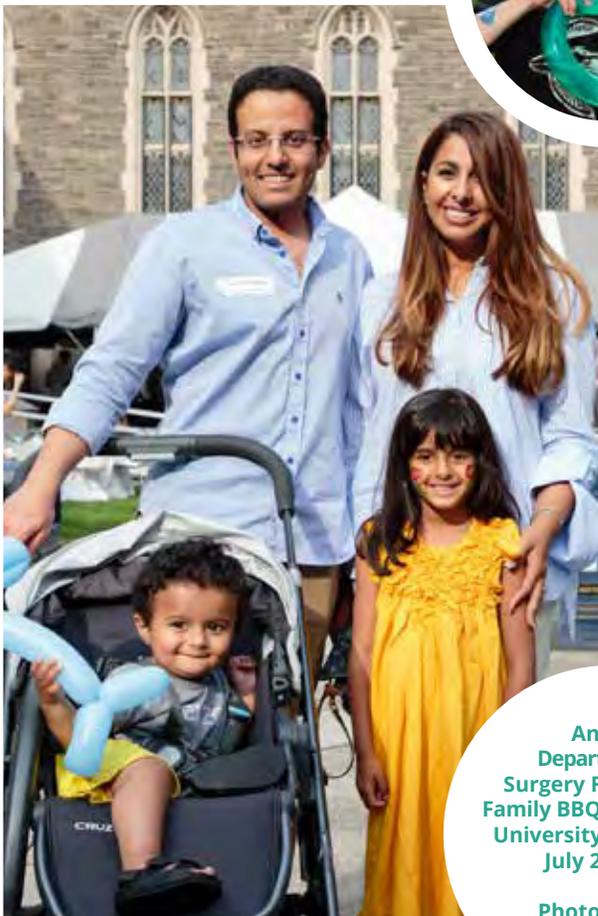




ANSWERING THE CHALLENGE 2009 — 2016

Report of the Fellowship Education Advisory Committee (FEAC)





Annual
Department of
Surgery Fellows and
Family BBQ, Hart House,
University of Toronto,
July 21, 2016

Photography:
Horst Herget

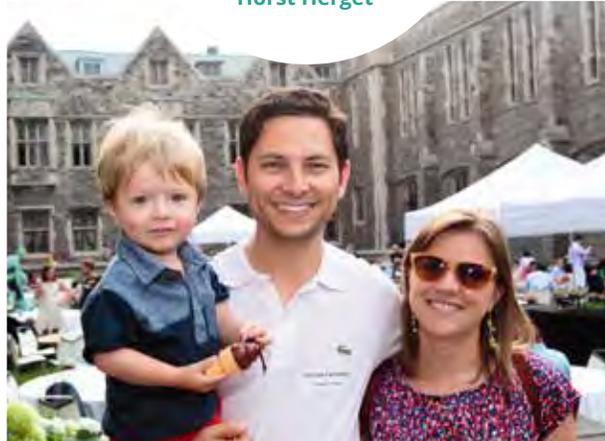


Table of Contents

1. FEAC Report 2009-2016	5
2. FEAC Activities and Achievements 2009-16	6
3. Clinical Fellows By The Numbers	8
4. The Surveys	10
5. Perspective - Shannon Spencer, Fellowship Coordinator, University Health Network	16
6. Perspective - Dr. Astrid Haenecour, Clinical Fellow	18
7. Perspective - Dr. Karen Gomez-Hernandez, Clinical Fellow	20
8. Perspective - Dr. Alex Henri-Bhargava, Clinical Fellow	22
9. Perspectives - Dr. Minako Uchino and Dr. Milton Harry, Clinical Fellows	24
10. FEAC Clinical Fellowship Guidelines	25
a. Clinical Fellowship Offer Letters – Guidelines and Exemplars	
b. Guidelines for Educational Responsibilities in Clinical Fellowships	
c. Clarifying Statement on Clinical Fellows and Additional Clinical Shift Work	
d. Guidelines for the Remuneration of Clinical Fellows	
e. Goals and Objectives Templates	
11. Communication and Recognition	26
a. University of Toronto Clinical Fellowship Certificate	
b. Orientation Booklet for New Trainees	
c. Facebook Forum for Clinical Fellows	
12. Advocacy	27
13. Future Directions	29
14. Acknowledgements	29
15. Glossary	30
Appendices	
Appendix 1 – FEAC Terms of Reference	34
Appendix 2 – FEAC Membership	36
Appendix 3 – FEAC Guidelines	38
Appendix 4 - Fact Sheet WSIB and Liability Coverage for PG Trainees	60

1

FEAC Report 2009-2016

Clinical fellowships are highly tailored educational experiences designed to meet a physician's specific needs for "top-up" training in clinical care. The University of Toronto, with its wealth of hospitals and clinicians providing excellent and highly specialized care, serves as an international hub for clinical fellows from Canada and around the world to hone their knowledge and skills alongside renowned leaders in their field.

Despite significant numbers of clinical fellowships at the University of Toronto (U of T), there was an absence of a framework or guidelines to support this cohort of advanced learners. In 2008, the U of T Faculty of Medicine began a process to rectify this situation, which involved establishment of a Fellowship Working Group and broad consultation across clinical departments and hospital partners. The results of these efforts were the publication of the report *Raising the Bar: Recommended Standards for the Management of Clinical Fellowships* and establishment of the Postgraduate Medical Education (PGME) Fellowship Education Advisory Committee (FEAC) in 2009 [see Appendix 1 – FEAC Terms of Reference and Appendix 2 – FEAC Membership].

Since 2009, the FEAC has worked to identify and address areas of concern for clinical fellows and to improve the postgraduate fellowship landscape at U of T. Today, the committee and its work have become a national resource to many other Canadian medical schools. This report summarizes and celebrates the FEAC's achievements to date. The work of the Committee will continue in the future, as will its commitment to advocate on behalf of clinical fellows registered at the University of Toronto.

“ *University of Toronto clinical fellows play a vital role in all of our academic clinical departments. They are highly skilled doctors who have chosen the University of Toronto to train at because of our large clinical volumes and the expertise of our faculty. While their work is complex, difficult and sometimes grueling, their goals are simple: they want to be the best doctors possible.*

FEAC, as a Faculty of Medicine advisory committee, is committed to ensuring an outstanding education and work environment for our clinical fellows. This report will highlight many of the initiatives that FEAC has undertaken to improve the clinical fellowship experience such as fair remuneration for clinical fellows' work, establishment of appropriate educational goals and objectives and ensuring that clinical fellows' evaluations are based on their fellowship goals and objectives.

With our enhanced clinical fellowship teaching environment, our graduating clinical fellows are stronger, more well-rounded doctors who will serve as ambassadors of the University of Toronto's Faculty of Medicine around the globe.

Dr. David Latter
Chair, FEAC

”



2

FEAC Activities and Achievements 2009-2016

2009-10

- Developed Template Statement of Educational Objectives for Clinical Fellowships
- Provided input to RCPSC, expressing concerns regarding the RCPSC Clinical Fellow Initiative: Areas of Focused Competence [Diploma] Programs
- Conducted the first FEAC Survey of University of Toronto Clinical Fellows

2010-11

- Developed a Position Statement on Remuneration of Clinical Fellows
- Presented findings of 2010 Survey of University of Toronto Clinical Fellows to College of Physicians and Surgeons of Ontario (CPSO), advocated for online application monitoring process
- Developed the Orientation Handbook for New Trainees
- Implemented the University of Toronto Clinical Fellowship Certificate and established standards for certificate issuance
- Developed a Template for Cross-Departmental Fellowship Appointments
- Provided input to CPSO regarding new CPSO draft policy on Professional Responsibilities in PGME
- U of T Faculty Council Approval of Template Educational Objectives

2011-12

- Conducted the 2012 Survey of University of Toronto Clinical Fellows
- Advocated on behalf of clinical Fellows with Medical Council of Canada (MCC) and CPSO regarding Physician Credentials Registry of Canada (PCRC)
- Continued tracking and communication regarding Royal College Areas of Focused Competence [Diploma] Programs
- Implemented the FEAC Guidelines for the Remuneration of Clinical Fellows
- Created PGME Fellowship Forum on Facebook for Clinical Fellows
- Began making minutes of FEAC meetings publicly accessible through PGME Website



2012-13

- Developed a Clarifying Statement on Clinical Fellows and Additional Clinical Shift Work
- Developed a PGME review process for U of T applications for Royal College AFC (Diploma) Accreditation
- CPSO Registration Initiatives presentation to the FEAC
- FEAC presentation to CPSO's Registration Committee regarding Clinical Fellowship Issues
- FEAC meeting with RCPSC Accreditation Team regarding clinical fellowship training at the University of Toronto



2013-14

- Conducted the 2014 Survey of Clinical Fellows at the University of Toronto
- Compiled and distributed Clinical Fellowship Offer Letters: Exemplars
- Implemented the Guidelines for Educational Responsibilities in Clinical Fellowships
- Investigated improving access to primary care for new clinical fellows
- Conducted an environmental scan regarding Workplace Safety and Insurance Board (WSIB) Coverage for Clinical Fellows



2014-15

- Conducted the first Survey of University of Toronto Clinical Fellow Alumni 2008-15
- Updated the Clinical Fellowship Offer Letters: Guidelines and Exemplars
- First Annual Review: Guidelines for Educational Responsibilities in Clinical Fellowships
- Reviewed Application for Accreditation of an Area of Focused Competence (Diploma) Program in Cytopathology at U of T
- Advocated with CPSO and MCC on behalf of clinical fellows regarding the Source Verification of Medical Degree mandatory for international medical graduates (IMGs)
- Provided input to RCPSC regarding the implementation of the Royal College Subspecialty Examination Affiliate Program (SEAP)
- Began producing *Fellowship Notes*, informational one-pagers to support the work of Fellowship Program Directors and Administrators



2015-16

- Issued WSIB Fact Sheet regarding workplace coverage for clinical fellows
- Compiled Inventory of U of T Completion of Fellowship Training Certificates Issued 2011-15 (to be updated annually)
- Communicated findings of Clinical Fellow Alumni Survey through poster presentation and infographic
- Developed communication regarding Impact of CIC Changes to Processing Work Permit Applications for International Clinical Fellows
- Reviewed the development and proposed implementation of an Online Application System for Clinical Fellows
- Conducted the 2016 Survey of Clinical Fellows at the University of Toronto
- Annual Review: Guidelines for Educational Responsibilities in Clinical Fellowships

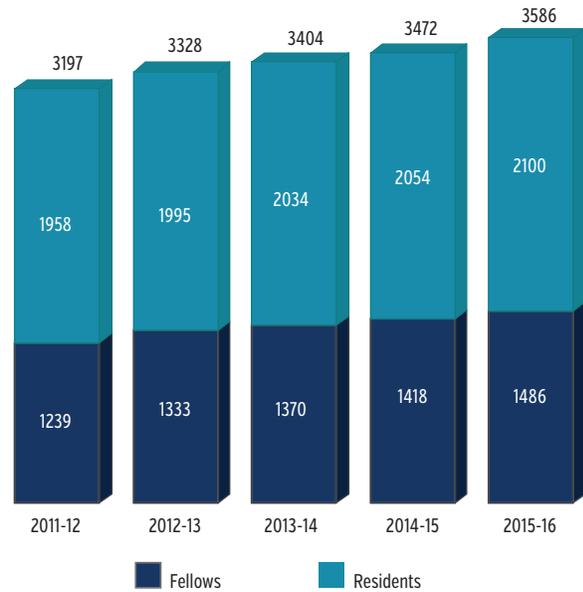
3

Clinical fellows by the numbers

The University of Toronto has the largest Faculty of Medicine in Canada with an enrolment of approximately 7,000 learners, including almost 3,500 residents and fellows registered in postgraduate medical training. The Faculty plays a key role in meeting Ontario's health care needs, producing half of the province's family physicians and specialists. In addition, the Faculty plays an important role in training physicians from other countries that are able to enhance their knowledge and skills at U of T before returning to provide health care and academic leadership in their home jurisdiction.

U of T clinical fellowship programs continue to expand (Figure 1). Visa clinical fellows represent approximately 63% of all clinical fellows registered at U of T; they originate from 74 countries (Figure 2).

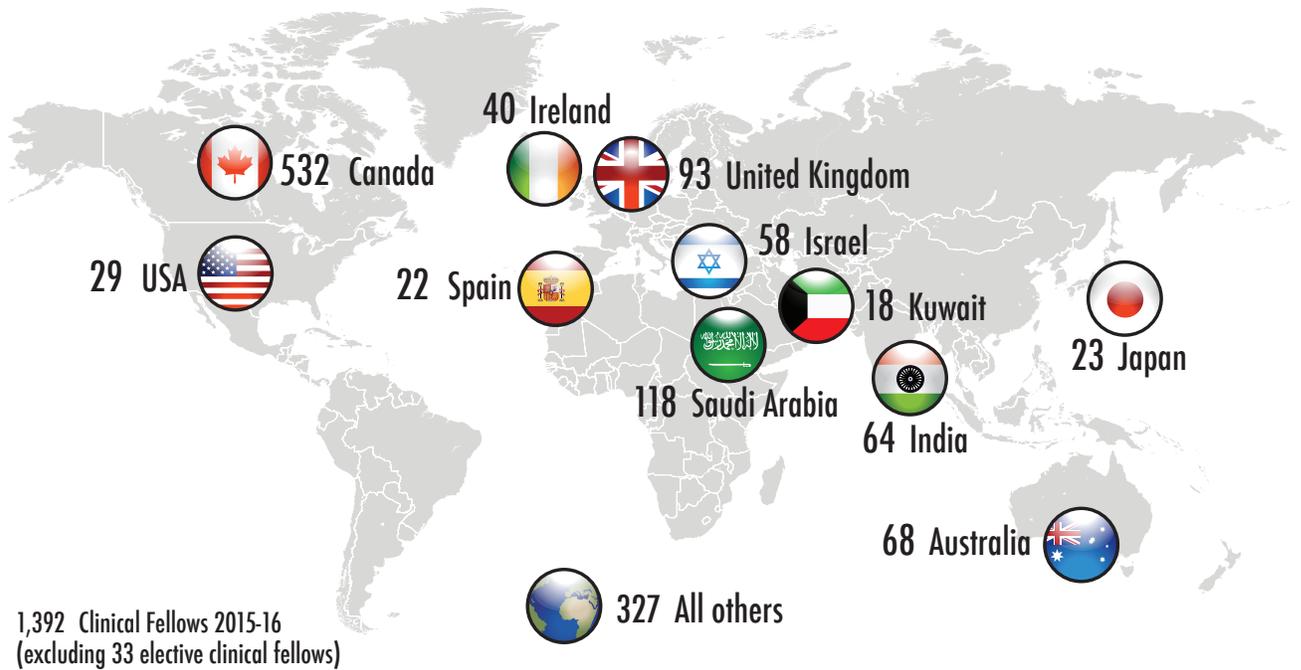
Figure 1 – UofT Fellows and Residents 2011-12 to 2015-16



- Distinct trainees, not FTEs
- Includes both clinical and research fellows
- Trainees may be registered as residents and fellows in the same year
- Includes Canadian Citizens/Permanent Residents and Visa Trainees



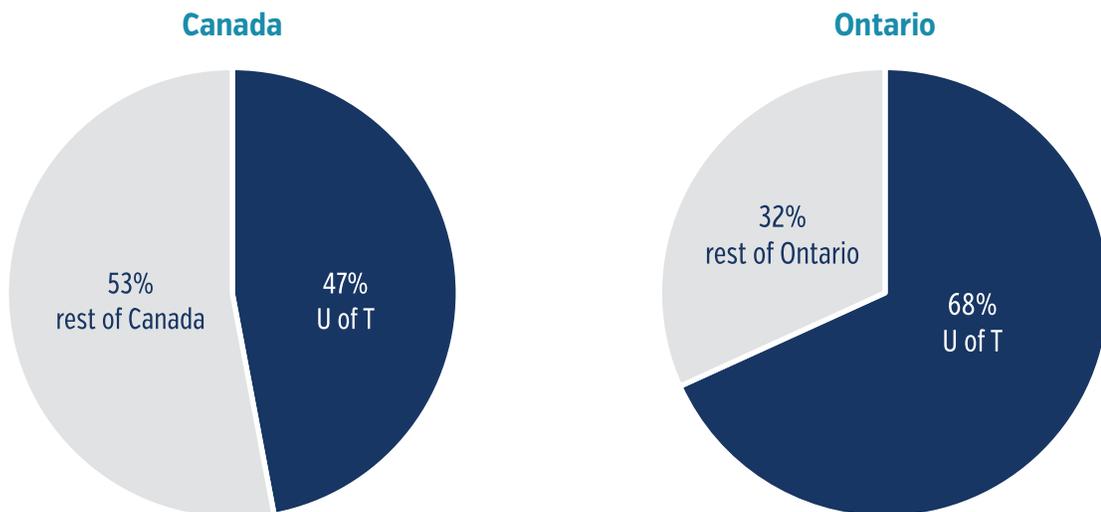
Figure 2 –Citizenship of Clinical Fellows Registered at U of T, 2015-16



Source: PGME Office

U of T educates the largest number of clinical fellows in Ontario and Canada [Figure 3].

