Post MD Education
UNIVERSITY OF TORONTO

FELLOWSHIP EDUCATION ADVISORY COMMITTEE
Minutes of February 25, 2020
8:00 AM to 9:30 AM – PGME Boardroom A

Present:

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

Regrets:

Dr. Cheryl Jaigobin, Loreta Muharuma, Dr. Arun Ravindran

1. Minutes of last meeting, December 10, 2019 and introductions

The meeting was brought to order with a round table of introduction. No additional agenda items were added by members.

The minutes from the last meeting of December 10, 2019 were approved without changes.

2. Business Arising

Dr. Dina Dababneh let the FEAC group know that she was on the interview committee for the newly created position, Director Learner Experience and the committee is close to choosing between two excellent candidates. Dr. Schneider thanked Dr Dababneh for this update and FEAC looks forward to connecting with this person in the future.

Additionally, Dr. Dababneh mentioned the Voice of the Clinical Fellow Survey (VOTCF) and wondered how this is Survey is delivered to new fellows and how they are notified in advance of the survey. She suggested that perhaps notifying new incoming fellows that this is coming and highlight the expectation that they complete it. It may be a way to improve the response rate. Caroline Abrahams suggested that perhaps it could be part of an orientation package at the beginning of their fellowship. This is the fifth year that the survey has been delivered, this being the first year that it has been delivered in the same format as the Staff and Faculty surveys. The first priority would be to look at all the data that has been collected and take action on issues that we know have been identified in this survey. Dr. Bandiera noted that every two years, certainly for the residency survey seems to be the right amount of sampling frequency. It does take a lot of time to go through this data and generate some plans to deal with the issues identified. Also, it is important not to miss any fellows if they are here for one year and not continuing so it might be good to consider an exit survey to capture those fellows.

3. AFC Updates (L. Murgaski)

Three AFC programs will participate in the AFC pilot at the on-site survey visit during the week of Nov 22-27, 2020. These reviews will take place using the new AFC accreditation standards, with the accompanying documentation, in the online accreditation management system (AMS).

PGME has advised the programs that we know are working on an AFC application that in order to submit their application in the current accreditation system (i.e. before the implementation of the new standards and process) draft applications must be submitted to PGME by the end of March 2020. We expect 4 new applications will be submitted. Prior to finalization, new AFC program applications will be sent to FEAC for review and comment.

Dr. Bandiera thanked Laura Leigh and team for being the administrative hub for AFCs. He also noted that they are handled differently across universities, as they are not quite residencies and they are kind of like fellowships, but accredited. Given that most of them emerge from some element of fellowship to become accredited, it makes sense that FEAC have oversight. It is a good thing that the standards have become a bit more relaxed. There was a sense that they were previously quite rigorous so the hope is that it may alleviate the administrative burden and uptake.

4. Revised Educational Objectives for Clinical Fellowships

The following sets of Educational Objectives forms have been revised by the PGME office:

1. Educational Objectives for Clinical Fellowships
    a. There are now tick boxes to choose what "type" of fellowship it is. Supervisors now must choose whether the fellowship is a **Fellowship, AFC or SEAP.**
2. Educational Objectives for Clinical Fellowships in Family Medicine
3. Cross Departmental Clinical Fellowship Appointment Request Including Educational Objectives

Dr. Schneider asked for clarification on whether these changes are for all new fellowships going forward, noting that at this time of year many fellowships have already been processed. Maureen Morris confirmed that these forms would be expected on a going forward basis. Maureen also noted that it is good to get programs thinking about the differences and noting them at the beginning. PGME often receives requests afterwards for SEAP, and it is more difficult to backtrack. The identification of the type of training at the outset helps PGME manage the SEAPs more effectively.

Dr. Bandiera advised the group of an issue which came to PGME recently whereby a fellow who was participating in a SEAP indicated that they were not completing the same objectives as residents in the program. He subsequently reached out to the Residency PD, the fellowship supervisor and Department Head and received three different answers. It was clear that they did not quite understand how the SEAP program works and should be delivered. Ideally, you would not be able to distinguish between a SEAP trainee and a sub-specialty resident, if you were to look at what they did and how they were assessed. Technically, as long as the SEAP fellow meets the training requirements of the sub-specialty and the accreditation standards, they can write the Royal College exam. One of the requirements of residency education is that everyone has equal access to all resources and educational activities. It can be particularly problematic for Fellowships given the differing structure in remuneration, PARO, access to the same education and the lack of clarity can become an issue, after the fact. It would be good to

harmonize that experience. It is not clear from the outset what is promised to the fellow and having this clarity at the beginning would be helpful.

Dr. Schneider suggested that there may be an opportunity here to communicate broadly to trainees, coordinators and faculty to clarify what SEAP is and how programs deliver the educational objectives. It was also noted that SEAP and AFC would require objectives that would need to be in a different format than fellowship objectives and perhaps this would also require communication. As it is a requirement of the CPSO to submit these objectives, it may necessary to attach an appendix.

