

# **Raising the Bar**

## **Recommended Standards for the Management of Clinical Fellowships**

**Report of the Fellowship Working Group  
Faculty of Medicine, University of Toronto**

**September 2009**

# Fellowship Working Group

## Co-Chairs

Dr. Kevin Imrie

*Associate Dean, Admissions and Evaluation, Postgraduate Medicine*

Dr. Susan E. Tallett

*Chief of Education, SickKids Learning Institute, The Hospital for Sick Children*

Dr. Sarita Verma

*Deputy Dean, Faculty of Medicine  
Vice Dean, Postgraduate Medical Education*

## Members

Dr. Glen Bandiera

*Director  
Postgraduate Programs in Medicine*

Dr. Charles Catton

*Director, Fellowship Program  
Department of Radiation Oncology*

Dr. Avrum Gotlieb

*Former Chair, Department of  
Laboratory Medicine and Pathobiology*

Dr. Jacqueline James

*Director, Wightman-Berris Academy  
University Health Network*

Dr. David Latter

*Vice Chair, Education / Director of  
Clinical Fellowship  
Department of Surgery*

Dr. Rayfel Schneider

*Associate Chair, Education  
Department of Paediatrics*

Dr. Heather Shapiro

*Program Director  
Department of Obstetrics and Gynaecology*

Dr. Manohar Shroff

*Fellowship Program Director  
Department of Medical Imaging*

Dr. Brenda Toner

*Director, Fellowship Program  
Department of Psychiatry*

Ms. Tess Weber

*Postgraduate Coordinator  
Department of Surgery*

Dr. Ian Witterick

*Vice Chair / Director of Postgraduate  
Education  
Department of Otolaryngology – Head  
and Neck Surgery*

Dr. David Wong

*Fellowship Director  
Department of Ophthalmology and  
Vision Sciences*

Dr. Roy Wyman

*PGY3 Coordinator  
Department of Family and  
Community Medicine*

Dr. Doreen Yee

*Fellowship Program Director  
Anaesthesia*

*PGME Office staff as required*

## Preamble

---

The University of Toronto has the largest faculty of medicine in Canada with an enrolment of approximately 7,000 learners, including over 2,500 registered postgraduate medical training. Our faculty plays a critical role in meeting Ontario's health care needs, producing half of the province's family physicians and specialists.

The University of Toronto is the only faculty in Canada to offer all residency programs accredited by the two national certifying colleges, and prides itself on the range of its offerings from generalist to highly focused sub-specialty programs.

**Residency training**, which is defined as training leading to certification by the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada, is highly structured: the Colleges establish training requirements and periodically accredit the programs to ensure that standards are met; and the processes for employing residents are clearly established in a collective agreement, with monitoring processes and grievance mechanisms.

**Clinical Fellowships**, in contrast, are highly tailored educational experiences designed to meet an individual's specific needs for "top-up" training in clinical care, research, or other areas, and the processes to ensure the quality of the educational experiences of clinical fellows and their fair and equitable treatment within the workplace have not been clearly defined.

**Research fellows**, on the other hand, have no patient contact whatsoever and do not require licensure by the College of Physicians and Surgeons of Ontario (CPSO). The table in **Appendix 1** records in detail the differences between research and clinical fellows.

### Fellowship Working Group

Our clinical fellowship programs have expanded dramatically in recent years and now account for 40% of our postgraduate trainees. In 2008, the Postgraduate Medical Education (PGME) Office established the Fellowship Working Group to:

- examine the status of clinical fellows
- examine current departmental practices in managing clinical fellows
- establish and maintain common standards across departments for managing fellowships that would recognize the needs and interests of both departments and clinical fellows

For the terms of reference, see **Appendix 2**. To obtain summary information on clinical fellowships across the Faculty, current administrative practices and entry

requirements, contact John Kerr, Manager, International Programs at the PGME Office (Email: [John.kerr@utoronto.ca](mailto:John.kerr@utoronto.ca)).

## **Methodology**

The FWG gathered information on departmental practices.

The information was analyzed and developed into recommendations by Working Group members, collectively as a group and through the detailed work of sub-groups.

A survey of clinical fellows was also conducted in June 2008 to examine the training experience of clinical fellows. This included questions on the application, registration, immigration and licensure processes, orientation, remuneration, the overall education experience, and harassment and intimidation.

**Of the 1,050 clinical fellows invited to participate in the survey, 310 (30%) completed it.** In terms of demographics:

- 63% of respondents were male, 37% female
- 78% were between the ages of 30 and 39; 17% were between the ages of 40 and 49
- 76% were foreign nationals on work visas
- 78% did not have RCPSC or CFPC certification
- 58% were in the first year of their fellowship, 27% in their second year, 10% in their third year, and 5% had been in a fellowship for four or more years.

The findings revealed a significant variation in the quality and structure of the fellowship experience across departments.

Based on this data, the FWG developed recommendations to standardize the management of clinical fellowships. It is hoped that these recommendations will lead to an improved educational experience for clinical fellows and optimize the administration of departmental programs.

**The recommended standards apply to *clinical* fellows only. They do not apply to research fellows or doctoral fellows.**

# Table of Contents

---

Executive Summary .....	6
Summary of recommendations .....	7
1. Clinical Fellows: Who Are They? What Do They Do? .....	10
2. Goals and Guiding Principles.....	13
3. Recommended Standards for the Management of Clinical Fellowships .....	14
A. Establish a PGME committee to coordinate clinical fellowship programs .....	14
B. Establish a standard approach to program entry .....	15
C. Develop templates for educational goals and objectives .....	18
D. Establish standards for evaluation, appeals and issuing certificates .....	20
E. Ensure offer letters comply with guiding principles .....	22
4. Next Steps .....	26
5. Appendices .....	27
Appendix 1: Research Fellows .....	27
Appendix 2: Fellowship Working Group Terms of Reference .....	29
Appendix 3: Eligibility Requirements.....	31
Appendix 4: Template Offer Letters.....	34
Appendix 5: Cost of Living Table .....	40
Appendix 6: Human Resources Issues.....	41
Appendix 7: June 2008 Survey of University of Toronto Clinical Fellows.....	46
Survey Instrument .....	47
Survey Results .....	64

## Executive Summary

---

***Clinical fellows are playing an increasingly important role in the Faculty of Medicine at the University of Toronto.*** In 2007-08, there were 1,055 clinical fellows in the Faculty of Medicine at the University of Toronto – more than double the number in 1997-98.

Sixteen departments at the University of Toronto now provide opportunities for clinical fellows. It is important for the Faculty of Medicine to strive for consistency in managing this important segment of postgraduate medical education. There is an opportunity for departments to move towards common standards and practices, while recognizing the legitimate differences between individual fellowship experiences.

The goals of these standards are to ensure that clinical fellows have access to:

- education, resources and supports that meet the University of Toronto standard
- educational experiences to help them attain the competencies appropriate to advanced specialists
- a positive learning environment in which they are treated fairly and with respect, consistent with the University of Toronto standards for professional behavior.

To achieve these goals, the Fellowship Working Group of the Postgraduate Medical Education (PGME) Office recommends that the Faculty of Medicine take five key steps:

- ***Establish a PGME committee to coordinate clinical fellowship programs***
- ***Establish a standard approach to program entry***
- ***Develop templates for educational goals and objectives***
- ***Establish standards for evaluation, appeals and issuing certificates***
- ***Ensure offer letters comply with guiding principles.***

This report briefly describes the current problems and inequities in the way that clinical fellows are managed as well as strategies that both the PGME Office and departments can use to move towards more common standards and practices.

## **Summary of Recommendations:**

### **A. Establish a PGME Committee to coordinate clinical fellowship programs**

- A.1 The Faculty's PGME Office form an Advisory Committee on Fellowships, which would work with departments to achieve consensus on minimum standards for clinical fellowship programs
- A.2 Each department appoint an individual to be the Fellowship Lead and facilitate communication with the PGME Office.

### **B. Establish a standard approach to program entry**

- B.1 The PGME committee establish a common definition of a clinical fellow, as well as minimum standards for program entry
- B.2 The PGME Office provide clear information about eligibility including posting the minimum clinical fellowship eligibility criteria on its website with links to departmental websites for detailed information and links to information about international credentialing.
- B.3 Each department website provide clear information on: standard minimum eligibility requirements, any additional departmental requirements (e.g., English language proficiency), a description of programs offered (including opportunities to create a 'custom' fellowship, if possible, and the ratio of clinical time to protected academic time.
- B.4 Each department website include the following statement: "Clinical Fellows need to meet the minimum eligibility requirements for licensure with the College of Physicians and Surgeons of Ontario to take up training at the University of Toronto. The Postgraduate Dean, Faculty of Medicine, at the University of Toronto does not normally support acceptance of the MCCEE as an alternative to specialist recognition."
- B.5 Departments adopt standard practices for cross-departmental fellowships and the PGME Office develop a standard template that will allow the CPSO to approve requests for cross-departmental fellowships without CPSO Registration Committee Review.
- B.6 Departments ensure transparency by providing detailed information on the selection process and including the University's Employment Equity Statement on their website. In addition, departments have at least two faculty members assess each application, and inform all applicants in writing about the status of their application.

- B.7 The PGME Office should provide a standard information package for all clinical fellows and each department provide orientation in a manner that best fits the individual fellow's program.
- B.8 The Fellowship Advisory Committee explore the potential for an online application process.

**C. *Develop templates for educational goals and objectives***

- C.1 The Fellowship Advisory Committee develop templates for educational goals and objectives for clinical fellows
- C.2 Fellowship supervisors develop goals and objectives customized to the education needs of the fellow. The goals and objectives would be made available to the fellow before the start of training, submitted to the PGME office, and used to guide evaluation
- C.3 Goals and objectives be adjusted as required during the fellowship and any revised goals and objectives be submitted to the PGME office.

**D. *Establish standards for evaluation, appeals and issuing certificates***

- D.1 The Fellowship Advisory Committee establish standards for evaluation, appeals and the issuance of certificates
- D.2 Departments conduct in-training evaluations of fellows in CanMEDS format or in accordance with the College of Family Physicians of Canada (CFPC) Four Principles of Family Medicine, on a semi-annual basis, using the POWER system
- D.3 Departments establish and maintain a process to notify fellows of any deficiencies and provide a mechanism for appeal, based on a template for appeal policies
- D.4 Departments inform the PGME Office in writing of any decision to discipline or dismiss a fellow at least 30 days in advance of a dismissal
- D.5 The PGME Office be responsible for issuing certificates for all fellows, signed by the Vice-Dean, Postgraduate Medical Education, or a designate and co-signed by the Department Chair or his/her representative

**E. *Ensure offer letters comply with guiding principles***

- E.1 The PGME Office provide departments with up-to-date information on standards and legislation, relevant immigration and licensing requirements, and template offer letters



E.2 Departments provide information to clinical fellows about harassment policies and complaint procedures at the Faculty of Medicine (e.g., for sexual harassment issues, fellows are urged to contact the university's Sexual Harassment Office)

# 1. Clinical Fellows: Who Are They? What Do They Do?

---

A clinical fellow is:

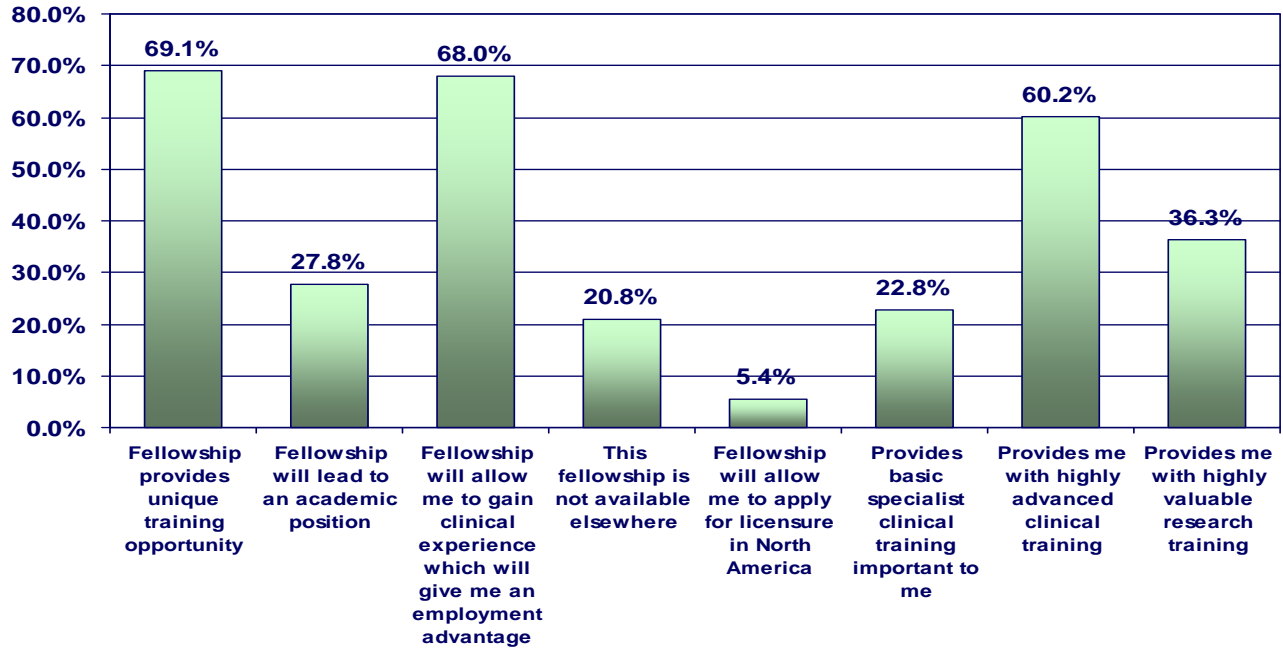
*an individual who has completed sufficient training for a specialty qualification either in this country or in a foreign country. The fellowship is intended to permit the fellow to obtain additional experience over and above the basic specialty requirement, as well as to provide the opportunity to acquire specific or more specialized expertise that will not normally be acquired during residency training. 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.*

Clinical fellows differ from residents in the goals of their training. Residency training is accredited training designed to lead to certification for practice in Canada, while the training for clinical fellows is designed to give them additional expertise but does not lead to additional credentials for practice. Although the goals of their training differ, clinical fellows fulfill many of the same roles as residents within the postgraduate system. In addition to pursuing their own learning and research goals, many clinical fellows – both Canadian and internationally trained – provide valuable clinical service while at the university. They are involved in direct patient care. In some cases, they may work at a level similar to residents. In many cases, fellows will function at a more senior level consistent with their higher level of training. Clinical fellows also provide important teaching to residents and students, and assist faculty with research.