Figure 3 - % Canadian and Ontario Fellows Trained at U of T (2015-16)



Source: CAPER Annual Census Table A-2 For Each Academic Session

4

THE SURVEYS

One of the FEAC's key activities has been to survey clinical fellows to seek feedback on fellowship experiences. This feedback serves as a key driver of the FEAC's activities and has led to improved services/products for clinical fellows at U of T such as: standardization of goals and objectives; remuneration guidelines; the orientation handbook; standardization of fellowship certificates; etc. These services/products are described in more detail throughout this report.

The FEAC has conducted two types of surveys:

The Survey of Clinical Fellows at the University of Toronto was first implemented in June 2008 and is conducted every two years.

This web-based survey has had a **rate of response of about 58%** in recent years.

In **2016** the response rate was **59%**.

The survey covers themes of: **application, registration and licensure; goals and objectives; orientation; remuneration; overall educational experience;** intimidation and harassment; career plans; and demographics.

In 2012 the survey was expanded to include new questions about hospital orientation and registration, and for the first time identified the primary hospital of the respondent.

In 2014 the survey was augmented again with additional questions about remuneration, vacation entitlement, medical licensure and access to primary care. Survey results are shared with the Hospital University Education Committee (HUEC), university department Clinical Chairs and the College of Physicians and Surgeons of Ontario (CPSO).

A Follow Up Survey of University of Toronto Clinical Fellow Alumni was

conducted in 2015 to gather perspectives on the clinical fellowship experience from clinical fellow alumni who have progressed in their career since training at U of T.

A **total of 559 responses** were received for a **response rate of 30%**. The majority of survey respondents were **male (59%)** and were from **international jurisdictions (visa trainees) (56%)**.

Half of the respondents pursued clinical fellowship at U of T in three departments —

Medicine (19%), Pediatrics (16%) and Surgery (15%).

We received responses from those who finished their fellowship in every year of our sample (2008 to 2014), although fewer from 2008 (11%) than 2014 (18%).

Registration



Document Management:

Identification of required documentation at the beginning of the process, clear timelines, templates and standard formats and a central electronic logging system



Communications:

Challenges with the need to contact organizations by phone and during local time zones (particularly for international applicants) and difficulty in contacting representatives



Lack of Co-ordination:

There was much duplication of document requirements between organizations and a lack of communication between organizations.

Early on in our surveys of Clinical Fellows at the University of Toronto, we discovered a high level of dissatisfaction and frustration with the overall registration process.



Challenges experienced in the process include:

All fellows:

Application process for fellowship
Registration with the postgraduate medical education office, the clinical department and the hospital/site of training

International fellows:

Obtaining certificate of registration (license) from the College of Physicians and Surgeons of Ontario
Obtaining a work permit from Citizenship and Immigration Canada

Bureaucracy of Licensing, Credentialing and Registration is a *Great Challenge*

2010



34%

All Clinical Fellows

2016



25%

Dropped by almost 10% down to 25%!



16%

Canadian Citizen



16%



40%

Permanent Resident



19%

Dropped by 50% down to 19% of respondents!



39%

Visa Trainee



31%

This suggests that much of the challenge was related to immigration and local licensing/registration requirements for newcomers to the programs.

Solutions



- FEAC and PGME representatives met with CPSO (November 17, 2010), to share 2010 Survey findings plus new developments in the online appointment and University registration of clinical fellows
- Orientation Handbook published as an online resource for new trainees (December 2010), updated and expanded annually
- PGME Fellowship Forum launched for clinical fellows on Facebook (November 2011)
- Fellowship Notes series introduced (December 2014), to help Program Administrators with fellowship issues, beginning with CPSO requirement for source verification of the medical degree for international applicants

Remuneration

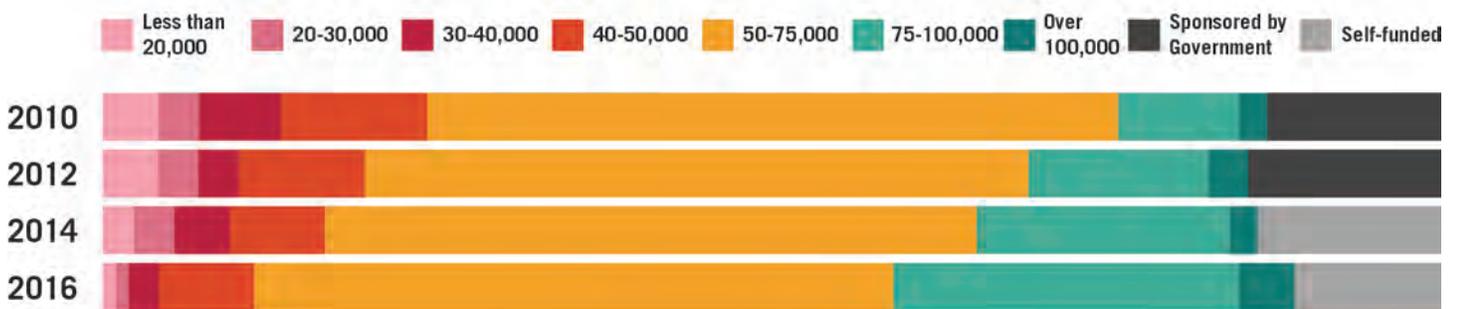
Remuneration of clinical fellows was a little-understood, highly variable and often contentious issue for the FEAC. Since the inception of the biennial survey of clinical fellows, the committee discovered significant discontent with the amount of remuneration, as well as considerable variation in the types of employment arrangements between teaching sites, departments, practice plans and individual supervisors. In addition, the committee noted a lack of consistency in the content or presence of a clearly written offer letter or contract articulating the terms of remuneration. This was generally not an issue for clinical fellows who were sponsored by external governments or agencies.

High variability in the level of annual remuneration, although the proportion of respondents who cite annual salaries closer to that of a Junior Resident have increased since 2010

Lack of an established standard of remuneration for clinical fellows at the University of Toronto

Lack of information about the true cost of living in Toronto for a single adult as well as for a family to fully understand the sufficiency of their annual remuneration

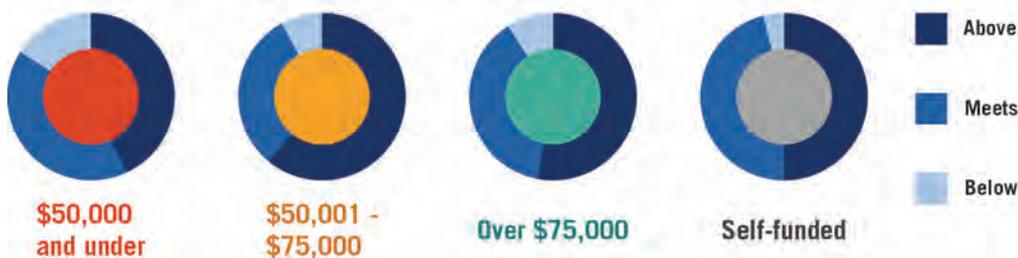
Total Annual Income to Support Fellowship (CDN\$)



In 2010 13% of respondents indicated that their total annual income to support their fellowship was under 40K. By 2016, this proportion had reduced to 4% of total respondents.

Conversely, in 2010 9% reported annual funding of 75K to 100K compared to 26% in 2016. In the four years of the biennial survey the majority of respondents reported annual funding of 50K to 75K.

Ratings of Overall Education in Clinical Fellowship by Annual Funding, 2016



In cross tabulating satisfaction ratings against level of annual funding to support fellowship it appears that higher funding levels yield higher levels of satisfaction with their fellowship experience.

Solutions

- Cost of living tables compiled May 2010, listing typical annual expenses for the first year of clinical fellowship, for a single adult and for an adult with three accompanying family members
- Cost of living tables published as annually updated items in Orientation Handbook (beginning December 2010)
- FEAC-developed Guidelines for the Remuneration of Clinical Fellows issued by Vice Dean Post MD Education on November 2011
- Guidelines distributed by email and posted on PGME website with cost of living tables (November 2011)

Orientation

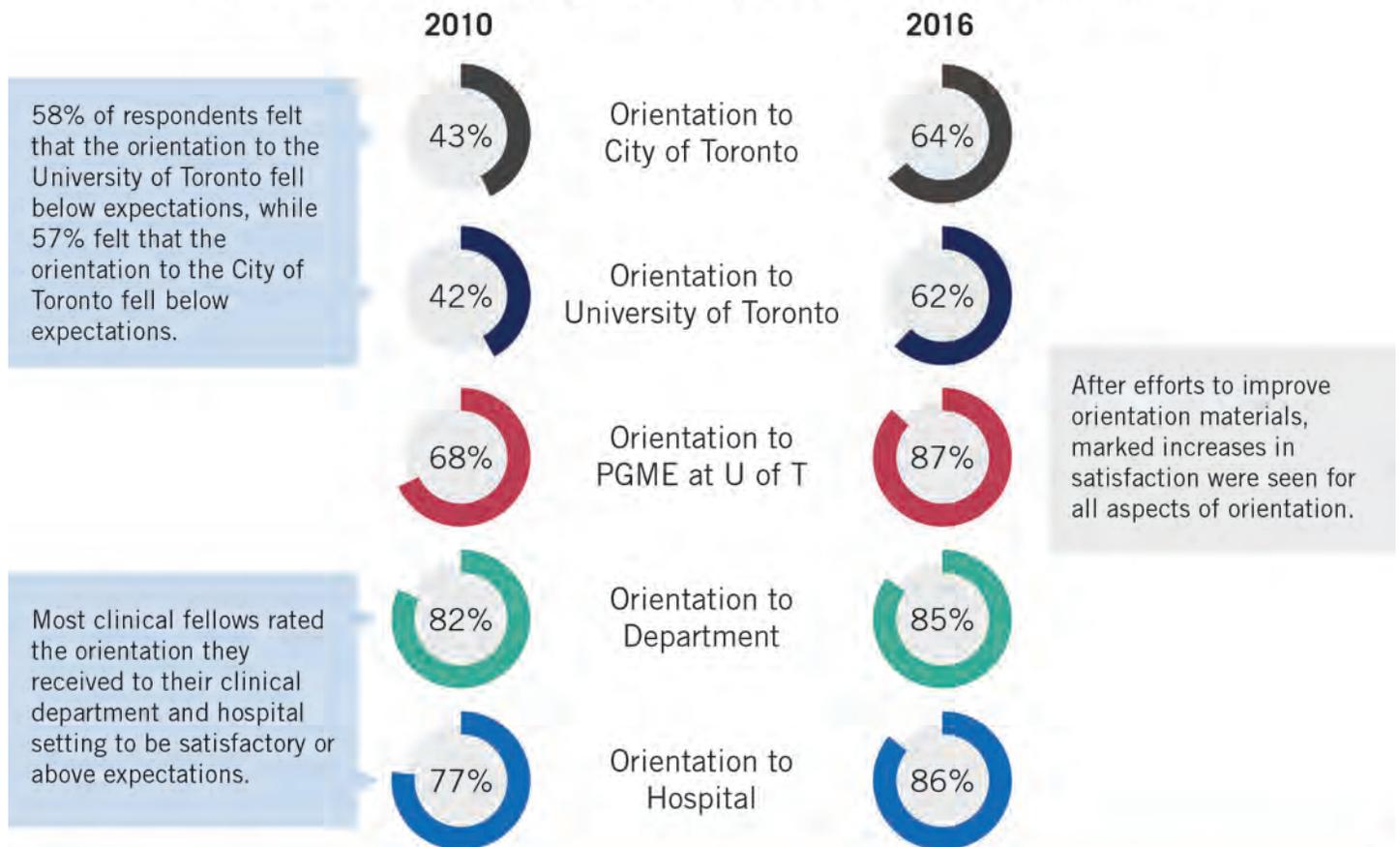
Challenge in finding affordable and suitable accommodation, finding schools and daycares for family, benefits such as maternity leave, and becoming oriented to the City of Toronto as well as the University of Toronto.

Preference for on-line and electronic materials and reference guides for purposes of orientation.

Need for co-ordination between hospitals and departments with respect to organization of orientation

In the 2010 survey of clinical fellows a number of issues related to Orientation were raised, particularly by newcomers to fellowship programs. While most clinical fellows rated the orientation they received to their clinical department and hospital setting to be satisfactory or above expectations, well over 50% indicated that they were dissatisfied with their orientation to the University of Toronto and the City of Toronto. In particular, they noted that finding housing and family supports as well as learning about daycare options and benefits such as maternity leave posed challenges.

Ratings of Orientation by % that Meets or Exceeds Expectations



Solutions



- Orientation Handbook published online (December 2010), including information about registration, health care coverage, cost of living, banking, accommodation, transportation, child care and schooling, and Toronto climate and culture
- Orientation Handbook updated and expanded annually, from 23-page original edition of 2010 to 59-page 2016 edition
- PGME Fellowship Forum on launched on Facebook in November 2011, with over 1,400 members participating by 2016

Objectives & Evaluation

The early surveys of clinical fellows revealed that several departments and fellowships were lacking in meaningful goals and objectives as well as structured evaluation and feedback mechanisms.

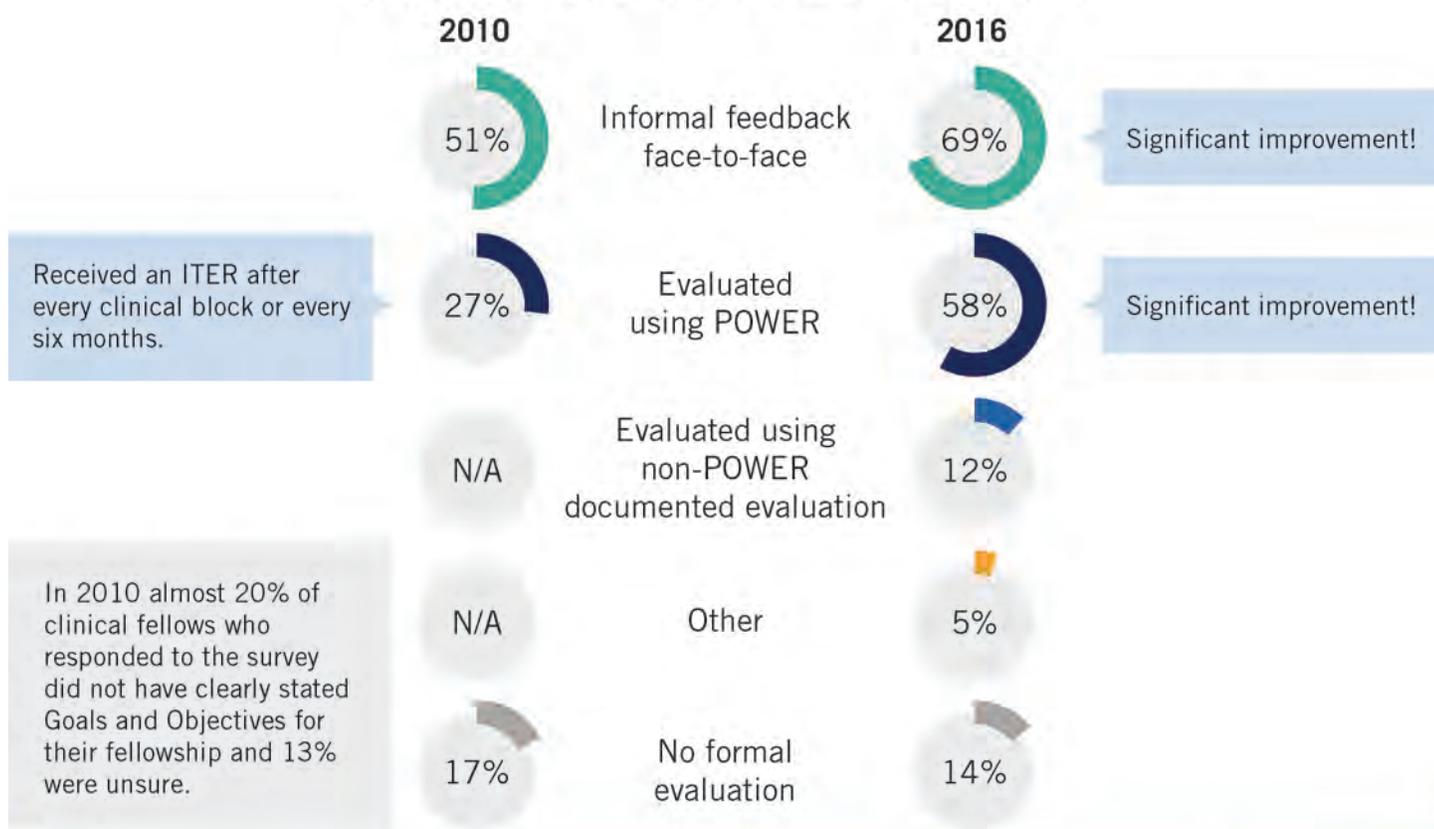
In addition, a number of clinical fellows reported that supervisors relied on informal feedback from the trainee to evaluate the program (45%). Roughly 1/3 were given an opportunity to do a formal rotation evaluation but one quarter were not aware of a feedback mechanism. A number of fellows noted that the lack of structure and assessment and evaluation opportunities were in stark contrast to requirements of residents and residency programs.

