FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of April 15, 2014 Meeting
8:00 AM to 9:30 AM – PGME Boardroom

Present:

Caroline Abrahams (PGME)
Dr. Glen Bandiera (PGME)
Jessica Filion (PGME)
Dr. Jeannette Goguen (Medicine)
Dr. Astrid Haenecour (Clinical Fellow)
John Kerr (PGME)
Dr. David Latter (FEAC Chair; Surgery)
Dr. Cynthia Maxwell (Obstetrics & Gynaecology) *
Maureen Morris (PGME)
Loreta Muharuma (PGME)
Dr. Linda Probyn (PGME)
Dr. Arun Ravindran (Psychiatry) *
Shannon Spencer (Ex officio; UHN)
Dr. Salvatore Spadafora (PGME)

* *By teleconference*

Guest:

Mariela Ruetalo (PGME)

Regrets:

Dr. Charles Catton (Radiation Oncology)
Dr. Karen Gómez Hernández (Clinical Fellow)
Dr. Jonathan Kronick (SickKids)
Dr. Rayfel Schneider (Paediatrics)
Dr. David Wong (Ophthalmology)
Dr. Roy Wyman (Family Medicine)

1. Introduction

Dr. Latter confirmed the committee's acceptance of the draft minutes of its meeting of January 14, 2014. He briefly reviewed action items from the January meeting which, with the exception of the *Guidelines for Educational Responsibilities in Clinical Fellowships*, would form the basis of the current meeting.

Dr. Spadafora confirmed that legal counsel had accepted a final draft version of the *Guidelines for Educational Responsibilities in Clinical Fellowships* which had been revised to incorporate input from FEAC members both at the January FEAC meeting and afterwards by email. Dr. Spadafora affirmed that FEAC members would receive the final version electronically for review and formal acceptance. He recalled that the *Guidelines* had been developed to assist programs in dealing with serious cases that arise only rarely during the academic session. Dr. Spadafora emphasized his commitment to an annual spring review of the guidelines, to assess their effectiveness in balancing the needs of educators, clinical fellows and PGME administration. Dr. Latter encouraged the FEAC to regard the annual review as a sign that the guidelines would be open to revision if necessary and reminded the committee that the guidelines were not a statement of policy. Dr. Spadafora indicated that he would present an approved document to the Clinical Chairs and the PGMEAC.

L. Muharuma provided a brief update on her research into WSIB coverage for clinical fellows. She reported that the occupational health offices of a number of University-affiliated teaching hospitals had responded to date to a request for information on the subject. She verified that treatment of clinical fellows was not an issue. She noted, however, that the only clinical fellows certain of WSIB coverage were those on the hospital payroll. She confirmed that she was seeking clarification from the OHA regarding a blanket policy on access to WSIB coverage for clinical fellows. She also confirmed contacting Johanne Provençal (Assistant Vice-Provost, Health Sciences Sector) who was in the process of reviewing the University's affiliation agreements with hospitals. Dr. Spadafora commented on possible implications for clinical fellows training at off-site independent practices. L. Muharuma promised a fuller report at the June 24, 2014 meeting of the FEAC.

2. Findings of the *2014 Survey of Clinical Fellows at the University of Toronto*

C. Abrahams and M. Ruetalo presented findings of the *2014 Survey of Clinical Fellows at the University of Toronto*. Administering this survey is a key responsibility of the FEAC. This web-based survey of clinical fellows has occurred once every two years since the first survey in 2008. C. Abrahams confirmed that on February 4, 2014 all clinical fellows who had been registered at UofT as of September 2013 were invited to complete the survey online. She reported a response rate of 58% (540 of 925 targeted respondents), equaling the response rate of 2012. As in previous years, the *2014 Survey* addressed a number of traditional themes: application, registration and licensure; goals and objectives; orientation; remuneration; overall educational experience; intimidation and harassment; career plans; and demographics. The *2014 Survey* also contained new questions about remuneration, vacation entitlement, medical licensure and access to primary care.

C. Abrahams reported briefly on demographic findings, confirming that 79% of the respondents were between the ages of 31 and 40, 55% in their first year of fellowship training, 62% non-Canadian visa trainees and 29% held RCPSC or the CFPC certification. Three postgraduate departments – Medicine, Surgery and Paediatrics – accounted for 60% of the respondents (327 of 540 respondents). More than one-quarter of the respondents named The Hospital for Sick Children as their primary hospital.

As in previous iterations of the survey, respondents identified the following challenges as the leading challenges facing a newcomer to the fellowship program: bureaucracy of licensing, credentialing and registration; level of fellowship funding; becoming familiar with the hospital system; and finding reasonable housing. For the first time, the survey included access to primary care as a potential challenge for a newcomer – and 19% of the respondents identified it as a challenge. C. Abrahams clarified that most of those who had identified access to primary care as a challenge were visa trainees.

