

# U of T - PGMEAC Quotas Subcommittee Terms of Reference (Revised Sep 2011)

## **Rationale**

There is a need for transparent allocation of PGY positions for PGY1 and subspecialty CaRMS matches as well as for other intake streams such as non-CaRMS subspecialties, re-entry, repatriation, advanced entry, assessment and transfers.

1. Effective since August 2010, U of T is expected to increase PGY1 intake to RCPSC specialties by 26 positions from 2011 to 2015. The Toronto Integrated Medical Education (T-IME) initiative, including the expansion of medical education in Mississauga has identified a need to increase postgraduate medical education in Community affiliates. Accreditation bodies continue to put increasing emphasis on community based experiences during residency, particularly for core specialties.
2. Overall capacity for Pools A, B and C must be continually assessed.
3. The MOHLTC has identified high priority specialties as a result of a 2010 Needs-based Forecasting model developed by the Conference Board of Canada in collaboration with the Ontario Medical Association.
4. The QA Subcommittee adopts an allocation process based upon principles and consensus. Considerations include HHR planning issues, hospital and PGME program strategic planning

## **Assumptions**

1. A minimum of 200 IMG positions must be accommodated in the province
2. Allocations must now consider all streams of entry and at all levels as capacity becomes an issue for some programs
3. Allocations must consider the creation of new teaching capacity through distributed medical education, clinical simulation and other initiatives.
4. Allocations must protect the integrity of programs and address the HHR directives from government in a socially accountable and equitable way

## **Terms of Reference**

On an annual basis, the Quotas Subcommittee will:

1. Review the criteria and principles for allocation of PGY1 positions for the upcoming CaRMS match (July-August)
2. Consider criteria and principles for allocation of other PGY positions for advanced training, re-entry, repatriation, transfers, subspecialty positions (including CCFP-PGY3) as well as PGY1 positions for Visa trainees and capacity for assessment of IMGs.
3. Receive and review submissions from programs on the allocation of PGY positions and assessment capacity in accordance with MOHLTC directives and the University of Toronto's mission (July/August)
4. Recommend the CaRMS quotas and transfer options for the next match for Pool A and Pool B to PGMEAC (September/October)
5. Review and make recommendations on the allocation of other PGY positions as identified above to PGMEAC (Ongoing throughout the year as per CaRMS timetables)

## **Membership**

Associate Dean, Admissions and Evaluation, PGME (Chair)

Vice Dean, PGME

Director, Postgraduate Programs, Medicine or alternate

Director, Postgraduate Programs, Surgery or alternate

Director, Postgraduate Programs, Pediatrics or alternate

Director, Postgraduate Programs, Ob/Gyn or alternate

Program Director, Family Medicine or alternate

PGY3 Co-ordinator, Family Medicine or alternate

Program Director, Lab Medicine or alternate

Program Director, Medical Imaging or Alternate

Program Director, Anesthesia or alternate

Program Director, Psychiatry or alternate

Director of Operations, PGME

Director of Policy and Analysis, PGME

Resident Representative

Associate Dean, Student Affairs or designate from Career Counseling Program, UGME

## **Accountability**

The QA Subcommittee reports to the Postgraduate Medical Education Advisory Committee.

## **Criteria and Process**

All Residency programs must make a submission to the QA Subcommittee by a predetermined date each summer to justify their allocation. Submissions may be provided directly to the PGME Office or through a departmental process co-ordinated for a specific CaRMS match (i.e. Medicine, Pediatrics)

The following information must be provided:

- current quota for CMGs and IMGs
- requested quota for CMGs and IMGs for the following academic year
- total capacity for PGY1 or intake to subspecialty positions

Rationale for changes to quota from previous year allocation including the following considerations:

- societal, community, hospital need
- previous success or lack thereof on the CaRMS match
- graduate resident practice patterns and contribution to specialty
- program resources (faculty, patients, funding from external source)
- community engagement (i.e. extent to which learners are currently in the community)
- plans for IME
- capacity issues (physical space, availability of teachers etc.)
- experience with transfers (in/out)

Two to three meetings per year will be held to review submissions (if required). PGME staff will compile recommendations and send to committee members to finalize. Recommendations will be presented and approved at PGMEAC with final allocations confirmed and sent to Program Directors in the Fall. Changes to recommended allocations between the fall and in advance of final quota allocations will be considered and approved by PGMEAC in exceptional circumstances.