Lack of clear structured and consistent educational goals and objectives for the fellowship program

Reliance on informal feedback for assessment of trainee and evaluation of training experience

Inconsistent approaches on the part of supervisors and faculty to evaluation and assessment of fellowship

Evaluations and Feedback for Clinical Fellows



Solutions



- Template Statement of Educational Objectives for Clinical Fellowships, developed by FEAC in consultation with the CPSO and postgraduate medical departments, approved by UofT Faculty Council and implemented online (July 2011)
- FEAC-developed certificate of completion of training launched (June 2011) to confirm successful completion of educational objectives
- FEAC-developed Guidelines for Educational Responsibilities in Clinical Fellowships issued (June 2013), including guidelines for evaluation

Value of Clinical Fellowship

Alumni from U of T Fellowship programs value the significance of the fellowship experience to a greater degree some years after having completed the experience as opposed to while they are in it.

A significant proportion of visa trainees have secured academic careers underscoring the "global reach" of U of T and adding value to the proposition of clinical fellowship.

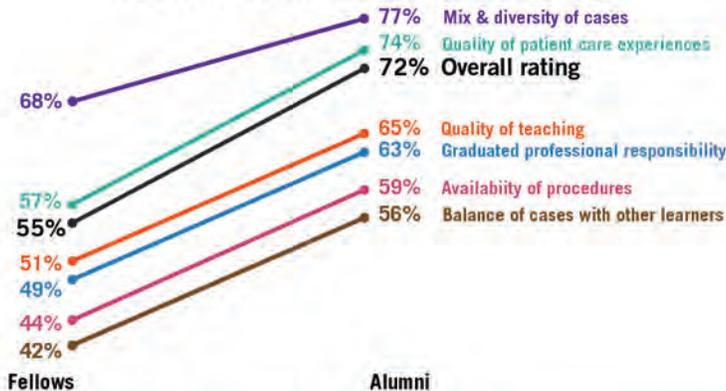
Multiple examples of U of T clinical fellowship experience supporting leadership development and new fields of study/practice in international jurisdictions.

Important international connections are fostered through the experience of clinical fellowship, which can serve to advance quality of patient care and research.

Despite 4 years of survey results from currently registered Clinical Fellows, there was little evidence of the value or outcome of a University of Toronto clinical fellowship. In 2014-15, we launched an online survey of post-clinical fellows. The focus of the survey was to seek feedback on the impact of the clinical fellowship experience at U of T on fellowship graduates' career and practice choices.

Ratings of Clinical Fellowship Experience: Current Fellows vs. Alumni

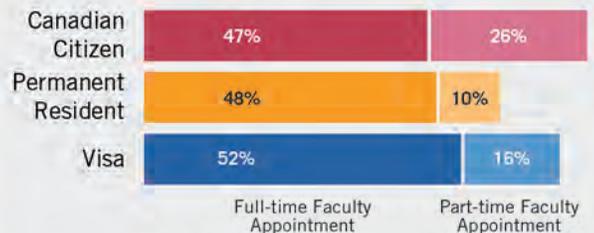
% who rated 4 or 5 out of 5 for educational ratings



A majority of fellowship graduates (72%) rated their overall educational experience at U of T 'very good' or 'excellent'. When compared to 2014 fellowship survey, a larger proportion of graduates rate all aspects of their U of T experience more favourably than current fellows.

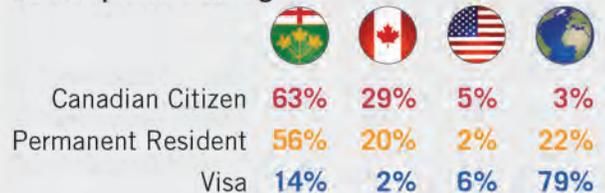
Fully half of all the respondents held a full-time academic position.

Faculty appointments



The majority of Canadian Citizen alumni with FT positions were located elsewhere in Canada (outside of Ontario) followed by the City of Toronto.

Current practice setting



Of visa trainees currently practicing outside of Canada and the U.S., 73% held a full-time or part-time academic appointment and almost 54% indicated a full-time appointment.

When asked about ways the clinical fellowship at U of T had an impact on their careers, graduates said:



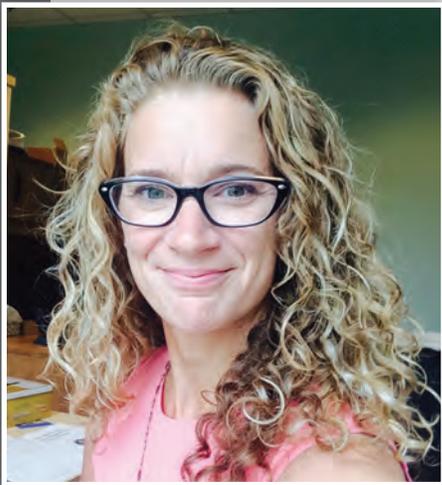
70% Those on employment visas were more likely than others to say the fellowship provided them with a unique fellowship experience not widely available.

83% In total 83% of all fellowship graduates have stayed in contact with their fellowship department and/or division at the University of Toronto with the highest rates from Canadian Citizens (89%) followed by permanent residents (84%) and 79% of international alumni.

5

Perspective

Shannon Spencer, Fellowship Coordinator, University Health Network



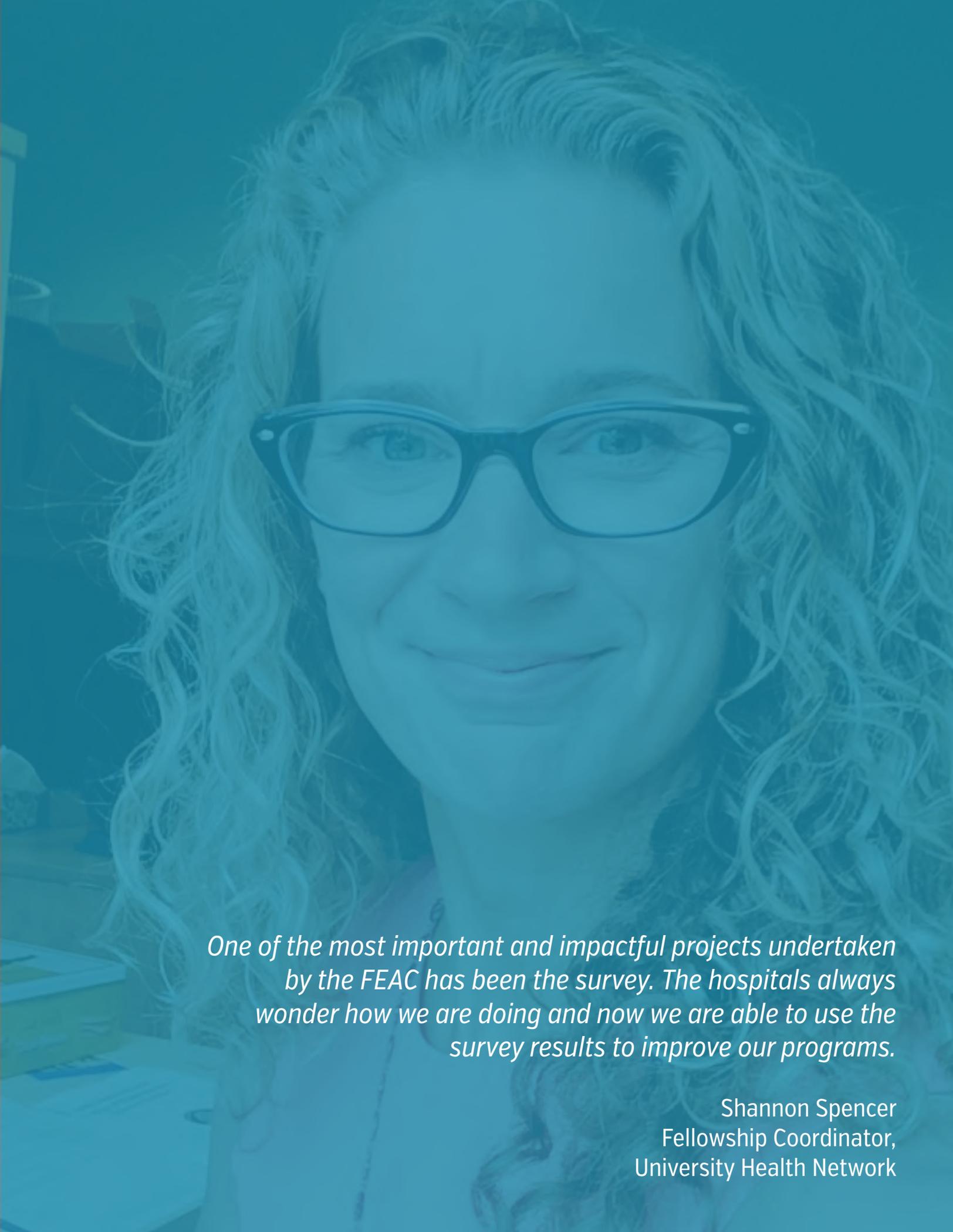
“One of the most important and impactful projects undertaken by the FEAC has been the survey”, says Shannon Spencer, former Fellowship Coordinator, University Health Network (UHN) and a FEAC member from 2010 to 2016. Shannon was involved with other committee members in the development of the survey and advocated for the changes made to the survey in 2012 re: inclusion of questions about the hospital experience. “It is really important to have this anonymous feedback from fellows; the hospitals always wonder how we are doing and now we are able to use the survey results to improve our programs.”

UHN hosts approximately 450 clinical fellows each year; 75% are international trainees. Shannon indicates that “the hospital strives to have a global impact – people come here to train and then go home and apply what they’ve learned in their own country. They take on leadership positions and indicate that they feel skilled to do so after completing our fellowship program[s]. The volume and scope of clinical activity they experience at UHN and in Toronto is amazing.”

Shannon was the first administrator to take on a Fellowship Coordinator role in a hospital (most of these roles are located in university clinical departments). She was responsible for the fellows’ hospital registration and orientation, and for tracking and compiling fellowship data.

Shannon agreed to be a member of the FEAC in 2011 because she thought it would be important for the hospital to have access to high level fellowship information from the university and also good for the committee to hear the hospital perspective.

“It has been very beneficial to be included on the committee. It helps with the dissemination of information; in the past there was sometimes a disconnect between the university and programs at the hospitals. It’s good to have made this connection. The FEAC members are a great group of people. The PGME staff that support the group are extremely helpful. The FEAC guidelines and other products that have been developed have proven to be very useful to the hospital.”



One of the most important and impactful projects undertaken by the FEAC has been the survey. The hospitals always wonder how we are doing and now we are able to use the survey results to improve our programs.

Shannon Spencer
Fellowship Coordinator,
University Health Network

6

Perspective

Dr. Astrid Haenecour, Clinical Fellow



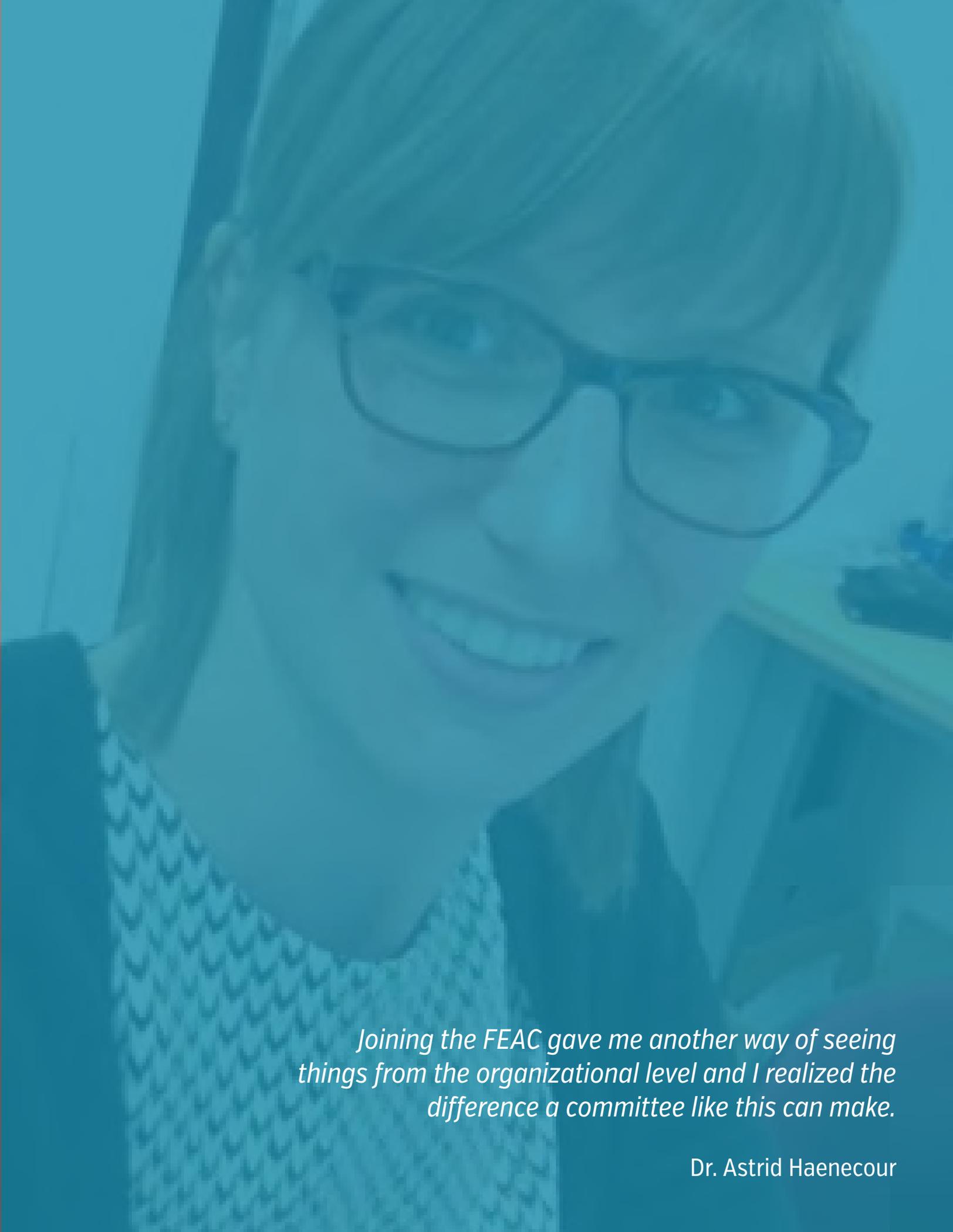
In July 2013, Dr. Astrid Haenecour enrolled in a one-year Pediatric Critical Care fellowship at the Hospital for Sick Children, which she subsequently extended for a second year. She had originally contemplated doing her fellowship training in Melbourne or London, but a colleague had been to Toronto and, based on this recommendation, she came to U of T. Astrid indicates, “I really enjoyed my U of T fellowship and working at the Hospital for Sick Children. It was a very intense experience but I found the staff and people very nice to work with.”

Today Astrid works at the Cliniques Universitaires Saint-Luc in Brussels [associated with the Catholic University of Leuven], the hospital where she completed her medical school and postgraduate training. “Overall I greatly appreciated my U of T fellowship experience. When I came back to Brussels I could truly measure how much I’d grown as a physician. I was trained to face anything and learned how to work in a team and to have good values. I realized that I gained a great deal of medical knowledge in Toronto, as well as developed personal qualities. I would recommend the fellowship to anyone. It’s not easy – English was a challenge and coming by myself to a new city was hard – but it was truly a valuable experience.”

While in her fellowship, Astrid was a member of the FEAC for a year and a half in 2014 and 2015. “I was asked to join the FEAC and agreed because I was interested to see how things worked at U of T. It gave me another way of seeing things from the organizational level and I realized the difference a committee like this can make. The committee worked on many small practical issues and as a fellow I was always asked ‘Does this make sense from the fellow’s perspective?’ It is very positive that fellows were asked to be part of these discussions and our insight and contributions were welcomed. They were really seeking my opinion and I was happy to help. It was nice to give advice and thought to these issues.”

“I was really impressed how the FEAC would try to anticipate the things that could be important for fellows. The committee was always thinking about the well-being of the fellows and making sure that the fellowship would be appropriate. They even conduct follow-up surveys after the fellowship to see what everyone is doing and how they would rate their experience at U of T. It is great how proactive the committee is to try and prevent issues that might arise.”

While on the FEAC, Astrid worked with others on the *Guidelines for Educational Responsibilities in Clinical Fellowships* and on updating the *Clinical Fellowship Offer Letters – Guidelines and Exemplars*. She indicates, “We reviewed the offer letters to ensure that what was communicated to fellows in the offer provided exact details of what they were committing to. The FEAC then provides template offer letters and exemplars to be used by the clinical departments.”



