

**FELLOWSHIP EDUCATION ADVISORY COMMITTEE**  
**Minutes of April 7, 2015 Meeting**  
**8:00 AM to 9:30 AM – PGME Boardroom**

**Present:**

Caroline Abrahams (PGME)	Maureen Morris (PGME)
Dr. Julia Alleyne (Family & Community Medicine)	Loreta Muharuma (PGME)
Jessica Fillion (PGME)	Dr. Linda Probyn (PGME)
Dr. Jeannette Goguen (Medicine)	Dr. Arun Ravindran (Psychiatry) *
Dr. Astrid Haenecour (Clinical Fellow)	Dr. Rayfel Schneider (Paediatrics)
John Kerr (PGME)	Shannon Spencer (Ex officio; UHN)
Dr. David Latter (FEAC Chair; Surgery)	Dr. Doreen Yee (Anaesthesia) *
Dr. Cynthia Maxwell (Obstetrics & Gynaecology) *	

\* By teleconference

**Regrets:**

Dr. Glen Bandiera (PGME)	Dr. Jonathan Kronick (SickKids)
Jessica Kiryakos (Medicine)	

**1. Introduction**

Dr. Latter began the meeting by welcoming Dr. Julia Alleyne, who has succeeded Dr. Roy Wyman as the representative of the Department of Family and Community Medicine on the FEAC. Dr. Latter confirmed the committee's acceptance of the draft minutes of the FEAC meeting of November 25, 2014.

Reviewing the action items from the November 25, 2014 meeting of the FEAC, Dr. Latter confirmed that:

- FEAC members had received a copy of the slides that accompanied Dr. Spadafora's presentation of the *FEAC 2013-14 Academic Session Report* to the Clinical Chairs
- The Vice Chairs, Education, Faculty of Medicine, had received a copy of the *FEAC 2013-14 Academic Session Report*
- Dr. Spadafora and Dr. Latter had written jointly to the Royal College on November 28, 2014 regarding the Royal College's implementation of the Specialist Examination Affiliate Program (SEAP). In their letter, they had raised concerns related to verification of program content, administrative functions, and the potential impact on residency training resources. Dr. Latter noted that the Royal College had responded in writing two months later. He suggested that this correspondence should be shared with FEAC members.

Dr. Latter asked PGME to update the committee on changes that Citizenship and Immigration Canada (CIC) had recently implemented in the processing of work permit applications for postgraduate medical trainees and on the impact of these changes for international clinical fellows, both new and returning, for the 2015-16 academic session.

M. Morris recounted CIC's implementation, at short notice, of new regulations, a new CIC offer of employment form and a new employer compliance fee of \$230 per employment offer, effective February 21, 2015. She confirmed that PGME began to process the new forms and satisfy the new requirements on March 29, 2015 – after a period of urgent, detailed consultation with the University's legal counsel, with the Vice Provost, Academic Programs, and with the Assistant Vice President, Government, Institutional and Community Relations, accompanied by engagement with CIC's National Headquarters at a senior level. She reported that CIC had reviewed the wording that PGME had prepared for the offer of employment form. She clarified that, as PGME's top priority was to move immigration paperwork forward as quickly as possible, PGME was currently absorbing the cost of the employer compliance fee.

## 2. Findings of the 2015 Fellowship Follow Up Survey

C. Abrahams presented the results of an online survey of clinical fellows who had been registered with PGME at some time during the period from 2008 to 2014. The survey was designed to get perspectives on the fellowship experience from clinical fellow alumni who had progressed in their career after fellowship training. The survey was a follow-up on the survey of clinical fellows at UofT that the FEAC conducts every two years. C. Abrahams reported that, from Alumni Relations' list of 1,833 clinical fellows with a valid email address, a total of 457 clinical fellows had responded to date. She indicated that follow up efforts with the target audience were underway, to improve the survey's 25% response rate.

C. Abrahams noted that 54% of the respondents were international registrants ("visa trainees"). She remarked that the distribution of respondents by postgraduate medical department was generally consistent with PGME's actual enrolment data. The majority of survey respondents identified their current position as an academic appointment. The vast majority of visa trainees identified themselves as holding an academic position. Dr. Latter commented that the self-designation of respondents as being in a full-time versus part-time academic position should be treated with caution.

