



FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of Meeting –Wednesday, March 25, 2026
9:00 AM to 10:30 AM – Via Zoom

Present:

Caroline Abrahams, Dr. Ahmed AlOthman, Tara Asgharzadeh, Sarah Bakhit, Pilar Barrios, Dr. Mohamad Baker Berjaoui, Savannah Clancey, Dr. Shaheen Darani (guest), Jennifer Dare (guest), Dr. Meredith Giuliani, Dr. Ada Hsieh, Janine Hubbard, Saba Khan, Dr. Nora Letechipia, Veronica Marrone, Dr. Barbara-Ann Millar, Carolina Mitchell (guest), Dr. Anna Marie Mulligan, Paula Nixon, Emma O'Neil, Dr. L. Venkat Raghavan, Dr. Laura Simone, Victoria Snell, and Violetta Sochka.

Regrets:

Dr. Najma Ahmed, Dr. Ahmed Al-Awamer, Olivia Beasley, Dr. Jennifer Croke, Prentice Fraser, Jenn Hall, Dr. Kevin Higgins, Valerie Hilderall, Dr. David Hwang, Melissa Hynes, Dr. Karl Iglar, Dr. Cheryl Jaigobin, Dr. Vaibhav Kamble, Laura Leigh Murgaski, Dr. Daniel Mueller, Dr. Sara Naimimohasses, Dr. Navdeep Nijhawan, Brigette O'Leary, Dr. Mini Pakkal, Dr. Richard Pittini, Dr. Linda Probyn, Dr. Rafal Ramzi, Shannon Spencer, Kiki Vona, Neily Yaghini and Dr. Doreen Yee.

1. Opening Remarks and Updates – Dr. Laura Simone, Chair

Review & Approval of January Meeting Minutes:

- January 2026 minutes were approved as presented motion: P. Barrios; second: V. Snell.

Reminders:

- **Transitions Program:** begins on Thursday, March 26 & concludes on Thursday, April 23, 2026. Program revised to include fewer live sessions, increased asynchronous content, and recorded delivery as well as CPSO participation for licensing-related guidance.

Upcoming Event:

- **Fellow Leadership Development Day** on Tuesday, April 21, 2025, agenda circulated, registration capped at 35 fellows.

Oreopoulos Transitions Fund:

- Application cycle closed with 150 eligible submissions, selection subcommittee to begin scoring.

Policy Updates:

- Final version of the *University Standards, Governance and Oversight for Clinical Fellowship Education* is in final review and will be circulated via email.
- The following legacy documents have been sunset by PGMEAC:
 - The Role of the University in Clinical Fellowship Education (2018)
 - Clinical Fellowship Offer Letters: Guidelines & Exemplars (2017)

Next Steps: Circulate final governance document for review and approval prior to the next meeting & upload to PGME website, pending PGMEAC approval (*post-meeting: paused pending legal review; committee to be updated as process progresses*).

- Initiate subcommittee review and ranking of Oreopoulos Fund applications (*post-meeting: cycle completed; recipients confirmed and notified for 2025–26*).
- Collect and review feedback from the Fellow Leadership Event to inform future expansion planning (*post-meeting: evaluation completed by all attendees*).

2. MEDSIS System Updates & Changes - Carolina Mitchell, Manager, Education Technology and Systems Management, PGME & Jennifer Dare, Project Manager, Medical IT Transformation, PGME

Update on the Medical Education IT Transformation (MEITT) Project, including plan for the transition from POWER to the METSYS 3C platform.

Key Updates:

- POWER will be decommissioned by July 2027
- Implementation of:
 - Single sign-on (UTORid)
 - Program-level validation
- Aim to create improved program management, reporting and access controls.
- Rollout timeline:
 - January 2027 (phased)
 - July 2027 (full implementation)

Fellowship Program Validation Process:

- Step 1: Department-level validation of program listings
- Step 2: Program-level validation of structure (generic vs customized)
- Initial implementation will use standardized (generic) evaluations and rotations, with customization permitted post go-live.