Joining the FEAC gave me another way of seeing things from the organizational level and I realized the difference a committee like this can make.

Dr. Astrid Haenecour

7

Perspective

Dr. Karen Gomez-Hernandez, Clinical Fellow



Dr. Karen Gomez-Hernandez, a recent U of T endocrine oncology fellow, was involved in the development of the Facebook forum and indicates that it is one of the FEAC's great initiatives. "All current and incoming fellows have access to it and it allows fellows to help each other. It is a great communication tool, helping newcomers settle in by sharing information about where they can live, childcare and school recommendations, etc. This has been one of the most useful contributions from the FEAC committee that impacts fellows' day-to-day lives."

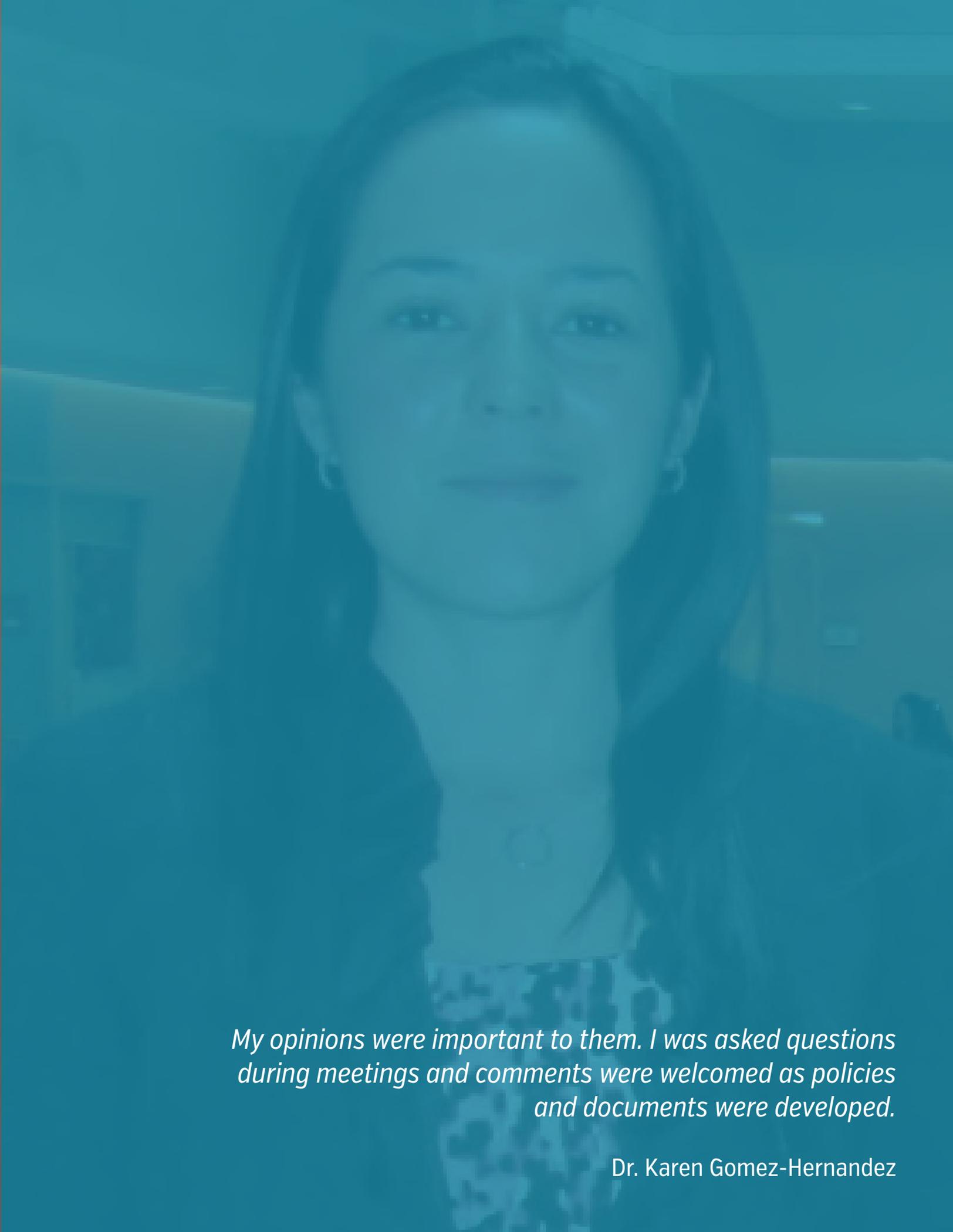
Karen came to the University of Toronto from Costa Rica in June 2011 to enroll in a thyroid fellowship program at Mount Sinai Hospital, and then after nine months she moved into an endocrine oncology fellowship at Princess Margaret Hospital and Toronto General Hospital. She is completing an Institute of Medical Science (IMS) Master's program and is involved in a thyroid cancer project.

Karen indicates, "The great thing about a fellowship experience in Canada is that everything is available - the patients are here, the resources are here, and you can make the experience what you want it to be. In addition to the educational goals required by the program, there is flexibility to set your own personal goals. In general, I have had a very good experience and have been exposed to exactly the kinds of patients that I need to see. Despite being in a very sub-specialized area, there is a good concentration of patients and I get to see them on a weekly basis as opposed to monthly or less frequently, which happens in other centres/countries.

I am also part of a team that includes world-renowned experts in their field that I consult with about my patients. On a regular basis I am interacting with subspecialists at other hospitals; individuals who are practice leaders with extensive publications. This is a luxury that is not available elsewhere. It has been an incredibly valuable experience that has allowed me to grow professionally."

Karen spent three years as a FEAC member from 2011 to 2014. She thought it was a great idea to have fellows on the committee and her input was sought and valued. "My opinions were important to them. I was asked questions during meetings and comments were welcomed as policies and documents were developed." In addition to being involved in the development of the Facebook forum, Karen indicates that the FEAC was also working to simplify and streamline the large amount of paperwork required by CPSO and the PGME office.

"My FEAC work and fellowship training in Toronto have been very positive. This was my first time in Canada and my experience in Toronto has been great; the people here are just like at home - nice and easy going - and the training was excellent."



My opinions were important to them. I was asked questions during meetings and comments were welcomed as policies and documents were developed.

Dr. Karen Gomez-Hernandez

8

Perspective

Dr. Alex Henri-Bhargava, Clinical Fellow



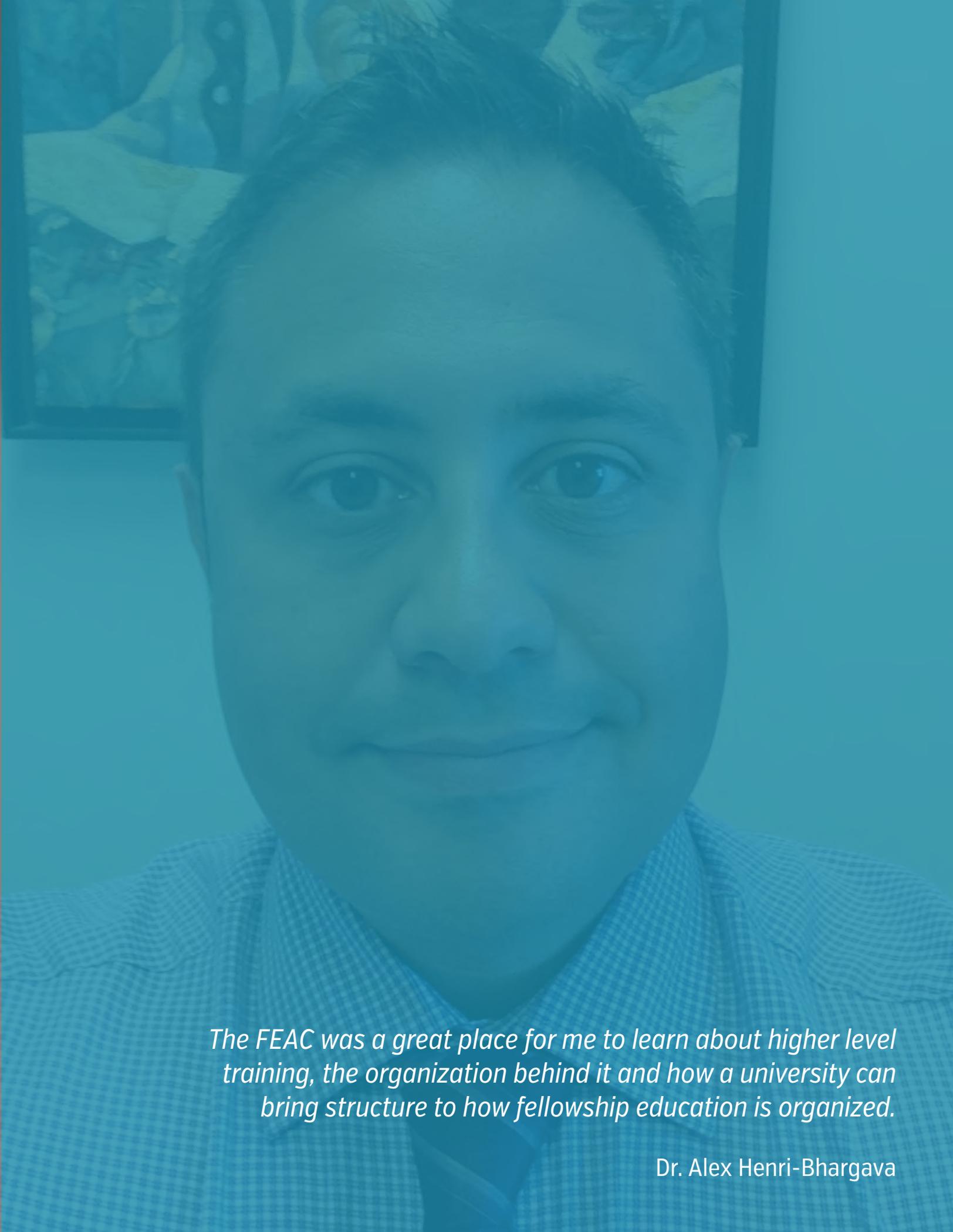
A former clinical fellow, Dr. Alex Henri-Bhargava, was a FEAC member at the time that the RCPSC was consulting and seeking input into the development of the AFC [Diploma] recognition. He was a member of the FEAC from 2009 to 2011 and indicates, “U of T was proactive in taking a university-wide approach to planning how the RC diplomas would be adopted at the university. The FEAC was a great place for me to learn about higher level training, the organization behind it and how a university can bring structure to how fellowship education is organized.” Alex comments on the FEAC as follows:

- “The voice of fellows is appreciated at this table;
- Fellows are actively involved;
- We are able to represent the interests of other fellows;
- It provides a common place for greater understanding;
- Important issues are discussed;
- It is well chaired and run;
- Is a real example of strong leadership by the university;
- There is good central coordination; and
- It was one of the more positive committee experiences that I’ve had.”

Alex was a clinical fellow in behavioural neurology at Baycrest Health Sciences for two years starting in 2009. The program was structured such that half of his time was a clinical commitment and the rest was designed with his supervisor to meet his own learning interests and needs. His supervisor was very willing to support Alex’s own goals and interests and he had a strong interest in education [this was one of the main reasons that Alex was interested in joining the FEAC, because of its pioneering role in medical education]. In the second year of his fellowship, Alex enrolled in the Department of Medicine’s Master Teacher Program.

Following his fellowship, in 2012 Alex was appointed as an instructor in the Department of Medicine while working as a clinician at Baycrest and completing a Masters in Health Practitioner Teacher Education. At the end of 2012, he and his wife moved to Victoria, where Alex grew up. “I really enjoyed the clinical training I received doing my fellowship at Baycrest. That is the strength of Baycrest: the unsurpassed clinical training that they provide and the flexibility I had to explore my own clinical and education interests. I also received a really solid foundation in health professions teaching and education.”

Today, Alex is a community-based academic physician. He practices community-based neurology with a focus on neurodegenerative diseases and brain injury. He also works in hospital and is part of a general neurology on-call group. Since moving to Victoria he has become increasingly involved in teaching, initially coordinating all postgraduate resident neurology electives in Victoria and more recently was appointed Site Leader for Clinical Skills at the University of British Columbia’s undergraduate Island Medical Program.

A portrait of Dr. Alex Henri-Bhargava, a man with short dark hair, wearing a blue and white checkered shirt and a dark tie. The image is overlaid with a semi-transparent blue filter. In the background, a framed picture of a group of people is visible on the wall.

The FEAC was a great place for me to learn about higher level training, the organization behind it and how a university can bring structure to how fellowship education is organized.

Dr. Alex Henri-Bhargava

9



Perspective

Dr. Minako Uchino
Clinical Fellow,
Radiation Oncology

Dr. Minako undertook a global investigation of facilities that could offer her further experience in her field of radiation oncology; she became UHN's very first radiation oncology fellow from Japan from 2010-2012. "Of all the places in the world that offer medical education in radiation oncology," says Dr. Uchino, "the program here is unquestionably the best."



Perspective

Dr. Milton Harry
Clinical Fellow,
General Surgery

Dr. Harry was told by colleagues about the opportunities available at UHN and how a fellowship in Toronto could enhance his surgical skills. During his fellowship at UHN from 2010-2013, he was involved in processes of care research in the operating room, as well as a Minimally Invasive Fellowship. "I've seen a lot of quality care in surgery here," reports Dr. Harry.



Department of Paediatrics Graduation Ceremony for Postgraduates, June 27, 2016 (photos by Horst Herget)

10

FEAC Clinical Fellowship Guidelines

The FEAC developed the following clinical fellowship guidelines [see Appendix 3 – FEAC Guidelines]:

a. Clinical Fellowship Offer Letters – Guidelines and Exemplars

The FEAC conducted an environmental scan of clinical fellowship offer letters, reviewing sample letters provided by 30 different fellowship programs across 11 departments. Best practices were subsequently compiled as the *Clinical Fellowship Offer Letters – Guidelines and Exemplars* and distributed to clinical department Chairs, Fellowship Program Directors and administrators. The compilation offers programs a way to measure the completeness of their own offer letters; it includes essential statements, as well as other exemplary text that programs can select or adapt to meet the needs of individual offers.

b. Guidelines for Educational Responsibilities in Clinical Fellowships

The *Guidelines for Educational Responsibilities in Clinical Fellowships* were developed by the FEAC following an intensive review process, including consultation with legal counsel. As the [Faculty of Medicine’s Guidelines for Evaluation and the Board of Examiners structure](#) does not apply to clinical fellows, a separate process and documentation was required. The guidelines assist programs in dealing with performance issues which may arise during clinical fellowship training which require immediate, sensitive and informed response. The document also includes recognition of the responsibility of faculty to provide a reasonable opportunity for the clinical fellow to attain the goals and objectives of the fellowship. The guidelines address the goals and objectives of fellowship training, offer letters, supervision and evaluation, remediation, probation, suspension and termination. The guidelines are to be reviewed annually by the FEAC to assess their effectiveness in balancing the needs of educators, clinical fellows and administrators.

c. Clarifying Statement on Clinical Fellows and Additional Clinical Shift Work

During the course of their training, clinical fellows may wish to add extra clinical shifts to the training/work that they do under the purview of the educational goals and objectives of their fellowship. In response to requests from Fellowship Program Directors and hospital administrators for clarification

of the conditions under which clinical fellows may appropriately complete such additional shifts, the FEAC developed the *Clarifying Statement on Clinical Fellows and Additional Clinical Shift Work*, which takes into account the status of medical licensure and professional liability protection held by the clinical fellow.

d. Guidelines for the Remuneration of Clinical Fellows

New immigration requirements for non-Canadian residents and fellows resulted in postgraduate departments having to verify that foreign nationals are receiving remuneration commensurate with that of a Canadian in the same position. This requirement caused some uncertainty for departments regarding clinical fellows, a group not covered by a collective agreement. In response, the FEAC developed [Guidelines for the Remuneration of Clinical Fellows](#) in order to stimulate a fresh consideration of fair and equitable remuneration for clinical fellows.

e. Goals and Objectives Templates

The FEAC developed templates of standardizing [educational goals and objectives](#) for clinical fellows – one for specialties/subspecialties and one for family medicine. The templates, which align with the CanMEDS and CanMEDS-FM roles, are for clinical department use and are intended to reduce variability and ensure a more consistent approach to education for clinical fellows.

“ The FEAC guidelines and members of the committee have been a great resource to me in my role as the Department of Medicine (DOM) Director of Fellowship Programs. For example, when there have been issues around remuneration for clinical fellows, the FEAC has been a place to talk through the issues and identify potential solutions to difficult remuneration problems. Another example is the FEAC survey of clinical fellows who have completed their fellowships, which has provided valuable feedback for us to improve our programs. I have been Fellowship Director for six years and the FEAC Chair, Dr. David Latter, and the PGME staff, time and again, have been a great source of guidance for the DOM fellowship programs.

