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**FELLOWSHIP EDUCATION ADVISORY COMMITTEE**  
**Minutes of June 1, 2021**  
**8:00 AM to 9:30 AM – Via Zoom**

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**Present:**

Caroline Abrahams, Dr. Ahmed Al-Awamer, Dr. Jennifer Amadio, Dr. Glen Bandiera, Samantha Chin, Dr. Jennifer Croke, Jennifer Fischer, Dr. Patricia Houston, Dr. Karl Iglar, Dr. Cheryl Jaigobin, Maureen Morris, Laura-Leigh Murgaski, Dr. Linda Probyn, Dr. Rayfel Schneider, Dr. Giovanna Sirianni, Shannon Spencer, Dr. Adrienne Tan, Dr. Doreen Yee

**Guest:** Ms. Sarah Gottlieb

**1. Minutes of last meeting, March 9, 2021.**

FEAC Chair, Dr. Rayfel Schneider, brought the meeting to order. The minutes from the last meeting of March 2021 were pre-circulated and these were accepted without changes.

**2. PGME Update – Dr. Glen Bandiera**

All new trainees entering Canada have been provided with an advocacy letter signed by the Associate Dean to aid in their crossing the border, and to hopefully prevent any mandatory hotel quarantine stays. New Fellows and Residents still have to quarantine for 14 days at home after entering Canada as per TAHSNe hospital requirements. Dr. Bandiera will revisit this requirement as it was noted that some hospitals have been informing their trainees on a case-by-case basis, that a quarantine period is no longer required for them.

Housing support has been broadened to aid those forced to quarantine in the hotel by Canadian Border Service Agents (CBSA). There does not appear to be any clear mandate by CBSA as to who is exempt and who is not, as some trainees are forced to quarantine in the hotel and others are exempt after CBSA sees the advocacy letter. Shannon Spencer reminded the committee that Ms. Lisa Bevacqua at PGME provides support.

Another issue impacting visa trainees is that citizens of certain countries are not able to travel to Canada (i.e.- India, Pakistan, etc.) as mentioned by Shannon Spencer. Ms. Samantha Chin also added that some delays are due to incoming trainees being unable to complete the mandatory medical examination with a Panel Physician authorized by the Canadian government for their work permit applications. Dr. Bandiera indicated that, as with the Biometrics requirement, he will look into advocating for these for these trainees to receive an exemption of the medical examination requirement.

Ms. Maureen Morris added that receiving new appointments and reappointments for July 1, 2021 in June 2021 is very difficult to process in timely manner. Dr. Schneider noted such late appointments are likely due to issues surrounding COVID19 (i.e.- delay in starting, withdrawals, etc.), which Maureen Morris recognized.

Dr. Ahmed Al-Awamer asked whether there would be additional supports this year as there was in the previous year for trainees who were unable to leave Canada due to COVID 19. Dr. Bandiera noted that the funding provided to programs last year was an emergency grant, but he would bring it forward to the faculty for addressing.

In addition to COVID 19 updates, Dr. Bandiera wished to bring forward to the committee the Guidelines for Educational Responsibilities in Clinical Fellowships document (<https://pgme.utoronto.ca/wp-content/uploads/2017/12/Guidelines-for-Educational-Responsibilities-in-Clinical-Fellowships-Nov-17.pdf>) . It has come to the attention of the Learner Experience office that there is some friction in the learning environment specifically between learner and supervisor and the underperforming fellow who cannot be provided as much autonomy as anticipated by the supervisor. Dr. Bandiera indicated a revisions of this guideline may be timely. Specifically, the following should be reviewed:

- Look at what the expectations and intentions of the fellowship are
- What protections should be put in place (i.e. expectations that fellows are to work as a specialist, must hold specialty certification from home jurisdiction, etc.)
- If the fellow is not able to function at the appropriate level, what can be done beyond the PEAP period (i.e. detection, intervention, etc.)

Dr. Susan Glover Takahashi is keen to assist in the revision of these guidelines and a small committee will convene to begin this work over the summer.

Dr. Bandiera recommends that additional work around assessment and selection be completed after the Guidelines are revised. He suggested the creation of material with respect to selection, such as a flow chart that imbeds best practices to illustrate the process and timeframe of appointing a clinical fellow.

It was agreed that this would be a priority for FEAC next year.

### **3. Voice of the Clinical Fellow Survey – Caroline Abrahams**

On March 16, 2021, the bi-annual survey of Clinical Fellows was deployed and addressed the following topics:

- Mistreatment/ intimidation and harassment
- Remuneration
- Future career plans
- Overall educational experience
- Impacts of COVID 19

Due to the third wave of COVID 19, deployment of the survey to Clinical Fellows was delayed to not compete with important messaging around COVID 19. This resulted in a response rate of 38% at the time of meeting. Reminders will resume and results of survey will be available to present in the Fall.

#### **4. Clinical Fellows and Benefits**

In POWER, there were 158 different payors of Clinical Fellows and the source of remuneration for Clinical Fellows is a factor in benefits received. Mainly fellows appointed by hospitals can elect to participate in benefits programs with the hospital and also those in practice plans. Those not able to join a benefits program are provided with information on how to sign up for private coverage in the Orientation Booklet produced by PGME.

After examining a number of offer letters, additional considerations of communication around benefits may want to include sick leaves, vacation standards, weekends and holidays, maternity/paternity leaves that are often not listed in the offer letter provided to fellows.

Dr. Schneider believes that provide examples of what programs are doing well have been successful in the past. Also by providing guidelines and best practices has helped to move things along for programs to know what is recommended.

Ms. Sara Gottlieb added to the discussion that some fellows are treated as independent contractors and are not entitled to benefits and leaves. In addition, the University of Toronto is not the employer and therefore can only issue guidelines, recommendations, and templates.

Dr. Jennifer Amadio noted that based on her experience, one of the guidelines that this committee may want to address are the number of calls expected, especially for a fellow that is later in their pregnancy.

Dr. Al-Awamer drew attention to the issue of self-funded fellows who are dependent on billing for salary and if there are any issues leading to disruption in service (such as COVID 19) there should be some support/stipend.

Dr. Schneider inquired with Sara Gottlieb from a legal standpoint, if there are legally mandated benefits. Sara Gottlieb detailed the mandatory legal entitlements of an employee and not an independent contractor. Sara Gottlieb suggests if the University of Toronto takes on creating a template to circulate to programs in order to socialize the concept first. The University can also produce templates of what to include in offer letters around mandated and optional benefits. Once the committee is comfortable with the exemplars produced around benefits, Sara Gottlieb recommends it be presented to HUEC, TAHSNe and Clinical Chairs.