## **Clinical fellows come to the University of Toronto to obtain unique training.**

According to the June 2008 survey results, most clinical fellows come to the Faculty of Medicine for specialized training and clinical experience that, in many cases, they cannot obtain elsewhere.

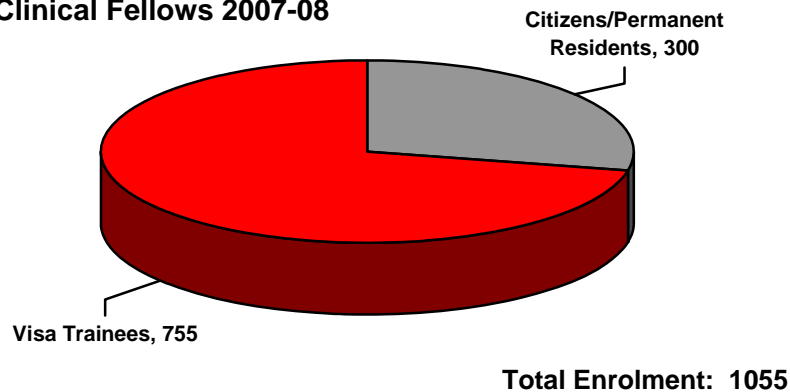
**Clinical Fellows come to the University of Toronto to obtain unique training**



**Clinical fellows are playing an increasingly important role in the Faculty of Medicine at the University of Toronto.**

According to PGME Office data, 1,055 clinical fellows were registered in the University of Toronto Faculty of Medicine, more than double the number registered in 1997-98. Of the 1,055, 467 (44%) were new to the faculty (i.e., in the first year of their fellowship) and 588 (56%) were returning fellows.

**Enrolment of Clinical Fellows 2007-08**



Just over one-quarter of the 1,055 clinical fellows were Canadian doctors seeking additional training. The majority (755 or 72%) were international specialists who originated from over 70 countries. Over the past 10 years, the number of clinical

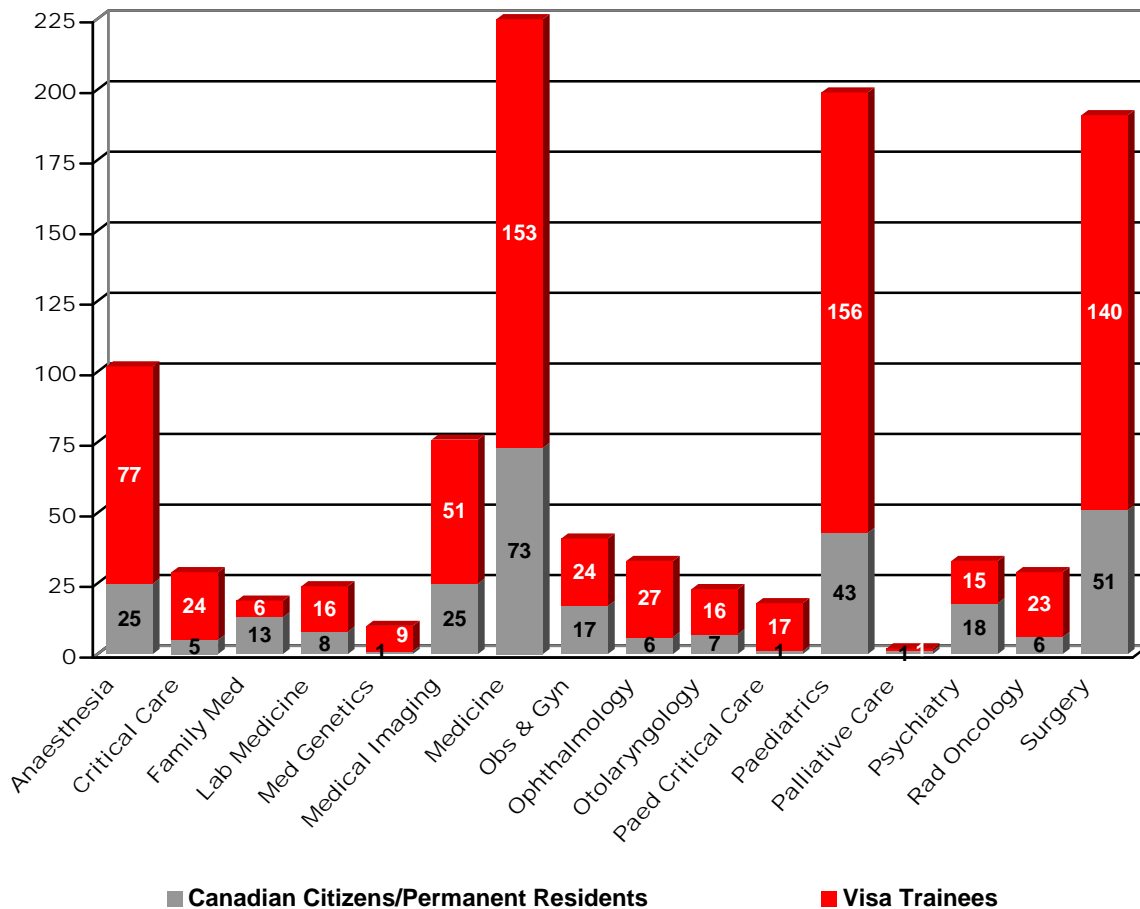
fellows from international sources has increased by 169%. Most of them plan to return to their home country with the enhanced skills that they have acquired through fellowship training.

The scale of the University of Toronto’s clinical fellowship enrolment becomes evident when these numbers are seen in their provincial and national context. According to data from the Canadian Post-MD Education Registry (CAPER), as of November 1, 2007, the University of Toronto accounted for 71% of the total enrolment of clinical fellows in Ontario (914 of 1,282) and 49% of the total national enrolment (914 of 1,862).

Clinical fellows are enrolled across sixteen postgraduate medical departments at the University of Toronto. Four departments – Anaesthesia, Medicine, Paediatrics and Surgery - accounted for 68% (or 718) of all clinical fellows in 2007-08.

### Enrolment of Clinical Fellows by Department 2007-08

Total Enrolment: 1055



## 2. Goals and Guiding Principles

---

With so many departments providing clinical fellowships, it is important for the Faculty of Medicine to strive for consistency in managing this important segment of postgraduate medical education. There is an opportunity for departments to move towards common standards and practices, while recognizing the legitimate differences between individual fellowship experiences.

The goals of these standards are to ensure that clinical fellows have access to:

- education, resources and supports that meet the University of Toronto standard
- educational experiences to help them attain the competencies appropriate to advanced specialists
- a positive learning environment in which they are treated fairly and with respect, consistent with the University of Toronto standards for professional behavior.

***Excellence in Education.*** The Faculty of Medicine at the University of Toronto is committed to excellence in education for all students.

***Mutual Benefit.*** Clinical fellowships provide valuable learning opportunities, and help clinical fellows advance their careers. At the same time, clinical fellows play a key role in the academic mission of the university and the affiliated teaching hospitals, and provide valuable specialized services that contribute to the health of the people of Ontario.

***Equity.*** As part of the Faculty of Medicine, clinical fellows should be treated equitably. All departments should follow best practices in the management of clinical fellowships.

### **3. Recommended Standards for the Management of Clinical Fellowships**

---

It is recommended that the following standards apply to all clinical fellowships in the Faculty of Medicine.

#### **A. Establish a PGME Committee to coordinate clinical fellowship programs**

##### **Fellowships create an administrative challenge**

The extensive range of fellowships available and their international drawing power are a measure of the strength and success of our training programs. At the same time, they create complex administrative challenges for the university. Although the fellowship programs must meet basic requirements for university registration and licensure, there are few other standards to ensure clinical fellows receive a high quality educational experience and are treated fairly. As a result, the management of clinical fellowships varies considerably across departments.

##### **Recommendations**

To promote greater consistency across departments and represent the interests of clinical fellows, the Faculty of Medicine should develop a governance structure to support clinical fellows – both centrally and within each department. It is recommended that:

***A.1 The Faculty's PGME Office form an Advisory Committee on Fellowships, which would work with departments to achieve consensus on minimum standards for clinical fellowship programs***

***A.2 Each department appoint an individual to be the Fellowship Lead and facilitate communication with the PGME Office.***

The Advisory Committee should meet twice yearly and be chaired by the Associate Dean, Admissions and Evaluation; report to the Postgraduate Vice Dean; and have links to PGMEAC, HUEC, Clinical Chairs and TAHSN. Its role would be to review guidelines and best practices for fellowships, provide advice on policies, and review clinical fellowship evaluation data. Members could include: two currently registered fellows; representatives from teaching hospitals, the departments of Medicine and Surgery as well as four other departments (two large and two small), and the College of Physicians and Surgeons; and ex-officio representatives from PGME.

The departmental Fellowship Leads, who can be either faculty or administrative staff, should have a good working knowledge of departmental fellowships and fellowship issues. There should also be a mechanism to share information with Clinical Chairs and/or divisional directors, fellowship supervisors, clinical fellows, program assistants, and hospitals.

## **B. Establish a standard approach to program entry**

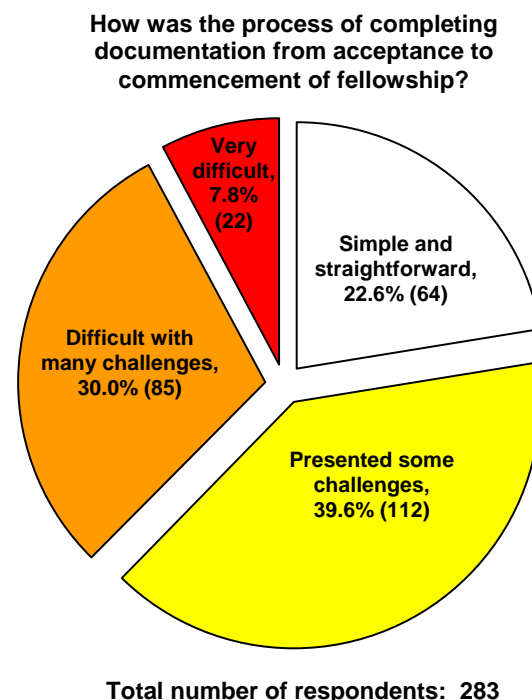
### **Admissions requirements vary**

All applicants for clinical fellowships must meet CPSO eligibility requirements, such as having successfully completed a residency program in Canada or the US or providing evidence that they are recognized as specialists in the jurisdiction where they are practicing (per downloadable applications accessible through CPSO website at <http://www.cpso.on.ca/registration/applicationsforms/default.aspx?id=1810>).

In addition to the CPSO requirements, departments may have their own specialty and admission requirements. For example, language proficiency requirements are at the discretion of the departments. Departments may have language requirements linked to Ontario CaRMS criteria, but Program Directors may waive these requirements and accept alternative evidence of language proficiency on a case-by-case basis.

### **Application processes are difficult and bureaucratic.**

In most cases, applicants apply directly to a program or supervisor but some departments, such as Medical Imaging, have developed a centralized system. Each fellowship program also has its own selection process. Some advertise fellowship opportunities, some participate in a North American fellowship match process and others offer custom fellowships for specific individuals. Sometimes the selection process begins and ends with the individual supervisor or mentor, but it can also involve a selection committee and/or the divisional director. Application costs also vary: just over half of the respondents to the June 2008 survey reported spending less than \$2,000 on application and registration, while 14% spent more than \$4,000.



Although the clinical fellows who completed the survey said the Office of Postgraduate Medical Education was helpful and organized, they found the

application process difficult, and the licensing and registration process bureaucratic. The process is even more complex for cross-departmental fellowships, which currently require separate review by the CPSO Registration Committee.

Clinical fellows reported that they also found it difficult to become familiar with the hospital system and find reasonable housing. The main problems in program entry are: lack of clear information and coordination, and the amount of paperwork and bureaucracy.

## **Recommendations**

To encourage greater consistency and equity in application processes and entry to a clinical fellowship program, it is recommended that:

***B.1 The PGME committee establish a common definition of a clinical fellow,<sup>1</sup> as well as minimum standards for program entry***

***B.2 The PGME Office provide clear information about eligibility including posting the minimum clinical fellowship eligibility criteria on its website with links to departmental websites for detailed information and links to information about international credentialing (for example, the Foundation for Advancement of International Medical Education and Research (FAIMER) International Medical Education Directory).***

***B.3 Each department website provide clear information on: standard minimum eligibility requirements, any additional departmental requirements (e.g., English language proficiency), a description of programs offered (including opportunities to create a 'custom' fellowship, if possible, and the ratio of clinical time to protected academic time. Other information could include: the application and acceptance process, application deadlines, contact information and – if relevant – criteria for cross-departmental fellowships (For a more detailed list of suggested information, see Appendix 3)***

### Employment Equity Statement

The University of Toronto is strongly committed to diversity within its community and especially welcomes applications from visible minority group members, women, Aboriginal persons, persons with disabilities, members of sexual minority groups, and others who may contribute to the further diversification of ideas.

---

<sup>1</sup> For the current PGME definition, see page 6 (above).



- B.4 Each department website include the following statement to clarify the Faculty of Medicine's position on eligibility for licensure as a clinical fellow: "Clinical Fellows need to meet the minimum eligibility requirements for licensure with the College of Physicians and Surgeons of Ontario to take up training at the University of Toronto. The Postgraduate Dean, Faculty of Medicine, at the University of Toronto does not normally support acceptance of the MCCEE as an alternative to specialist recognition."***<sup>2</sup>
- B.5 Departments adopt standard practices for cross-departmental fellowships (e.g., the department offering the fellowship determine the eligibility criteria and process the appointments for all cross-departmental fellows), and the PGME Office develop a standard template that will allow the CPSO to approve requests for cross-departmental fellowships without CPSO Registration Committee Review.***
- B.6 Departments ensure transparency by providing detailed information on the selection process and including the University's Employment Equity Statement on their website. In addition, departments have at least two faculty members assess each application, and inform all applicants in writing about the status of their application.***
- B.7 The PGME Office should provide a standard information package for all clinical fellows and each department provide orientation in a manner that best fits the individual fellow's program.***
- B.8 The Fellowship Advisory Committee explore the potential for an online application process.***

---

<sup>2</sup> The CPSO can issue a license to a clinical fellow who does not have specialty certification but who has completed the Medical Council of Canada Evaluating Examination (MCCEE); however the Faculty of Medicine does not support this exception.