Dr. Jeannette Goguen
Director of Postgraduate Subspecialty Programs, Department of Medicine

”

11

Communication and Recognition

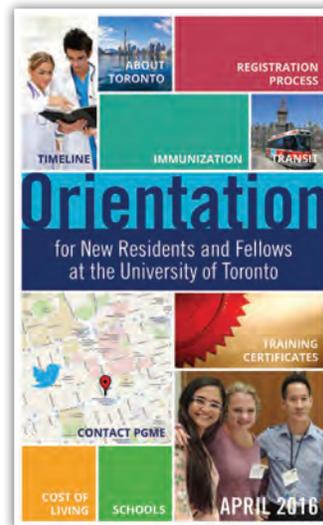
a. University of Toronto Clinical Fellowship Certificate

The FEAC developed standardized [clinical fellowship certificates](#) which are issued centrally by the PGME Office. Fellowships must be a minimum duration of six months to be eligible for this training completion certificate and the candidate must successfully complete all educational goals and objectives of the fellowship. As of 2015, PGME had issued over 2,000 completion-of-training certificates for more than 360 different types of clinical fellowships.



b. Orientation Handbook for New Trainees

The FEAC developed a standard [orientation handbook](#) for all fellows that provides information about registration, health care coverage, accommodation, cost of living, banking, transportation, child care and schooling, and Toronto culture. The handbook is publicly accessible through the PGME website and as a hard copy booklet from PGME for distribution on demand.



c. Facebook Forum for Clinical Fellows

An online Facebook forum was created for clinical fellows in 2011-12 to facilitate the exchange of information and networking across programs. The forum is an active online community with over 1,400 members. The Facebook forum encourages fellows to post questions or concerns and to share knowledge and experience about fellowship training or life in Toronto.



12

Advocacy

a) Credentialing and Registration

The FEAC advocates on behalf of fellows regarding fellowship registration processes and requirements in Ontario. Examples of registration issues that the FEAC has commented on include:

- The Pre-Entry Assessment Program (PEAP), which all international trainees must successfully complete at the start of their training to confirm they function at the same level as Canadian-certified specialists;
- The CPSO Policy on Professional Responsibilities in PGME, which clarifies the roles and responsibilities of the most responsible physicians (MRPs), supervisors and postgraduate trainees engaged in postgraduate medical education programs; and
- Physiciansapply.ca (formerly known as the Physician Credentials Registry of Canada), which verifies an international medical graduate's source of medical degree, and is a CPSO requirement for registration.

In consultation with the CPSO, the FEAC developed a template for cross-departmental appointments, to facilitate CPSO approval of the appointment of clinical fellows in a discipline in which the trainee has not been recognized as a specialist.

b) The Evolving Educational Landscape

The educational landscape for clinical fellowship training continues to evolve through, for example, new forms of recognition created by the Royal College of Physicians and Surgeons of Canada (RCPSC). The FEAC has assumed a leadership role at U of T to advocate on behalf of clinical fellows regarding these initiatives, as well as to help U of T clinical departments and fellows understand and consistently implement necessary requirements. The FEAC has provided the following advice and guidance on:

- **Areas of Focused Competence: New Royal College Diploma Programs**

The FEAC participated in the Royal College's Committee of Specialties' development and consultation process that led to the creation of new categories of Royal College discipline recognition, including Areas of Focused Competence (Diploma) programs for clinical fellows. AFC (Diploma) programs recognize an enhanced scope of practice for established disciplines of medicine that meet a legitimate societal health need, but that do not meet the current criteria for a primary specialty or subspecialty.

- **U of T Approval Process: Applications for Royal College Accreditation as an AFC (Diploma) Program**

The FEAC developed a review process in 2013 for U of T fellowship programs seeking Royal College accreditation as an Area of Focused Competence (Diploma) program. This process ensures the program's application satisfies the Royal College's 'C' standards with appropriate rigour and detail. To date, the Royal College has formally recognized 14 AFC disciplines and accredited AFC programs in 7 of these disciplines at medical schools across Canada. There are now 3 accredited AFC programs at U of T: Adult Interventional Cardiology, Cytopathology, and Transfusion Medicine.

- **Subspecialty Examination Affiliate Program (SEAP)**

In 2014, the Royal College announced plans to develop the Subspecialty Examination Affiliate Program (SEAP), to provide a mechanism for internationally-trained subspecialists practising without Royal College certification in Canada to challenge a Royal College subspecialty examination. The SEAP provides successful examination candidates with an opportunity to join the Royal College as a Subspecialist Affiliate. Affiliate status enables the subspecialist to maintain engagement with the Royal College and participate in the Maintenance of Competence (MOC) Program but does not confer Royal College membership or fellowship status.

The SEAP will affect doctors who completed primary specialty training outside Canada and the U.S. and who are enrolled in a clinical fellowship that duplicates subspecialty residency training. The FEAC provided input to the Royal College regarding the development and rollout of a SEAP pilot involving 6 subspecialty programs in fall 2015. The FEAC noted key areas of concern, including: assessment of the SEAP candidate's primary specialty training, verification of program content, protection of residency training resources, and administrative impact.

For fall 2016, the Royal College will expand the SEAP to 29 subspecialty programs. The following iteration of the Royal College's phased implementation will see the inclusion in the SEAP of subspecialties with an Objective Structured Clinical Examination (OSCE) component.

Advocacy *continued*

c) Access to Primary Care for New Clinical Fellows

The FEAC is supporting the development of strategies to address various challenges for new trainees at the University of Toronto, including access to primary care clinicians and services for new clinical fellows and their family members.

d) Liability Insurance for Clinical Fellows

The FEAC conducted an environmental scan to document liability insurance coverage for clinical fellows while training in the university-affiliated hospitals. The Ontario Hospital Association (OHA), the Council of Academic Hospitals of Ontario (CAHO) and Workplace Safety and Insurance Board (WSIB) were also consulted as part of this information-gathering process. The data compiled reflected the wide variety of fellowship remuneration methods across hospitals and clinical departments, as well as the challenges these presented to standardized WSIB coverage. After discussion of the issues at several meetings, the FEAC prepared a Fact Sheet which summarized the clinical fellows' workplace insurance issues and offered several implementation options. The Fact Sheet was reviewed by the Hospital University Education Committee (HUEC) in March 2016 and distributed by PGME in June 2016 to hospitals, fellowship directors and clinical departments to enhance understanding of the issue and help stimulate a solution.



“ The CPSO's Registration Department has had a new customer service approach since 2012. With the help of the FEAC we have created a dedicated call centre line for clinical fellows. In a heavily paper-based process we have tailored final reports in order to verify fellows' applications prior to work permits and Ontario addresses being received. This has greatly reduced processing times. Our online view to the application status check has given clinical fellows another tool to better communicate with us. The CPSO looks forward to continued improvement in its service delivery with FEAC's valued input.

Nathalie Novak
Manager of Applications and Credentials
Quality Management Division
The College of Physicians and Surgeons of Ontario

”

13

Future Directions

Since 2009 the Fellowship Education Advisory Committee has been at the forefront of advancing improvement to the fellowship education landscape at the University of Toronto. Biennial surveys of clinical fellows continue to help FEAC identify issues and develop guidelines and other solutions to improve the fellowship experience in Toronto. The FEAC is committed to monitoring and evaluating its current work, as well as leading future initiatives, such as: a study of the fellowship quota and allocation processes; and the development and implementation of an online system for clinical fellowship applications. With respect to this latter initiative, the FEAC members are eager to participate in the consultation/requirements confirmation phase of system development that PGME is now undertaking with a view to a pilot launch in early 2017. As opportunities arise to improve the clinical fellowship experience, the FEAC will continue to be there to advocate and help guide the process.

“ *Our fellows enrich the fabric of our education environment. They deliver excellent patient care at the same time as learning new skills from expert colleagues. They are an essential component of U of T's education system and simultaneously teach learners more junior to them and educate patients and their families. We are fortunate to have these individuals seek out fellowship opportunities at U of T and we value their input and assistance in continuing to improve our fellowship programs.*

Dr. Salvatore Spadafora
Vice Dean, Post MD Education

”



14

Acknowledgements

The FEAC would like to acknowledge the administrative support of the PGME Office personnel – Caroline Abrahams, Jessica Fillion, John Kerr, Maureen Morris and Loreta Muharuma – whose contributions reliably ensure that the FEAC continues to be a productive and relevant advisory body.

The FEAC would also like to acknowledge the chairs of the original Fellowship Working Group - Drs Susan Tallett, Kevin Imrie and Sarita Verma – and their working group who produced the report *Raising the Bar: Recommended Standards for the Management of Clinical Fellowships*, which has been the impetus for much of FEAC's work and achievement.

15

Glossary

Area of Focused Competence (AFC) Diploma

Initiated by the Royal College of Physicians and Surgeons of Canada (RCPSC) in 2009, an Area of Focused Competence (AFC) Diploma is a highly specialized discipline of specialty medicine that addresses a legitimate societal need but does not meet the criteria of the Royal College for a specialty, foundation program or subspecialty. An AFC (Diploma) represents either supplemental competencies that enhance the practice of physicians in an existing discipline, or a highly specific and narrow scope of practice that does not meet the criteria of a subspecialty.

Canadian Post-MD Education Registry (CAPER)

The Canadian Post-MD Education Registry (CAPER) has been the central repository for statistical information on postgraduate medical education in Canada since 1989. CAPER maintains individual-level data for all postgraduate medical residents and fellows. Data is gathered on an annual basis from all 17 Canadian medical schools.

CanMEDS

Formally adopted by the RCPSC in 1996, CanMEDS is a physician competency framework that identifies and describes the abilities physicians need to meet patient care needs. These abilities are grouped thematically under seven roles: medical expert, communicator, collaborator, leader, health advocate, scholar and professional. A competent physician integrates the competencies of all seven CanMEDS Roles. All 17 medical schools in Canada use the CanMEDS framework.

CanMEDS-Family Medicine (CanMEDS-FM)

Formally adopted by the College of Family Physicians of Canada (CFPC) in 2009, CanMEDS-Family Medicine (CanMEDS-FM) is an adaptation of the physician competency framework for medical education developed by the RCPSC. CanMEDS-FM guides curriculum and forms the basis for the design and CFPC accreditation of residency programs.

Citizenship and Immigration Canada (CIC)

Citizenship and Immigration Canada (CIC), now called Immigration, Refugees and Citizenship Canada (but retaining the CIC website), is the federal ministry responsible for immigration, refugee and citizenship issues. All foreign nationals require a temporary work permit issued by CIC in order to enrol in postgraduate medical training as a medical resident, clinical fellow or research fellow in Canada.

Clinical Fellow

A clinical fellow is traditionally defined as an individual who has completed sufficient training for a specialty qualification either in this country or in a foreign country and who takes up a fellowship in order to obtain additional experience over and above the basic specialty requirement, as well as to provide the opportunity to acquire specific or more specialized expertise that would not normally be acquired during residency training.

A clinical fellowship can duplicate the content of subspecialty residency training and may in some cases lead to diploma recognition by the RCPSC; however, training undertaken during a clinical fellowship cannot be recognized for credentialing purposes as training leading to certification by the RCPSC or the CFPC.

A clinical fellow must be registered with one of Ontario's six medical schools as a condition of medical educational licensure by the College of Physicians and Surgeons of Ontario (CPSO).

Glossary *continued*

College of Physicians and Surgeons of Ontario (CPSO)

Provincial law in Ontario grants doctors a degree of authority for self-regulation. The College of Physicians and Surgeons of Ontario (CPSO) is the body that regulates the practice of medicine to protect and serve the public interest. All doctors in Ontario must be members of the CPSO in order to practise medicine.

Council of Academic Hospitals of Ontario (CAHO)

The Council of Academic Hospitals of Ontario (CAHO) represents 24 research hospitals in Ontario that provide advanced patient care services, train health care professionals and conduct leading-edge research.

Fellowship

Fellowships are postgraduate training experiences which may be clinical or research [see also “Clinical Fellow” and “Research Fellow”]. If the fellowship entails any patient contact whatsoever, the CPSO considers the fellowship to be a clinical fellowship.

Physicians who have met all the requirements for specialty certification by the RCPSC become Fellows of the Royal College. This practice has led in some cases to the labelling of subspecialty residency trainees as fellows, which blurs the distinction between clinical fellowship training and accredited subspecialty residency training.

Fellowship Education Advisory Committee (FEAC)

The Fellowship Education Advisory Committee (FEAC) was established in 2009 as a source of advice to the Vice Dean Post MD Education on the oversight of clinical fellowship training and the management of fellowship issues.

Fellowship Working Group

In 2008, the University of Toronto’s Postgraduate Medical Education (PGME) Office established the Fellowship Working Group to examine the status of clinical fellows and current departmental practices in managing clinical fellows, as well as establish common standards across departments for managing fellowships that would recognize the needs and interests of both academic departments and clinical fellows. The creation of the Fellowship Education Advisory Committee (FEAC) was a key recommendation of the Fellowship Working Group in its report of September 2009 *Raising the Bar: Recommended Standards for the Management of Clinical Fellowships*.

International Medical Graduate (IMG)

An international medical graduate (IMG) is a graduate of a medical school that has not been accredited by the Committee on Accreditation of Canadian Medical Schools (CACMS) or by the Liaison Committee on Medical Education (LCME). The CPSO considers an acceptable unaccredited medical school to be one listed in the World Directory of Medical Schools published by the World Health Organization (WHO).

Medical Council of Canada (MCC)

In 1912, Parliament passed legislation to create a uniform system and standards for physician assessment and practice across Canada which would be administered by the Medical Council of Canada (MCC). The MCC assesses over 11,000 medical students and graduates every year through its evaluation examinations, offered in sites across Canada, and, in the case of the Medical Council of Canada Evaluating Examination (MCCEE), in over 500 locations in 80 countries. The MCC also verifies and stores physician credentials, and maintains the Canadian Medical Register in which medical graduates are inscribed when they fulfil the MCC’s requirements.

Glossary *continued*

Ministry of Health and Long-Term Care (MOHLTC)

The Ministry of Health and Long-Term Care (MOHLTC) administers Ontario's publicly funded health system. In recent years, the ministry has changed its focus, making stewardship the ministry's mission and mandate. In its new stewardship role, the ministry will provide overall direction and leadership for the system, with less involvement in the actual delivery of health care. The ministry funds the residency training of doctors in Ontario who are Canadian citizens or Canadian permanent residents, but does not fund the training of clinical fellows.

Offer Letter

An offer letter is a document for signature by the prospective trainee and by supervising faculty which confirms acceptance of the applicant for training. The form and content of the offer letter is variable, but in some cases the letter may conform to a departmental template. A separate letter, which in some cases originates with the teaching hospital where the training will occur, may detail the remuneration and benefits of the fellowship (see also "Remuneration").

Pre-Entry Assessment Program (PEAP)

The Pre-Entry Assessment Program (PEAP) is an assessment process that evaluates IMGs to determine whether they can function at the appointed level of training. The assessment is to take place in a supervised clinical, multidisciplinary environment where there is patient input on an ongoing basis. Successful completion of the PEAP is a requirement for the medical educational licensure of the IMG as a clinical fellow by the CPSO. For clinical fellows, the PEAP must be at least four weeks and no more than twelve weeks in duration.

Physiciansapply.ca

Physiciansapply.ca, formerly known as the Physician Credentials Registry of Canada (PCRC), offers a number of services to physicians, including the MCC Physician Credentials Repository which gathers, verifies and permanently stores international medical credentials in a centralized repository to provide physicians with a confidential, lifetime professional portfolio of their verified credentials. Since 2012, source verification of the medical degree has been a requirement for licensure of international medical graduates by the CPSO.

Remuneration

Clinical fellows receive financing from a variety of sources such as foundations, grants, academic funds, clinical earnings or department practice plans, and from foreign governments, hospitals and/or universities. These funding providers are responsible for the method of remuneration. As a result, the level of remuneration and benefits that clinical fellows receive is variable, including from one clinical fellowship to another within the same academic department. Some departments make separate funding arrangements for clinical fellows with an Independent Practice license, who may bill OHIP during their fellowship training.

Research Fellow

A research fellow is an individual whose postgraduate medical training does not involve patient contact. University registration is optional for research fellows, but all research fellows without Canadian citizenship (or permanent resident status in Canada) must hold a work permit to authorize their training. The minimum qualification for a research fellow is the Canadian MD degree or its international equivalent.

Glossary *continued*

Royal College of Physicians and Surgeons of Canada (RCPSC)

A special act of Parliament established the Royal College of Physicians and Surgeons of Canada (RCPSC, also known as “the Royal College”) in 1926 to oversee the medical education of specialists in Canada. The Royal College accredits the university programs that train resident physicians for their specialty practices, and writes and administers the examinations that residents must pass to become certified as specialists. The Royal College has expanded its role in recent years to include research, public policy and international affairs.

Subspecialty Examination Affiliate Program (SEAP)

The Subspecialty Examination Affiliate Program (SEAP) is a new exam program and affiliate category that the RCPSC initiated in 2015 for non-certified subspecialists. SEAP provides an approved mechanism for non-certified, internationally trained subspecialists practising in Canada to take a Royal College subspecialty exam, even though they do not meet the prerequisite of Royal College certification in a primary specialty because their primary specialty training was completed outside Canada and the U.S. SEAP allows successful exam candidates to join the Royal College as a Subspecialist Affiliate.

