vice Dean Post MD Education issued a fact sheet about WSIB and liability coverage for PGME trainees to stakeholders in 2016. Since then, a number of University-affiliated teaching hospitals had begun to pay WSIB premiums for clinical fellows on the hospital payroll. WSIB considers clinical fellows not on the hospital payroll to be "unpaid learners" for whom the hospital as "placement host" is the employer. L. Muharuma highlighted the difficulty for hospitals to calculate WSIB for unpaid learners due to the training of clinical fellows through rotations at multiple clinical sites.

Using WSIB's annual insurable earnings maximum amount (\$90,300) and hospital category premium rate (\$1.02 per \$100 of salary) for 2018, L. Muharuma calculated a WSIB annual premium cost of \$322.37 per trainee. She suggested consideration of adjusting the premium cost on an FTE basis for those trainees who complete less than 1.00 FTE during the academic session.

L. Muharuma confirmed that, after detailed consultation with WSIB, PGME had arranged for WSIB coverage to begin on July 1, 2018 for the approximately 300 internationally-sponsored trainees whose sponsoring agencies had signed a training agreement with UofT. PGME would route payment for this coverage from the sponsoring agencies through a WSIB premium payment account.

As a matter of due diligence, PGME would begin obtaining evidence of WSIB coverage for clinical fellows for 2018-19, with a goal of making confirmation of this coverage part of the PGME registration process for 2019-20. Dr. Spadafora affirmed that PGME would attempt to lead by example, by immediately ensuring WSIB coverage for all internationally-sponsored residents and clinical fellows. Dr. Schneider confirmed the interest of hospitals in making sure that WSIB premiums are paid. S. Spencer stated that the University Health Network

(UHN) considers hospital-paid clinical fellows as temporary, full-time employees. Dr. Bandiera described WSIB coverage as the next stage in the evolution of clinical fellowship training. Dr. Spadafora proposed bringing the update forward to the Hospital University Education Committee (HUEC) for discussion.

4. Clinical Fellows and Benefits

Dr. Schneider began the presentation by commenting on questions about benefits that arise when clinical fellows work side-by-side with residents. He recalled that, while focused on education, the FEAC has historically promoted the general wellness of clinical fellows by issuing a position statement on remuneration and the cost of living, by supporting improved access to primary health care for new clinical fellows, and by examining access to WSIB coverage for them.

Dr. Schneider called attention to the variability of access to benefits for clinical fellows. Remuneration by a practice plan can offer the clinical fellow coverage for prescriptions, as well as eye and dental care. Internationally sponsored clinical fellows have extended care and dental benefits with private insurers in Canada thanks to their sponsoring agencies. Clinical fellows who are on the hospital's payroll may participate in the hospital's extended health care and dental benefits program. Participation in this program at SickKids is voluntary for clinical fellows. Dr. Schneider also noted that the cost-of-living table that accompanies the FEAC's statement on remuneration of clinical fellows does not include the cost of benefits such as extended care and dental care.

Dr. Chung emphasized the need to raise awareness of benefits for clinical fellows. Dr. Jaigobin commented on the importance of supervisors to be aware of the issue. At the same time, she recognized that some clinical fellows deliberately opt out of receiving benefits. Dr. Spadafora advocated an environmental scan across the system, to achieve a clearer understanding of the status of access to benefits for clinical fellows. L. Muharuma suggested that PGME could combine this scan of access to benefits with the proposed survey of WSIB coverage for clinical fellows across academic departments. The FEAC accepted this suggestion.

5. Wellness Resources for Clinical Fellows

Dr. Maggi, Director of PGME's Office of Resident Wellness since July 2017, spoke to the FEAC about her vision of physician wellness and its significance for clinical fellows. She identified physician burnout as a leading wellness concern. Wellness interventions so often involved the mental health of physicians that Resident Wellness had begun working with the Department of Psychiatry on a joint effort to provide an appropriate level of response. Dr. Spadafora noted that clinical fellows generally lack the wellness structures that residency trainees enjoy departmentally.

Dr. Maggi outlined a number of enhancement priorities, including the development of a "Family Doc for All" program, the establishment of a Wellness subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC), the launch of an orientation video to promote awareness of wellness resources, and the implementation of a needs assessment that would include fellowship programs. She encouraged the FEAC to provide input on these priorities.

Dr. Spadafora suggested that valuable data about clinical fellows could be forthcoming from a number of sources in the near future, including the survey that the Toronto Academic Health Science Network Education Committee (TAHSNe) would be implementing in 2018. He also affirmed that physician wellness would be a pillar of the Faculty of Medicine's new strategic plan. Dr. Spadafora also anticipated the integration of physician wellness from education into professional practice through concepts such as Continuing Professional Development (CPD) wellness.

J. Filion suggested promoting wellness resources through the PGME Fellowship Forum on Facebook that now has over 2,000 members. Dr. Schneider endorsed the effectiveness of in-person presentations, commending Dr. Maggi personally for her presentations at orientation sessions for the Department of Paediatrics. The committee looked forward to future updates on the impact of wellness initiatives for clinical fellows.

6. Action Items

Dr. Schneider thanked committee members for their contributions to the FEAC during the 2017-18 session, as the June 2018 meeting came to a close, and briefly reiterated the following action items at the meeting's end:

- a) **Research Fellows and Clinical Fellows** – J. Kerr would arrange the posting of this updated information on the PGME website. The information sheet would also be distributed by email to Clinical Chairs; Vice Chairs, Education; Vice Presidents, Education, UofT Affiliated Hospitals; the Hospital University Education Committee (HUEC); Program/Fellowship Directors and Program Administrators.
- b) **WSIB Coverage for Clinical Fellows** – PGME would ensure that internationally sponsored clinical fellows (and residents) would have WSIB coverage beginning July 1, 2018. In addition, PGME would implement an environmental scan of the current WSIB coverage status of all other clinical fellows for 2018-19. PGME would report on the findings to the FEAC in October 2018. PGME would also bring the topic forward to the Hospital University Education Committee (HUEC) for consideration.
- c) **Clinical Fellows and Benefits** – PGME would gather information about access to benefits for clinical fellows across the system and report back to the FEAC in October 2018.

Dr. Schneider thanked committee members for their contribution to the FEAC's work throughout the 2017-18 academic session. He brought to the committee's attention its schedule of meetings for 2018-19 and looked forward to meeting everyone again on October 30, 2018.

The meeting adjourned at 9:35 AM.