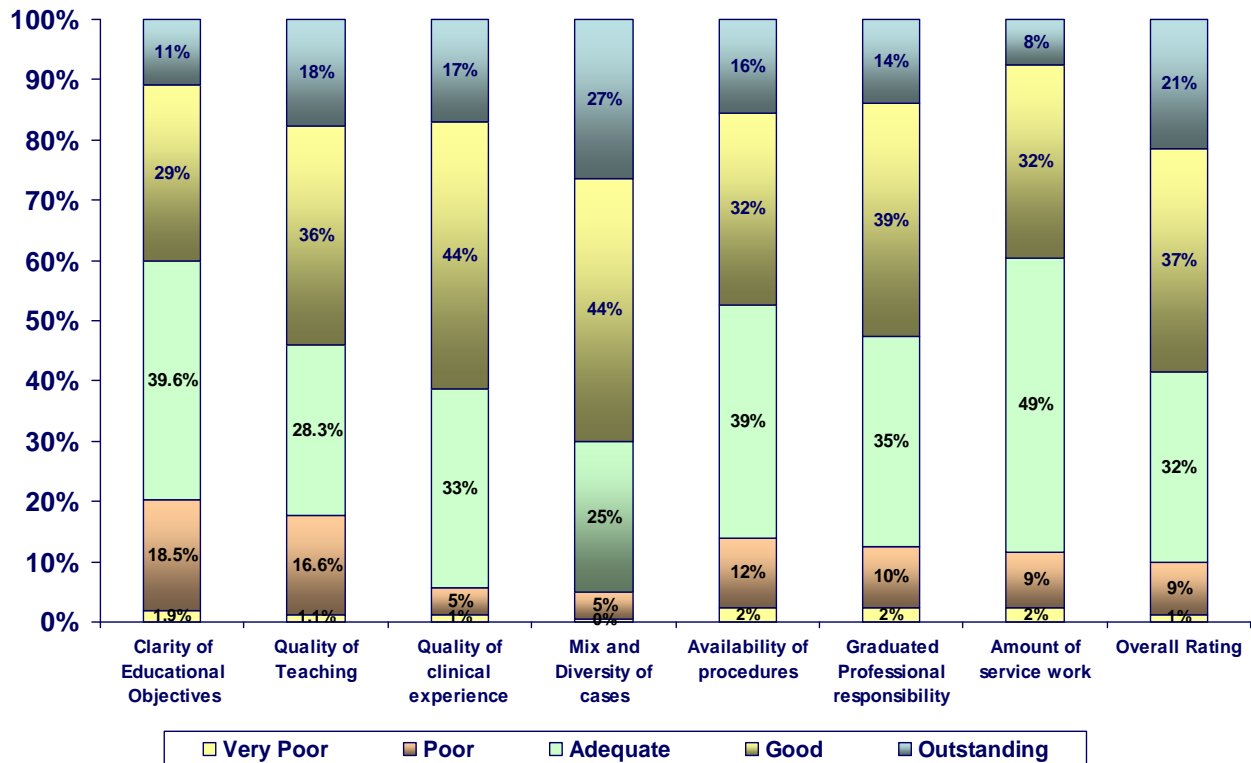
### C. Develop templates for educational goals and objectives

The CPSO requires departments to submit a statement of **objectives** as a condition of licensure, but does not provide a template for the document. The CPSO provides some guidelines, such as the requirement that the statement be on university or hospital letterhead and include the name of the trainee and the fellowship, and specify the start and end dates of training. While some departments use nationally established education standards to ensure consistency (e.g., the Paediatric Critical Care Program uses CanMEDS roles and the Department of Family and Community Medicine uses the CFPC principles of family medicine), most statements of goals and objectives vary widely in form and content from one department to another, and from one hospital to another.

#### The variability affects fellows' perception of the quality of their educational experience.

In the June 2008 survey of clinical fellows, about 58% rated their overall experience as good or outstanding, 71% of respondents rated the mix and diversity of cases as good or outstanding, and 61% rated the clinical experience highly.

**Rating of Overall Education Experience N = 265**



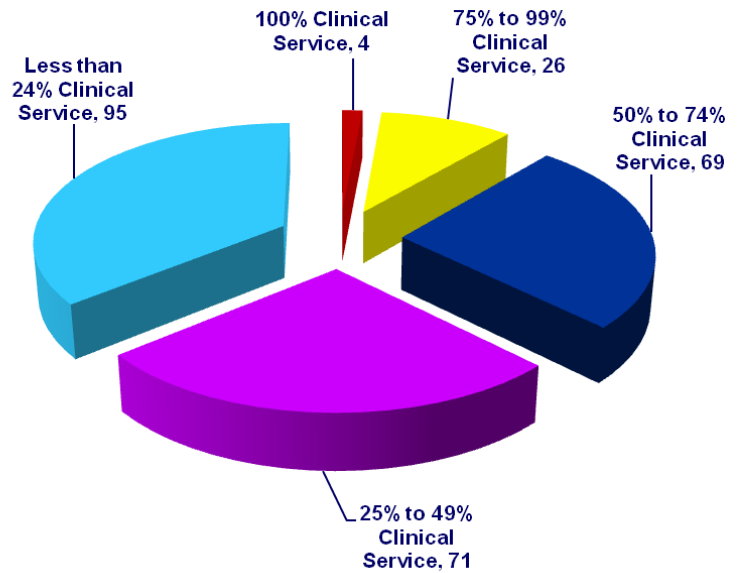
In general, fellows were less satisfied with the clarity of educational objectives and the amount of service work. They reported that a significant proportion of their fellowship was non-educational clinical service. They also had concerns about the availability of procedures, the quality of teaching, and the lack of supervision.

**Sample comments:**

*"Fellows are here to provide more clinical service than one might expect. Research opportunities and projects are variable and not consistently good."*

*"The fellowship offers a fantastic opportunity to work with world leaders in their field and the experience has been great. However ... the purpose of the fellowship was for research purposes, and the clinical and service commitment is heavy and research time is not protected. It makes it difficult to be productive in the short space of two years when the clinical load is excessive. While most fellowship schemes worldwide appear to be somewhat protective of the fellow's research time ... this is not the case here."*

What percentage of fellowship was non-educational clinical service?



Total number of respondents: 265

Largely because of the lack of standards and variability in fellowships, more than half the fellows surveyed would not give U of T fellowships an unqualified recommendation. As one respondent wrote, "The challenges were unneeded and could be addressed with fairness so that residents, fellows and the University of Toronto all win."

**Recommendations**

To reduce variability and ensure a more consistent approach to education for clinical fellows, it is recommended that:

**C.1 The Fellowship Advisory Committee develop templates for educational goals and objectives for clinical fellows**

***C.2 Fellowship supervisors develop goals and objectives customized to the education needs of the fellow. The goals and objectives would be made available to the fellow before the start of training, submitted to the PGME office, and used to guide evaluation***

***C.3 Goals and objectives be adjusted as required during the fellowship and any revised goals and objectives be submitted to the PGME office.***

## **D. Establish standards for evaluation, appeals and issuing certificates**

### **Evaluation requirements vary**

Most programs include some form of **evaluation** for fellows, but the frequency and format of the evaluation varies widely; some departments have no standard evaluating procedure while others have detailed minimum requirements for all programs within the department. For example:

- The Department of Medicine requires the evaluation of fellows at six month intervals using the POWER In-Training Evaluation Reports (ITERS) designed specifically for evaluating Clinical Fellowship training and Research Fellowship training. The Department expects the supervisor(s) and the fellow meet to review and discuss each evaluation. Fellows are given the opportunity to evaluate supervisors and the fellowship program using the POWER Teacher and POWER Program evaluation reports.
- The Department of Surgery requires the evaluation of fellows following each rotation or at least every six months, including In Training Evaluation Reports (ITERS), a meeting between the supervisor(s) and the fellow, and a progress report from the supervisor(s) to the divisional Fellowship Coordinator and departmental Fellowship Director. It also requires fellows to evaluate supervisors and teachers, and to evaluate the clinical aspects and formal educational opportunities of the fellowship program.
- The Department of Radiation Oncology Fellowships are usually one year long, tumor site specific and have only one or two supervisors. Most fellows are IMGs and complete the PEAP at 1-3 months into the Fellowship. Additional informal evaluation is done between the Fellow and supervisor at 6 months, and more frequently if required. Fellows who, based on the PEAP, require remediation are brought to the attention of the Fellowship Program Director, and their program is modified as required, in discussion with the Fellow and Supervisor. All Fellows meet with the Program Director for a 6 month and exit interview.

While some departments, such as Surgery, have a formal probation, suspension and dismissal process for fellows, few have a remediation process specifically for clinical fellows.

### **There is no standard approach to issuing certificates**

Fellowship is not accredited training and does not lead to formal **certification**; however, the value of a University of Toronto fellowship certificate should not be underestimated. The certificate may be a key consideration in the professional advancement of a specialist outside Canada. UK fellows frequently use their fellowship year at the University of Toronto to count as an elective towards their specialty training. In many countries, there is no apparent awareness of the distinction between certificates issued by the RCPSC and the University of Toronto. The PGME Office at the University of Toronto routinely receives requests from international sources for clarification of the significance of university fellowship certificates.

Unlike other Canadian universities, which have centralized the issuing of fellowship certificates, University of Toronto certificates are issued by department, so the wording and signing varies. Depending on the convention of the issuing department, certificates may confirm that the individual has “successfully completed” or “satisfactorily completed” or “creditably participated in” a clinical fellowship at the University of Toronto.

### **Recommendations:**

To encourage greater consistency across departments, it is recommended that:

***D.1 The Fellowship Advisory Committee establish standards for evaluation, appeals and the issuance of certificates***

***D.2 Departments conduct in-training evaluations of fellows in CanMEDS format or in accordance with the College of Family Physicians of Canada (CFPC) Four Principles of Family Medicine, on a semi-annual basis, using the POWER system***

***D.3 Departments establish and maintain a process to notify fellows of any deficiencies and provide a mechanism for appeal, based on a template for appeal policies***

***D.4 Departments inform the PGME Office in writing of any decision to discipline or dismiss a fellow at least 30 days in advance of a dismissal***

***D.5 The PGME Office be responsible for issuing certificates for all fellows, signed by the Vice-Dean, Postgraduate Medical Education, or a designate and co-signed by the Department Chair or his/her representative***

## E. Ensure offer letters comply with guiding principles

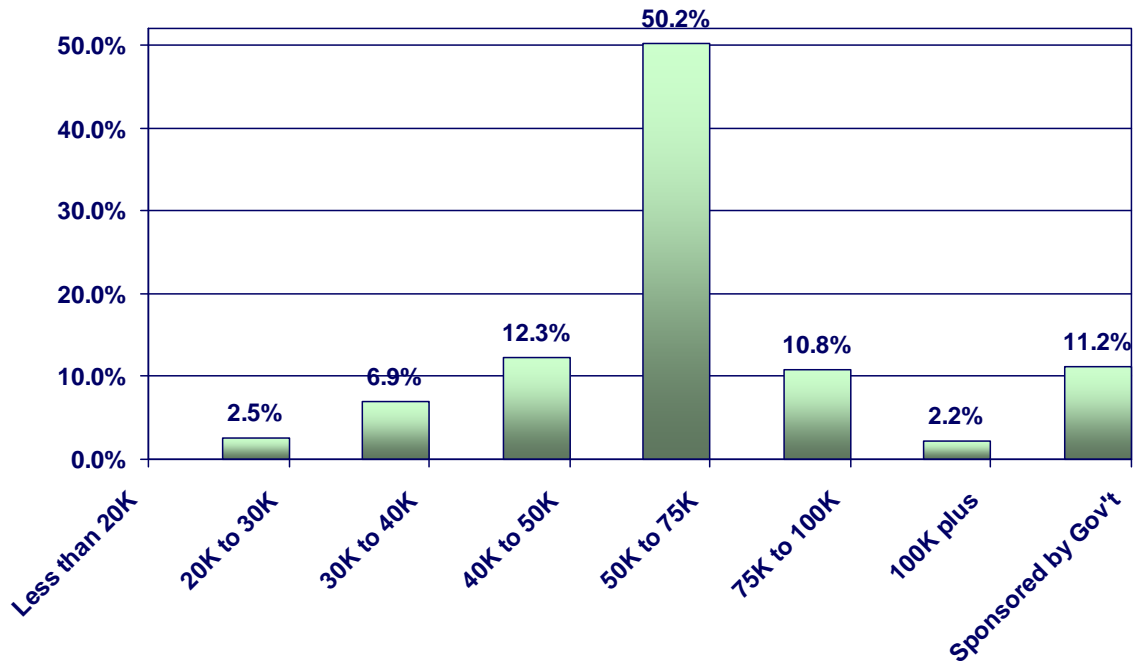
### There is significant variation in remuneration and benefits

Clinical fellows receive financing from a variety of sources (e.g., foundations, grants, academic funds, clinical earnings or department practice plans, and grants from foreign governments, hospitals and/or universities) and the hospitals or organizations providing the funding are responsible for the method of remuneration and tax status. As a result, the level of remuneration and benefits that clinical fellows at U of T receive vary widely. Some departments make separate funding arrangements for clinical fellows with Independent Practice licenses, who may be allowed to bill OHIP during their fellowship training. Some accept trainees (usually international) who are “self-funded”: individuals who are willing to pay for the training opportunity.

There is also variation in how clinical fellows are paid. Some receive a salary with deductions made at source; others a stipend. Contract letters differ between departments and programs, with some fellows receiving extended health benefits while others do not. Some have access to conference, maternity, parental and other types of leave; others do not.

The survey data records a wide variation in the amount that fellows are paid:

**Annual remuneration in Cdn \$ based on contract N = 277**



When asked about the adequacy of their remuneration, only 31% of those surveyed reported that their salary met their living expenses.

Because of low remuneration, a significant proportion of clinical fellows (64%) were using savings to support themselves, while 34% were self-supported in other ways and 12% received some payment in kind (e.g., accommodation).