Visa Trainee

A visa trainee is a trainee who is not a Canadian citizen or Canadian permanent resident. The label has its origin in the document called a visa that Canadian visa offices abroad issue to be placed in a person’s passport to show that he or she has met the requirements for admission to Canada as a temporary resident (a visitor, student or worker). Many nationalities are exempt from the visa requirement, however, so it is an imperfect label.

Work Permit

A work permit is a document issued by CIC that authorizes a foreign national to work legally in Canada. It sets out conditions for the worker such as the type of work they can do, the employer for whom they can work, where they can work, and how long they can work.

The work permit for a postgraduate medical trainee designates the University of Toronto as the ‘employer’ because, in its educational role, the University of Toronto is the sole common and necessary point of contact for medical graduates who wish to further their clinical education at Toronto teaching hospitals. This designation does not in any way imply any legal employer role by the university or any obligation to the trainees, or to their actual paymaster.

Workplace Safety and Insurance Board (WSIB)

The Workplace Safety and Insurance Board (WSIB) is an independent trust agency that administers compensation and no-fault insurance for Ontario workplaces. For employers, WSIB provides no-fault collective liability insurance and access to industry-specific health and safety information. For workers, WSIB provides loss of earnings benefits and health care coverage.

16

Appendix 1

Fellowship Education Advisory Committee (FEAC) Terms of Reference

1. Scope and Purpose

The Fellowship Education Advisory Committee (FEAC) was established in 2009 as a source of advice to the Vice Dean PGME on the oversight of clinical fellowship training and the management of fellowship issues.

The FEAC gathers information across postgraduate medical departments, surveying programs for best practices and administering a biennial survey of clinical fellows, as a basis for promoting standardized procedures, drafting guidelines, and developing policy recommendations related to the management of clinical fellowships.

2. Mandate

The FEAC is tasked by the Vice Dean PGME to provide advice, identify best practices, develop guidelines and policy recommendations, and, where appropriate, act under the direction of the Vice Dean PGME regarding the following issues:

- appointment of clinical fellows, including cross-departmental appointments
- educational goals and objectives of clinical fellowships
- remuneration of clinical fellows
- orientation support for new clinical fellows
- assessment and management of deficiencies in clinical fellowships, including termination and appeals
- completion of clinical fellowship training certificates
- Royal College Areas of Focused Competence [diploma] programs
- other issues, as identified by the Vice Dean PGME

3. Reporting Structure

The FEAC reports through its Chair to the Vice Dean PGME. The Chair submits an annual report to the Vice Dean PGME.

4. Membership

The Vice Dean PGME is a member of the FEAC. The Chair and members are appointed by the Vice Dean PGME, with membership representing the following stakeholders:

- Departments of Medicine, Paediatrics, Surgery, and Family and Community Medicine
- Other postgraduate medical departments
- Hospital University Education Committee (HUEC)
- University of Toronto clinical fellows
- PGME Office

Ex officio members may include fellowship coordinators/administrators of University of Toronto affiliated teaching hospitals.

The Chair or Vice Dean PGME may invite ad hoc members to attend particular meetings and provide advice on a particular topic or agenda item.

Clinical fellow members serve a one-year term, renewable up to three years. All other members serve a two-year term, with the exception of standing members from the Departments of Medicine, Paediatrics and Surgery, and standing members from the PGME Office who provide administrative support to the committee.

5. Management and Administration

Transparency of the FEAC is served by the posting of materials on the FEAC website, including:

- Terms of Reference
- Membership
- Schedule of meetings
- Agendas and approved minutes
- Annual reports

Meeting agendas will be determined by the Chair with input from members and the Vice Dean PGME. Members may be canvassed for relevant agenda items during scheduled meetings and may provide suggestions at any time.

Meetings are held four times each year or at the call of the Chair. Meeting attendance is by invitation only. The Chair may invite individuals with particular expertise or experience to provide input on a specific topic or agenda item. Invited guests do not participate in the formulation of advice or recommendations to the Vice Dean PGME unless invited to do so by the Vice Dean PGME.

The Chair will ensure that the mandate, membership, activities, Terms of Reference, and relevance of the FEAC are reviewed every three years to ensure that the FEAC continues to meet ongoing needs.

The Terms of Reference for the committee are modified or revised with the input and advice of the FEAC, and must be approved by the Vice Dean PGME.

17

Appendix 2 FEAC Membership (2009-present)

Vice Dean PGME

Dr. Sarita Verma [2009]

Vice Dean PGME / Vice Dean Post MD Education

Dr. Salvatore Spadafora [2010 – present]

Associate Dean PGME

Dr. Glen Bandiera [2011 – present]

Director, Admissions & Evaluation PGME

Dr. Linda Probyn [2013 – present]

Chair

Dr. David Latter [2009 – present]

Standing Members

Family Medicine

Dr. Roy Wyman [2010 – 2014]

Dr. Julia Alleyne [2014 – present]

Medicine

Dr. Glen Bandiera [2009 – 2010]

Dr. Jeannette Goguen [2010 – present]

Paediatrics

Dr. Rayfel Schneider [2009 – present]

Surgery

Dr. David Latter [2009 – present]

Rotating Members

Anesthesia

Dr. Doreen Yee [2009 – 2011; 2014 – present]

Laboratory Medicine

Dr. Wedad Hanna [2009 – 2010]

Dr. Golnar Rasty [2010 – 2011]

Medical Imaging

Dr. Manohar Shroff [2009 – 2011]

Obstetrics & Gynaecology

Dr. Cynthia Maxwell [2011 – present]

Ophthalmology

Dr. David Wong [2011 – 2012]

Dr. Asim Ali [2015 – present]

Otolaryngology

Dr. Ralph Gilbert [2009 – 2011]

Psychiatry

Dr. Brenda Toner [2011 – 2012]

Radiation Oncology

Dr. Arun Ravindran [2012 – present]

Dr. Charles Catton [2011- 2014]

Clinical Fellows

Dr. Kaleem Ashraf, Paediatrics [2010 – 2012]
Dr. Elena Dubcenco, Medicine [2009 – 2010]
Dr. Nima Etminan, Surgery [2009 – 2010]
Dr. Karen Gómez Hernández, Medicine [2011 – 2014]
Dr. Astrid Haenecour, Paediatric Critical Care [2014 – 15]
Dr. Alex Henri-Bhargava, Medicine [2009 – 2011]
Dr. Julie Johnstone, Paediatrics [2012 – 2013]
Dr. Dimos Karangelis, Surgery [2015 – present]
Dr. Ashesh Kumar, Surgery [2012-13]
Dr. Tony Moloney, Surgery [2010 – 2011]

Affiliated Hospitals - HUEC

The Hospital for Sick Children

St. Michael's Hospital
Centre for Addiction & Mental Health

Dr. Susan Tallett [2009 – 2011]
Dr. Jonathan Kronick [2012 – 2015]
Dr. Julie Maggie [2015 – present]
Dr. Benoit Mulsant [2009 – 2013]

Ex Officio

Shannon Spencer, UHN-ICE [2011 – 2016]
Dalia AlMouaswas, UHN-ICE [2016 – present]

PGME

Caroline Abrahams [2009 – present date]
Jessica Fillion [2009 – present date]
John Kerr [2009 – present date]
Maureen Morris [2014 – present date]
Loreta Muharuma [2009 – present date]

Guests

Dr. Helen Batty, Family Medicine [2011]
Ashley Bedard, Medicine [2015 – present]
Melissa Collimore, CPSO [2012]
Dr. Susan Edwards, PGME [2013 – 2014]
Jessica Kyriakos, Medicine [2014]
Nathalie Novak, CPSO [2012]
Mariela Ruetalo, PGME [2011 – present]



FEAC Membership 2015-16 – back row [L to R]: Maureen Morris, Ashley Bedard, Dr. Dimos Karangelis, Dr. Glen Bandiera, Dr. David Latter, Dr. Asim Ali, Dr. Linda Probyn, Dr. Rayfel Schneider; front row [L to R]: John Kerr, Dr. Julie Maggi, Jessica Fillion, Caroline Abrahams, Dr. Doreen Yee, Dr. Salvatore Spadafora, Dr. Arun Ravindran, Dalia AlMouaswas; not pictured: Dr. Jeannette Goguen, Dr. Julia Alleyne, Dr. Cynthia Maxwell, Loreta Muharuma, Shannon Spencer

Appendix 3 - FEAC Guidelines

Fellowship Education Advisory Committee

Clinical Fellowship Offer Letters: Guidelines and Exemplars

Index

Introduction – Guidelines and Exemplars	<u>2</u>
1. Clinical Fellowship Pre-Conditions	<u>4</u>
a) Start date requirement	<u>4</u>
b) Multiple-year fellowship offer	<u>5</u>
c) Registration requirements	<u>5</u>
d) Educational objectives	<u>5</u>
2. Clinical Fellowship Activity	<u>6</u>
a) Definition of the clinical fellowship	<u>6</u>
b) Division into academic and clinical components	<u>6</u>
<i>Academic Responsibilities</i>	<u>6</u>
<i>Clinical Duties</i>	<u>8</u>
c) Changes to the clinical fellowship	<u>11</u>
3. Supervision and Evaluation	<u>12</u>
a) Pre-Entry Assessment Program (PEAP)	<u>12</u>
b) Performance evaluation and outcomes	<u>12</u>
4. Acceptance of the Clinical Fellowship Offer	<u>13</u>
Appendix: Optional Considerations	<u>14</u>

Clinical Fellowship Offer Letters: Guidelines and Exemplars

Introduction

The exemplars in the following pages originate in clinical fellowship offer letters in use across a number of University of Toronto postgraduate medical departments. These exemplars illustrate ways of providing key content in clinical fellowship offer letters. Please note that a single offer letter would not include all of the exemplars.

By collecting these exemplars in one document, the FEAC seeks to give fellowship programs a resource for assessing the completeness of offer letters, including the option to select or adapt text which best meets the needs of the individual fellowship offer.

Guidelines: 8 Essential Statements for Offer Letters

In June 2014, the FEAC finalized *Guidelines for Educational Responsibilities in Clinical Fellowships* (<http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>) with the assistance of legal counsel. The document includes a list of eight essential statements for clinical fellowship offer letters (other terms may be developed as required by the institutions involved):

- 1. A statement of the duration of the fellowship, including the start and end dates**
- 2. A statement that the relationship between the fellow and the University is educational only and does not constitute an employment relationship with the University**
- 3. A statement that the fellowship is subject to legal and policy and professional requirements of the clinical site**
- 4. A statement that the fellowship supervisor will provide the clinical fellow with a copy of the educational goals and objectives of the fellowship, as approved by the Vice Dean PGME**
- 5. A statement that successful completion of the fellowship's goals and objectives shall entitle the fellow to a Certificate of Completion, issued by the University of Toronto and its Office of Postgraduate Medical Education**
- 6. A statement that the fellow may be placed on probation or be subject to remediation**
- 7. A statement that the fellowship may be terminated earlier for cause for performance reasons**
- 8. A statement that the fellowship program shall endeavour to provide a reasonable opportunity for the clinical fellow to attain the written goals and objectives of the fellowship**

A Note on the Authorship of Offer Letters

The department hosting the clinical fellowship experience is responsible for making decisions about the eligibility of applicants, for communicating with applicants regarding eligibility, and for processing the clinical fellowship appointment. Authorship of the fellowship offer letter therefore rests within the department hosting the clinical fellowship.

Cross-departmental appointments involve appointing a trainee as a clinical fellow in a discipline in which the trainee has not been recognized as a specialist (such as the appointment of a General Surgeon to a clinical fellowship in Otolaryngology). The FEAC, in consultation with the CPSO, developed a template for the educational objectives of cross-departmental appointments (<http://pg.postmd.utoronto.ca/faculty-staff/access-pg-administrative-resources/find-registration-document-templates/>). Completion of this template, like authorship of the cross-departmental fellowship offer letter, rests within the department hosting the clinical fellowship.

Exemplars

The following departments contributed sample clinical fellowship offer letters to the FEAC for the preparation of this document: Anaesthesia, Critical Care Medicine, Medicine, Medical Imaging, Ophthalmology & Vision Science, Otolaryngology – Head & Neck Surgery, Paediatrics, Paediatric Critical Care Medicine, Pathobiology & Laboratory Medicine, Psychiatry, Radiation Oncology, and Surgery.

The relationship between the University of Toronto and a clinical fellow is an educational one only; this document therefore deals only with the educational component of clinical fellowship offer letters. This collection of exemplars does not include the following considerations:

- Remuneration and benefits
- Vacations and leaves
- Hospital code of conduct
- Respect in the workplace
- Privacy and confidentiality of information
- Prevention of violence and harassment in the workplace
- Hospital credentialing
- Workplace Safety and Insurance Board (WSIB)

This collection of exemplars consists of extracts from actual offer letters, minus departmentally specific content. The examples have been organized according to the following four themes:

1. Clinical Fellowship Pre-Conditions
2. Clinical Fellowship Activity
3. Supervision and Evaluation
4. Acceptance of the Clinical Fellowship Offer

1. *Clinical Fellowship Pre-Conditions*

a) **Start date requirement:**

- This offer is contingent upon *fulfillment* of the requirements of licensure by the College of Physicians and Surgeons of Ontario and registration with the Postgraduate Medical Education Office, Faculty of Medicine, University of Toronto, *such that* the fellowship starts no later than [*specified date 60 to 90 days from target start date*] or this offer is void.
- This offer is contingent upon fulfillment of the requirements for licensure established by the College of Physicians and Surgeon of Ontario (CPSO), and registration with the Postgraduate Medical Education Office, Faculty of Medicine, University of Toronto, such that the fellowship starts no later than [*insert date*] or this offer is void.
- The planned start date of the fellowship is [*date*]. If you are not able to start on [*date*], this offer is null and void. However, the planned start date may be revised if delays are encountered in obtaining a work permit or meeting the registration requirements of the College of Physicians and Surgeons of Ontario. The duration of the fellowship will be [*duration*] with a completion date of [*date*]. Any such change to the start and end dates must be approved by the fellowship supervisor and/or the Departmental Fellowship Program Director for the fellowship to proceed.

Optional Recommendation:

- *If you are unable to commence the Pre-Entry Assessment Program (PEAP) between [start date and end date] this offer may be rescinded.*

b) **Conditional Multiple-year fellowship offer** (applicable only in the case of fellowships of two or more years' duration):

- Your appointment to the University will end on [*date*]. If you are successful in the first half of your fellowship and wish to extend your training, a second year placement may be negotiated after 5-6 months of appointment.
- The Clinical Fellowship position is for one year but may be extended for an additional year at the discretion of the Program Director and Clinical Fellowship Training Committee if additional clinical training and experience is required.

c) Registration requirements:

- Licensure, Malpractice Insurance, Registration, Work Permit Processing:

You are responsible for:

- i. Work permit for non-citizens: The University of Toronto Postgraduate Medical Education Office will provide you with the necessary authorization to obtain a work permit upon receipt of your application and final approval of your appointment to the University. You will be responsible for applying for the work permit upon receipt of instructions from the University.
- ii. College of Physicians and Surgeons of Ontario (CPSO) medical license: you must apply to the CPSO for a certificate of registration for Postgraduate Medical Education (or Independent Practice, if applicable) well in advance of the start of your training to ensure you will be granted a license on time to begin the program.
- iii. Malpractice insurance: you must apply to the Canadian Medical Protection Association (CMPA) for membership so that you will have appropriate malpractice insurance on time to commence the program.
- iv. Health coverage (UHIP/OHIP): the Ontario Health Insurance Plan (OHIP) covers basic health care costs and is available for Canadian citizens/permanent residents. It is also available for international trainees (and accompanying family members) on work permits if their training appointment is at least 6 months in duration. University Health Insurance Plan (UHIP) coverage must be purchased if trainees or their accompanying family members are ineligible for OHIP.
- v. Registration: You are expected to fully register with the Postgraduate Medical Education Office, Faculty of Medicine, University of Toronto, and with the hospital medical education office before you commence your program.

d) Educational Objectives:

- The educational goals and objectives of this fellowship are attached and will be forwarded to the College of Physicians and Surgeons of Ontario (CPSO) with the approval of the Vice Dean PGME as part of the requirements for your licensure as a clinical fellow.
- The specific goals, objectives and requirements (as approved by the Vice-Dean PGME) of your fellowship are listed in the enclosed document, and the fellowship program shall endeavor to provide reasonable opportunity for you to attain these goals and objectives.

2. Clinical Fellowship Activity

a) Definition of the clinical fellowship:

- The fellowship will provide clinical, research and educational training in the following area: *[name of the fellowship]*.
- Training undertaken during a clinical fellowship cannot be recognized for credentialing purposes as training leading to certification by the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada.

b) Division of fellowship activity into academic and clinical components:

Academic Responsibilities

Please note that fellowship programs will want to adopt or adapt selected content from the listing of exemplars below, as appropriate to the individual fellowship offer. A single offer letter would not contain all of the content in this section.

