

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of June 2, 2020
8:00 AM to 9:30 AM – PGME Boardroom A

Present:

Caroline Abrahams, Dalia Al-Mouaswas, Dr. Glen Bandiera, Dr. Peter Chung, Jennifer Fischer, Dr. Karl Iglar, Dr. Cheryl Jaigobin, Maureen Morris, Laura-Leigh Murgaski, Dr. Linda Probyn, Dr. Rayfel Schneider, Dr. Giovanna Sirianni, Shannon Spencer, Dr. Adrienne Tan, Dr. Doreen Yee

The meeting was brought to order by Dr. Rayfel Schneider. He confirmed that this meeting would be in a different format than usual, with a list of questions and topics for discussion.

1. Minutes of last meeting, February 25, 2020, Introductions

Dr. Doreen Yee inquired as to whether FEAC had followed up with Departments on remuneration below the FEAC Guideline. Shannon Spencer let Doreen know that the plan, is to poll Departments in late summer or Early Fall. The minutes from the last meeting of February 2020 were pre-circulated and these were accepted without changes. No additional agenda items were added.

Shannon Spencer introduced FEAC members to Anam Zaheer, who is a new member of FEAC. Anam is part of the PGME international team and is responsible for maintaining the PGME Fellowship inventory, which currently lists 509 active fellowships in the system.

2. The numbers – Incoming Clinical Fellows – Shannon Spencer

Shannon Spencer took the group through the state of incoming fellows as it relates to being able to arrive in Canada. There are 1363 fellows on POWER for the 2020-2021 academic session, 896 of them are visa fellows, 344 Canadian and 123 permanent residents. Just over 400 of these fellows are NEW incoming fellows.

The PGME visa team has reached out to all the incoming fellows to understand their status and where in the work permit process they are currently. 22 have work permits, 102 have a Letter of Approval from IRCC and 145 are awaiting biometrics or medical exams. PGME has been working with the Central University Government Relations Team, who have been advocating for the lifting of some of the requirements, with the hopes that trainees can complete them at the port of entry. Although we have not had formal confirmation from IRCC, several trainees have advised PGME that their biometrics were completed at the border when entering Canada. Further efforts were made by PGME with personalized

letters written for each trainee to advocate for their essential status in Canada. PGME has heard from trainees who have entered Canada that this letter was well received by Canadian Border Service Agents.

Programs are reporting that fellows who are currently here in training are also unable to return home to their home countries. It may be that these fellows could close the gap in some programs where fellows have not been able to arrive for their training due to COVID and restrictions at the border. The hope would be that programs could use the funding for incoming fellows to extend current fellows. In some cases that may not be possible. PGME has applied for Pandemic funding from the Dean's office and has been successful. PGME is currently working through the parameters of that funding and more details will follow from the Associate Dean's office.

3. COVID-19 and Fellows

ITEMS FOR DISCUSSION FROM FEAC MEMBERS

Q1. One of my site coordinators felt that they DO NOT require the 2-week quarantine because of this:

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/covid-19-information-essential-service-workers.html>

Persons exempt from mandatory quarantine (self-isolation)

The mandatory isolation order does not apply to certain people who may be returning to or entering Canada for work, and who are not experiencing signs or symptoms consistent with COVID-19 at the time of entry.

You are identified as an individual who is exempted from this Order because you meet the definition of an essential service worker.

As such, you are required to respect the intent of the order to minimize spread of COVID-19 in Canada. You must continually monitor your health for symptoms of COVID-19 including for 14 days each time you re-enter Canada. You are also reminded to be aware of and respect the public health guidance and instructions of the area where you are located.

A1. The 14-day self-isolation is mandatory. There are some mixed sources of information from Federal organizations around the self-isolation. Moreover, while essential workers are not required to self-isolate for 14 days as per the IRCC website, U of T has mandated that any learners coming into our health system must self-isolate for 14 days. This was done out of an abundance of caution and it aligns with what our hospitals want us to do and what they expect, especially given some of the examples of not completing the self-isolation period and the dire consequences. PGME has been assisting trainees with housing accommodation when needed for this 14-day period.

Q2. Approaches to redeployment in different departments and PGME? Suggestions if there is a new wave of COVID-19 patients.

A2. PGME is in the process of introducing our approach to resident redeployment for the upcoming academic year. Essentially, every resident will be asked to be available for one of the 13 blocks throughout the year for redeployment, knowing that we would not be calling on every resident but the goal would be to have an ongoing pool of residents that are available in any block. It seems like a better

way to distribute the burden amongst all the residents and give them some certainty in terms of the month they might be called upon. U of T has a thirteen block system and the Royal College in particular has twelve month units that they require, so there is a little bit of inherent flexibility in the system.

Some programs went ahead on their own and did what made the best sense for their fellows. Fellows could be called to back fill if residents had to move off to other services. They are generally highly skilled, highly involved and in some cases they might not be particularly helpful because they are so far along in their training and have been out of generalist practice for some time. And thus, Fellows could be the ones to “man the ship at home” should residents be redeployed elsewhere. PGME is not planning to be particularly directive around redeployment of fellows. It would be hard to envision any sort of system wide, equitable, uniform way to redeploy fellows when they have such heterogeneous arrangements in terms of their funding and skill sets. They should be called upon when necessary and when it makes sense and they should be part of a team and the response.