One survey respondent commented,

*"My income covered only my child care and rent costs. My income was the main income for the family, as my husband's fellowship has been mainly unfunded; therefore we relied on savings. We would find it very difficult to sustain a second year here."*

A small proportion of clinical fellows – mainly Canadian trained physicians – were able to bill OHIP. A survey respondent stated:

*"I did not receive a stipend or fellowship ... from the department or university. All my income was self-generated from OHIP billing and my own savings. The teaching I received has a value but did not equal the costs to me of completing the fellowship."*

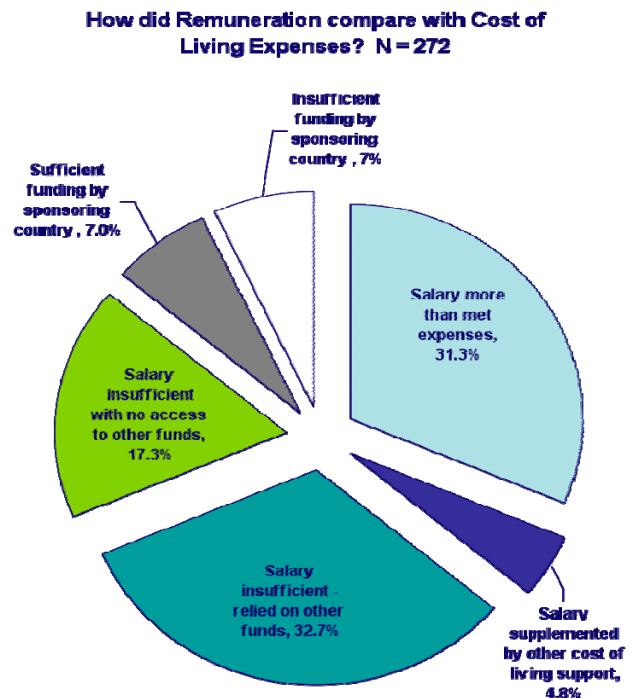
There are also significant differences in access to benefits: almost one-half received benefits for themselves but only one-quarter had benefits for their family members.

### Offer Letters

To assist fellows who may be unfamiliar with the system, **Appendix 4** provides a sample offer letter with items that a department might include to cover the educational component of the fellowship. This Appendix in no way suggests that the University oversees or directs the employment conditions or terms of clinical fellowships.

**As neither the university nor its academic departments are the fellows' employers, the Faculty of Medicine does not specify or mandate remuneration levels, nor does it provide tax advice.**

**Appendix 5** includes information on basic income levels for the Greater Toronto Area and an estimate of a single adult's cost of living in Toronto for the first year of a clinical fellowship.



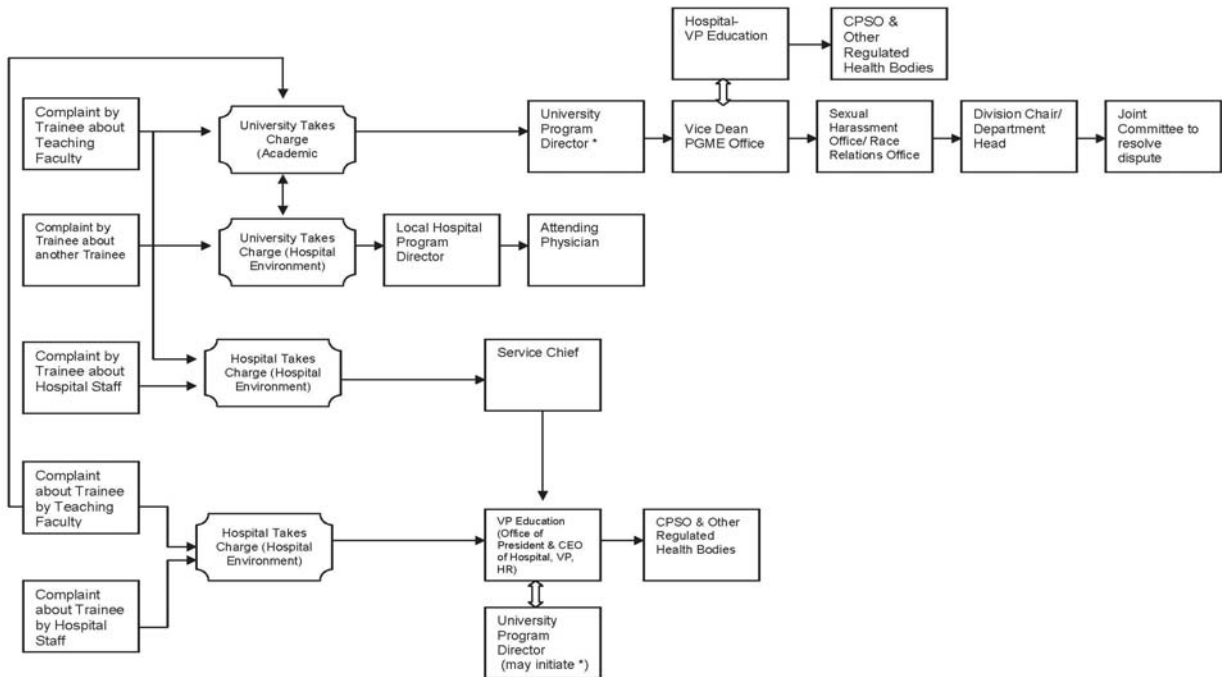
**One in six fellows experienced harassment or intimidation.**

About 16% of clinical fellows who completed the PGME survey reported that they had been harassed or intimidated during their fellowship. The main forms of harassment were verbal (75%) and emotional (40%) primarily by staff and faculty supervisors (37%) (i.e., staff physician or physician with a casual or adjunct appointment), nurses (24%), faculty members (11%) (i.e. physician with a full or part-time faculty appointment) and patients (11%).

The University of Toronto Faculty of Medicine strives to maintain an environment free of intimidation and harassment in our postgraduate programs. The *“Guidelines Addressing Intimidation and Harassment - The Education and Learning Environment at UT-PGME, April 21, 2006”*, which are available at <http://www.pgme.utoronto.ca/policies/iah.htm>, apply to clinical fellows. Procedures to be followed in lodging a harassment complaint are outlined in the Faculty of Medicine’s policy on *“Sexual Harassment Complaints involving Faculty and Students of the University of Toronto arising in University-Affiliated Health Institutions. October 2004”* located at <http://www.facmed.utoronto.ca/Research/ethicspolicy/harass.htm>.

The Faculty of Medicine has developed the following harassment complaint protocol.

**Postgraduate Medical Education Harassment Complaint Protocol**





## **Recommendations**

To help departments comply with relevant standards, legislation and policies, it is recommended that:

- E.1 The PGME Office provide departments with up-to-date information on standards and legislation, relevant immigration and licensing requirements, and template offer letters***
- E.2 Departments provide information to clinical fellows about harassment policies and complaint procedures at the Faculty of Medicine (e.g., for sexual harassment issues, fellows are urged to contact the university's Sexual Harassment Office)***

## 4. Next Steps

---

The proposed Advisory Committee on Clinical Fellowships will provide a forum for departments to share best practices, learn from one another, address emerging issues, and explore potential ways to improve the experience of clinical fellows from application through completion of their fellowship program.

This advisory body could be chaired by a Faculty member with experience in the administration of fellowships and knowledge of relevant admissions and evaluation policies; report to the Postgraduate Vice Dean; and have links to PGMEAC, HUEC, Clinical Chairs and TAHSN. Membership could include: two currently registered fellows; representatives from teaching hospitals, the departments of Medicine and Surgery as well as four other departments (two large and two small), and the CPSO, and PGME staff as required. Proposed meeting frequency is semi-annually.

The Terms of Reference would be developed consultatively with hospitals and department chairs. The tasks of the Committee could include:

- review of guidelines and best practices for fellowships
- provide advice on policies
- monitor clinical fellowship evaluation data
- consider formal recognition of fellowship training
- raise awareness of intimidation and harassment issues
- study the feasibility of a web-based application system
- promote improved access to training resources for fellows

The Fellowship Working Group respectfully submits this report to the Vice-Dean Postgraduate Medicine, to be shared with the Dean, the Dean's Executive, PGMEAC, HUEC and the Clinical Chairs.

## Appendix 1: Research Fellows

	Research Fellows	Clinical Fellows
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>• Medical degree</li> </ul>	<ul style="list-style-type: none"> <li>• Medical degree</li> <li>• Specialist recognition (as a condition of CPSO licensure)</li> </ul>
<b>Registration</b>	<ul style="list-style-type: none"> <li>• University registration is voluntary</li> </ul>	<ul style="list-style-type: none"> <li>• University registration is a condition of CPSO licensure</li> <li>• Fellowship appointment is subject to the approval of the departmental Program Director</li> </ul>
<b>Employment</b>	<ul style="list-style-type: none"> <li>• No patient contact whatsoever<sup>3</sup></li> <li>• Research activity which may include laboratory work, attendance at departmental rounds, data gathering</li> <li>• Work Permit mandatory for international trainees (those who are not Canadian citizens/permanent residents) – appropriate Work Permit can be obtained without PGME documentation</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical responsibilities</li> <li>• Research activity</li> <li>• Work Permit mandatory for international trainees (those who are not Canadian citizens/permanent residents) – appropriate Work Permit for a clinical fellow requires a supporting Labour Market Opinion from Human Resources and Skills Development Canada (HRSDC)</li> </ul>
<b>Registration Benefits</b>	<ul style="list-style-type: none"> <li>• Permanent record of registration for verification of training</li> <li>• University of Toronto certificate which includes the signature of the Vice Dean, PGME</li> <li>• University Health Insurance Plan (UHIP) eligibility for international trainees, to cover OHIP waiting period for self and to cover accompanying family members for the duration of their stay in Canada</li> <li>• Access to library, e-mail, TCard, UTORid</li> </ul>	<ul style="list-style-type: none"> <li>• Permanent record of registration for verification of training</li> <li>• University of Toronto certificate which includes the signature of the Vice Dean, PGME</li> <li>• University Health Insurance Plan (UHIP) eligibility for international trainees, to cover OHIP waiting period for self and to cover accompanying family members for the duration of their stay in Canada</li> <li>• Access to library, e-mail, TCard, UTORid</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• In 2007-08, there were 90 international and 18 Canadian research fellows registered with the PGME Office</li> </ul>	<ul style="list-style-type: none"> <li>• In 2007-08, there were 755 international and 300 Canadian clinical fellows registered with the PGME Office</li> </ul>

<sup>3</sup> Under Ontario law, certain acts may only be performed by certain health care professionals. The *Regulated Health Professions Act* (RHPA), which has governed the medical profession since 1993, sets out a number of "controlled acts" which may only be performed by certain of the regulated health professionals. The "controlled acts" may be taken to mark the boundary between research fellows and clinical fellows. Appendix I (attached) quotes the relevant section of the RHPA, 1991.

## Regulated Health Professions Act, 1991

S.O. 1991, CHAPTER 18

**Consolidation Period:** From August 20, 2007 to the e-Laws currency date.

Last amendment: 2007, c. 10, Sched. R, s. 19.

### PROHIBITIONS

#### Controlled acts restricted

**27. (1)** No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,

- (a) the person is a member authorized by a health profession Act to perform the controlled act; or
- (b) the performance of the controlled act has been delegated to the person by a member described in clause (a). 1991, c. 18, s. 27 (1); 1998, c. 18, Sched. G, s. 6.

#### Controlled acts

**(2)** A "controlled act" is any one of the following done with respect to an individual:

1. Communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis.
2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea, or in or below the surfaces of the teeth, including the scaling of teeth.
3. Setting or casting a fracture of a bone or a dislocation of a joint.
4. Moving the joints of the spine beyond the individual's usual physiological range of motion using a fast, low amplitude thrust.
5. Administering a substance by injection or inhalation.
6. Putting an instrument, hand or finger,
  - i. beyond the external ear canal,
  - ii. beyond the point in the nasal passages where they normally narrow,
  - iii. beyond the larynx,
  - iv. beyond the opening of the urethra,
  - v. beyond the labia majora,
  - vi. beyond the anal verge, or
  - vii. into an artificial opening into the body.
7. Applying or ordering the application of a form of energy prescribed by the regulations under this Act.
8. Prescribing, dispensing, selling or compounding a drug as defined in the *Drug and Pharmacies Regulation Act*, or supervising the part of a pharmacy where such drugs are kept.
9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses other than simple magnifiers.
10. Prescribing a hearing aid for a hearing impaired person.
11. Fitting or dispensing a dental prosthesis, orthodontic or periodontal appliance or a device used inside the mouth to protect teeth from abnormal functioning.
12. Managing labour or conducting the delivery of a baby.
13. Allergy challenge testing of a kind in which a positive result of the test is a significant allergic response. 1991, c. 18, s. 27 (2); 2007, c. 10, Sched. L, s. 32.

**Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is amended by the Statutes of Ontario, 2007, chapter 10, Schedule R, subsection 19 (1) by adding the following paragraph:**

14. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

**See: 2007, c. 10, Sched. R, ss. 19 (1), 20 (2).**

# Appendix 2: Fellowship Working Group Terms of Reference

---

Faculty of Medicine  
PGME Office  
Fellowship Working Group  
TERMS OF REFERENCE

## Purpose:

To develop consistent policies and procedures for the application and appointment of clinical and research fellows in the Faculty of Medicine Postgraduate Medical Education division.

## Terms of Reference:

### 1. Document current practice in all departments appointing fellows regarding:

- a) application and selection process of fellows re deadlines for submission, CV and credential verification of MD/specialist degrees, language and exam scores, publications and reference check, terms of employment contract/training agreement re duties, vacation, call, method of remuneration and benefit entitlement, definition of employer of record, length of appointment, and definition of liability issues for department/hospital
- b) CPSO licensing requirements
- c) method of PEAP assessment (for IMGs), evaluation during fellowship, remediation process, communication to fellow of practice/training below standards and procedure for dismissal or termination of contract, and appeal process
- d) issuance of certificate of completion and training verification

### 2. Develop guidelines for fellowship selection, appointments and application of faculty and university policies

- a) define what constitutes a fellowship appointment in a teaching/clinical environment of the university's Faculty of Medicine and affiliated hospitals. The definition might include such criteria as the duration of appointment, length of time since completion of primary medical degree etc. For postdoctoral research fellows, this might include length of time since Ph.D
- b) description of department's fellowship selection process, regardless of funding
- c) identify minimum requirements to be included in a fellowship appointment letter or contract including:
  - o duration, renewal and termination of appointment;
  - o requirement to pass Pre-Entry Assessment Program (for IMGs) and consequences;

- rights and responsibilities of registration with the university and affiliated hospitals;
  - statement of goals and objectives of fellowship;
  - method and frequency of assessment, remediation, dispute resolution mechanisms, and grievance/appeal procedures;
  - employer of record and HR information;
  - compensation (including a minimum stipend level);
  - benefits available (including vacation and parental leave);
  - differences between the compensation and benefits policy for fellows paid by the university and that for fellows who receive funding from external sources;
  - services offered to fellows (e.g., access to the library, electronic mail, child care, parking and sports facilities);
  - participation in university teaching, and compensation for this activity;
  - inclusion of fellows in departmental/faculty activities (e.g., opportunities to participate on committees);
  - whether fellows may apply independently for university, industrial or other research funding;
  - intellectual property rights;
  - academic integrity;
  - ethics (e.g., policy on animal and human experimentation);
  - immigration regulations (for foreign fellows);
  - career advice and job placement.
- d) establish process for notifying the Department's Office of any alteration of appointments, including leaves of absences, extensions or early terminations
- e) distinguish jurisdiction and responsibility for postdoctoral fellows registered with the faculty's Graduate Studies office and those pursuing clinical training
- f) develop a standard "orientation package" for visa fellows that includes general information on the university, faculty, hospitals, and city.