Feedback for MEITT Team:

- Concerns regarding:
 - Volume of fellowship listings
 - Management of subspecialty and site-specific programs
- Recommendation to engage medical education offices as primary validation contacts.
 - Need for flexibility in representing site-based and specialty-specific fellowships.
 - Feasibility of a standardized approach given variability in fellowship structures across disciplines and sites. Examples include:
 - Multiple distinct programs within single disciplines
 - Site-specific fellowships (e.g., pediatrics)
 - Mixed or hybrid models with distinct objectives and requirements
- Use of overly generic templates may not fully capture program-specific goals and training structures.
- Strong preference expressed for early validation at the departmental medical education office level to ensure appropriate differentiation prior to program-level confirmation.

3. Religious Observations & Accommodations Update - Dr. Shaheen Darani, Director, PGLA, Saba Khan, Manager, OID & Emma O'Neil, Accreditation Coordinator, PGME

A Religious and Spiritual Observances Accommodation Guidance Document was presented, developed in collaboration with Office of Learner Affairs and the Office of Inclusion and Diversity (OID).

Key Points:

- Standardized guidance to support consistency, transparency, and clarity in accommodation processes. Aligns with:
 - Ontario Human Rights Code
 - University policies
 - PARO agreement
- Emphasizes:
 - Duty to accommodate (up to undue hardship)
 - Shared responsibility between learners and programs
 - Importance of inclusive training environments

Implementation Considerations:

- Programs are expected to provide:
 - Clear communication
- Supporting tools through OLA will accompany guideline (e.g., FAQs, frameworks, communication resources).

Discussion Highlights:

- Inconsistencies in accommodation of religious observances identified as an ongoing concern.
- Identified gap in access to multi-faith calendar for hospital-based staff.
- OLA to explore potential for subscription-based access for non-UTORid users.

Important:

- Guideline to circulate through PGME to PDs, Administrators and learners post PGMEAC review and approval.
- **Office of Learner Affairs remains primary escalation point for issues arising in practice.**

4. Learner Mistreatment Reporting & 2026 Call to Action – Dr. Laura Simone, Chair

Findings from the TAHSN Learner Experience Survey were presented, focusing on fellows.

Key Findings:

- Overall experience remains positive (80–90% favorable).
- However:
 - ~25% report discrimination
 - ~20% report harassment
- **Fellows represent the most affected learner group.**
- Significant variability across clinical sites.
- Approximately 50% of sites lack awareness of reporting mechanisms.

Interpretation:

- Persistent signal regarding psychological safety concerns.
- Site-level variation suggests strong influence site culture and environment rather than system-wide factors alone.
- Need for targeted interventions at both site and system levels.

Discussion Highlights & Considerations Moving Forward:

- Conduct further analysis and interpretation of TAHSN and VOICES data in collaboration with PGME leadership.
- Engage stakeholders (e.g., hospital sites, program leadership) to review site-specific findings.
- Identify and share best practices from high-performing sites.
- Develop a TAHSN-wide response strategy addressing:
 - Reporting pathways
 - Psychological safety
 - Culture and accountability
- Consider targeted interventions for:
 - High-risk sites

- High-risk interaction groups (e.g., clinical staff, supervisors)
- Continue consultation with committees prior to formalizing recommendations.

Next Steps:

- Conduct further analysis and interpretation of TAHSN and *Voice of the Fellow* data in collaboration with PGME leadership and the Learner Experience Unit to:
 - engage stakeholders (hospital sites and program leadership),
 - identify effective strategies at high-performing sites,develop a response strategy addressing reporting pathways, psychological safety, and culture/accountability.

Consider targeted interventions for high-risk sites and high-risk interaction groups.

(post-meeting: PGME and LEU have initiated collaboration to develop the above and an engagement strategy; outputs will inform the 2026–27 FEAC planning cycle).

Meeting Adjourned.