



# Raising the Bar

## Recommended Standards for the Management of Clinical Fellowships

Report of the Fellowship Working Group  
September 2009



UNIVERSITY OF TORONTO  
FACULTY OF MEDICINE

# Fellowship Working Group:

## Origin



- **Absence of a regulatory framework:**
  - Residents – education and employment is shaped by the CFPC, RCPSC and the PAIRO-CAHO collective agreement
  - Clinical fellows – only requirements are those of CPSO licensure, CMPA membership and university registration
- **Challenges in assessment and issuance of certificates**
- **Reported harassment and perceived inequities**
- **Department of Surgery 2006 Task Force Report on Clinical Fellows**
  - Set forth guiding principles and procedures, to enhance the department's fellowship programs

# Fellowship Working Group: Membership



➤ **Vice Dean PGME established Fellowship Working Group, beginning January 2008, with representation from:**

▪ **Postgraduate programs:**

Anaesthesia

Family & Community Medicine

Laboratory Medicine & Pathobiology

Medical Imaging

Medicine

Obstetrics & Gynaecology

Otolaryngology – Head & Neck Surgery

Ophthalmology & Vision Sciences

Paediatrics

Psychiatry

Radiation Oncology

Surgery

▪ **The Hospital for Sick Children**

▪ **The University Health Network**

➤ **Co-Chairs:**

▪ **Sarita Verma, LLB, MD, CCFP, FCFP**

▪ **Susan E. Tallett, MB,BS, MEd, FRCPC**

▪ **Kevin Imrie, MD, FRCPC**





# Fellowship Working Group:

## Goals



- **Document departmental practices in the appointment of clinical fellows**
- **Develop and implement a survey of clinical fellows**
- **Formulate selection and appointment guidelines**
- **Clarify application of faculty/university policies to clinical fellows**
- **Issue report to set minimum standards across departments for clinical fellowships and recommend best practices**

# Fellowship Working Group:

## Methodology



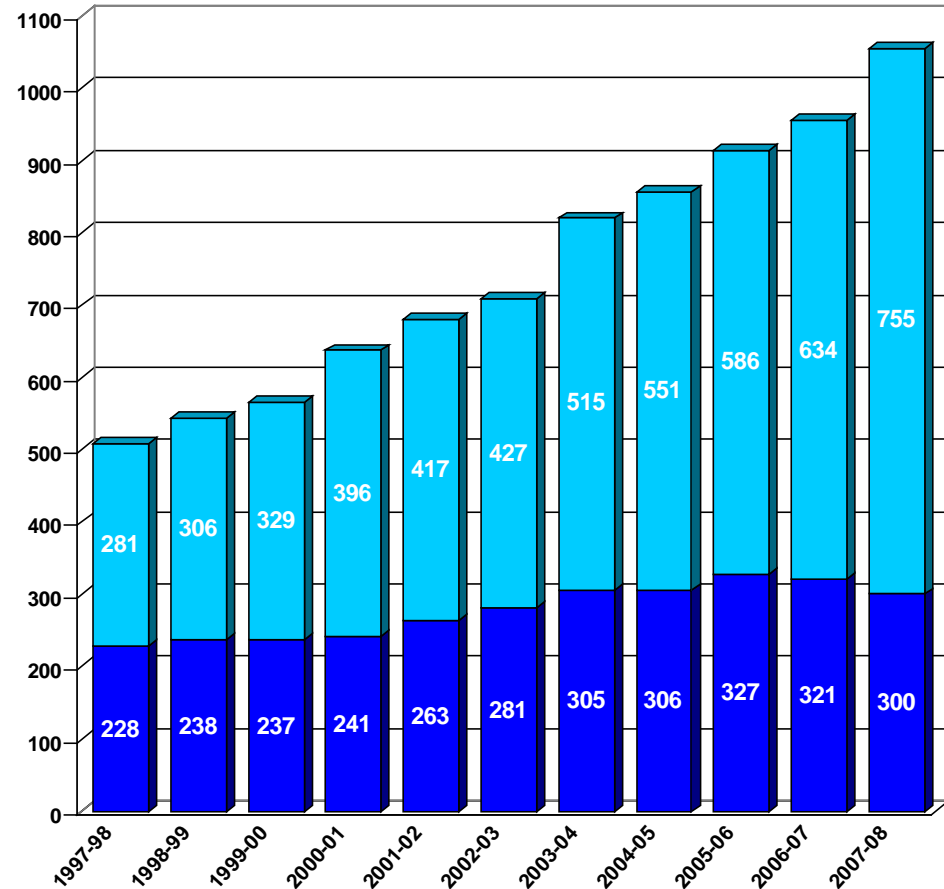
- **Information gathered on departmental practices in the management of clinical fellowships**
- **Inventory compiled of clinical fellowships offered by departments in 2006-07 and 2007-08**
- **Web-based survey of clinical fellows conducted in June 2008**
- **Sub-groups created to examine in detail the following areas:**
  - **Governance and structure**
  - **Education**
  - **Eligibility and application process**
  - **Human resources issues**