### **3. Provide input on department, program, hospital requirements for the development of an on-line fellowship application system**

#### **Membership:**

- Co-Chairs
- Department representatives: Surgery, Medicine, Paediatrics, Medical Imaging, Laboratory Medicine, Psychiatry, Anaesthesia, Obstetrics & Gynaecology, Ophthalmology, Otolaryngology, Radiation Oncology
- 2 HUEC members
- 1 Graduate Affairs
- Administrative Support: PGME Office staff
- Representatives from other jurisdictions: as required

*(Rev. January 4, 2008)*

## Appendix 3: Eligibility Requirements

---

Departmental websites should include the following information about entry to their clinical fellowship programs

### **A. *Standard minimum eligibility requirements for acceptance to each fellowship program.***

- Clinical fellows have patient contact. In order to practice medicine as a clinical fellow in Ontario, trainees must be issued a postgraduate certificate (Section 12; Certificates Authorizing Postgraduate Education, Fellows) by the College of Physicians and Surgeons of Ontario (CPSO), per downloadable application form accessible through CPSO website at <http://www.cpso.on.ca/registration/applicationsforms/default.aspx?id=1810>.
- To be eligible for a CPSO postgraduate certificate:
  - Clinical fellows who have graduated from accredited medical schools inside Canada or the United States must be able to demonstrate that they will have successfully completed their residency training program on or before the start of their fellowship program. Canadian and U.S. Graduates must be board eligible to sit their certifying examinations prior to commencing their fellowship.
  - Clinical fellows from non-accredited medical schools outside Canada or the United States must be able to provide evidence that they are recognized as specialists in the jurisdiction where they are currently practicing medicine For example, a Saudi Arabian trainee appointed to a clinical fellowship position in Gynaecologic Reproductive Endocrinology and Infertility should provide specialty certification as a specialist in Obstetrics and Gynaecology from the Saudi Commission for Health Specialties or the Arab Board of Health Specialties.
- CPSO exceptions to the above requirements:
  - For clinical fellows from the UK, recognition as a specialist means having the appropriate UK qualification (i.e., MRCP, FRCS, FRCA, FRCR or MRCOG) and having subsequently completed all or most of the higher training of the Joint Committee on Higher Medical Training.
  - For clinical fellows from Australia, recognition as a specialist means having passed the Fellowship examinations of the appropriate Australian specialist college (e.g. Royal Australasian College of Physicians) and having completed all but the “Provisional Fellowship Year” of the advanced training for admission to Australian Fellowship.

The Provisional Fellowship Year is to be taken in Ontario in a clinical fellowship program.

- Although the Medicine Act, 1991, does not authorize acceptance of the MCCEE as an alternative to specialist recognition, the CPSO will allow the appointment of clinical fellows who have the MCCEE (or MCCQE Part I) but not specialty certification by issuing a license under the section of the regulations normally reserved for residents (Section 11, Certificates Authorizing Postgraduate Education, General<sup>4</sup>). **The Vice Dean, Postgraduate Medical Education, does not support this route to fellowship training.**

***B. Department-specific eligibility requirements***

Each department may have specific admissions requirements in addition to the standard minimum eligibility requirements for individual fellowship programs (e.g., English language proficiency). Departments should clearly outline any additional requirements on the departmental website.

***C. A comprehensive list of standing fellowship programs***

Each department should maintain a comprehensive list of standing fellowship programs on its website.

If applicable, departmental websites could indicate that unique fellowships can be created and tailored to suit the career plans of the individual, and direct interested candidates to contact potential supervisors with proposed fellowship goals and objectives.

***D. A description of each fellowship program experience***

The fellowship description should outline the experience the individual would obtain from completing the program, which will help applicants determine whether the fellowship aligns with their career goals. The description may include:

- the ratio of clinical work to protected time for academic activities
- the types of procedures to be learned
- whether a research project or the publication of a paper is required
- specific state-of-the-art equipment provided.

***E. Important application dates***

Departments should post all important application dates, including:

- the application deadline
- a timeframe for interviews

---

<sup>4</sup> Medicine Act, 1991 - O. Reg. 865/93: <http://www.e-laws.gov.on.ca/index.html>



- a notification of decision date
- the expected start date of the fellowship
- the suggested duration of the fellowship program.

**F. Contact information**

The contact information should include the telephone number, address and e-mail of either the director of the fellowship program or the program's administrator.

**G. *Eligibility requirements for cross-departmental fellowships***

The CPSO's regulations will allow exceptions to the rule that a clinical fellowship must be in the same discipline as, or a subdiscipline of, the discipline in which the candidate is recognized as a medical specialist:

- As noted above (page 29), the CPSO will allow the appointment of clinical fellows who have the MCCEE (or MCCQE Part I) but not specialty certification by issuing a license under the section of the regulations normally reserved for residents (Section 11, Certificates Authorizing Postgraduate Education, General). The Vice Dean, Postgraduate Medical Education, does not support acceptance of the MCCEE as an alternative to specialist recognition; however, a recognized specialist could take up a cross-departmental fellowship through this route with the approval of the Vice Dean.
- If a candidate who is a recognized specialist wishes to take up a cross-departmental fellowship, but cannot follow the Section 11 route to licensure because they do not have the MCCEE (or the MCCQE Part I), it may still be possible to seek special consideration for them from the CPSO's Registration Committee. Seeking this consideration would require the support of the Vice Dean, Postgraduate Medical Education, and the submission of appropriate educational goals and objectives for the cross-departmental fellowship.

If the same cross-discipline fellowship issue arises repeatedly (e.g. Family Physicians applying for the Hospitalist Fellowship Program in the Department of Medicine), then the PGME Office can develop a template submission that would act as a precedent for future requests from the department.

## Appendix 4: Template Offer Letters

---

Many of the challenges clinical fellows face are related to correct information from departments in the offer letter, and can be addressed by standardization of letters, including vital information.

The PGME Office has developed offer letter templates that departments can use to provide consistency in covering all items regarding registration and the training program, followed by the goals and objectives of the fellowship.

Clinical Fellows, like all trainees who wish to obtain a CPSO license and CMPA coverage, must register with the University of Toronto Faculty of Medicine Postgraduate Medical Education (PGME) Office. ***However, for the purposes of salary and taxation, the hospital or practice plan will be identified as the employer and be specified in the contract/offer letter.***

***Following is a sample offer letter for clinical fellows:***

## **Offer Letter Template from the Faculty of Medicine Department to Non-Sponsored Trainees**

Fellow Name  
Fellow Address  
Fellow City, Country  
Postal Code

---

Dear Doctor XXX:

The University of Toronto **Psychiatry** Fellowship Program wishes to offer you a fellowship position in **Eating Disorders** for a **24** month period from July 1, 2009 to June 30, 2011. This is a full time training position.

An outline of the conditions and responsibilities of the fellowship are listed below. To accept the offer and allow us to proceed with your appointment, please sign this letter and return it to **Dr. Brenda Toner** by **December 31, 2008**. If you have any questions or concerns regarding the content of this offer, please contact xxxxxxxxxxxx. Failure to return this offer letter by the specified date will be interpreted as non-acceptance.

### **1. Educational Goals and Objectives of the Fellowship:**

The educational goals and objectives of the Eating Disorders fellowship are attached and will be forwarded to the College of Physicians and Surgeons of Ontario (CPSO) as part of your application for a license. In-hospital call and home call are a mandatory educational component of the clinical fellowship. The call requirements for the **Eating Disorders** fellowship are outlined in the Educational Goals and Objectives or will be provided to you within your first week of training.

### **2. Pre-Entry Assessment Program (PEAP):**

Prior to obtaining an unrestricted educational license from the College of Physicians and Surgeons of Ontario (CPSO), fellows who are International Medical Graduates (IMGs) must obtain a restricted Pre-Entry Assessment Program (PEAP) license and successfully complete the PEAP. The PEAP is an assessment process that evaluates IMGs to determine whether they can function at the appointed level of training. It is normally 4-12 weeks in duration. The assessment is to take place in a supervised clinical, multidisciplinary environment where there is patient input on an ongoing basis. Assessors are to ensure that the candidate is: mentally competent to practice medicine; able to practice with decency, integrity and honesty in accordance with the law; have sufficient knowledge, skill and judgment to engage in postgraduate medical training as authorized by the educational license; can communicate effectively and to display an appropriate professional attitude. *Although the PEAP includes an assessment of communication skills, Program Directors have the option of requiring TOEFL/TSE or TOEFL iBT for application to their programs.*

### 3. Performance Evaluation and Outcomes

- a) After completion of the PEAP, fellows will receive a semi-annual evaluation by faculty during the fellowship, outlining progress and areas of improvement.
- b) **Probation:** With the approval of the Department Chair, a fellow may be placed on probation by the Director if he/she receives an unsatisfactory evaluation. If the deficiency is corrected at the end of the probationary period with a successful evaluation, the fellow will continue with their program. If the problem is not corrected, the Supervisor/Program Director may request another period of probation or recommend suspension or dismissal, with approval of the Department Chair.
- c) **Suspension** involves the interruption of a fellow's participation in the training program including clinical and educational activities due to improper conduct or medical incompetence. The decision to suspend a fellow's training is subject to formal Departmental review and is followed by full reinstatement, a probationary period, or dismissal.
- d) **Dismissal** may occur following an unsuccessful probationary period, following suspension, or for ethical, behavioural violations, or medical incompetence that are not subject to remediation or probation. The dismissal of a fellow is subject to formal Departmental review.
- e) When the educational goals and objectives of the fellowship are successfully met, the Faculty of Medicine will issue a certificate verifying successful completion of the fellowship signed by the Fellowship Director, Department Chair and Vice Dean, Postgraduate Medical Education.

#### **4. Licensure, Malpractice Insurance, Registration, Work Visa Processing**

You are responsible for :

- obtaining an educational license with the College of Physicians and Surgeons of Ontario (CPSO), including payment of the application and membership fees. See [www.cpso.on.ca](http://www.cpso.on.ca)
- obtaining membership with the Canadian Medical Protective Agency (CMPA) as malpractice insurance is a requirement to train and practice in Canada. For annual fees and on-line application, see [www.cmpa.ca](http://www.cmpa.ca)
- registering with the Office of the Vice Dean, Postgraduate Medical Education, University of Toronto Faculty of Medicine. The cost of registration will include the \$350 registration fee.
- paying the U of T PGME fee for processing work permit documentation (if applicable)

#### **5. OHIP/UHIP:**

The Ontario Health Insurance Plan (OHIP) is available for Canadian citizens/Permanent Residents and all international trainees on work permits if their training appointment is at least 6 months in duration. OHIP covers basic health care costs such as doctors' visits, diagnosis and treatment of illness or injury, surgery, including administrative anesthetics and care related to pregnancy. OHIP does not cover prescription drugs, routine eye exams for persons between the ages of 20-65, physiotherapy, eyeglasses, dental services, chiropractor services, medical examinations for immigration purposes, cosmetic surgery, and preparation of records, reports, certifications or communications.

If you are on a work permit, OHIP does not become effective until 3 months after entry into the country. You can purchase the University Health Insurance Plan (UHIP) to cover this 3 month period at the Office of the Vice Dean, Postgraduate Medical Education. If you are an international medical graduate on a work permit and your appointment is under 3 years in duration, then immediate family members are not eligible for OHIP and you will be responsible for purchasing UHIP for your family for the duration of your fellowship training.

**6. Remuneration/Benefits/Vacation/Leave**

The Department of Psychiatry within the University of Toronto Faculty of Medicine is responsible for your education as a fellowship trainee, as outlined above. Your remuneration, benefits, and vacation/leave entitlement will be outlined by the employer/employing agency in a separate communication.

Yours sincerely,

Dr. XXX  
Fellowship Director  
\_\_\_\_\_ Fellowship Program

---

**Authorization of Fellowship Acceptance:**

In signing this offer, I agree to the above terms of this offer as well as the attached Educational Goals and Objectives of the Eating Disorders Clinical Fellowship with the Department of Psychiatry.

Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Educational Goals & Objectives for Dr. XXX

Date: \_\_\_\_\_

Type of Fellowship: \_\_\_\_\_

Duration of Fellowship: \_\_\_\_\_

Location of Fellowship: \_\_\_\_\_

Supervisor/Director: \_\_\_\_\_

---

## General Objectives

## Specific Objectives

Objectives may include the following:

- Complete clinical duties
- Research/Educational duties. May include number of hours of protected time for these duties
- Completion of (a) research paper(s)
- Presentation of (a) paper(s) at specific conferences/events
- Teaching responsibilities
- On-call duties, including details pertaining to evening, weekend, in-house and home call requirements

---

Signature of Supervisor

Date

---

Signature of PD

Date

## Appendix 5: Cost of Living in Toronto for the first year of a clinical fellowship, single person

---

As part of the orientation and preparation for new international visa fellows, the PGME Office prepared the following summary of estimated living costs in Toronto

The following table (compiled April 2008) is an estimate of the basic living expenses for a single adult in Toronto (visa fellow, first year):

<b>First Year Expense</b>	<b>Amount</b>	<b>Rationale/Source</b>
Canadian Embassy Work Permit Application Fees	<b>300</b>	Temporary Resident Visa and Work Permit
PGME Visa Processing Fee	<b>150</b>	One-time fee, unless fellowship renewal requested at a later date
Return Flight to Canada	<b>3,000</b>	Air Canada + Emirates Air, average \$1500/one-way
CPSO Application Fee	<b>360</b>	Application Fee = \$120, Membership Fee = \$240
CMPA Annual Premium	<b>1,824</b>	Clinical Fellow Rate (2009), monthly = \$152
UHIP Health Care Coverage	<b>189</b>	Single 3-month rate until OHIP, more if dependents
PGME Registration Fee	<b>350</b>	Annual fee
TTC Metropass - Annual	<b>1,308</b>	Monthly rate = \$109
Rent - 1 Bedroom Apartment - Toronto	<b>10,800</b>	Monthly rate = \$900 average, Source: U of T Housing Service
Telephone + Internet (including Long Distance)	<b>1,200</b>	\$30 Phone, \$40 Internet, + long distance fees per month
Food	<b>3,800</b>	Source: U of T International Student Centre (ISC)
Clothing	<b>650</b>	Source: U of T ISC. One-time outlay for winter clothing
Miscellaneous Expenses	<b>3,600</b>	Source: U of T ISC. Includes laundry, entertainment, stationery.
<b>TOTAL ANNUAL EXPENSES</b>	<b>\$ 27,531</b>	



## Appendix 6: Human Resources Issues

---

This appendix summarizes the outcome of the Fellowship Working Group's review and discussion of human resources issues accompanying the training of clinical fellows at the University of Toronto. Compensation and benefits for clinical fellows were dominant topics.