- *[Percentage]* of the time, or *[number]* days per week (averaged over the year) will be dedicated to academic activities.
- The academic time dedicated to a research project will be granted based on the following criteria:
 - i. The fellow is actively involved in research protocol development, ethics submission, project implementation and manuscript writing
 - ii. Project submissions will include a one-page summary outline the plan, milestones and deliverables, and reviewed on a quarterly basis
- You will be responsible for the following:
 - i. Participating in all educational activities, such as journal clubs, rounds, *[details]*
 - ii. Participating in research projects: planning, coordinating, implementing one or more projects; trial data analysis, presenting results at local, national, and/or international meetings; preparing final, peer-reviewed manuscripts for publication.
- Protected academic time is assigned to all fellows for the purpose of carrying out research projects. Research must be conducted on-site, meaning that you must be in the Department on your research days.

- At the completion of the fellowship, the Department requires fellows to prepare one manuscript, suitable for publication, for each year of fellowship training. The Department also expects fellows to prepare at least one hour-long lecture for each year of fellowship training.
- As described in your fellowship application, as a Fellow you will be expected to undertake or collaborate or support research studies under the mentorship of your research supervisor. You must report to your supervisor for matters concerning your research and through your supervisor to [*name of Divisional Chair*]. The division of time between clinical and research activities will be negotiated between you and your supervisor.
- As part of your research, you will be expected to participate in the Fellows' Research Seminars, research day, and to undertake teaching duties as required within the postgraduate residency training program.
- [*Name of hospital site*] is extremely active at the levels of undergraduate, postgraduate, continuing and public education, and as a clinical fellow it is expected that you will take an active part in these activities. You may also be expected to teach/supervise medical students and residents who are assigned to [*name of the division*] and you may be called upon to teach in some courses and other educational events.
- To participate in all academic activities, including but not limited to:
 - i. Presentations of patients at weekly Divisional Rounds
 - ii. Presentation of cases and discussion of their peri-operative course at Morbidity and Mortality Rounds
 - iii. Reviews of topics assigned for discussion at didactic rounds
 - iv. Participation in the supervision of interns and residents
 - v. When appropriate, responsibility for some teaching of undergraduate medical students
 - vi. Undertaking of one or more clinical research projects leading to presentation and publication
- The goal of our program is to provide advanced academic training in [*name of specialty/subspecialty*]. Because research and creative professional activity are integral components of academic medical practice, all [*name of specialty/subspecialty*] fellows are assigned protected academic time for the purpose of carrying out research. You should discuss your research plans with your supervisor as early as possible. If you wish to start your project at the outset of your training, you should send your proposal (including protocol and expected milestones) to your supervisor well in advance of your fellowship start

date. Upon completion of your fellowship, you will be required to prepare a full manuscript of your year's academic work in a format similar to that used for journal submissions.

- As part of your Fellowship, you will be expected to participate in the Fellows' Research Seminars, Journal Club, Research Day, and to undertake occasional teaching duties within the Postgraduate Residency Training Program in the University of Toronto [*name of department*].
- The Division will support the expenses incurred by a fellow to attend a conference during the term of the fellowship up to a total amount of [*amount*] provided that the fellow is presenting research studies carried out during their fellowship. Presentation of such research studies at multiple conferences, or at conferences that take place beyond the term of the fellowship will not be covered by [*name of division/department*], but may be negotiated on a case-by-case basis with the fellow's own supervisor(s).

Clinical Duties

Please note that fellowship programs will want to adopt or adapt selected content from the listing of exemplars below, as appropriate to the individual fellowship offer. A single offer letter would not contain all of the content in this section.

- The program includes a [*specified extent*] clinical commitment (approximately [*number*] shifts per month) in [*name of hospital site*] and commitment to related oversight, teaching, administrative and other related duties at [*name of hospital site*]. You must successfully complete the [*specified*] components in order to be considered successful in overall program completion.
- Clinical fellows are responsible for providing in-house on-call coverage as part of their program.
- You will be under the supervision of a University of Toronto appointed [*specialist*] when providing clinical patient care.
- Call shifts are typically [*number of hours*] in duration, without the next day off. When it is necessary for the [*third call*] fellow to work in the hospital past midnight, they will not be expected to work clinically on the following day.

- You will be responsible for the following:
 - i. Attending [number of *hours*] clinical per week. [*Number of hours*] of remaining time will be protected so that you may carry out your research.
 - ii. In-patient consultations [*details*]
 - iii. In-house on-call [*number of hours*] per month/per year
 - iv. Providing coverage for in-house staff, as required
- The Chief Fellow will do all necessary roster schedules in coordination with the fellows. You will be required to be available (on call) on a rotational basis with the other fellows in the Department.
- You will be assigned to [*name of division hosting fellowship program*], reporting to your supervisor, [*name of supervisor*], or whom they will designate, and through them to the Chair of the Division, [*name of Chair*], and ultimately to the Physician-In-Chief, [*name of Physician-In-Chief*]. As required for all clinical fellows, we will develop a training program with you to meet your educational objectives with a focus on [*details*] and understanding of [*details*]. It is also expected that you will participate in educational activities that enhance your knowledge and skill in the practice of [*name of specialty/subspecialty*]. You are expected to work in a collegial manner with team members, and consult your supervisor on cases as appropriate. You are expected to use and support both individual and group approaches to treatment with your patients.
- We offer advanced training for fully trained [*specialists*]. However, the [*name of Department*] at the University of Toronto is committed to the training of [*name of specialty*] residents and therefore residents are given priority when delegation of responsibility is appropriate.
- To participate in all clinical duties in [*name of the Division*], including:
 - Admit patients, record their medical history and physical examination in clinic and ward environment
 - Assist in [*clinical setting*] under supervision of the attending [*specialist*]
 - Consult on patients on medical wards, ICUs, outpatient clinics and emergency department
 - Make rounds in the various hospital units assigned, order appropriate medications, tests and other forms of therapy required for continued care, plan discharge with nurse clinicians and charge nurse, and write a daily progress note in the chart where appropriate
 - Finish the term, which means staying until the end of their arranged fellowship

- Demonstrate a collaborative ability with residents, other health care providers and other clinical fellows
- You will be responsible for the following:
 - To perform all requested consults (e.g. history, physical, assessment, plan and dictation of consult notes for inpatient service within three (3) working days of request
 - To perform new clinic consults and follow up visit assessments and dictation in a timely fashion as a consultant with appropriate supervision i.e. be able to run a parallel clinic to the attending staff.
 - To perform at least three (3) half-day outpatient clinics scheduled per week
 - To perform relevant patient administrative and or clinical forms
 - To review paper admission forms in determining the suitability for inpatient rehabilitation
 - To participate in multidisciplinary team rounds and chair family conferences when appropriate
 - To be exposed to current research carried out in the rehabilitation programs
 - To attend and be involved in continuous educational learning with postgraduate academic half days weekly and the monthly grand rounds in the [*name of division/department*]
 - To present education or best practice rounds at least two times during fellowship
 - To perform education of more junior trainees, e.g. junior residents, medical students and interprofessional students
 - To be involved in a team research project for presentation as poster at the annual [*name of conference*] and other meetings as deemed appropriate. If you pursue a 2 year fellowship it is expected you will be actively involved in preparation and submission to ethics board review, sample size calculation, recruitment of subjects, data collection data analysis and preparation of poster for presentation and manuscript for publication.

- In the first year, your fellowship is 80% research and 20% clinical; the second year is 80% clinical and 20% research.

The components of your job description have been sent to you previously. In the research component, opportunities in clinical and basic science projects will be designed based on your interests and available timelines.

- In-hospital call and home call are a mandatory educational component of the clinical fellowship. In-house call of approximately three days per month is required for this Fellowship. Out of hospital home call of approximately two days per month is required.

c) Changes to the clinical fellowship:

- Any proposed changes to your duties or responsibilities will be discussed with you and other affected physicians by the Chief of the Division and by the Physician-In-Chief, to ensure that your input and comment are obtained prior to approval and implementation.

If the division of duties to be performed at [*name of hospital site*] is changed, the educational goals and objectives of the fellowship will be revised as necessary and submitted to the CPSO with the approval of the Vice Dean PGME.

- Should unforeseen and unlikely circumstances exist where your supervisor is no longer able to practice but funding is still available, efforts will be made to find an appropriate alternative supervisor.
- Should unforeseen and unlikely circumstances exist where the funding arrangements for the fellowship position are no longer viable, the offer may be withdrawn or the fellowship terminated at that time.

3. Supervision and Evaluation:

a) Pre-Entry Assessment Program (PEAP):

- If you are an international medical graduate you must obtain an educational license which is issued by the Ontario College of Physicians of Ontario (www.cpso.on.ca). As mandated by the CPSO, all clinical fellows who obtained their specialty certification outside of Canada or the U.S. must pass the Pre-Entry Assessment Period (PEAP). This assessment period is supervised by your supervisor and is done in the first 4-12 weeks of your clinical fellowship. Failure of the PEAP will result in the CPSO not issuing a full educational license and termination of the fellowship. Information about the PEAP can be found at: <http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>.
- Please note that the PEAP is carried out as part of the fellowship; it does not extend the fellowship training period in any way.

b) Performance evaluation and outcomes

- The fellow will receive evaluations from his/her supervisors at completion of every rotation or more frequently for rotations of 6 months or longer during the fellowship. Fellows will have an opportunity to provide anonymous feedback on faculty supervisors with whom they have worked during their fellowship year and on the fellowship program itself.
- When the fellowship has been completed and the final in-training evaluation report confirms that the educational goals and objectives have been fulfilled, the Faculty of Medicine will issue a certificate verifying successful completion of the fellowship.
- The fellowship may be terminated at any time with the mutual consent of the clinical fellow and the supervisor, with Departmental approval.
- You will be given semi-annual evaluations, or more frequent if appropriate, by faculty during the fellowship outlining progress and areas for improvement. Fellows will have the opportunity to provide anonymous feedback on their supervisors and the training program.

Optional Recommendation:

- *Should circumstances arise where remediation, probation or suspension may be necessary, or where termination of the fellowship may be necessary, decisions will be made in accordance with the Guidelines for Educational Responsibilities in Clinical Fellowships, as posted on the Postgraduate Medical Education (PGME) website at <http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>.*

4. Acceptance of the Clinical Fellowship Offer

- I understand that any misrepresentation made by me in connection with my candidacy for this clinical fellowship will be just and sufficient cause for withdrawal of the fellowship by *[name of department]*.

I understand and accept the terms and conditions of this clinical fellowship as outlined on the attached Educational Objectives and Job Description.

[Clinical Fellow signature and date]

- I have read this Letter of Fellowship Job Offer, as well as the accompanying Fellowship Information and the Educational Objectives for the Clinical Fellowship. I accept this offer of clinical fellowship training.

[Clinical Fellow signature and date]

- To accept this training offer and allow us to proceed with your appointment to the University of Toronto, please sign this letter and return by *[date]*. Because there are a number of University and government formalities that can take up to 6 months to complete prior to your registration, please reply promptly to this offer. Failure to return this letter by the specified date will be interpreted as non-acceptance and the offer will be withdrawn.

Also, please note that the relationship between the fellow and the University is educational only and does not constitute an employment relationship with the University. The fellowship is subject to legal, policy and professional requirements of the clinical site.

APPENDIX: Optional Considerations

Observership Option:

- This offer is conditional upon successful completion of a mandatory period of Observership. Should this element fail to be met successfully, as determined by the Program Director and Training Committee, the offer will be withdrawn.

Pre-Offer Cover Page:

Date

Candidate's name and address

Dear *[Name]*,

Congratulations! It is with great pleasure that *[hospital]* invites you to join one of the world's top *[specialty]* hospitals. The fact that you were chosen for this role from among many outstanding candidates speaks to your achievements and your potential for success.

At this time we are very pleased to confirm our offer to you starting *[start date]* for a Fellowship Appointment with *[Department/Division]*. The terms and conditions of our offer are as set out in the attached offer letter and appendixes dated *[date]*.

Please carefully review the provisions of *[hospital]*'s offer and confirm your acceptance by signing and returning all required documentation to *[hospital]*.

Should you have any questions about your appointment, please do not hesitate to contact *[applicable contact person managing fellowship offers]* by e-mail at *[email address]* or phone at *[phone number]*.

Once again, welcome to the *[hospital]* team! We hope you are as excited as we are to play a part in the future of *[hospital]* and we would be delighted to have you as a member of our team.

With warm regards,

[Signature Block]

University of Toronto Faculty of Medicine Postgraduate Medical Education

Guidelines for Educational Responsibilities in Clinical Fellowships

1. Introduction

Clinical fellows are physicians who are acquiring post-certification training. According to the *Medicine Act, 1991*, the applicant must meet the educational requirements for certification as a specialist by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC), or a member board of the American Board of Medical Specialties, or be recognized as a medical specialist in the jurisdiction where the applicant practices medicine immediately before the appointment as a clinical fellow. A clinical fellowship is an opportunity for a physician to obtain advanced training, and/or to acquire more specialized expertise than would typically be available during a residency.

In Ontario, most clinical fellows practise pursuant to a medical educational license, issued by the College of Physicians and Surgeons of Ontario (CPSO). The CPSO requires clinical fellows with an educational license to have goals and objectives against which they are to be evaluated, and expects every fellowship to adhere to supervision guidelines and professional responsibility policies.

The relationship between the University of Toronto and a clinical fellow is an educational one only; these Guidelines therefore deal only with the educational component of clinical fellowships. The clinical aspects of the clinical fellows' learning are all subject to the policies, rules and regulatory compliance of the hospital or other clinical setting.

2. Principles

- a) The University, through its Postgraduate Medical Education (PGME) Office, Academic Departments, and supervising and collaborating clinical faculty members, shall endeavour to provide a reasonable opportunity for the clinical fellow to attain the written goals and objectives of the fellowship. This will include provision of feedback in various ways throughout the fellowship in compliance with the College of Physicians and Surgeons of Ontario's *Policy on Professional Responsibilities in Postgraduate Medical Education* [<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1846>] Every supervising and collaborating clinical faculty member and every clinical fellow is expected to be familiar and compliant with the CPSO's Policy.
- b) In keeping with the foregoing principles, every offer of a clinical fellowship shall contain, as an appendix, a written statement of the fellowship's Goals and Objectives. The offer letter shall contain a reference to the acceptance of the Goals and Objectives by both the supervisor and the clinical fellow. Once accepted, a copy of the offer letter shall be filed with the PGME Office and with the Academic Department Chair.

- c) In every case the offer must be in writing. Each offer letter shall include the following:
- A statement of the duration of the fellowship, including the start and end dates
 - A statement that the relationship between the fellow and the University is educational only and does not constitute an employment relationship with the University
 - A statement that the fellowship is subject to legal and policy and professional requirements of the clinical site
 - A statement that the fellowship supervisor will provide the clinical fellow with a copy of the educational goals and objectives of the fellowship, as approved by the Vice Dean PGME
 - A statement that successful completion of the fellowship's goals and objectives shall entitle the fellow to a Certificate of Completion, issued by the University of Toronto and its Office of Postgraduate Medical Education
 - A statement that the fellow may be placed on probation or be subject to remediation
 - A statement that the fellowship may be terminated earlier for cause for performance reasons
 - A statement that the fellowship program shall endeavour to provide a reasonable opportunity for the clinical fellow to attain the written goals and objectives of the fellowship

Other terms may be developed as required by the institutions involved.

3. Evaluations

Evaluation of clinical fellows should occur on a regular basis, through a combination of oral feedback delivered in the clinical setting and in meetings, and periodic written assessments. All evaluations should be guided by the educational goals and objectives of the fellowship.

A meeting to discuss educational progress should be held between the clinical fellow and the supervisor after each three months of the fellowship.

A formal written evaluation must be completed after each 6 months of the fellowship. In one year fellowships, the second evaluation is the summative, final evaluation and is conducted in the final month of the fellowship.

If deficiencies are observed, these should be conveyed to the clinical fellow in a meeting and/or in a written evaluation.

4. Remediation, Probation or Suspension

- a) **Remediation:** Where, in the opinion of the supervisor, there are deficiencies in progress towards the goals and objectives that are not being remedied through standard educational interactions, and there is a reasonable prospect of improvement with additional measures being put in place, the supervisor shall propose a remediation plan. The plan will include specific written measures that are designed to assist the fellow in achieving the goals and objectives.

The proposed remediation plan is to be discussed with the Academic Department Chair (or delegate) and is subject to his/her approval. Where remediation involves additional costs (tutoring, coaching, textbooks, etc.) the responsibility for such costs as between the funder of the fellowship, the fellow and the supervisor's Academic Department shall be identified and included in the proposed plan.

The proposed plan shall be discussed with the clinical fellow. Agreement to the plan by the supervisor and the clinical fellow shall be recorded in writing, and a copy shall be provided to the PGME Office. The remediation plan should specify the consequences of both successful completion of remediation, and unsuccessful remediation. The decision as to whether the remediation has been successfully completed is to be made by the supervisor and the Academic Department Chair (or delegate).

