A Five-Year Review of the Department of Psychiatry Fellowship Program Registration in 2016-2021 Certina Ho¹²; Rafal Ramzi²; Maaria Arif¹²; Joo-Young Lee^{1,2}; Arun Ravindran²; Sanjeev Sockalingam²; Daniel Mueller²

BACKGROUND & INTRODUCTION

- The Fellowship Program at the Department of Psychiatry, University of Toronto, provides opportunities for domestic and international physicians and specialists to advance their academic training in specific clinical and/or research areas of psychiatry.
- Eligible fellows register for clinical or research fellowships and are usually undertaken for one to two years; a minimum of \$61,000 CAD/annum of funding must be secured.
- Clinical fellows must have a medical degree from a recognized medical school with a specialist designation and must meet the licensure requirements with the College of Physicians and Surgeons of Ontario (CPSO).
- Research fellows do not have patient contact and do not require a CPSO license.

OBJECTIVES

• To conduct a five-year review of the Fellowship Program registration data to better understand trainee interests and identify potential opportunities for program growth and quality improvement.

METHODS

- We retrieved registration data from the Fellowship Program in 2016-2021 and analyzed the type of fellowship (clinical vs. research fellows) and **trainee status** (domestic vs. international fellows) according to the respective fellowship registration documents.
- The **funding source** was determined through the associated training site offer letter and classified as:
 - Hospital-based: This refers to divisional/clinical program funds, practice plan-based stipends and endowments administered through the hospital.
 - Supervisor funding: This funding comes directly from the fellow supervisor's research grants.
 - Fellow-sourced: This refers to OHIP-billings, fellow-acquired research grants, sponsorships, or home institution/country grants/scholarships.
- The **fellowship focus** was determined according to the educational objectives form for clinical fellows and the departmental application form for research fellows, respectively. Fellowship focus areas were grouped by the corresponding departmental divisions.

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RESULTS

TYPE OF FELLOWSHIP

- Research Fellowship (10.7%)

- Clinical Fellowship (89.3%)

Figure 1 & 2: In 2016-2021, a total of 149 fellows were registered with the Fellowship Program; 10.7% pursued research-only fellowships; and most clinical fellowships also have a research component. Approximately 60% were international fellows. Majority of international fellows were from Saudi Arabia, Israel, and Oman.

FELLOWSHIP FOCUS BY DIVISION

Child and Youth Mental Health

- **Consultation/Liaison Psychiatry**
 - Geriatric Psychiatry
- Neurosciences and Clinical Translation
 - Other/Multiple/Unknown
 - Mood and Anxiety Disorders
 - Addictions Psychiatry
- Psychotherapy, Humanities, Psychosocial Interventions
 - Women's Mental Health
 - Schizophrenia
 - Forensic Psychiatry

Figure 4: Areas in psychiatry where fellows were most engaged, according to the corresponding departmental divisions, were Child & Youth Mental Health, Consultation/Liaison Psychiatry, Geriatric Psychiatry and Neurosciences & Clinical Translation. (Note: Mood and Anxiety Disorders, Addictions Psychiatry, and Schizophrenia fall under 'Adult Psychiatry and Health Systems'.)





FUNDING SOURCE



Figure 3: Approximately 34% fellowships were funded by "hospital-based" stipends. "Supervisor funding" and "fellow-sourced funding" accounted for 6% and 43% fellowship remuneration, respectively; and 17% fellowships were funded by a combination of sources.

CONCLUSION

• There is a potential need for the Fellowship Program to provide more research-oriented opportunities/incentives for research-only fellowships. Clarifying the registration requirements for clinical vs. research fellows may also encourage research fellow enrolment/engagement. The high proportion of international fellows may warrant a closer look at specific trainee needs, such as, orientation and onboarding. (Figures 1 & 2)

 Seeking more "hospital-based" funding opportunities may facilitate access to fellowship training for international fellows who may not have sponsorship opportunities through their home countries. (Figure 3)

• Expanding more training opportunities in highly sought fellowship focus areas (e.g., Child & Youth Mental Health, Consultation/Liaison Psychiatry) may be needed. Identifying the rationale behind the highand low-engaged fellowship focus areas, according to the corresponding departmental divisions, may also be helpful for future program growth and quality improvement. (Figure 4)



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