### Remuneration Levels

As noted above (page 17), survey data records a wide variation in the remuneration of clinical fellows.

The University Provost's Administrative Procedures for Engagement of Post-Doctoral Fellows (October 2007)

<http://www.provost.utoronto.ca/policy/postdoc.htm> lists the minimum trainee stipend at \$27,500/year plus the cost of a basic health/dental benefit plan.

To put that amount in perspective, according to the City of Toronto's Social Policy Analysis & Research Unit May 2008, the 2005 median household income in Toronto was \$52,833, the lowest of all municipalities in the Greater Toronto Area. The 2005 Statistics Canada Low Income Cut-Off (LICO) rate is \$20,778 for a single person and \$38,610 for a family of four.

[http://www.toronto.ca/demographics/pdf/2006\\_income\\_and\\_shelter\\_costs\\_briefingnote.pdf](http://www.toronto.ca/demographics/pdf/2006_income_and_shelter_costs_briefingnote.pdf).

The remuneration rate for a PGY1 resident in the PAIRO-CAHO contract<sup>5</sup> was \$48,115 as of January 1, 2009.

Further to a discussion of the possibility of recommending a minimum standard of remuneration for clinical fellows, the Fellowship Working Group noted exceptional funding circumstances:

- fellows with an Independent Practice license, who may be allowed to bill OHIP
- "self-funded" or "externally-funded" fellows who support themselves during their training experience. In accordance with established processes, departments must inform the PGME Office of the source and approximate per annum amount of funding for these fellows. This information is required for the Work Permit process for international fellows and, in addition, distinguishes "externally-funded" fellows (who receive funding from an institution or agency outside Canada) from "self-funded" fellows (who support their training with personal funds). Citizenship and Immigration Canada (CIC) will evaluate each Work Permit application on its merits, but the PGME Office cannot guarantee that CIC will issue a Work Permit to an individual who has less than

---

<sup>5</sup> See Salary Remuneration section of PAIRO-CAHO collective agreement at [www.pairo.org/Content/Default.aspx?pg=1094](http://www.pairo.org/Content/Default.aspx?pg=1094)

\$30,000 per annum in funding. Departments may provide some supplementary funding support to “self-funded” or “externally-funded” fellows

## **Employer**

Clinical Fellows, like all trainees who wish to obtain a CPSO license and CMPA coverage, must register with the University of Toronto Faculty of Medicine Postgraduate Medical Education (PGME) Office. ***However, for the purposes of salary and taxation, the hospital or practice plan should be identified as the employer and be specified in the contract/offer letter.***

The PGME Office issues a Tuition, Education, and Textbook Amounts Certificate (T2202A) form to all trainees who have registered and paid the annual registration fee (\$350 in 2008/09)<sup>6</sup>

## **Health Care Coverage**

During the first three months of their fellowship, fellows on work permits must purchase health care coverage through the University Health Insurance Plan (UHIP), after which free OHIP coverage becomes effective.

Fellows with dependents can also purchase UHIP health care coverage for accompanying family members who are not eligible for OHIP coverage. Prospective trainees should understand that the potential cost may be significant.

Extended Health benefits (e.g. vision, dental, drugs) are not mandatory. Some hospitals include fellows in their Employee Benefits Plan so prospective trainees should be aware of extended health benefits (or lack of them).

## **Vacation and holidays**

Ontario’s Employment Standards Act (ESA) sets out the minimum requirements for vacation and holidays. Programs or hospitals/payers may apply local standards/practices over and above the legal minimum standard at their discretion.

According to the ESA, fellows should be entitled to a minimum of two weeks paid vacation during each 12 month period. The employer can either give the fellow two weeks with pay or provide vacation pay equal to 4% of the fellow’s gross salary over the 12 month period.

Vacation leave continues to be “earned” during maternity or parental leave.

All vacation periods must be requested from the program director/fellowship coordinator at least one month in advance and will be granted with consideration of patient care responsibilities and service scheduling coordination with department staff and other trainees.

---

<sup>6</sup> The issuance of this certificate by the PGME Office is currently under legal review by the University of Toronto as part of a broader legal review of the taxation status of clinical fellows.

Clinical Fellows are entitled to all public holidays and payment for same. Should they be scheduled to work on any of the holidays, lieu time is to be recorded and taken within the next 12 month period. Ontario has 9 public holidays:

- New Year's Day
- Family Day
- Good Friday
- Victoria Day
- Canada Day
- Labour Day
- Thanksgiving Day
- Christmas Day
- Boxing Day (December 26)

### **Leaves**

Education/Conference leave and funding for travel or registration for same are at the discretion of the department.

The following standards on maternity and parental leave, and sick/family/personal leave, represent *minimum expectations* and conform with the requirements of the Employment Standards Act (ESA).

### ***Maternity/Parental/Sick/Personal/Family Leave***

A clinical fellowship may be interrupted for reasons of illness, maternity/parental leave, child-rearing, or family health-related responsibilities. *Unless specified otherwise, these leaves are unpaid, and a Record of Employment, if applicable, may be provided by the hospital/payer to access government benefits.*

Fellows must provide their supervisor/fellowship coordinator with adequate notice of the requested leave. Fellows are entitled to return to their training program after taking the leave, and it is expected that training time will be made up to meet the goals and objectives of the fellowship.

Should the trainee not return from a leave and/or not complete all of the missed fellowship training, there is no obligation on the University, Faculty of Medicine, department, affiliated teaching hospital, or fellowship coordinator to provide a certificate of completion for an incomplete program.

The department/program or fellowship coordinator should advise the fellow in writing that he/she has been withdrawn from the program for failure to return at the specified time. The hospital/payer, and the Faculty's PGME Office should also be informed. The fellow's registration record will be adjusted to reflect the

last day worked. If the fellow is on a work visa, the PGME Office will inform HRSDC of the termination of fellowship.

The rules governing the right to take time off work for sickness, personal, family, pregnancy, and parental leave under the provincial Employment Standards Act are different from the rules regarding the payment of compassionate, maternity, and parental benefits under the federal Employment Insurance Act. References to the legislation and FAQs for both Acts are included in the footnotes to this report<sup>7</sup> and may be consulted for detailed requirements. *In the following two sections, only the general, minimum requirements are noted, and local standards/practices in this area may be applied over and above this minimum at the program or hospital/payer discretion.*

Unless otherwise specified in a pre-arranged signed contract between the hospital/payer and the clinical fellow, a maximum of 44 insurable hours per week are used for the purposes of producing a Record of Employment.<sup>8</sup>

**Maternity and Parental Leave benefits** are funded through the federal government's Employment Insurance Program. The fellow must have worked at least 600 hours in the last 52 weeks to be eligible to apply for the benefits, if applicable.

A birth or surrogate mother is entitled to a maximum of 17 weeks of *Maternity/Pregnancy* leave of which 15 weeks of benefits are payable.

New parents have the right to take **Parental Leave** -- unpaid time off work when a baby or child is born or first comes into their care. Birth mothers who took pregnancy leave are entitled to up to 35 weeks' leave. Birth mothers who do not take pregnancy leave and all other new parents are entitled to up to 37 weeks' Parental Leave.

Parental Leave *benefits* can either be claimed by one parent or shared between both parents but will not exceed a combined maximum of 35 weeks (i.e., a fellow's partner may not have worked or is not eligible to collect Maternity/Parental Leave benefits). The clinical fellow would then be eligible for benefits for the entire 37 weeks of Parental Leave. S/he must receive a Record of Employment from the hospital/payer in order to make an application to Service Canada for the benefits.

No "Supplement" (top-up) is required from the employer.

---

<sup>7</sup> FAQs and further information on the leave and payments under the provincial Employment Standards Act and the federal Employment Insurance Act can be found at the following websites, including reference to the full act and regulations:

[http://www1.servicecanada.gc.ca/eng/ei/faq/faq\\_index\\_individuals.shtml](http://www1.servicecanada.gc.ca/eng/ei/faq/faq_index_individuals.shtml)

[http://www.labour.gov.on.ca/english/es/es\\_pubs.html#ppl](http://www.labour.gov.on.ca/english/es/es_pubs.html#ppl)

<sup>8</sup> Hours of Work – ESA requirements

[http://www.labour.gov.on.ca/english/es/hours/info\\_hours.html](http://www.labour.gov.on.ca/english/es/hours/info_hours.html)

As stated in the ESA, an employer cannot penalize an employee **in any way** because the employee is, or will be, eligible to take a pregnancy or parental leave. The program must allow the trainee to return to the fellowship following the pregnancy or parental leave.

**Sick/Family/Personal Leave.** According to the Employment Standards Act (ESA), workers are entitled to 10 days of unpaid, job-protected sick leave or family/emergency leave in a calendar year. In the ESA, this category is Personal Emergency Leave.<sup>9</sup>

In addition, Family Medical Leave of 8 weeks in a 26-week period may be taken to care for family members with a serious illness.<sup>10</sup> Fellows may apply for benefits under the “compassionate leave” category of the federal Employment Insurance Act with a Record of Employment provided by the hospital/payer. Documentation from a certified health care practitioner is required. *Local standards/practices in this area may be applied over and above this minimum at the program or hospital/payer discretion.*

---

<sup>9</sup> Personal Emergency Leave - ESA requirements  
[http://www.labour.gov.on.ca/english/es/guide/guide\\_12.html](http://www.labour.gov.on.ca/english/es/guide/guide_12.html)

<sup>10</sup> Ontario Family Medical Leave - ESA requirements:  
[http://www.labour.gov.on.ca/english/es/fml\\_index.html](http://www.labour.gov.on.ca/english/es/fml_index.html)

## **Appendix 7: June 2008 Survey of University of Toronto Clinical Fellows**

---

The *June 2008 Survey of University of Toronto Clinical Fellows* was a web-based survey that was created using the online questionnaire tool SurveyMonkey. The web survey link was sent to 1,050 clinical fellows in June 2008, with one follow-up e-mail. The response rate was approximately 30%, with 310 respondents at least partially completing the survey. The profile of the respondents reflected the profile of the total fellowship population, including proportionate representation of the three largest departments (the Departments of Medicine, Paediatrics and Surgery).

This appendix consists of the survey instrument, followed by a report of the survey results which was presented to the Fellowship Working Group at its meeting of September 4, 2008.

## 1. Welcome

Dear Clinical Fellow,

We have designed this survey to learn more about your experience as a clinical fellow at the University of Toronto.

It should take no more than fifteen minutes to complete this web based survey. Your answers will remain anonymous. Please note that you can exit the survey at any time by clicking on the top right icon ("Exit this Survey").

This data is being collected for the purposes of policy-making and implementation as a means of quality assurance of fellowship training at the University of Toronto. The aggregate results will be shared with the University of Toronto Fellowship Working Group, the Postgraduate Medical Education Advisory Committee (PGMEAC) and the Hospital University Education Committee (HUEC). Individual responses will be kept confidential and no information will be released or printed disclosing personal identities without your written permission.

If you have questions regarding the survey, please contact the Postgraduate Medical Education Office at [postgrad.med@utoronto.ca](mailto:postgrad.med@utoronto.ca).

## 2. Consent

PLEASE READ

Survey of Clinical Fellows at the University of Toronto.

I acknowledge that the purpose of the survey has been explained and that my questions have been answered to my satisfaction.

I have been informed of the purpose of the survey, including the right not to participate without any effect on the training and evaluation I received at the University of Toronto and its affiliated teaching hospitals. As well, I understand there are no known risks of harms associated with this survey. I also understand the potential benefits of participating in this survey.

I have been assured that records relating to me will be kept confidential and that no information will be released or printed disclosing my personal identity without my permission, unless required by law. I have been given sufficient time to read and understand the above information.

### \* 1. Do you have any questions at this time?

No

Yes

Question (please specify)

### \* 2. Please Answer Below

I understand the terms and conditions of the survey and consent to participate

I do not wish to participate



### 3. Application, Orientation and Settlement Issues

**\* 3. What is your current Fellowship Department? Please identify from the drop down list below.**

Fellowship Department

**4. How would you describe the process of completing the required administrative and licensing documentation from the time you were accepted by the department to the time you began your fellowship? (includes the departmental process, the Postgraduate Medical Education Office process, the CPSO process and any immigration processes if applicable)**

- The application process was simple and straightforward
- The application process presented some challenges
- The application process was difficult and presented many challenges
- The application process was so difficult, I almost could not complete it

Provide additional detail if required

**5. What was the total cost (in Canadian dollars) of applying and registering for your fellowship, including any applicable fees or additional expenses?**

- Less than \$2,000
- \$2,001 to \$4,000
- \$4,001 to \$6,000
- \$6,001 to \$8,000
- More than \$8,000

**6. If you relocated for fellowship training, what was the estimated living cost (in Canadian dollars) including travel/moving, accommodation and family-related costs on a yearly basis?**

- Less than \$5,000
- \$5,001 to \$10,000
- \$10,001 to \$15,000
- \$15,001 to \$20,000
- \$20,001 to \$30,000
- More than \$30,000
- Not applicable

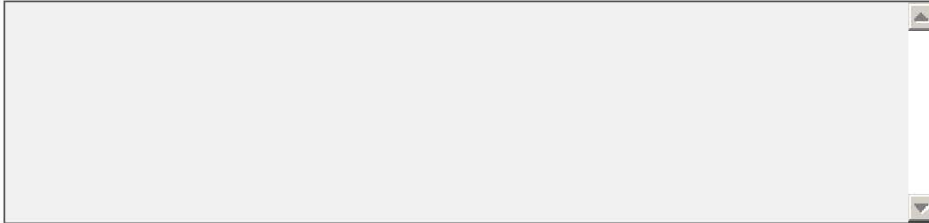
**7. What were some of the challenges/issues you faced as a newcomer to the fellowship program?**

	No challenge	Moderate challenge	Great challenge
Becoming familiar with the hospital system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming familiar with Canadian culture and social issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming familiar with Canadian clinical practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding reasonable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of fellowship funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bureaucracy of licensing, credentialing and registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low level of supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(please specify)

**8. How helpful was the orientation that you received from the hospital and/or the University of Toronto when you began your fellowship?**

- Very helpful to me in making a successful transition to a fellowship position both professionally and personally
- Helpful in many respects, but left important areas unanswered
- Not helpful; left many of my questions unanswered
- There was no orientation provided
- Other (please specify)



## 4. Training, Remuneration and Benefits

### 9. What was the annual remuneration (in Canadian dollars) that you received according to your contract/agreement?

- Less than \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$75,000
- \$75,001 to \$100,000
- More than \$100,000
- N/A. I am sponsored by my government.