# Clinical Fellows: University of Toronto Background



- The number of clinical fellows more than doubled between 1997-98 and 2007-08, mostly due to visa trainees
- Of the 1,055 clinical fellows enrolled in 2007-08, 755 (72%) were visa trainees
- Four departments – Medicine, Paediatrics, Surgery and Anaesthesia – accounted for 718 (68%) of the clinical fellows enrolled in 2007-08
- Over 400 different clinical fellowships offered across departments
- UofT home to 49% of all clinical fellows in Canada and 71% of all Ontario clinical fellows

Enrolment of Clinical Fellows: July 1, 1997 to June 30, 2008



■ Canadian citizens/permanent residents

■ International visa trainees

# June 2008 Survey of Clinical Fellows: **Survey Background**



- **Online survey of University of Toronto clinical fellows**
- **Response rate of approximately 30% (310 respondents of 1,050)**
- **Respondents reflected total fellowship population, including proportionate representation of 3 largest departments**
- **Five key themes of inquiry:**
  1. **Application, registration, immigration and licensure**
  2. **Orientation**
  3. **Remuneration, employment conditions and benefits**
  4. **Overall education experience, including service/education balance, evaluation and remediation**
  5. **Harassment and intimidation**



# June 2008 Survey of Clinical Fellows: **Survey Highlights**



- **Overall frustration with bureaucracy in registration, appointment, immigration and licensure**
- **Need for more orientation from the hospitals and PGME**
- **63% reported using savings to supplement their income**
- **Satisfaction with overall educational experience**
  - **69% identified fellowship as a unique training opportunity**
  - **68% felt that the fellowship experience gave them an employment advantage**
- **Harassment and Intimidation**
  - **16% reported having been harassed or intimidated**
  - **Of those who reported the incident of harassment or intimidation, 47% considered the outcome unsatisfactory**



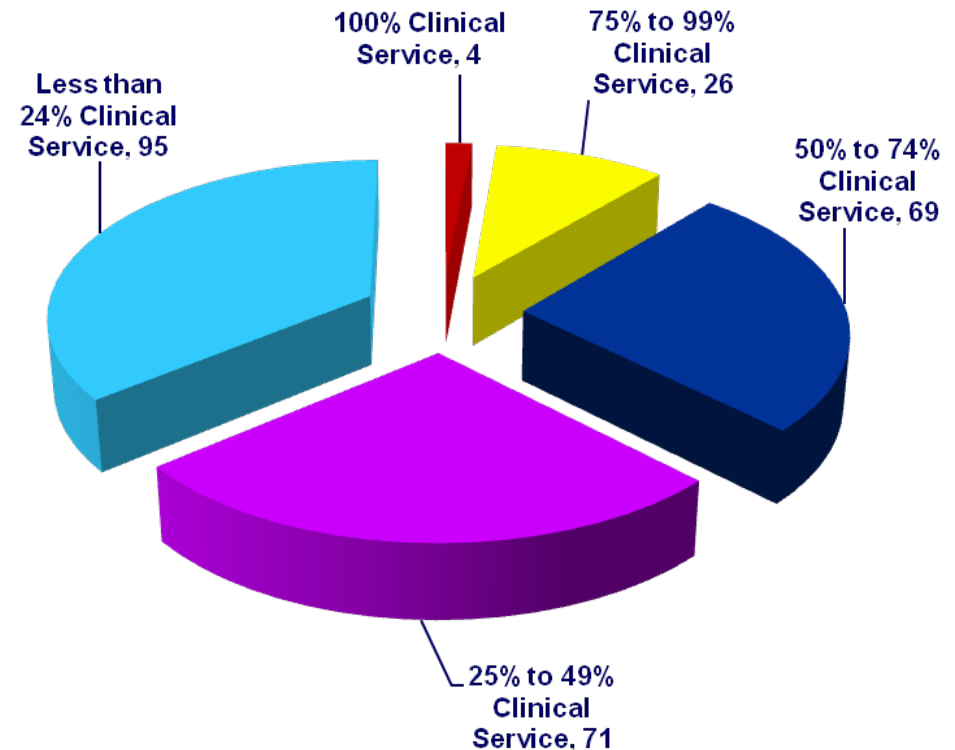


# June 2008 Survey of Clinical Fellows: Survey Findings on Educational Experience



- Majority rated mix and diversity of cases, quality of clinical experience and teaching as “good” to “outstanding”
- 51% indicated evaluation took place through informal face to face meetings
- 59% reported no need for extra help/remediation
- 17% reported adjusting goals and objectives to match skills and knowledge

What percentage of fellowship was non-educational clinical service?



