FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of June 24, 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)
Maureen Morris (PGME)
Loreta Muharuma (PGME)
Dr. Linda Probyn (PGME)
Dr. Rayfel Schneider (Paediatrics)
Shannon Spencer (Ex officio; UHN)
Dr. Salvatore Spadafora (PGME)

Guest:

Dr. Susan Edwards (PGME)

Regrets:

Dr. Charles Catton (Radiation Oncology)
Dr. Karen Gómez Hernández (Clinical Fellow)
Dr. Jonathan Kronick (SickKids)
Dr. Cynthia Maxwell (Obstetrics & Gynaecology)
Dr. Arun Ravindran (Psychiatry)
Dr. David Wong (Ophthalmology)
Dr. Roy Wyman (Family Medicine)

1. Introduction

Dr. Latter began the meeting by confirming acceptance of the draft minutes of the FEAC meeting of April 15, 2014. He reviewed the meeting's action items, beginning with formal approval of the final draft version of the *Guidelines for Educational Responsibilities in Clinical Fellowships.*

Dr. Spadafora reported that the *Guidelines for Educational Responsibilities in Clinical Fellowships* had been sent to the FEAC membership in May 2014 and been accepted without dissent. Dr. Spadafora confirmed that the guidelines would be distributed to Vice Presidents of Education of UofT Affiliated Hospitals, as well as to Clinical Chairs, Fellowship Program Directors and program administrators. In addition, the guidelines would be made publicly accessible through the PGME website. Dr. Spadafora emphasized that the guidelines would be open to review and revision on an annual basis. Dr. Latter recommended entering the review as an agenda item for the FEAC meeting of June 16, 2015.

C. Abrahams reported that departmentally-focused results of the *2014 Survey of Clinical Fellows at the University of Toronto* had been presented separately to the Departments of Medicine and Psychiatry. She looked forward to presenting custom reports to additional departments in the months ahead and confirmed that a condensed version of her original FEAC presentation would be available on the FEAC website. She informed the committee that a follow up survey questionnaire had been prepared for clinical fellow alumni and, with contact information provided by Alumni Relations, would be implemented by fall of 2014.

2. Royal College Subspecialty Examination Affiliate Program (SEAP) for Clinical Fellows

Dr. Spadafora briefed the FEAC on the new Subspecialty Examination Affiliate Program (SEAP) that Royal College Council had approved on February 21, 2014. This program would enable internationally-trained physicians who lack Royal College certification in a primary specialty to be assessed against Royal College national standards for their subspecialty if they have completed training as a clinical fellow in an accredited Canadian subspecialty training program.

The Royal College has announced that it will pilot the new program with the following subspecialties in the fall of 2015:

- Maternal-Fetal Medicine
- Neonatal-Perinatal Medicine
- Nephrology
- Neuroradiology
- Paediatric Emergency Medicine

The SEAP would be available in these subspecialties for clinical fellows who are completing their second year of training in 2014 or for those who are entering their second year of training in July 2014. Dr. Haenecour remarked that many clinical fellows enrolled in other programs, such as Paediatric Critical Care Medicine, would be disappointed not to have the opportunity to participate in the pilot. Dr. Spadafora commented on a lack of consultation regarding implementation which could lead to additional rollout issues. He observed that implementation of the SEAP could impose a significant administrative burden on some examination boards.

Dr. Spadafora clarified that the SEAP would not allow successful candidates to use the FRCPC or FRCSC designation. Instead, the Royal College would provide successful SEAP candidates with a Royal College attestation of their successful completion of the subspecialty exam and offer these candidates the option to become a Royal College Subspecialist Affiliate.

Dr. Bandiera noted that the SEAP would improve the accessibility of the subspecialty exam and enable the Royal College to expand its membership. At the same time, he stressed the importance of rigour in the verification of residency content for SEAP candidates. He indicated that the training completed would have to reflect the standards as outlined in the discipline's residency training requirements. Dr. Spadafora agreed on the need for rigour in the approval of Confirmation of Completion of Training (CCT) and Final In-Training Evaluation Report (FITER) forms for SEAP candidates. Dr. Goguen commented on the potential for increased administrative work for postgraduate programs. Dr. Spadafora noted that the SEAP would have an impact on the content of clinical fellowship offer letters: programs would need, for example, to indicate that the clinical fellow may wish to apply for Royal College assessment of the clinical fellowship. Dr. Latter recommended that the SEAP slides be posted on the FEAC website.

3. Access to Primary Care for New Clinical Fellows: An Update

Dr. Edwards provided the FEAC with an update on her efforts in the Department of Family and Community Medicine to develop short-term and long-term strategies to improve access to primary care for new clinical fellows. She confirmed that a group within the department was discussing options and policies. She identified the issue as one of awareness as well as access. She suggested that enhanced orientation information (e.g. in the PGME orientation handbook for new trainees) would improve awareness of available options for clinical fellows. She suggested distributing this information to Fellowship Program Directors and posting it on the PGME Wellness website.