### 10. How did your remuneration compare with your cost of living expenses?

- My salary from the program/department more than met my expenses
- My salary from the program/department was supplemented by additional cost-of-living support from the program such as accommodation
- My salary from the program/department was insufficient to meet cost-of-living expenses in Toronto and I relied on additional funds from other sources
- My salary from the program/department was insufficient to meet cost-of-living expenses but I did not have additional funding sources
- I was funded by my sponsoring government/hospital and my funding was sufficient
- I was funded by my sponsoring government/hospital and my funding was insufficient

### 11. Did you access other income sources? If yes, please identify the sources below. (Check as many as apply)

- I was able to bill the Ontario Health Insurance Plan (OHIP) for work outside the fellowship program
- I was self-supported in other ways
- I received payment in kind (e.g. paid accommodation, books, relocation expenses, scientific meeting expenses etc.)
- Savings

Other (please specify)

**12. Did your departmental fellowship contract make provisions for medical benefits for you?**

- Yes
- No
- Not necessary

**13. If your answer was "yes" to the previous question, did these benefits provide you with adequate health care coverage?**

- Yes
- No

**14. Did your fellowship contract make provisions for medical benefits for family members accompanying you in Toronto?**

- Yes
- No
- Not necessary

**15. If your answer was "yes" to the previous question, did these benefits provide your family with adequate health care coverage?**

- Yes
- No

**16. As a clinical fellow, was your access to clinical resources and opportunities fair and equitable, compared to other postgraduate medical trainees?**

- Yes
- No

## 5. Fellowship Education and Evaluation

**17. In your opinion, what percentage of your fellowship was non-educational clinical service?**

- 100%  
 Between 75% and 99%  
 Between 50% and 74%  
 Between 25% and 49%  
 Less than 24%

**18. Please rate your EDUCATION experience in your program by selecting one response for each of the 8 items.**

	Very Poor, Far Below Expectations	Poor, Below Expectations	Adequate, Met Expectations	Good, Exceeded Expectations	Outstanding, Likely one of the Best Programs in the World
Clarity of educational objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of patient care experiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mix and diversity of cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Graduated professional responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of service work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall fellowship rating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**19. How did you give feedback to your supervisor(s) about the fellowship program? (Please check all that apply)**

- I was invited to give informal feedback
- I filled out rotational evaluations after every rotation
- I filled out a formal evaluation annually
- I was not aware of a mechanism to evaluate the program

Other (please specify)

**20. How was your performance as a clinical fellow evaluated? (Please check all that apply)**

- I was given informal feedback in face to face meetings with my supervisor
- In-training evaluation reports after every rotation
- In-training evaluation reports every 6 months
- Annual evaluation reports
- No formal evaluation

Other (please specify)

**21. If you required remedial training or additional study regarding your fellowship training or casework, what help was offered to you by your program director or supervisor? (Please check all that apply)**

Met with supervisor/program director to discuss issues and organized a remedial plan and/or additional cases for review

Met with supervisor/program director and adjusted the goals and objectives of my fellowship to fit with my current knowledge and skills

Did not seek help from supervisor/program director. I did remedial work/read around cases on my own or asked for help from colleagues

Not applicable - did not require extra help

Other (please specify)



## 6. Intimidation and Harassment

The Office of Postgraduate Medical Education has developed Guidelines Addressing Intimidation and Harassment in the Education and Learning Environment at UT-PGME. The guidelines define intimidation as "a form of harassing conduct that involves the improper exercise of power".

It may not be discriminatory in nature, but it will often have the same impact as discriminatory harassment, of interfering with people's work performance, affecting their employment opportunities, and creating a hostile work environment. Intimidation is behaviour which instills fear. It may involve using one's authority to influence other people's behaviour, and can reduce the extent to which people are willing to exercise their rights.

**\* 22. With these definitions in mind, have you been harassed or intimidated during your fellowship?**

Yes

No

## 7. Intimidation and Harassment (con't)

**23. If you have experienced some form of intimidation or harassment, by whom? (Please check all that apply)**

- Faculty Member
- Staff person/faculty supervisor
- A resident, not in a supervisory role
- Medical Student
- Nurse
- Hospital staff (other than a nurse, e.g. clerk, orderly, secretary)
- Occupational Therapist
- Physical Therapist
- Pharmacist
- Social Worker
- Hospital Administrator
- Patient
- Do not wish to disclose
- Other (please specify)

**24. What form(s) did this harassment take? Please indicate all that apply.**

- Physical (non-sexual)
- Verbal
- Emotional
- Sexual
- Do not wish to disclose

**25. Did you report this (these) incident(s) of harassment and was the matter taken seriously and dealt with?**

- No, I did not report this (these) incident(s)
- No, I did not report this (these) incident (s) because I did not know how to report/was not aware of the reporting mechanism
- No, I did not report this (these) incident(s) because I was afraid of reprisal
- Yes, I did report this (these) incident(s) and the matter was taken seriously and dealt with
- Yes, I did report this (these) incident(s) but the matter was not taken seriously and was not dealt with

**26. If your answer to the previous question was "yes", what was the outcome?**

- The outcome was satisfactory
- The outcome was unsatisfactory

Other (please specify)

## 8. In Summary

**27. Identify which of the following considerations were a factor in your decision to come to the University of Toronto for fellowship? (Check all that apply)**

- This fellowship provides a unique training opportunity
- This fellowship will lead to an academic position
- This fellowship will allow me to gain clinical experience that will give me an employment advantage.
- This fellowship is not available to me elsewhere
- This fellowship will allow me to apply for licensure in North America
- This fellowship provides me with basic specialist clinical training important to me
- This fellowship provides me with highly advanced clinical training
- This fellowship provides me with highly valuable research training

Other (please specify)

**28. Would you recommend fellowship training at the University of Toronto to your colleagues?**

- Unqualified Yes. Explain in text below
- Yes, with the following qualifications. Explain below
- No. Explain below

Explanation for response

## 9. Demographic Information -- Optional

The following information is being collected for the purposes of comparing results to demographic background. While this will add important insights, it is not mandatory for you to complete this section.

### 29. What is the title of your Fellowship Program as identified in your contract or agreement?

### 30. What is the expected total duration of your fellowship program?

- Less than 1 year
- Between 1 and 2 years
- 2 years
- Between 2 and 3 years
- 3 years
- Between 3 and 4 years
- More than 4 years

### 31. What is your current year of fellowship training?

- 1st year of fellowship
- 2nd year of fellowship
- 3rd year of fellowship
- 4th year of fellowship
- In fellowship more than 4 years

### 32. Sex

- Male
- Female

### 33. Age

- 20 - 29
- 30 - 39
- 40 - 49
- 50 - 59
- 60 and over

**34. Have you completed a Royal College of Physicians and Surgeons of Canada (RCPSC) or a College of Family Physicians of Canada (CFPC) certified residency program?**

No

Yes

If yes, please specify program

**35. What is your legal/citizenship status?**

Canadian Citizen

Permanent Resident/Landed Immigrant

Foreign citizenship/holds a work permit

**36. Please feel free to tell us any additional information that you feel would be useful for us to know about your fellowship experience at the University of Toronto**

## 10. Survey Completed - Thank you

Thank you very much for completing the Exit Resident Survey. If you have any questions regarding this survey and your participation, please send them to [postgrad.med@utoronto.ca](mailto:postgrad.med@utoronto.ca).

Please remember to press the "Done" button below. This will ensure your answers are saved.

All information will be reported in aggregate form to ensure the identity of individual persons cannot be identified. As a survey participant you may request a copy of the final results by contacting us by email at [postgrad.med@utoronto.ca](mailto:postgrad.med@utoronto.ca).

Thank you again for participating in this study.



## Survey Background

- Purpose of survey was to collect information on fellowship experience to inform both PGME and departmental policies and processes.
- Notification of survey sent to all clinical fellows registered as of June 2008
- In total 1050 invitations were sent in early June 2008 with 1 follow-up.
- **RESULT: 310 respondents initiated survey (30% response rate)**



## Key Themes of Inquiry



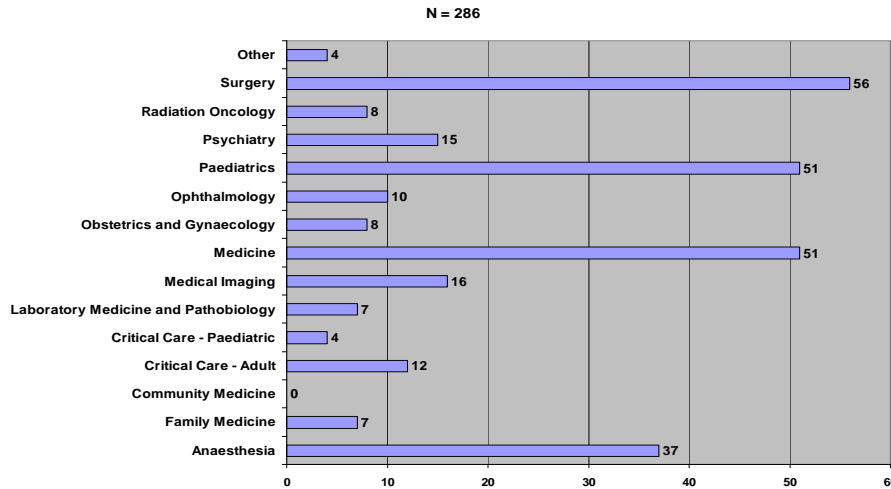
- Application, registration, immigration and licensure
- Orientation
- Remuneration, employment conditions and benefits
- Overall education experience including service/education balance, evaluation and remediation
- Harassment and intimidation

## Profile of Respondents



- 63.3% Male, 36.7% Female
- 77.8% between age 30 and 39; 17.1% between 40 and 49
- 75.6% foreign nationals on work visas
- 78.3% do not have RCPSC or CFPC certification
- 57.4% were in their first year of fellowship; 27.3% in their second year of fellowship and 10.4% in their third year. 2.8% in fourth year of fellowship while 2% had been in fellowship four or more years
- Expected duration was 1 to 2 years for 67% of respondents. 16.1% had expected duration of less than 1 year.

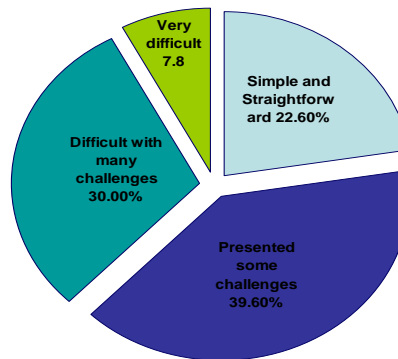
## Respondents by Department



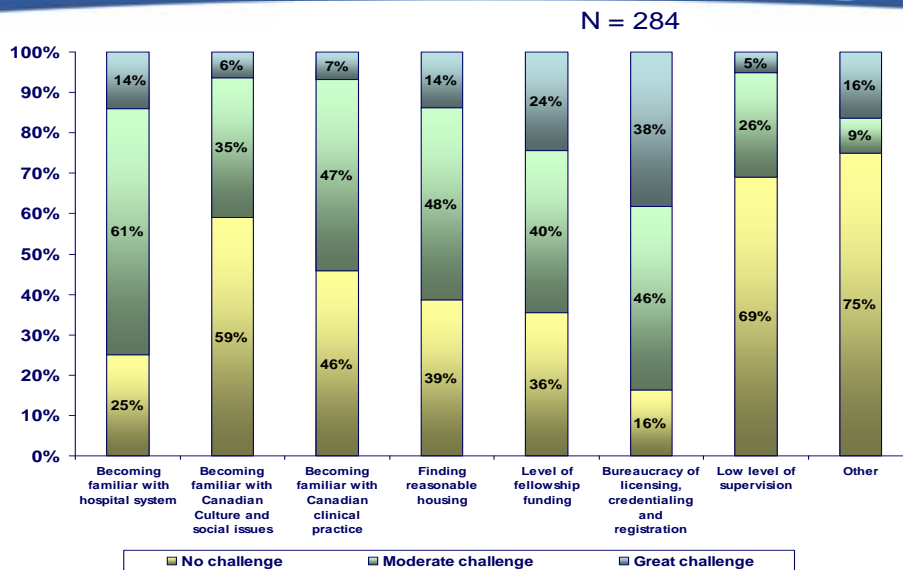
## Theme 1: Ease of Application, Registration, Immigration and Licensure

- 64 respondents commented on lack of clear information, lack of co-ordination, amount of paperwork and bureaucracy
- Overall PGME was praised for being helpful and organized. CPSO was frequently mentioned as cumbersome and confusing.
- 51.6% spent less than \$2K on application and registration; 34.3% spent 2K to 4K while 14.2% spent over 4K

How was the process of completing documentation from acceptance to commencement of fellowship? N = 283



## Theme 2: Orientation: Challenges as a Newcomer to Program



## Theme 2: Orientation: Challenges as a Newcomer to Program

### 34 comments including following excerpts:

*"There is a conflict between the residents and fellows goals of education. U of T is totally biased towards residents. Fellows are just watching the residents doing the cases. There should be clear objectives for residents and fellows without any conflict"*

