

**FELLOWSHIP EDUCATION ADVISORY COMMITTEE**  
**Minutes of March 8, 2016 Meeting**  
**8:00 AM to 9:30 AM – PGME Boardroom**

**Present:**

Caroline Abrahams (PGME)  
Dr. Asim Ali (Ophthalmology)  
Dalia Al-Mouaswas (Ex officio; UHN) \*  
Ashley Bedard (Medicine) \*  
Jessica Fillion (PGME)  
Dr. Jeannette Goguen (Medicine)  
Nathan Harrison (PGME) \*  
Dr. Dimos Karangelis (Clinical Fellow)  
John Kerr (PGME)  
Dr. David Latter (FEAC Chair; Surgery)

Maureen Morris (PGME)  
Loreta Muharuma (PGME)  
Dr. Linda Probyn (Director, Admissions & Evaluation, PGME)  
Dr. Arun Ravindran (Psychiatry) \*\*  
Mariela Ruetalo (PGME) \*  
Dr. Salvatore M. Spadafora (Vice Dean, Post MD Education)  
Shannon Spencer (Ex officio; UHN)  
Mary-Kay Whittaker \*  
Dr. Doreen Yee (Anaesthesia)

\* Guest

\*\* By teleconference

**Regrets:**

Dr. Julia Alleyne (Family & Community Medicine)  
Dr. Glen Bandiera (Associate Dean PGME)  
Dr. Rayfel Schneider (Paediatrics)

Dr. Julie Maggi (St. Michael's Hospital)  
Dr. Cynthia Maxwell (Obstetrics & Gynaecology)

**1. Introduction**

Dr. Latter opened the meeting by introducing new ex officio FEAC member Dalia Al-Mouaswas, who would be succeeding Shannon Spencer as Fellowship Coordinator, University Health Network – International Centre for Education (UHN-ICE).

After confirming the committee's acceptance of the draft minutes of its meeting of December 15, 2015, Dr. Latter turned the committee's attention to the following action items from that meeting:

**a) *WSIB and Clinical Fellows***

L. Muharuma reported that, according to registration data for 2014-15, over 500 postgraduate medical trainees were registered with a source of funding that was not a hospital, practice plan or academic department. None of these registrants had WSIB coverage. She discussed possible mechanisms for payment of WSIB premiums and suggested that PGME might meet the cost of WSIB coverage for the approximately 250 trainees who were internationally sponsored fellows and residents covered by a postgraduate training agreement with the University.

Dr. Spadafora confirmed that the FEAC could not resolve the issue but could heighten awareness among stakeholders and promote a resolution by issuing a comprehensive fact sheet. Dr. Latter contended that attempting to catalogue funding arrangements as the basis for a solution would be inconclusive because there are too many variations of payment to pursue. S. Spencer emphasized the complexity of the issue, referring to hybrid models of payment for fellows as well as the rotation of fellows through multiple clinical sites. L. Muharuma noted that hospitals may feel umbrella liability insurance is sufficient. Dr. Spadafora supported finalizing the factsheet as a reference item for hospitals, practice plans and clinical fellows. L. Muharuma indicated that a fact sheet would be finalized for presentation to the Hospital University Education Committee (HUEC) and distribution to FEAC members.

**b) *Clinical Fellowship Re-appointments***

Following up on her FEAC presentation of December 15, 2015, M. Morris updated the committee on the status of clinical fellowship re-appointments for 2016-17. The Vice Dean Post MD Education had notified Program Directors and Administrators by email on February 2, 2016 that Citizenship and Immigration Canada (CIC) was reporting an average processing time of 120 days for an online application, and 115 days for a paper application, for a work permit extension within Canada. The Vice Dean's message had also suggested, going forward, that fellowship programs consider building into the original fellowship offer letter an optional additional year of training where appropriate or confirming an end date which would eliminate the need for a work permit extension if the trainee were delayed in taking up the fellowship as scheduled.

As of March 7, 2016, CIC was reporting an average processing time of 129 days for an online application and 114 days for a paper application for a work permit renewal. Dr. Latter asked that another message be sent to programs in March 2016 and suggested that the recipients include Clinical Chairs, Vice Chairs of Education, and Vice Presidents of Education of University affiliated hospitals, as well as Program Directors and Administrators.

**c) *2016 Survey of University of Toronto Clinical Fellows***

C. Abrahams and M. Ruetalo presented a preliminary report on the *2016 Survey of University of Toronto Clinical Fellows*. On February 2, 2016 all clinical fellows who had been registered as of September 2015 received an email invitation to complete the online survey. Prior to this date, FEAC members had received notice by email of advanced access to the online survey instrument.

M. Ruetalo reported a survey completion response rate of 59% (578 respondents from 982 invitees), a high rate of response consistent with previous UofT clinical fellow surveys.