Dr. Edwards noted that PARO administers a service to connect PARO members with family physicians but there is no comparable service for clinical fellows. She also observed that academic help teams lack the resources to meet the demand, with approximately 400 new clinical fellows registering annually at the University of Toronto. She suggested consideration of a number of options, including: recruitment of new graduates from the Family Medicine residency training program seeking to establish a practice in Toronto; consultation with HealthForceOntario (HFO) to identify family physicians who are accepting new patients in Toronto; and offering practical guidance to new clinical fellows on securing a family physician.

J. Kerr confirmed that he would follow up with Dr. Edwards over the summer, to improve the orientation handbook for new trainees by adding detailed information about access to primary care for new clinical fellows.

4. WSIB Coverage for Clinical Fellows

L. Muharuma reported to the FEAC on access to Workplace Safety and Insurance Board (WSIB) coverage for clinical fellows. She offered a brief background on WSIB terminology: a *training agency* arranges training; an employer or *placement host* is an individual, organization or company that takes on someone as a *trainee*; and a *trainee* is a person who gains skills and work experience by working for a *placement host* through a program run by a *training agency*. Trainees who work for employers who have workplace safety insurance coverage with WSIB cannot sue their employers if injured in a workplace accident.

L. Muharuma reviewed the liability insurance content of the template that Governing Council approved for the affiliation agreement between the University of Toronto and teaching hospitals. She clarified that that the definition of "student" in the affiliation agreement includes those in a postgraduate medical education program.

L. Muharuma informed the FEAC of the results of a recent environmental scan of the handling by Occupational Health and Safety Offices of 14 University affiliated teaching hospitals of cases of injury/illness involving clinical fellows. She reported the following recurring themes in the replies received to date from 12 of the 14 hospitals:

- WSIB covers only clinical fellows on the hospital payroll
- "Unpaid" fellows receive the same treatment as any non-paid individual working or learning in the hospital
- Cases/accident reports involving clinical fellows are referred to the University, with the expectation that the University as the training agency will follow WSIB guidelines

L. Muharuma explained that, as the University's paymaster for all PGME-registered residents who are funded by the Ontario Ministry of Health and Long-Term Care (MOHLTC), the Toronto Hospitals Postgraduate Payroll Association (THPPA), pays WSIB premiums for these residents. The 2013 premium rate was $1.10 per $100 of payroll, which yielded a monthly WSIB cost of approximately $106,000 for THPPA.

L. Muharuma confirmed that, when clinical fellows who are not on the hospital's payroll submit a completed WSIB *Employer's Report of Injury/Disease (Form 7)* to the hospital for processing, the hospital forwards the form to THPPA. Because THPPA is not the paymaster of clinical fellows, THPPA in turn forwards the form to the relevant postgraduate medical department.

When WSIB's Operational Policy Branch was contacted regarding coverage for a trainee, the Policy Branch confirmed that the placement host (i.e. the hospital) would be considered the employer of the trainee during the placement and would be responsible for WSIB premiums. L. Muharuma explained that the Policy Branch considered the University to be the training agency, placing trainees with the hospital as placement host to gain skills and experience. The status of the hospital as placement host makes the hospital responsible for the trainee's WSIB premiums, regardless of the source of remuneration of the trainee.

L. Muharuma listed the following next steps for consideration:

- Referral to the University's legal counsel
- Clarification from the Manager, Student Policy Initiatives and High Risk; Office of the Vice-Provost, Students & First-Entry Divisions; University of Toronto
- Acknowledgement of WSIB Operational Policy by the Ontario Hospital Association (OHA)

Dr. Spadafora recommended presenting the slides at a meeting of the Hospital University Education Committee (HUEC), as well as posting the slides on the FEAC website and following up with the OHA and Council of Academic Hospitals of Ontario (CAHO) on the clarification of WSIB's Operational Policy Branch.

5. Action Items

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

a) ***Guidelines for Educational Responsibilities in Clinical Fellowships***
The guidelines would be distributed to Vice Presidents of Education of UofT Affiliated Hospitals, Clinical Chairs, Fellowship Program Directors and program administrators. The guidelines would also be posted on the PGME website. J. Kerr would ensure that FEAC review of the guidelines would be an agenda item for the FEAC meeting of June 16, 2015.

b) ***2014 Survey of Clinical Fellows at the University of Toronto***
C. Abrahams would prepare a condensed version of her presentation for distribution to FEAC members and posting on the FEAC website. C. Abrahams would implement a follow up survey of clinical fellow alumni by fall of 2014.

c) **Royal College SEAP for Clinical Fellows**
J. Kerr would ensure that the slides which accompanied Dr. Spadafora's briefing of the FEAC would be publicly accessible through the FEAC website.

d) **Access to Primary Care for New Clinical Fellows**
Dr. Edwards would prepare information for new clinical fellows. J. Kerr would incorporate this information into the orientation handbook in electronic and hard copy format.

e) **WSIB Coverage for Clinical Fellows**
L. Muharuma would proceed with the next steps, as outlined in her presentation. The slide deck that accompanied her presentation would be posted on the FEAC website. A presentation would be made to HUEC.

The meeting adjourned at 9:40 AM.