*The work organization is quite different from Europe, in particular the priority given to residents in the operative room, and the lack of help for research projects that were expected to be performed with very limited support: no office space, no computer access, scheduled meeting with so-called supervisor cancelled most of the time, restricted access to biostatistician. Although overall the clinical activities were very rewarding, the above challenges were unneeded and could be addressed with fairness so that residents, fellows and the University of Toronto all win".*

*"I spent the first week going from one office to another. Couldn't there have been one large room where we could go from "station to station" to obtain badges, forms for lab coats, pay our registration fees, etc?"*

*"The bureaucracy within the hospital and university is significant with 3 separate offices in three buildings to visit to get clearance to work in the hospital. It would be better if credentials and HR were together at least."*

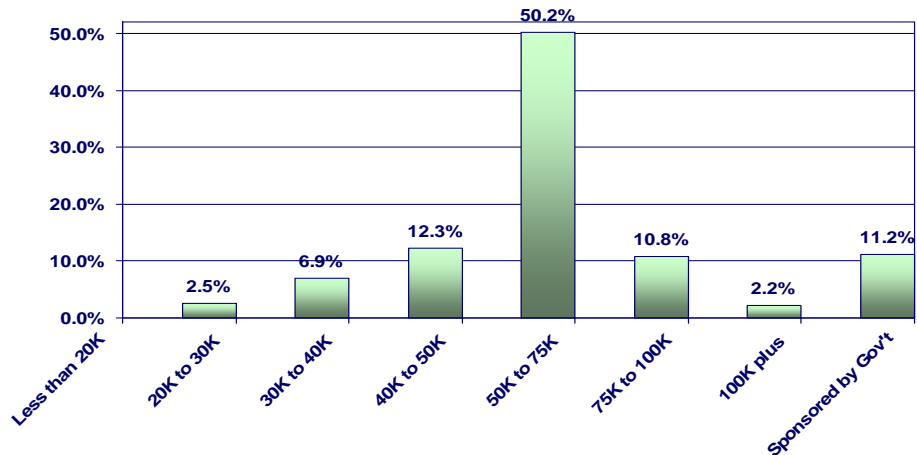
*"Canadian clinical practice is very compartmentalized and sub- sub - specialized which is good for learning a specific area but difficult to apply to wider practice back home. Attempts to modify fellowship structure to accommodate my specific learning requirements have been met with resistance and outright hostility at times."*

*"Non-core fellows (i.e. not paid by the hospital) are not valued and treated as spare hands to do the work. We are asked to do things that are the responsibility of the residents. Furthermore at times the supervision in clinic is sparing, the fellow may end up informing the staff about the condition and the onus is on the fellow to earn the grace of the senior staff. The culture of senior staff imparting knowledge to juniors is patchy and at times asking questions and venturing opinions met with hostility and derision, even if the fellow correct. I frankly expect more of a hospital of such high repute, having taken the effort it takes to get here."*

## Theme 3: Remuneration, employment conditions and benefits



Annual remuneration in Cdn \$ based on contract N = 277



## Theme 3: Remuneration, employment conditions and benefits



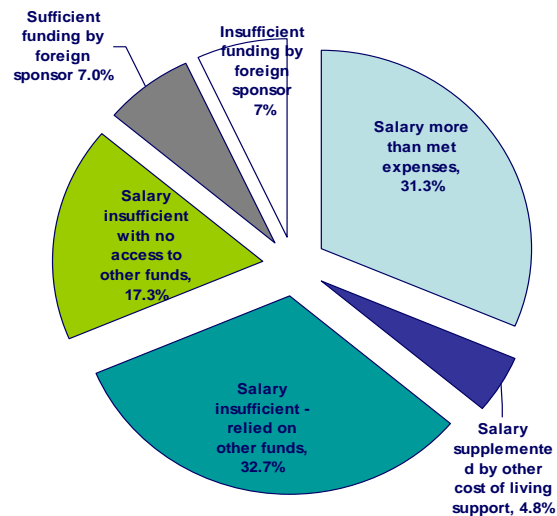
### Other Income Sources

- **63.8% used savings**
- 33.8% were self-supported in other ways
- 12.2% received payment in kind (e.g. books, accommodation etc.)
- 10.3% billed OHIP

### Medical Benefits

- 46.7% had medical benefits (not necessary for 7.7%)
- 25.8% had medical benefits provided for family members (not necessary for 26.6%)

### How did Remuneration compare with Cost of Living Expenses? N = 272



## Theme 3: Remuneration, employment conditions and benefits

41 comments including following excerpts:

*"I did not receive a stipend or fellowship funding or scholarship of any kind from the department or the university. All my income was self generated from OHIP billing and my own savings. This was a big problem. I dedicated considerable time to fellowship activities and received no remuneration of any kind. The teaching I received has a value but did not equal the costs to me of completing the fellowship."*

*"I took out a personal loan to meet my expenses. I also bill for general pediatric services provided within the province of Alberta. To be paid \$57,000/yr to work as a clinical research fellow is disgraceful. I consider myself a hospital volunteer."*

*"My income covered only my child care and rental costs this year. My income was the main income for the family as my husband's fellowship has been mainly unfunded, therefore we relied heavily on savings. We would find it very difficult to sustain a second year here"*

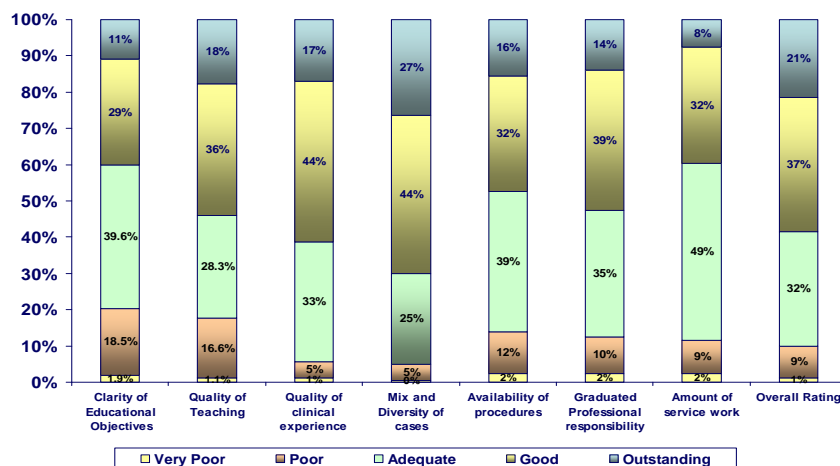
*"Part time job on weekends but not as a doctor"*

*"I only received scientific meetings expenses and time off for conferences that I presented at and those were limited by amount and not included food!!!"*

*"This fellowship has COST me money, despite significant reductions in my standard of living, compared with when I was in previous medical employment."*

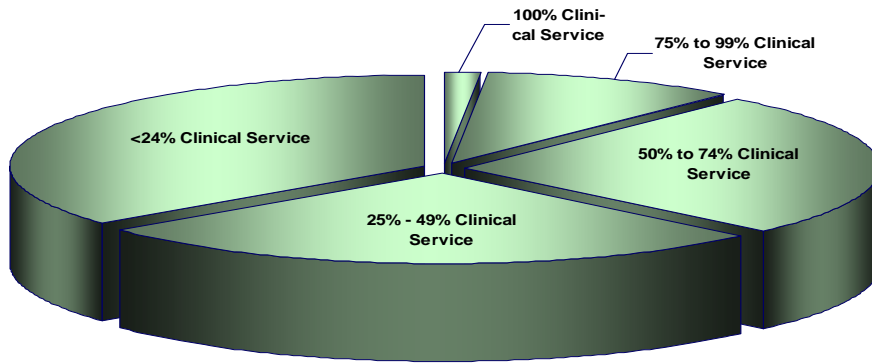
## Theme 4: Overall Education Experience

Rating of Overall Education Experience N = 265



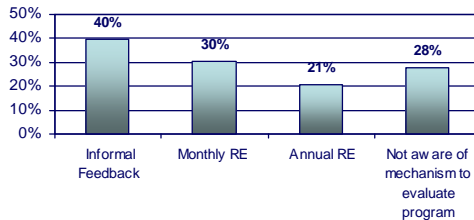
## Theme 4: Overall Education Experience

What percentage of fellowship was non-educational clinical service?  
N = 265

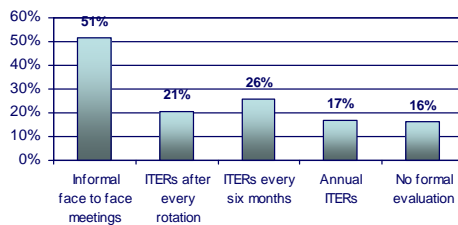


## Theme 4: Overall Education Experience

How did you give feedback to supervisors about program? N=253



How was your performance evaluated? N=257



### Remediation Support

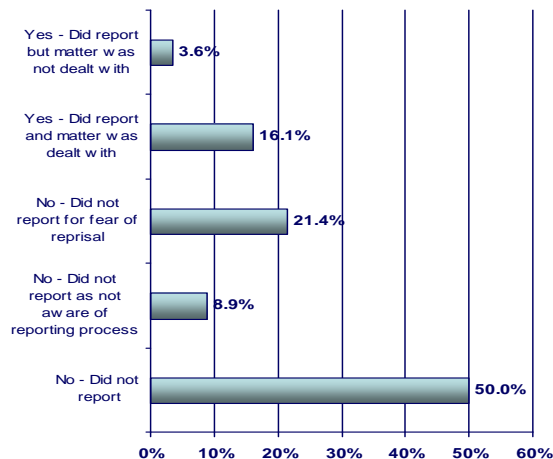
- Met with supervisor/PD to discuss issues and organize a remedial plan – **15.4%**
- Met with supervisor/PD and adjusted goals and objectives of fellowship to fit with skills and knowledge – **16.7%**
- Did not seek help from supervisor/PD. Asked for help from colleagues or did remedial work on own – **11.8%**
- N/A – did not require extra help – **58.9%**

## Theme 5: Harassment and Intimidation

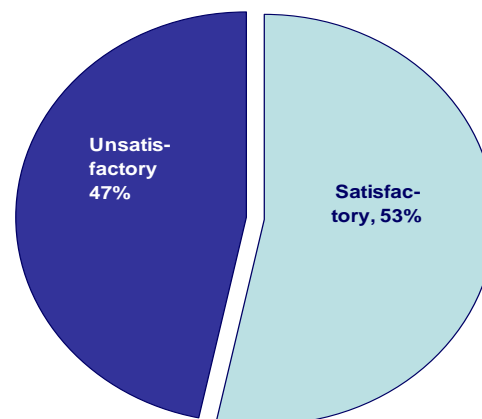
- **16%** (43) of respondents had been harassed or intimidated during fellowship
- Harassment/intimidation was experienced from:
  - Staff person/faculty supervisor: **36.5%**
  - Nurse: **23.8%**
  - Faculty member: **11.1%**
  - Patient: **11.1%**
  - Did not wish to disclose: **17.5%**
  - Other: **23.8%**
- Form(s) of harassment/intimidation
  - Verbal: **75%**
  - Emotional: **40%**
  - Sexual: **1.7%**
  - Did not wish to disclose: **11.7%**

## Theme 5: Harassment and Intimidation

Did you report incident(s) and was matter dealt with? N = 56



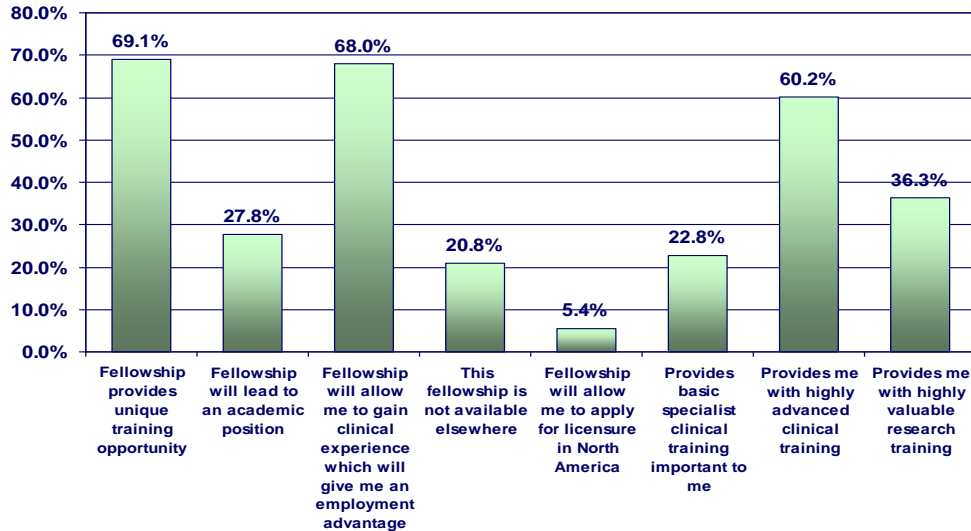
If you did report the incident, what was the outcome? N= 56



## Considerations in deciding to do fellowship at U of T



N = 259



## Would they recommend fellowship at U of T to colleagues?



- Unqualified Yes: **43.9%**
- Qualified Yes: **49.8%**
- No: **6.3%**

N = 255

148 Comments

### Excerpts:

*"My concerns are that Fellows are here to provide more clinical service than one might expect. Research opportunities and projects are variable and not consistently good. One year is not really sufficient time, especially if projects are starting from scratch, although one is led to believe that it is. I feel the dept has reached a point where there are too many Fellows and not enough decent research projects to go round. The process of starting projects from scratch and applying for REB approval is far too slow (again for Fellows who are here for one year, losing 4-5 months waiting for REB is inappropriately long). It then leaves insufficient time to actually do the work."*

*"I would caution people with families. The cost of UHIP, accommodation, transport and food consumed what I earned. There is minimal supervision depending on the particular fellowship"*

*"The fellowship offers a fantastic opportunity to work with world leaders in their field and the experience has been great. However, there some simple issues which I think should be mentioned. Personally, the purpose of the fellowship was for research purposes, and the clinical and service commitment is heavy and research time is not protected - it makes it difficult to be productive in the short space of 2 years when the clinical load is excessive. While most fellowship schemes worldwide appear to be somewhat protective of the fellows research time, with residents (or the equivalent) taking some of the clinical / on call burden, this is not the case here. Most of the international fellows are extremely experienced clinically, and the focus in the fellowship scheme should perhaps take this into consideration. There has been a lack of structured mentorship which is essential when entering into research for the first time, and a formalized mentorship should be in place."*