M. Ruetalo presented topline survey results for annual remuneration and overall experience, as well as selected comments from open-ended survey questions. A lower percentage of clinical fellows than before reported receiving remuneration of less than \$40,000 per annum, while a greater percentage than ever reported remuneration in the \$75,000 to \$100,000 p.a. range. The percentage of fellows who identified themselves as "self-funded" declined from 2014. As in previous surveys, respondents were asked to rate their educational experience. The percentage of respondents who rated their experience as "above expectations" or "outstanding" remained consistent with previous years. Dr. Spadafora commented on the possibility that expectations could rise over the years. C. Abrahams suggested surveying trainees through the lifecycle of training, from entry to conclusion. Dr. Latter proposed surveying incoming fellows to gauge expectations.

C. Abrahams confirmed that she and M. Ruetalo would present a comprehensive, in-depth report of survey findings to the FEAC on June 14, 2016.

**2. *Introducing an Online System for Clinical Fellowship Applications***

N. Harrison offered the committee a preliminary overview of the online system for clinical fellowship applications currently in development by PGME. He described the project goals as twofold: (1) to create a centralized system flexible enough to accommodate changing policies and procedures but structured enough to achieve standardization, and (2) to facilitate the management of application and appointment records through their entire lifecycle before entry in the Postgraduate Web Evaluation and Registration (POWER) system.

The proposed online application system would support a number of features for academic departments, including:

- a) Managing positions available for application
- b) Managing incoming applications
- c) Accepting and rejecting applicants
- d) Assembling and submitting appointment packages to PGME

- e) Managing appointments/re-appointments (e.g. new appointments and extensions)

At the same time, the system would not include ranking tools for the assessment of applications or managing applicant interviews.

L. Muharuma clarified that PGME would contract development to programmers as required. The online application system was a PGME initiative reflecting the commitment of the Vice Dean Post MD Education to meet departmental needs described in the 2014 report of the Task Force on Best Practices in PGME Program Support. Dr. Spadafora affirmed that the online system would lend itself to pan-Greater Toronto Area (GTA) and pan-Academic Health Science Centre (AHSC) site fellowships.

An email announcement of the online application system would occur this spring, with in-person consultations to follow, to confirm fellowship program requirements. N. Harrison confirmed that he and J. Filion would begin interface presentations and in-person walkthroughs with interested academic departments in summer 2016, with a view to building the new platform in fall 2016 and pilot testing the system with volunteer departments in spring 2017.

N. Harrison noted that the proposed online application system represented an opportunity to fulfill a recommendation of the Fellowship Working Group in 2009 regarding exploration of an online application process for clinical fellows. Dr. Latter and Dr. Yee confirmed the respective interest of the Department of Surgery and Department of Anesthesia in participating in a pilot launch of the proposed system at the earliest opportunity.

### **3. Draft Report in Preparation: The FEAC and Clinical Fellowship at UofT, 2009-2016**

M.-K. Whittaker presented the draft outline of a report which would summarize the FEAC's activities and achievements since its inception in 2009, as well as identify priority areas of focus and challenges for the committee going forward. She confirmed that the report would contain personal stories in addition to demographic information about clinical fellows. She suggested that the report could not only record accomplishments but also capture future projects. Dr. Latter stressed the need for committee feedback for forward-looking content.

M.-K. Whittaker invited input from FEAC members. She stated her intention to interview a range of fellowship stakeholders for the report and weave their experiences into the report. L. Muharuma emphasized the importance of including input from clinical fellows. Dr. Yee agreed, noting that in some cases clinical fellows have gone on to become departmental coordinators.

Looking forward, Dr. Spadafora stressed the need for visionary thinking in the report over committing to a timeline for FEAC activity. He stated that the work will live online as a publicly accessible electronic document. Dr. Latter affirmed that the report would be valuable as a reference work for new leaders in fellowship education at the University.

M.-K. Whittaker confirmed that she would present a complete draft to the FEAC for review at its meeting of June 14, 2016.

### **4. Action items**

Dr. Latter confirmed the following action items at the close of the meeting:

**a) *WSIB and Clinical Fellows***

L. Muharuma would finalize a fact sheet on the current status of WSIB and clinical fellows which would be distributed to FEAC members and provided to the Vice Dean Post MD Education to present to the Hospital University Education Committee (HUEC).

**b) *Clinical Fellowship Re-appointments***

M. Morris would ensure that a follow up message from the Vice Dean Post MD Education about clinical fellowship re-appointments would reach the following recipients in March 2016: Clinical Chairs; Vice Chairs, Education; Vice Presidents, Education, UofT affiliated hospitals; and Program Directors and Administrators.

- c) ***2016 Survey of University of Toronto Clinical Fellows***  
C. Abrahams and M. Ruetalo would provide a full report on the 2016 survey to the FEAC at its meeting of June 14, 2016.
- d) ***FEAC Report on the Management of Clinical Fellowships 2016***  
M.-K. Whittaker would present a draft report to the FEAC on June 14, 2016.

The meeting adjourned at 9:30 AM.