Issuing Date

Fellows Name

Fellow Address

Dear Dr. Fellows Name

We are pleased to offer you a new / re-appointed Clinical Fellowship training position in the Department of Medicine, Division of Division Name for Duration of Training year/ month at the University of Toronto, in the Fellowship Name Fellowship program. This is a full / part time training position for which the conditions and responsibilities are set out below.

This training position will start on \_\_\_\_ and will end on \_\_\_.

This offer is contingent upon fulfillment of the requirements for licensure by the College of Physicians and Surgeons of Ontario and registration with the Office of the Vice Dean, Postgraduate Medical Education, University of Toronto Faculty of Medicine such that the fellowship starts no later 60 or 90 days from start date or this offer is void.

The relationship between the fellow and the University is educational only and does not constitute an employment relationship with the University. The fellowship is subject to legal and policy and professional requirements of the clinical site. If applicable, please carefully review the provisions of Host Hospital Site/ Divisional documents ’s offer and confirm your acceptance by signing and returning all required documentation to Host Hospital Site/ Divisional contact

Should unforeseen and unlikely circumstances exist where your supervisor, Dr. Supervisor is no longer able to practice but funding is still available, efforts will be made to find an appropriate alternative supervisor, but we cannot guarantee the fellowship will occur.

1. **TERMS OF TRAINING**
2. **Educational Goals and Objectives of the Fellowship**

The specific educational goals and objectives of this fellowship (as approved by the Vice-Dean PGME) are attached and will be forwarded to the College of Physicians and Surgeons of Ontario as part of your application for a license. Please make sure the title of the fellowship on the objectives is accurate, because this is what will appear on the PGME certificate of completion for your fellowship training. The fellowship program shall endeavor to provide a reasonable opportunity for the clinical fellow to attain the written goals and objectives of the fellowship. Please see Appendix A for a copy of the goals and objectives specific to your fellowship.

1. **Fellowship Term**

Your appointment to the University will end on \_\_\_ as stated above. A further term of training may be considered upon successful completion of the initial period of your fellowship.

If you are in International Medical Graduate, you may/ will be requiring to undertake the Pre-Entry Assessment Program (PEAP) and must successfully complete it to qualify for the educational license for fellowship training.

1. **Pre-Entry Assessment Program (PEAP)**

Successful completion of the pre-entry assessment program by International Medical Graduates is mandatory prior to entering fellowship training. This assessment period is a licensing requirement that starts the first day of the position. The program is a 4 to 12 weeks period of observation with periodic formal written evaluation reports carried out by program faculty in a multidisciplinary environment where there is ongoing patient input to ensure that candidates for fellowship training can function at the level of a consultant in their specialty and can undertake Clinical Fellowship training. Assessors are to ensure that the candidate is mentally competent to practice medicine, is able to practice with decency, integrity and honesty in accordance with the law, has sufficient knowledge, skill and judgement to engage in postgraduate medical training as authorized by the educational license, can communicate effectively and displays an appropriate professional attitude and collegiality. There is no formal course of appeal within the University if a candidate is unsuccessful in the PEAP.  The decision of the program will be considered final. The candidate will be ineligible to commence the Fellowship program and will not be permitted to enter another PEAP in the same discipline in Ontario

1. **General Responsibilities**

The fellowship will provide clinical, research and educational training in Name of Fellowship

Choose an item.

1. **Academic Responsibilities**

Number of days allotted days per week (averaged over the year) will be dedicated to academic activities.

You will be responsible for the following:

1. Participating in all educational activities, such as journal clubs, rounds, etc…
2. Participating in research projects: planning, coordinating, implementing one or more projects, trail data analysis, presenting results at local, national, and/or international meetings; preparing final, peer-reviewed manuscripts for publications.
3.
4. **Clinical/ Teaching Duties**

You will be responsible for the following:

Enter curriculum here

Any proposed changes to your duties or responsibilities will be discussed with you and other affected physicians to ensure that your input and comments are obtained prior to approval and implementation.