SEAP fellows, on the other hand, complete the same programs as the sub-specialty residents and it makes more sense for those trainees to be part of a redeployment plan, like their counterparts. PGME has had a number of queries from the sponsors about whether their trainees would be redeployed and we indicated that we could not guarantee that we wouldn't, but we would look to redeploy local residents first. If there are SEAP fellows, they should be treated the same as local residents, as long as they are completing the same program and have the same responsibilities as the local residents.

PGME has committed to notifying the sponsor when a trainee is redeployed. Redeployment may mean the extension of training in some cases and that is where we would try to redeploy our local residents first, but if we need to call upon our sponsored trainees, we will, and the sponsors have been understanding.

Q3. Payment for trainees involved in care for COVID-19 patients. Residents are getting paid but not fellows.

A3. The MOH provided their list last week, which had caused some concern and disappointment from physicians of all sorts. The residents have not received any pandemic pay to date. The fellows, because they are funded by many sources and a homogenous group, should be discussed at a Departmental level.

Q4. How to orient incoming fellows to this new environment. Are there any resources?

A4. Dr. Schneider let the committee know of an initiative which has been suggested in Paediatrics which is like a “buddy system”, whereby new incoming fellows can be mentored or be paired up with an existing fellow and a Faculty member to help them get settled. The buddies would be in touch with the new fellows prior to arrival and to help them with some pragmatic things like how to get groceries, open a bank account, furniture delivery and it has been an excellent support for the new fellows coming in.

Dr. Yee mentioned that she has thoughts about engaging her Chief fellows who could “buddy up” with the new fellows to help get them started.

Shannon Spencer also reminded the committee about the Facebook Fellowship Forum, which is quite busy and a great resource for both outgoing and incoming fellows. Fellows find accommodation, furniture, how to open a bank account and so on.

PGME registration for new trainees has been moved completely online and it has gone off well thus far with trainees being able to complete all the registration requirements during the 14-day isolation period.

Q5. Given limited outpatient care, how do we adapt PEAP to the new environment? Any directives to supervisors?

A5. PGME recently surveyed Residency Programs who will be accepting both sponsored trainees who compete a PEAP and IMGs who complete who complete the AVP. Almost all programs reported that they did not need any assistance with finding alternative rotations for the PEAP/AVPs.

Fellowship Programs may have concerns if the care model due to COVID is now changing to virtual care and much less ambulatory care. It may be more difficult to evaluate the fellow during the PEAP because of this. If programs require an extension of the PEAP due to COVID, PGME can assist with bringing it to the CPSO.

Q6. What is happening re: international fellows and the resources they will need to self-isolate should they be able to get here?

A6. PGME has supports in place for trainees who arrive prior to their start date and complete the self-isolation. If a trainee has not arranged for their long-term rental, PGME will subsidize the costs associated with their accommodations for the portion of the 14-day quarantine that takes place prior to the start of their contract date. If trainees wish, groceries will be available in the unit upon their arrival.

Q7. Work permits, Late arrivals and orientation

A7. Addressed in Agenda item #2.

Q8. Verification of immunizations and TB skin tests

A8. HUEC has granted a grace period of 3 months for trainees to have this completed. PGME will register trainees without the TB skin tests for now with the expectation and requirement to have this done within a 3 month period.

Q9. Accommodation for COVID risk

A9. Welcome to Dr. Julie Maggi, Director of PGME Wellness, who joined the meeting. PGME Wellness has developed a process in collaboration with TAHSNe whereby fellows can contact PGME Wellness, who are setting up fairly quick meetings to discuss the accommodation need. There's not necessarily the need for medical documentation at this point unless theirs is something complicated. A letter is sent to the Program Director with the nature of the accommodation and the re-evaluation date. Julie and Heather Flett are both available to speak to Programs about the implementation of the accommodation and what impacts that might have. PGME Wellness has noticed some trends such as trainees in some specialties are more likely to come forward than others, which may be related to the culture in the program.

Q10. Fellow wellness is a concern especially now. Are there any online resources or new resources from the wellness office?

A10. There was more discussion about PGME Wellness and workshops offered and new COVID specific Wellness workshops, that have been developed. Additionally, PGME Wellness has reached out to all fellows by email who are in isolation, and let them know about that the Wellness office is a safe

and confidential place for them to reach out if they need to be directed towards resources. Wellness is starting to do the same with trainees who have been redeployed or on the redeployment list. These are two groups who they recognize as being at higher risk for needing accommodation and access to resources.

Final remarks were delivered by Dr. Bandiera, thanking all for the hard work, recognizing these uncharted waters we are all navigating. He encouraged members to reach out anytime to PGME with any concerns, questions and advice.

Likewise, Dr. Schneider relayed his thanks to all PGME staff for the quick response to COVID-19 issues and the transparent, collaborative work during these uncertain times.