Total number of respondents: 265

# Clinical Fellows: Identifying the Employer



- **University of Toronto is not the employer of clinical fellows**
- **As a matter of convenience, visa trainees obtain a work permit that identifies the University as the employer**
- **This work permit designation is due to an arrangement dating from March 1993 between:**
  - ***Ontario Ministry of Health & Long-Term Care***
  - ***Human Resources & Skills Development Canada (HRSDC)***
  - ***Citizenship & Immigration Canada (CIC)***
- **For those with Canadian funding, the employer is the paymaster (e.g. the hospital or practice plan)**
- **Standardizing terms of employment for fellows was beyond the scope of the report**

# Fellowship Working Group Report: **Recommendations**



- **The Fellowship Working Group Report recommends quality measures in the following areas :**
  - 1. Create a PGME committee to coordinate fellowship programs**
  - 2. Establish a standard approach to program entry, including creation and maintenance of a comprehensive inventory of fellowships across departments**
  - 3. Develop templates for educational goals and objectives**
  - 4. Set standards for evaluation, appeals and issuing certificates**
  - 5. Ensure offer letters comply with guiding principles**

# FWG Report Recommendations:

## **1. *Committee to coordinate fellowship programs***



- **The Faculty of Medicine should develop a governance structure to promote greater consistency across departments and represent the interests of clinical fellows**
  - **PGME Office should form a Fellowship Education Advisory Committee (FEAC) to achieve consensus on minimum standards for fellowship programs by working with departments**
  - **FEAC would report to the Vice Dean PGME, with links to PGMEAC, HUEC, Clinical Chairs and TAHSN**
  - **Each department should appoint a Fellowship Lead and facilitate communication with the PGME Office**

# FWG Report Recommendations:

## ***2. A standard approach to program entry***



- **Fellowship Education Advisory Committee (FEAC) should establish a common definition of a clinical fellow and confirm minimum standards for program entry**
- **Clear, comprehensive information on eligibility, fellowship content and application process should be accessible through departmental websites and linked with PGME Office website, including a central inventory of fellowships**
- **PGME Office should supply fellows with a standard information package**
- **FEAC should explore potential for on-line application process**



# FWG Report Recommendations:

## **3. *Templates for educational goals & objectives***



- **Fellowship Advisory Committee should develop templates for educational goals and objectives for clinical fellows**
- **Goals and objectives should be customized to the needs of the fellow, made available before training, provided to the PGME Office and used to guide evaluation of the fellow**
- **Goals and objectives should be revised as required during the fellowship with updates provided to the PGME Office**



# FWG Report Recommendations:

## **4. Standards for evaluation, appeals & certificates**



- **Fellowship Advisory Committee should set standards for evaluation, appeals and issuance of certificates**
- **Departments should conduct semi-annual evaluations in CanMEDS format, using the POWER system**
- **Departments should establish and maintain a process to notify fellows of deficiencies and provide a mechanism for appeals**
- **PGME Office should centralize the issuance of fellowship certificates in a standardized format**





# FWG Report Recommendations:

## ***5. Offer letters that comply with guiding principles***

- **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**
- **PGME Office should provide departments with up-to-date information on standards and legislation, relevant immigration and licensing requirements, and template fellowship offer letters**
- **Departments should provide information to clinical fellows about sexual harassment policies and complaint procedures at the Faculty of Medicine**

# Fellowship Education Advisory Committee



## ➤ Fellowship Education Advisory Committee:

- To advise the Vice Dean PGME on the oversight of fellowship programs, to develop and maintain policies related to clinical fellows
- First meeting took place on October 29, 2009
- Membership includes currently registered clinical fellows as well as representatives of postgraduate programs and affiliated teaching hospitals
- Will implement recommendations of FWG Report and promote the adoption of best practices across fellowship programs
- Will administer and report on a 2010 Survey of University of Toronto Clinical Fellows