1. **INTELLECTUAL PROPERTY RIGHTS (OWNERSHIP)**

The intellectual property rights and policies of University of Toronto and Host Hospital Name

To access current policies, guidelines and forms with regards to intellectual property rights as applicable at the University of Toronto and the affiliated teaching hospitals, please visit the following websites

Office of the Vice-President Research at <http://www.research.utoronto.ca>

The Innovations Group at <http://www.innovations.utoronto.ca>

Copyright policy at <http://www.governingcouncil.utoronto.ca/policies/copyright.htm>

Inventions policy at <http://www.governingcouncil.utoronto.ca/policies/invent.htm>

Publication policy at <http://www.governingcouncil.utoronto.ca/policies/pubs.htm>

1. **REGISTRATION REQUIREMENTS**

All Clinical Fellows are responsible for the following:

1. **Work permit for non-citizens**

The University of Toronto Postgraduate Medical Education Office will provide you with the necessary authorization to obtain a work permit upon receipt of your application and final approval of your appointment to the University. You will be responsible for applying for the work permit upon receipt of instructions from the University

1. **CPSO medical license**

You must apply to the College of Physicians and Surgeons of Ontario for a Certificate of Registration for Postgraduate Medical Education well in advance of the start date of your training to ensure you will be granted a license on time to begin the program.

1. **Malpractice Insurance**

You must apply to the Canadian Medical Protective Association (CMPA) for membership so that you will have malpractice insurance on time to commence the program.

1. **Health Coverage UHIP/OHIP**

The Ontario Health Insurance Plan (OHIP) covers basic health care costs and is available for Canadian citizens/Permanent Residents. It is also available for international trainees (and accompanying family members) on work permits if their training appointment is at least 6 months in duration. University Health Insurance Plan (UHIP) coverage must be purchased if trainees or their accompanying family members are ineligible for OHIP.

1. **Registration**

You are expected to fully register with the Office of the Vice Dean, Postgraduate Medical Education, University of Toronto Faculty of Medicine and with the hospital medical education office before you commence your program.

1. **PERFORMANCE, EVALUATIONS AND OUTCOMES**
2. **Evaluations**

You will be given semi-annual evaluations, or more frequent if appropriate, by faculty during the fellowship outlining progress and areas for improvement. Fellows will have the opportunity to provide anonymous feedback on their supervisors and the training program.

When the fellowship is completed and the final in-training evaluation report confirms that the educational goals and objectives have been fulfilled, the University Faculty of Medicine will issue a certificate verifying successful completion of the fellowship.

1. **Probation/ Remediation**

A fellow may be placed on probation or be subject to remediation by the Program Director with University approval if a fellow receives an unsatisfactory evaluation. If the deficiency is corrected by 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 and/or Program Director may request another period of probation or recommend suspension or dismissal, with approval of the University.

1. **Suspension**

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 is subject to formal review by the Department, and is followed by full reinstatement, a probationary period, or dismissal.

1. **Dismissal**

Dismissal may occur following an unsuccessful probation period, following suspension, or for ethical, behaviour violations, or medical incompetence that are not subject to remediation or probation. The dismissal of a fellow is subject to formal Departmental review.

1. **REMUNERATION, BENEFITS, VACATION AND LEAVES**

Remuneration: CAD $ Salary in CAD per annum (gross amount) paid for by Funding Source

Citizenship and Immigration Canada requires all foreign nationals receiving remuneration as a clinical fellow to be remunerated at a rate commensurate with that of a Canadian performing the same duties in the same location of work as the foreign national.

Benefits: Specific Benefits allotted

Vacation: Specific vacation allotted

Professional and other leave: Specific leave time allotted

To accept this training offer and allow us to proceed with your appointment to the University of Toronto, please sign this letter below and return by \_\_\_\_. Because there are a number of University and government formalities that can take up to 6 months to complete prior to your registration, please reply promptly to this offer. Failure to return this letter by the specified date will be interpreted as non-acceptance and the offer will be withdrawn.

This fellowship is subject to legal and policy and professional requirements of the clinical site at which the fellow is located.

Yours truly,

Dr. Supervisor Name

Supervising Physician

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

Dr. Divisional Fellowship Director Name

Fellowship Program Director, Division of Division Name

Signature: \_\_\_ \_

**TERMS OF ACCEPTANCE**

In signing this offer, I agree to the above terms of this offer and the Educational Objectives of this fellowship.

Clinical Fellows Name: Dr. Fellows Name

Date of Acceptance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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