# Procedure for allocation of Ministry funded PGME training positions

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| **Procedure:**  | Procedure for allocation of Ministry funded PGME training positions  |
| **Policy reference:**  | Allocation of Ministry Funded PGME Positions  |
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| **Last update:**  | November 2018 |

## 1. PURPOSE

To establish the procedure for allocation of PGME training positions funded by the Ministry of Health.

**2. INTRODUCTION**

With the expansion of undergraduate and postgraduate programs and being cognizant of health human resource needs in Saskatchewan, there is a need for a clear approach to decision-making and for transparent allocation of PGME positions for the CaRMS match.

**3. SCOPE**

This document applies to all residency training programs at the College of Medicine, University of Saskatchewan.

**4. DEFINITIONS**

n/a

**5. RESPONSIBILITIES**

n/a

**6. SPECIFIC PROCEDURE**

# Capacity

1. Programs should not be required to undertake training of Residents in excess of their capacity to provide effective training and supervision.
2. At present the only available capacity measure is an annual questionnaire sent to all programs assessing their self-reported ability and willingness to take on additional trainees. There is no formal approach to assessing or verifying capacity or even to differentiate true capacity from a desire (or not) to expand a program.
3. Capacity may be influenced by a wide variety to factors from administrative infrastructure (time and resources for Clerical Staff, Program Administrator, Program Director), Faculty availability, access to procedures and patients, training resources etc.
4. If ‘capacity’ as reported by programs becomes an obstacle to expanding high priority programs, a more objective process to assess capacity and a strategy to address deficiencies may need to be developed.
5. For disciplines for which health human resource needs are significant but where capacity is limited, supplemental information around the capacity limiting factors should be sought, to determine if capacity issues can be satisfactorily addressed in the short or long term. It may be helpful in such situations to expand the capacity survey and where possible be conducted in the format of an interview with a PGME staff member rather than by a paper or email questionnaire. In-person interviews may allow for more detailed information and more accurate comparisons across programs.
6. **Allocation procedure**
7. Annual capacity survey to be conducted by PGME Office late April to early May.
8. Available entry positions (total number) should be reported by the Ministry of Health to PGME Office by May.

For routine incremental positions, the number of PGY1/FMR1 entry positions should ideally be established by the May/June prior to the CaRMS match to allow for adequate decision making and posting of information on the CaRMS website.

Re-entry/Saskatchewan Health Authority expression of interest related to health human resource needs will be coordinated and collected by the Ministry of Health. Ministry Health will summarize and report the information in writing to the PGME Office by May.

1. Expression of program interest by the undergraduate medical students participating in the upcoming CaRMS Match will be reported by the Class representative(s) to the PGME Office by the end of May.
2. All information will be compiled and summarized for presentation to the PGME Committee in June. PGME Committee members will have opportunity in the meeting or in writing (within one week of the meeting), to respond to the information. PGME Committee discussions will be minuted.
3. All information will be forwarded to the Allocation Committee members for review in July/August.
4. Allocation Committee meets in July/August to review capacity survey, health human resource needs, entry positions, undergraduate medical student interests, PGME discussions and any written comments provided.
5. Allocation decision should be completed by August 31.
6. Incremental positions can be added until quite late in the CaRMS process but it is best to have as close to final numbers as possible by late August/early September as students may consider position numbers as one factor in their application and interviewing choices. Where there may be a series of incremental positions over a number of years, it would be helpful to have a long range plan with target position numbers over 3-5 years rather than focusing solely on a single year.
7. Decisions on network/sponsored seats will be made by Ministry of Health and shared with the Allocation Committee for information only.
8. During the process of adding new positions, the 40:60 family medicine: specialties ratio over the long range should be maintained. In some cases, however, to achieve particular goals, it may be appropriate to allow transient fluctuation from this ratio in order to address particular needs. In a situation where there is insufficient capacity in Family Medicine, the 40:60 ratio must be waived if capacity issues cannot reasonably be expected to be satisfactorily resolved prior to entrance of the cohort.
9. Small programs which may be able to increase training to a limited extent, or where health human resource needs may be limited, may be targeted for expansion on an intermittent/alternating pattern. In such an arrangement it may also be appropriate to exercise the CaRMS transfer option in any given year if one of the two programs does not fill first round. The option for shared positions would not be restricted to small programs.
10. Whenever possible decision making should be by consensus.
11. Decision of the Allocation Committee will be reported to the Planning and Priorities Committee, the PGME Committee and Faculty Council for information. Each of these groups will have opportunity to respond to the allocation and to provide input to be considered in the next allocation process.
12. If there is an impasse in decision making by the Committee, the Committee will consult with the Dean of Medicine and the Deputy Minister of Health in reaching a final decision.
13. In extenuating circumstances and in collaboration with Ministry of Health, additional spots may be added (new program development) or removed (capacity reduction) from CaRMS quota after the decision has been made.
14. **R3 and R4 matches**

R3 (Family Medicine/Emergency Medicine – one year program post Family Medicine) and R4 Medicine Subspecialty and Pediatric Subspecialty matches are based upon capacity information obtained from those programs and decisions are made jointly by Ministry of Health and the Associate Dean, Postgraduate Medical Education.

1. **Allocation of additional positions**
2. Programs with a proven track record of success should be given preference for additional positions over programs that are experiencing difficulties. Program success will be measured by consideration of a wide range of factors, including but not necessarily limited to:
	* 1. recruitment of trainees
		2. retention of Ministry funded (non-return of service) trainees within the province
		3. accreditation by the relevant agency (CFPC or RCPSC)
		4. effective educational programs:
			1. exam pass rates
			2. strong didactic programs
			3. clear and sustained commitment to distributed education
			4. effective and timely evaluation systems
			5. effective remediation of Residents in difficulty
			6. compliance with accreditations standards
			7. compliance with College of Medicine policies and procedures
			8. where appropriate, objective statistics will be averaged over sufficient time periods to minimize cohort effects (i.e. exam pass rates, CaRMS success rates etc.)
	1. Where Resident critical mass is a key factor in a program experiencing deficiencies, this may be an important exception. Where the addition of incremental positions may help a struggling program to be successful, the onus would be on the residency program committee to demonstrate how additional positions would be used to strengthen the program, and to demonstrate that deficiencies unrelated to critical mass are addressed prior to allocation of additional training positions

# 7. FORMS AND TEMPLATES

n/a

**8. REFERENCES**

# Allocation of Ministry Funded Postgraduate Medical Education Positions

**9. CHANGE HISTORY**

November 2018