New to the survey for 2014 was a question asking respondents to confirm the number of weeks of annual paid vacation to which they were entitled according to their letter of fellowship offer. C. Abrahams reported that 64% of the respondents declared a vacation entitlement of four or more weeks. As in previous iterations of the survey, respondents revealed wide variation in the amount of annual remuneration. As in previous surveys, approximately one-half of the respondents reported annual remuneration in the $50,000-$75,000 per annum range. For the first time, however, the survey excluded remuneration data for self-funded clinical fellows from the reported results (14% of the respondents indicated they were self-funded). C. Abrahams noted that 6% of the respondents confirmed that all of their fellowship funding had come from billing OHIP for work outside of the fellowship program.

A majority of respondents to the *2014 Survey* indicated that the hospitals, departments and PGME Office either met or exceeded expectations regarding orientation and registration. C. Abrahams noted, however, that 45% of the respondents were unsatisfied regarding orientation to the University of Toronto and 42% unsatisfied regarding orientation to the City of Toronto. Approximately one-half of the respondents indicated they were not familiar with PGME orientation and registration initiatives such as the downloadable orientation handbook, the Facebook forum for clinical fellows, the goals and objectives template or the completion of training certificate.

Mix and diversity of cases was the most highly valued feature of overall education experience for survey respondents, with 68% of the respondents rating it either above expectations or outstanding. The overall fellowship rating was either above expectations or outstanding for 55% of the respondents.

C. Abrahams reported that 71% of the respondents confirmed using the POWER system to evaluate their supervisor, while 50% confirmed using POWER to evaluate their clinical experience. 14% of the respondents indicated they were not aware of a mechanism to evaluate their program. 58% of the respondents confirmed that POWER had been used to evaluate their performance as a clinical fellow; while 14% of the respondents reported that they received no formal evaluation.

After reading the survey's definition of harassment and intimidation, 6% of the respondents (33 of 540 respondents) reported having been harassed or intimidated as a clinical fellow. C. Abrahams compared this response with the findings of surveys in 2012 (5% of respondents) and 2010 (4% of respondents). Of those who reported having been harassed or intimidated, 82% indicated that they had experienced the harassment or intimidation from a faculty member.

C. Abrahams reported that, as in previous surveys, respondents indicated the leading considerations in their decision to come to UofT for a fellowship had been: to experience a unique training opportunity, to gain clinical experience that would confer an employment advantage, and to obtain highly advanced clinical training.

In conclusion, C. Abrahams reported that 66% of the survey respondents had selected "yes, without hesitation" as their response to the question, "Would you recommend fellowship training at the University of Toronto to your colleagues?" She noted that this response was up from the 44% in 2012 and the 37% in 2010 who had responded "unqualified yes" to the same question.

C. Abrahams looked forward to presenting departmentally filtered survey data to departments on request.

3. Proposal for a Follow-Up Survey of Clinical Fellow Alumni

C. Abrahams presented nine sample key questions for a follow-up survey that could be sent to all clinical fellows who finished fellowship training at UofT since 2008. She reported that the University's Office of Alumni Relations has confirmed that it would assist in ensuring that the electronic mailing list for the survey instrument would be as up-to-date as possible.

4. Guidelines for the Appointment of Self-funded Clinical Fellows

After first clarifying that a "self-funded" clinical fellow is one who uses their own personal savings to fund their fellowship, Dr. Goguen presented guidelines that the Department of Medicine had developed and was piloting for the appointment of self-funded clinical fellows. Commending departmental initiative in this area, Dr. Spadafora and Dr. Latter also stressed the need for caution regarding self-funded fellowships, noting similarities between self-funded fellowships and unpaid internships that have recently become an area of focus for the Ontario Government. There was recognition among committee members that unpaid service of any kind could be considered contentious. Dr. Spadafora suggested consideration be given to the possible impact of self-funded fellowship training on service volume. Dr. Bandiera suggested that impact on service revenue could also be a consideration. The FEAC looked forward to receiving an update on the Department of Medicine's progress on the issue of self-funded clinical fellows. Dr. Spadafora favoured a separate, formal discussion of the subject.

5. Action Items

Dr. Latter confirmed the following action items for the June 24, 2014 meeting of the FEAC:

a) Distribution of *Guidelines for Educational Responsibilities in Clinical Fellowships* for Committee Review and Formal Approval
The final draft version of the Guidelines would be distributed electronically to committee members for review and formal acceptance prior to the June 2014 meeting of the FEAC.

b) Distribution of 2014 Survey Slide Deck
FEAC members would receive a condensed version of the FEAC presentation.

c) Update on Guidelines for the Appointment of Self-Funded Clinical Fellows
Dr. Goguen would update the FEAC on the Department of Medicine's experience with its initiative to establish guidelines for appointing self-funded clinical fellows.

d) WSIB and Clinical Fellows
L. Muharuma and J. Kerr would report to the FEAC on its research into access to WSIB coverage for clinical fellows in University-affiliated teaching hospitals.

The meeting adjourned at 9:40 AM.