If the remediation results in any material change of the goals and objectives of the fellowship, the CPSO must be notified. A second remediation may be entered into, but only in exceptional circumstances. If the fellow does not agree to a remediation proposal that has been approved by the supervisor and the Academic Department Chair (or delegate), the fellowship is subject to termination for cause. A fellow who disagrees with a proposed remediation may ask that the Vice Dean PGME review the proposal and that there be further discussion with the supervisor. The decision as to the appropriate remediation plan remains that of the supervisor after such review and discussion has occurred.

- b) **Probation:** Where, in the opinion of the supervisor, there are more serious deficiencies in meeting the requirements of the clinical fellow role at any point in time (i.e. ones that are not viewed as being amenable to being dealt with via a remediation plan), the supervisor may, with the approval of the Academic Department Chair (or delegate) place the clinical fellow on probation. Probation is a time-limited period of clinical activity where performance is closely monitored and where, if the serious problems continue, there will be a termination of the fellowship for cause. The terms of the probation must be set out in writing. Failure to meet the probationary standards shall result in termination for cause. Successful completion of probation results in the resumption of regular evaluation.
- c) **Suspension:** Where, in the opinion of the supervisor, the fellow has committed a critical error and/or there is a concern for patient safety or the safety of the learning environment, the fellowship must be suspended immediately. In such a case, the supervisor must notify, in writing, the clinical fellow; the Chair of the Academic Department; the hospital or clinical site Vice-President Education (or equivalent); and the Vice-Dean PGME. The PGME Office shall inform the CPSO of the suspension.

Carriage of a review/investigation or other handling of the circumstances underlying the suspension shall depend on the institution having jurisdiction. Designation of jurisdiction shall be a matter of discussion between the University and the other institution, and may be subject to additional policies or guidelines, such as the PGME Guidelines Addressing Discrimination and Harassment.

Any decision regarding return to clinical training from suspension is dependent on the conclusions of an investigation or other review, and by a CPSO determination (if applicable). The decision and investigation will be determined by the University Academic Department, the Hospital, and PGME consulting together.

All of the foregoing, whether in relation to remediation, probation or suspension, is subject to applicable laws, regulatory requirements and policies pertaining to the clinical activity.

5. Termination and Review

The Academic Department Chair (or delegate) may terminate a fellowship prior to its scheduled completion date for cause for performance reasons. The Academic Department Chair shall ensure that prior to the final decision the clinical fellow has been advised in writing of the reasons for the proposed termination, and has had an opportunity to respond. Prior to any decision to terminate, the Academic Department Chair (or delegate) shall consult with the fellowship supervisor, the Vice-Dean PGME and the hospital Vice-President Education. Termination for cause may occur at any time in the fellowship depending on the performance reasons that exist, and is not dependent whether remediation, probation, or suspension has occurred beforehand.

In all cases of early termination for cause for performance reasons, the University will alert the institution which has entered into the contract with the fellow in advance of the termination being finalized, so that the institution may consider what contractual provisions, if any, including notice, may apply.

Where a clinical fellow has been terminated for cause for performance reasons, PGME will not issue a Certificate of Completion, but will only issue a letter which verifies the dates and duration of the trainee's registration and includes a notation that the fellowship was terminated for cause.

The CPSO must be notified of a change in status following a withdrawal of the trainee from a clinical fellowship or the termination of the fellowship for cause for performance reasons.

The decision of the Academic Department Chair (or delegate) regarding the termination of a fellowship for cause for performance reasons is not subject to appeal. However, a clinical fellow may request a review of the decision. The review shall be conducted by an alternate individual or individuals appointed by the Vice Dean PGME. The review shall consider whether there was a reasonable opportunity given to the fellow to achieve the written goals and objectives of the fellowship. If the review concludes that a reasonable opportunity was not provided, the decision shall be referred to the Vice Dean PGME for further discussion as between the Vice Dean PGME, the supervisor, the fellow, the Academic Department Chair (or delegate), the clinical site and any other relevant parties. The outcome of the discussion depends on all the circumstances considered.

6. Attainment of Educational Goals and Objectives

Where, in the opinion of the clinical fellow, there are serious deficiencies in the efforts of the supervising and collaborating clinical faculty members to provide a reasonable opportunity for the clinical fellow to attain the goals and objectives of the fellowship or serious deficiencies in those faculty members' compliance with the CPSO's *Policy on Professional Responsibilities in Postgraduate Medical Education*, a review of the progress of the clinical fellowship shall occur. The review shall be conducted by an individual or individuals appointed by the Vice Dean PGME. If the review supports the opinion of the clinical fellow, the case shall be referred to the Vice Dean PGME for corrective action, to be undertaken in consultation with the relevant parties, including the Academic Department Chair (or delegate).

Fellowship Education Advisory Committee

For Information: Additional Shifts for Clinical Fellows

The Royal College of Physicians and Surgeons of Canada (RCPSC) defines “moonlighting” as the independent practice of medicine during residency training in situations that are not part of required training in the residency program.¹

Clinical fellows who hold a postgraduate educational certificate from the College of Physicians and Surgeons of Ontario (CPSO) are not eligible for moonlighting.

The CPSO’s terms and conditions for issuance of a postgraduate educational certificate include the statement that the clinical fellow “may practise medicine only as required by the clinical or research fellowship program in which [*name of the clinical fellow*] is enrolled at [*name of the university*].” Clinical fellows must obtain an independent practice or restricted certificate of registration from the CPSO in order to take on additional shifts outside of the clinical fellowship.

In addition, the Canadian Medical Protective Association (CMPA) coverage for clinical fellows (CMPA Type of Work code 13) does *not* allow “moonlighting” (per CMPA website at <https://www.cmpa-acpm.ca/en/trainees/clinical-fellows>). Clinical fellows who hold an independent practice or restricted certificate of registration from the CPSO and wish to “moonlight” must select the appropriate CMPA practicing physician code.

Clinical fellows who hold a postgraduate educational certificate from the CPSO may complete additional shifts only if this additional clinical experience is within the educational objectives on file with the CPSO. If adding extra shifts to the fellowship makes revision of the fellowship’s educational objectives necessary, then the revised objectives should be forwarded to the PGME Office for the approval of the Vice Dean PGME prior to their submission to the CPSO. Clinical fellows doing additional shifts must have a clearly identified supervisor for each additional shift who will provide an appropriate level of supervision.

¹ The policy of the Royal College on moonlighting, like that of the CPSO and COFM, refers only to residents moonlighting:

- Royal College of Physicians and Surgeons of Canada (RCPSC):
http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/statement_moonlighting_e.pdf
- College of Physicians and Surgeons of Ontario (CPSO):
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1648>
- Council of Ontario Faculties of Medicine (COFM):
<http://pg.postmd.utoronto.ca/about-pgme/policies-guidelines/>

Fellowship Education Advisory Committee Guidelines for the Remuneration of Clinical Fellows

Beginning September 2010, Citizenship and Immigration Canada (CIC) waived the requirement for the issuance of a positive or neutral Labour Market Impact Assessment (LMIA) for foreign national medical residents and fellows, prior to the issuance of a work permit to a foreign national seeking to occupy one of these positions in Canada.

In place of the LMIA, the PGME Office must provide appointees with a CIC approved letter of employment that includes the following statement:

The foreign national receiving remuneration as a medical resident, clinical fellow or research fellow is being remunerated at a rate commensurate with that of a Canadian performing the same duties in the same location of work as the foreign national.

Because of the variety of fellowships that the Faculty of Medicine offers in its affiliated hospitals, as well as the variation in fellowship responsibilities, skill level and educational objectives, there is no established standard for the remuneration of clinical fellows.

The Fellowship Education Advisory Committee (FEAC) recommends that, for all clinical fellows, including foreign nationals ("visa trainees") with non-departmental funding, departments consider whether the proposed funding arrangement would be acceptable for a Canadian in the same fellowship position.

In view of the advanced level of training that a clinical fellowship represents, the FEAC recommends the remuneration of clinical fellows at a rate at least equal to that of a PGY1 trainee (per the "Salary Scale" accessible at http://www.myparo.ca/Contract/PARO-CAHO_Agreement) and urges departmental review of all funding arrangements that do not meet this threshold.

The FEAC also recommends that departments consider the impact on clinical fellows of the cost of living in Toronto. The accompanying tables identify estimated first-year expenses for a visa trainee (Appendix 1) and for a visa trainee with an accompanying spouse and two children (Appendix 2).

Appendix 1

Estimated cost of living for a single adult in Toronto, for the first year of a clinical fellowship

The following table (December 2014) is an estimate of basic living expenses for a single adult (international clinical fellow, first year) in Toronto:

First Year Expense	Amount	Rationale/Source
Canadian Embassy Work Permit Application Fees	\$ 255	Temporary Resident Visa , Work Permit
PGME Visa Processing Fee	150	One-time fee, unless fellowship renewal requested at a later date
One-Way Flight to Canada	1,350	Dubai – Toronto - Dubai; Source: British Airways
CPSO Fees	476	Non-refundable Application Fee = \$162, Membership Fee = \$314
CPIC Requirement Criminal Record Check	20	CPSO requirement Online application with the Toronto Police Service
Source Verification of Medical Degree (physiciansapply.ca)	405	CPSO requirement. Account Fee = \$260, Medical Document Fee = \$145 for each medical credential document submitted for source verification.
CMPA Annual Premium	2,316	Clinical Fellow monthly rate = \$193
UHIP	162	Single 3-month rate until OHIP coverage
PGME Registration Fee	700	Annual fee (pro-rated)
Conferences, symposia, other educational activities	1,500	Estimated cost of fellowship-related educational activities outside of PGME enrolment
TTC Metropass - Annual	1,605	Monthly rate = \$133.75
Rent - 1 Bedroom Apartment	15,600	Monthly rate = \$1,300 average, Source: Re/Max, U of T Centre for International Experience (CIE)
Telephone + Internet (including Long Distance)	1,536	\$45 Phone (basic), \$45 Internet (basic), \$38 Cable (basic); Source: Rogers
Food	5,500	Source: U of T (CIE)
Clothing	2,500	Source: U of T (CIE)
Miscellaneous Expenses	4,000	Source: U of T (CIE) (Includes laundry, entertainment, supplies)

TOTAL ANNUAL EXPENSES ¹ \$ 38,075

¹ Fellows receiving remuneration from Canadian sources should consult Canada Revenue Agency (<http://www.cra-arc.gc.ca>) regarding the taxable status of their remuneration

Appendix 2

Estimated cost of living for a single adult and three accompanying family members in Toronto, for the first year of a clinical fellowship

The following table (December 2014) is an estimate of basic living expenses for a single adult (international clinical fellow, first year) in Toronto with an accompanying spouse and two children:

First Year Expense	Amount	Rationale/Source
Canadian Embassy Work Permit Application Fees	\$555	Temporary Resident Visa , Work Permit, plus accompanying family members (\$100 x 3)
PGME Visa Processing Fee	150	One-time fee, unless fellowship renewal requested at a later date
One-Way Flight to Canada ²	4,430	Average \$4,430/one-way, Dubai– Toronto; Source: British Airways
CPSO Fees	476	Non-refundable Application Fee = \$162, Membership Fee = \$314
CPIC Requirement Criminal Record Check	20	CPSO requirement Online application with Toronto Police Service
Source Verification of Medical Degree (physiciansapply.ca) ³	405	CPSO requirement. Account Fee = \$260, Medical Document Fee = \$145 for each medical credential document submitted for source verification
CMPA Annual Premium	2,316	Clinical Fellow monthly rate = \$193
UHIP	486	Family 3-month rate until OHIP coverage
PGME Registration Fee	700	Annual fee (pro-rated)
Conferences, symposia, other educational activities	1,500	Estimated cost of fellowship-related educational activities outside of PGME enrolment
TTC Metropass - Annual	2,390	Monthly rate = \$133.75, Weekly pass = \$39.25(20 weeks)
Rent - 2 Bedroom Apartment	19,800	Monthly rate = \$1,650 average, Source: Re/Max
Child Care ¹	13,800	Monthly rate = \$1,150 average (1 child); Source: City of Toronto
Telephone + Internet (including Long Distance)	1,956	\$80 Phone (basic), \$45 Internet (basic), \$38 Cable (basic); Source: Rogers
Food ¹	7,200	Monthly rate = \$600 average, Source: City of Toronto
Clothing ¹	4,000	One-time outlay for winter clothing
Miscellaneous Expenses ¹	5,500	Includes laundry, entertainment, supplies

TOTAL ANNUAL EXPENSES ⁴ \$ 65,684

² Please note that estimated expense may vary depending on the age of the children.

³ Expense may vary depending on number of documents (e.g. translations) required.

⁴ Fellows receiving remuneration from Canadian sources should consult Canada Revenue Agency (<http://www.cra-arc.gc.ca>) regarding the taxable status of their remuneration.

19

Appendix 4

Fact Sheet: WSIB and Liability Coverage for PG Trainees

Workplace Safety and Insurance Board (WSIB) Coverage: Payment of Premiums for Clinical Fellows, Internationally Sponsored Trainees, and Family Medicine PRP Residents

- Bill 18, *Stronger Workplaces for a Stronger Economy Act, 2014* amended Ontario's labour and employment statutes and employment protections to cover unpaid and foreign employees
- WSIB's Operational Policy Branch confirmed that the following WSIB policies apply to postgraduate residents and fellows:
 - WSIB policy [12-04-04, *Individuals on Unpaid Training Placements*](#) identifies learners placed by the training agency (the University) with the placement host (hospital) who are not paid by the placement host to be unpaid trainees.
 - WSIB policy [12-04-05, *Coverage for Unpaid Trainees*](#) states that normally a placement host which is in a compulsory covered industry is responsible for WSIB premiums and any claim costs. However, the placement host would **not** be responsible for WSIB insurance costs if
 - 1) The training agency elected to be the learner's employer during the placement, or
 - 2) The training is provided through a government-funded program (i.e. medical residents funded by the Ontario Ministry of Health)
- UofT Faculty of Medicine has approximately **3,400** clinical or research fellows and residents.
- Over **1,900** of this group are funded by the Ontario Ministry of Health and WSIB premiums are deducted from the payroll.
- The remaining **1,500** trainees are funded in a variety of ways – including self-funding, research grants, hospitals, foundations, foreign governments, or practice plans. Hospital may already be paying WSIB premiums for those fellowship trainees on hospital payroll systems.
- In addition, there is an intake of **24** Family Medicine Pre-Residency Program (PRP) residents annually. They rotate through affiliated hospitals during Phase 2 of the PRP for approximately 6 weeks prior to the start of their residency.
- If a work-related injury occurs, workers without WSIB coverage can sue the employer/placement host.
- As indicated in policy [12-04-04, *Individuals on Unpaid Training Placements*](#) a learner can be in receipt of other types of payment and still be considered an unpaid trainee. In these situations, generally the placement host (i.e. the hospital) would be responsible for WSIB insurance costs.
- The WSIB's Business Registration Centre (Employer Services) confirmed that premiums are remitted to the WSIB through the placement host's account. The placement host hospital is to report this cohort of "unpaid trainees" as part of the existing rate group. For audit and claim purposes, the hospital would need to be able break down the details. When the hospital does its annual reconciliation (Form 1009A), these amounts could be reported as a lump sum in Box 2 ("Other Earnings not on T4 Summary").

- **For the approximately 245 sponsored trainees (residents and fellows) per annum** -- covered by agreements between the University and foreign governments -- hospitals could invoice PGME annually for the calculated WSIB premiums
- **For the approximately 1,230 non-sponsored funded fellows** (excluding those who are already on the hospital payroll and have WSIB coverage), hospitals may elect to:
 - pay the premiums according to a proxy amount and invoice the cost *to third parties as appropriate* in accordance with WSIB policy. See sample premium calculation below.
 - assess the risk and decide not to pay the premiums, and administer any workplace injuries of non-WSIB covered trainees on a case-by-case basis.
- **For the 24 Family Medicine PRP pre-residents:**
 - the University may wish to revise the affiliation agreement definition of “student” to include individuals who are pre-registered and in an orientation/clerkship training stream.

Sample WSIB Premium Calculation for an Internationally-Funded Clinical Fellow:

- In accordance with WSIB policy 12-04-05, placement hosts could pay premiums based on a “proxy” payroll calculation of 35% of maximum insurable earnings. The steps are:

Step 1: (maximum insurable earnings ceiling¹ x 35%)/260 workdays = daily rate

Step 2: days worked x daily rate = insurable earnings

Step 3: (insurable earnings x premium rate)/100 = premium

Using the \$88,000 maximum for 2016 with 260 workdays and the 2016 WSIB premium rate of \$1.10 (WSIB Rate Group 853, Hospitals), the premium would be \$338.80 per year:

Step 1: (\$88,000 x 35% = \$30,800)/260 workdays = \$118.46 daily rate

Step 2: 260 max days worked x \$118.46 = \$30,800 insurable earnings

Step 3: (\$30,800 x \$1.10 = \$33,880)/100 = \$338.80 annual WSIB premium

¹ Maximum insurable earnings for 2015 = \$85,200. Maximum insurable earnings for 2016 = \$88,000.