C. Abrahams presented a slide which compared the responses of Canadian citizens, visa trainees and Canadian permanent residents in rating their educational experience. She remarked on the close congruity of ratings between Canadian citizens and visa trainees in most categories (e.g. quality of teaching, mix and diversity of cases, and graduated professional responsibility) – except for the overall rating of the fellowship experience, where 47% of Canadian citizens rated the educational experience "above expectations" or "outstanding" while 63% of visa trainees did so. She also observed that the ratings provided in all categories by clinical fellows in 2014 were lower than the ratings returned by clinical fellow alumni from the years 2008 to 2014.

Dr. Haenecour pointed out that factors such as remuneration and way of life could affect the overall rating of educational experience by clinical fellows. Dr. Schneider suggested that a sense of the fellowship's value as preparation for practice could also have affected the overall rating reported by clinical fellow alumni. Dr. Alleyne commented that, because the data was about rating experience above expectations or outstanding, the information was not just about satisfaction but about extent of happiness. Dr. Latter remarked that the overall rating did not reflect a mean of results but an overall assessment by an individual. He suggested that additional questions could be asked to clarify the overall rating.

C. Abrahams reported that survey respondents gave detailed feedback, positive and negative, in answer to an open-ended question about the impact on their career of the clinical fellowship experience at UofT. She emphasized that more than 80% of visa trainees and Canadian permanent residents, and more than 60% of Canadian citizens would recommend "without hesitation" a clinical fellowship at UofT.

Dr. Schneider felt that the survey could help the branding of UofT by linking fellowship training with hard outcomes such as academic careers. C. Abrahams agreed that the survey attached global merit to fellowship training. Dr. Yee felt that that survey could be of considerable interest to the Faculty of Medicine's Office of Advancement. There was a consensus among committee members that the survey's findings were worthy of publication. Dr. Latter recommended the creation of a working group to assist in developing the survey's results to this end.

C. Abrahams confirmed that the slides which accompanied her presentation could be distributed to FEAC members, after removing content which might identify survey respondents or specific faculty. She affirmed that she could present departmentally filtered survey results to postgraduate medical programs on request. She also stated that survey results could be filtered by hospital site, if there is interest in this data.

### 3. **Draft: Clinical Fellowship Offer Letters: Exemplars and Recommendations**

J. Filion presented to the committee a draft, updated version of the *Clinical Fellowship Offer Letters: Exemplars* that the FEAC had originally issued in December 2013. In addition to exemplary text drawn from clinical fellowship offer letters in use across a number of UofT postgraduate medical departments, the draft document also contained as recommendations content from the *Guidelines for Educational Responsibilities in Clinical Fellowships* that the FEAC had issued in July 2014. The updated document also included a draft appendix of optional consideration.

J. Filion emphasized that the updated and expanded document was intended to be a reference item for fellowship programs, offering them a resource from which to select text to best meet the needs of individual clinical fellowships and giving them a means of measuring the completeness of their existing offer letters. She confirmed that the draft document would be distributed electronically to FEAC members after the meeting and invited their input on the draft document. She indicated that a revised draft document, incorporating suggested changes, would be presented to the FEAC at its meeting of June 16, 2015 for review and, if acceptable, approval. A final, updated version would then be submitted to Vice Dean PGME for consideration and distribution to programs.

### 4. **Action Items**

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

- a) **Application for Accreditation of an AFC Program in Cytopathology**  
The committee agreed to defer this agenda item to the FEAC meeting of June 16, 2015. Dr. Latter confirmed that he would review the application in detail and respond to the Vice Dean PGME. He invited input from FEAC members.
- b) **City-Wide Clinical Fellowships: Status of the Clinical Fellow**  
The committee agreed to defer this item to the June 16, 2015 meeting.
- c) **2015 Fellowship Follow Up Survey**  
J. Kerr would ensure that the slide deck which accompanied C. Abrahams' presentation would be distributed to FEAC members by email.
- d) **Clinical Fellowship Offer Letters: Exemplars 2015**  
J. Filion would distribute the draft document to FEAC members by email for their input and the resulting document would be presented to the committee for review and approval at its next meeting.

The meeting adjourned at 9:30 AM.