As an added layer, it may be confusing at the practice level. Dr. Adrienne Tan noted that upon registration at the hospital, there are two designations for trainees - resident and fellow. Fellows are seen to be at a higher practice level than PGY 4 residents, and thus this may be confusing to nursing staff and other hospital staff. It may be important for hospital staff to be made aware of this as well.

It was also noted that the PGME required signature on the forms is now Dr. Glen Bandiera's signature, replacing Dr. Sal Spadafora.

5. VOTCF Survey….developing an action plan (cont…)

Fellowship Funding

In reviewing the slides from the VOTCF results, the following question was discussed:

What was your total 2018 household income, before taxes, from all sources?

Results from the survey showed nearly 15% of fellows report that their total income falls in between $20,000 to less than $60,000, which is quite high considering the FEAC Guidelines are that fellows should be paid at the minimum of a PGY 1 level. This represents approximately 1 in 6 fellows reporting this level of income. Of this group, half are living with a partner and 40% have children.

Additionally, in the survey section on Wellness, the results also showed that a significant proportion of clinical fellows are worried about finances.

Dr. Schneider went on to review the current Guidelines for Remuneration of Clinical Fellows and the background to the development of the guidelines. Immigration Refugee and Citizenship Canada (IRCC) used to require a Labour Market Opinion for clinical fellows to obtain a work permit. Some time ago, there was a change in that requirement, and PGME is now LMIA exempt, but must provide the following statement to IRCC. *"The foreign national receiving remuneration as a resident or clinical fellow is being remunerated at a rate commensurate with that of a Canadian performing the same duties in the same location of work as the foreign national".*

Because there are so may different sources of funding and such heterogeneity in what clinical fellows do, FEAC suggested that fellows be remunerated at the same level as a PGY 1 salary as outlined by PARO. FEAC also suggests that a Departmental review be done of all funding arrangements that do not meet this threshold.

Additionally, FEAC also recommends consideration of the cost of living in Toronto for all fellows, and a Cost of Living Table was developed by FEAC. For a single adult fellow, it is at around 49k and for a clinical fellow with a partner and two children, at 93k. The guideline for remuneration is well known, however it is unclear to FEAC whether Departments are reviewing clinical fellow remuneration that is below the FEAC guideline.

Dr. Bandiera noted the many nuances to clinical fellowship training in terms of remuneration. We have heard many arguments over the years since this guideline was developed. Certainly, some of the very sub-specialized programs at University of Toronto are sought after by international trainees who may well take very high levels positions when they return home and in some cases are willing to be paid a lower salary. However, we must ensure some standards are met so there are not large gaps in remuneration across the system. As the remuneration for PGY 1s increases, the gap between resident and fellow remuneration continues to widen. It may be necessary for a review of Departmental remuneration of clinical fellows.

Jennifer Fischer advised the group of the process for reviewing Clinical fellow remuneration in the Department of Medicine. Any appointment request that is submitted with a salary below the FEAC guideline is reviewed by committee. They do find that fellows applying for “unfunded” positions are pushing back, similar to Dr. Bandiera’s comment of fellows who just wish to have the training, even if it is unfunded. Additionally, Dr. Schneider outlined for the group the process of reviewing remuneration of fellowship in the Department of Pediatrics. Several years ago, Pediatrics established a committee and reviewed every application for unfunded fellowship. It instituted a review of every fellowship that was put forward for remuneration below that of a PGY 1 salary. In some cases, it showed that a clinical fellow would actually be disadvantaged by not being able to undertake the training. The best example is a spouse of a current U of T fellow. They are here in the city and they want to get some experience while their spouse is training. The Department decided to take a somewhat nuanced approach, as each case submitted can be somewhat different. There is a survey that each fellowship director must complete and what circumstances exist to justify an unfunded fellowship. There is some push back as well to the program to try to obtain at least some funding for the fellow. In most cases, there is some level of funding provided and the fellow is asked to sign a statement that they are aware of the cost of living in Toronto and that their family can manage that. As a result of this rigour, the number of unfunded fellowships being sent for review has gone done quite significantly.

Dr. Schneider posed two questions to the committee:

1. Do the FEAC Guidelines on Remuneration need revisions?
2. If they are ok, how do ensure better oversight and communication to Departments to try and reduce the 15% of fellows receiving inadequate funding.

There was a group discussion about roles and responsibilities and whether FEAC should take on more that a “guiding” role in fellowship finances. Should each case of a fellow being underpaid or unfunded be flagged at PGME? Should FEAC encourage Departments to take on this role and ensure fellows re paid appropriately. There is good Departmental data in the survey and PGME Policy and Analysis can identify Departments and we could arrange to speak to them as a first step. Dr. Schneider posed that we could also send a short survey Departments what they are doing. There may be different approaches to remuneration across the system and it would be good to know these.

It was decided that we would not revise the Guideline for Remuneration. We will first institute a short survey and identify Departments who are not paying fellows as per the Guideline.

Meeting Adjourned – Next FEAC meeting June 2, 2020