

University of Toronto
Temerty Faculty of Medicine
Postgraduate Medical Education

Guidelines for Residency Program Support for Program Director Teams and Program Administrator Teams

Prepared by: PGME Task Force on Best Practices in PGME Program Support

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Support and oversight of postgraduate medical education (PGME) programs is a joint responsibility of the PGME decanal portfolio and the sponsoring department. Funding from government sources 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. The Ministry of Health and Long Term Care's funding also flows from the PGME office to Clinical Departments based on a specific transfer payment agreement with detailed and regular reporting on outcomes. 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.

The CanRAC Accreditation Standards for Institutions with Residency Programs states that (Indicator 2.2.2.2):

“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.”

A previous Task Force on Best Practices in PGME Program Support developed a template to outline the expected program support based on the number of residents in the program. Updates to the program support template have been performed to align with the accreditation standard and to acknowledge the evolving models of program structure and leadership. The following principles and template were developed to guide funding and administrative support of the Faculty's PGME Program Directors and programs.

PRINCIPLES

1. In the previous support template, the support for the Program Director was typically viewed as being designated to a single individual. However, with evolving models of program structure, support now often includes a broader team, such as Associate Program Directors, Competence Committee Chairs, and Site Directors. Therefore, the revised support template reflects the aggregated contributions of the Program Director Team rather than just one individual.

Similarly, the structure of Program Administrator support has also changed. In many cases, program administration is no longer handled by a single individual but by multiple individuals fulfilling various roles, such as Competence by Design Coordinators and Wellness Coordinators. As such, support should now be considered as the aggregated contributions of the Program Administrator Team.

2. Departments have the discretion to develop and deploy their own models of program support for the Program Director Team and Program Administrator Team. For example, Program Director Teams may choose to include an Associate Program Director, Competence Committee Chair, Wellness Lead, Research Lead, or other program leads. Program Administrator Teams may choose to include a Competence by Design Coordinator, Site Coordinator, or other program leads based on their specific needs.
3. The Program Director Team time can be supported through the provision of a stipend, clinical relief in a salary-based practice plan, or a combination of both. Regardless of the compensation model, the work of the Program Director Team must be reflected in their minimum FTE academic calculation. Sufficient time must be allocated to allow the fulfillment of the duties of the role without encroachment from other clinical or academic duties. Based on the clinical model, the specific time of day when the Program Director Team members perform their duties may vary. For example, those working shifts or requiring operating room (OR) time during the day may choose to schedule their Program Director Team time at their discretion, as long as the time allotted and taken is sufficient and meets the role's requirements.
4. The model and allocation process for PGME program support should be transparent. Programs are encouraged to share this information with Medical Education by completing a template that outlines all sources of support for the purposes of monitoring and accreditation. Such roles as Associate Program Director, Competence Committee Chair, Site Directors, Competence by Design Coordinator, Wellness Coordinator, etc. should be included in the overall support description. This input will be used to inform consideration of an earlier review of the residency support template, if needed.
5. Departments may have central resources that are shared across multiple programs and support the Program Director Team and/or Program Administrator Team. Central resources should be identified and their contribution defined in the FTE allotment template. For example, a Competence by Design Lead or an Education Coordinator may support multiple programs.
6. Support for Program Director Teams and Program Administrator Teams is provided equitably, without bias or discrimination based on race, ethnicity, gender identity, or any other characteristic protected under Ontario's Human Rights Code.

7. The program support guidelines are based on the usual number of residents in the program or Family Medicine site. If a program or Family Medicine site fluctuates between resident number categories, it should follow the minimum FTE allocation in the higher category.
8. While the support outlined in the template is on an annual basis, consideration should be given to incremental support during times of increased program requirements such as accreditation reviews, major curriculum change, or development of new programs.
9. In the case of the Royal College designated “Special Programs”, which include the Clinician Investigator Program and Surgical Foundations Program, learners are based in a home program and participate in the Special Program. Learners in a Special Program should be included in the trainee count for their home program. Special Programs are exempt from meeting the learner FTE support minimums in these guidelines. The requirements for program support for Special Programs will be determined with the department on a case-by-case basis.

RESIDENCY SUPPORT TEMPLATE

# of Residents in Program or Family Medicine Site	Program Director Team or Family Medicine Site Director Team Minimum FTE	Program Administrator Team Minimum FTE
0-4	0.1	0.2
5-14	0.2	0.6
15-24	0.3	0.8
25-39	0.4	1.2
40-74	0.5	1.6
75-109	0.7	2.0
110-150	1.0	2.5
>150	1.4	3.0

PROGRAM DIRECTOR TEAM REMUNERATION

The Task Force recommends the remuneration of the Program Director Team at a rate at least equal to **\$25,000 per 0.1 FTE**.