



University of Toronto
Faculty of Medicine, Postgraduate Medical Education

**Guidelines for Residency Program Support for
Program Directors and Program Administrators**

Prepared by: Post MD Education | PGME

Approved at Clinical Chairs Meeting: January 2019

Date of next scheduled review: 2024

Support and oversight of postgraduate medical education programs is a joint responsibility of the PGME decanal portfolio and the sponsoring Department. Funding flows from the Central University to the Faculty of Medicine and from the Dean's office to departments according to a budget model overseen by the Provost, Dean of the Faculty of Medicine and the Budget Committee of the Faculty. Without some centralized guidance, there is a risk that wide variations in support for program directors and residency programs may exist within and across programs. Two recent documents support the need for some consistency.

Element 2.2.2.2 of the new [CanRAC Accreditation Standards for Institutions with Residency Programs](#) states:

“There are written guidelines to ensure support for the program director, including administrative support and remuneration, which provide flexibility to accommodate the variation in the size and complexity of residency programs.”

As recommended in the report of the [2014 Task Force on Best Practices in PGME Program Support](#), a *Medical Education Leadership Role Remuneration Working Group* was struck to examine various models of support to residency programs at the University of Toronto Faculty of Medicine. The 2015 final report of the Working Group included the following statement:

“Further, similar to other provinces, PGME could develop a flexible PG Program Director scaled stipend grid that takes into account the number of residents and addresses level of administrative support.”

Furthermore, the Ministry of Health and Long Term Care’s new funding model requires more detailed and regular reporting of key outcomes in PGME, some of which relate to program operations.

Accordingly, the following principles and template were developed to guide funding and administrative support of the Faculty’s PGME Program Directors and programs:

PRINCIPLES:

1. The degree of support for Program Directors, program administrators will vary based on the complexity and size of the program.*
2. Departments have the discretion to develop and deploy their model of program support.

3. Funding for PGME programs may come from a variety of sources including but not limited to departmental operating funds, hospital academic funds, and practice plans, or any combination thereof.
4. Program Director time can be supported through the provision of a stipend, through clinical relief in a salary-based practice plan or a combination of both. Regardless of model, the work of the Program Director must be included in their minimum FTE academic calculation and there must be sufficient time to allow them to carry out the duties of the role without encroachment from other clinical or academic duties.**
5. There must be a formalized job description for the Program Director with an explicit time commitment, statement of support (funding or protected time) and summary of mandatory deliverables.
6. Programs should develop a template outlining all support for the program from all sources for the purposes of monitoring and accreditation. Such roles as Associate/Assistant PD, site directors, etc should be included in the overall support description.
7. The model and allocation process for PGME program support should be transparent.

RESIDENCY SUPPORT TEMPLATE

# of residents in program	Program Director minimum FTE*	Program Administrators minimum FTE*
0	0.05	0.1
1-4	0.1-0.2	0.2-0.4
5-9	0.15-0.2	0.4-0.5
10-14	0.25-0.3	0.6-1.0
15-19	0.3	0.6-1.0
20-24	0.35-0.4	0.8-1.4
25-29	0.4-0.5	0.8-1.8
30-49	0.5-0.6	1-2
50-74	0.5-0.7	1.5-2.5
75-99	0.7-0.9	1.9-4
100-150	0.7-1.1	2-4
>150	1.1- 2	2-4

* Support allocations above are meant to be aggregate across all sources and sites for a given program. Total PD and PA minimum FTE listed above are aggregate and meant to include all activities devoted to program administration, which may be split across more than one individual (e.g. PD and assistant PD, or site PDs).

** Consideration should be given to incremental support during times of increased program requirements such as major curriculum change or development of new programs.