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# Task Force on Best Practices in PGME Program Support

## Summary of Findings, Recommendations, Next Steps September 2014



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# BACKGROUND

- Joint Chairs of the April 2013 RCPSC/ CFPC Accreditation survey of the University of Toronto residency programs stated that resourcing of residency programs is deficient:
- Uneven support provided to many program directors and especially program administrators requires immediate attention. Exceptions noted were the departments of Pediatrics and Radiology. (A1.3.4)

# BACKGROUND (cont'd)

- This issue is under the jurisdiction of the Dean's Office and clinical department leadership.
- At the Dean's request, a Task Force was created to:
  - Investigate the issues related to the report's findings, and
  - Make recommendations to correct the deficiency.

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# Methods



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# METHODS

- Survey of PG Offices at Canadian schools – 10 responses
- Focus groups, interviews, surveys of UofT Program Administrators (PAs), business officers, Medical Education Offices
- Survey of Program Directors
- Input of Department Chairs – 2 surveys

# Ratio of PAs to Residents (FTEs)

# of Residents	UBC *	Calgary	Saskatchewan	Queens	NOSM
0	\$5,000	0.1			
1-4	0.3	0.3	0.3	0.40	
5-9	0.5	0.5	0.5	0.40	0.5
10-14	0.8	0.8	0.8	0.40	
15-19	1.0	1.0	1.0	0.75	
20-24	1.4	1.4	1.4	0.75	1.0
25-29	1.8	1.8	1.8	0.75	
30-49	2.0	2.0	2.0	1.00	
50-74	2.5	2.5	3.0	2.00	
75-99	3.0	3.0	3.0	2.00	
100-124	3.5	3.5	3.0		
125-149	4.0				

\* 1.0 FTE = \$60,000

# PROGRAM DIRECTOR SUPPORTS (CANADIAN MEDICAL SCHOOLS)

What do PDs need to successfully administer residency programs?

- Time
- Solid administrative support
- Financial incentives
- Faculty Development workshops
- IT support
- Evaluation resources

# Ratio of PDs to Residents

(FTE/Protected time)

# of Residents	UBC *	Calgary	Saskatchewan	Queens
0	\$5,000	0.05		
1-4	0.15	0.15	0.20	0.20
5-9	0.20	0.20	0.20	0.20
10-14	0.25	0.25	0.25	0.20
15-19	0.30	0.30	0.30	0.30
20-24	0.40	0.40	0.40	0.30
25-29	0.45	0.45	0.50	0.30
30-49	0.50	0.50	0.60	0.40
50-74	0.70	0.70	0.80	>0.50
75-99	0.90	0.90	0.80	
100-124	1.10	1.10	0.80	
125-149	1.30			

\* 1.0 FTE = \$140,000



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# Residency Administrative Support (UofT Survey)



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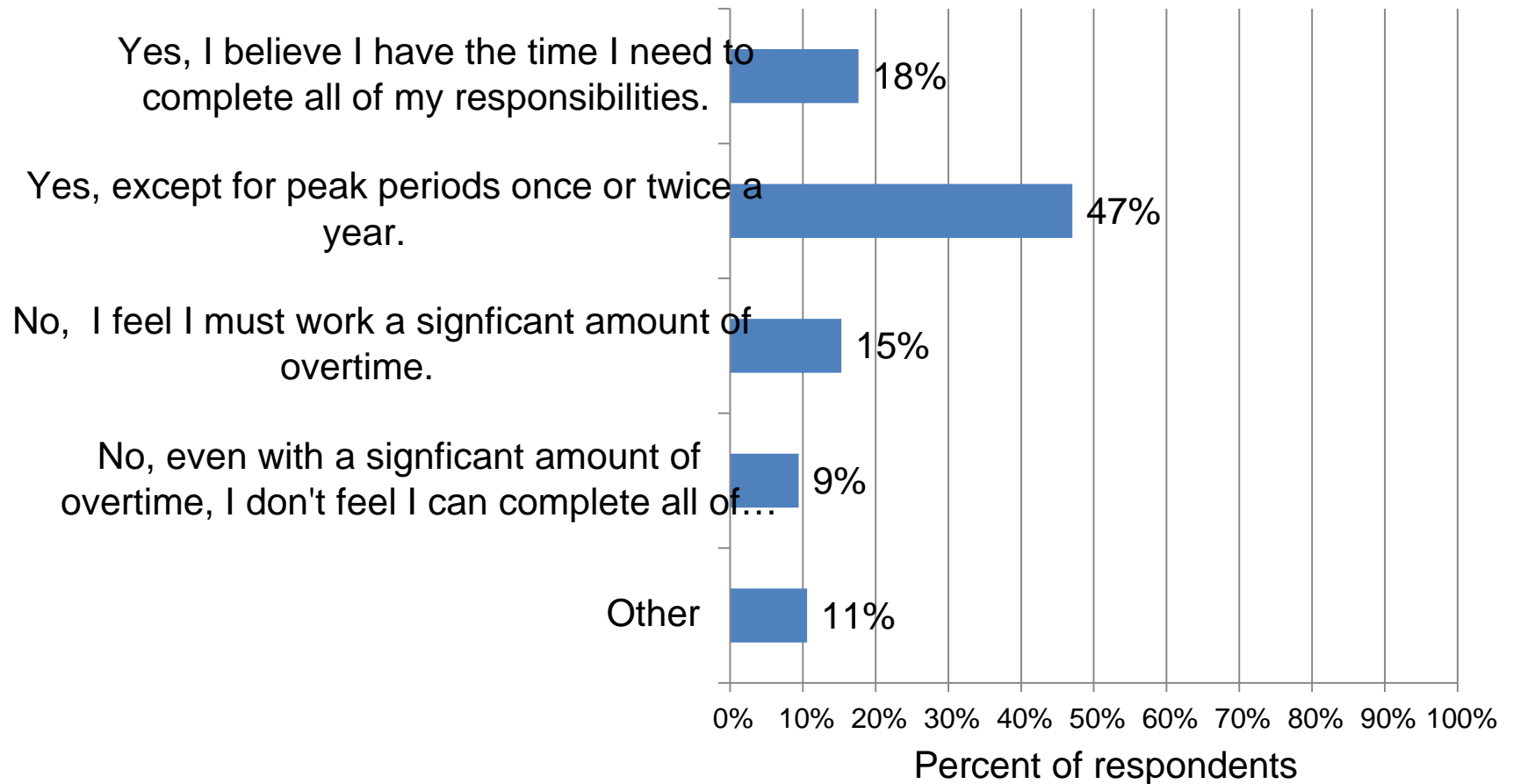
# UoF T ADMINISTRATIVE SUPPORT

- Key findings:
  - Overall high level of satisfaction with quality of assistance from PGME
    - 62% felt PGME Office supported them “well” or “very well”
  - Some surprise at Joint Review’s criticism:
    - Many spoke very highly of prompt and helpful support across many areas

# UoF T ADMINISTRATIVE SUPPORT (cont'd)

- Key findings (cont'd):
  - PA role is labour intensive:
    - Scheduling (e.g., rotations, educational and clinical activities)
    - Orientation of new trainees
  - Significant variation in role and stresses (by tenure, by size of program)
  - Many dissatisfied with workload, particularly in peak periods

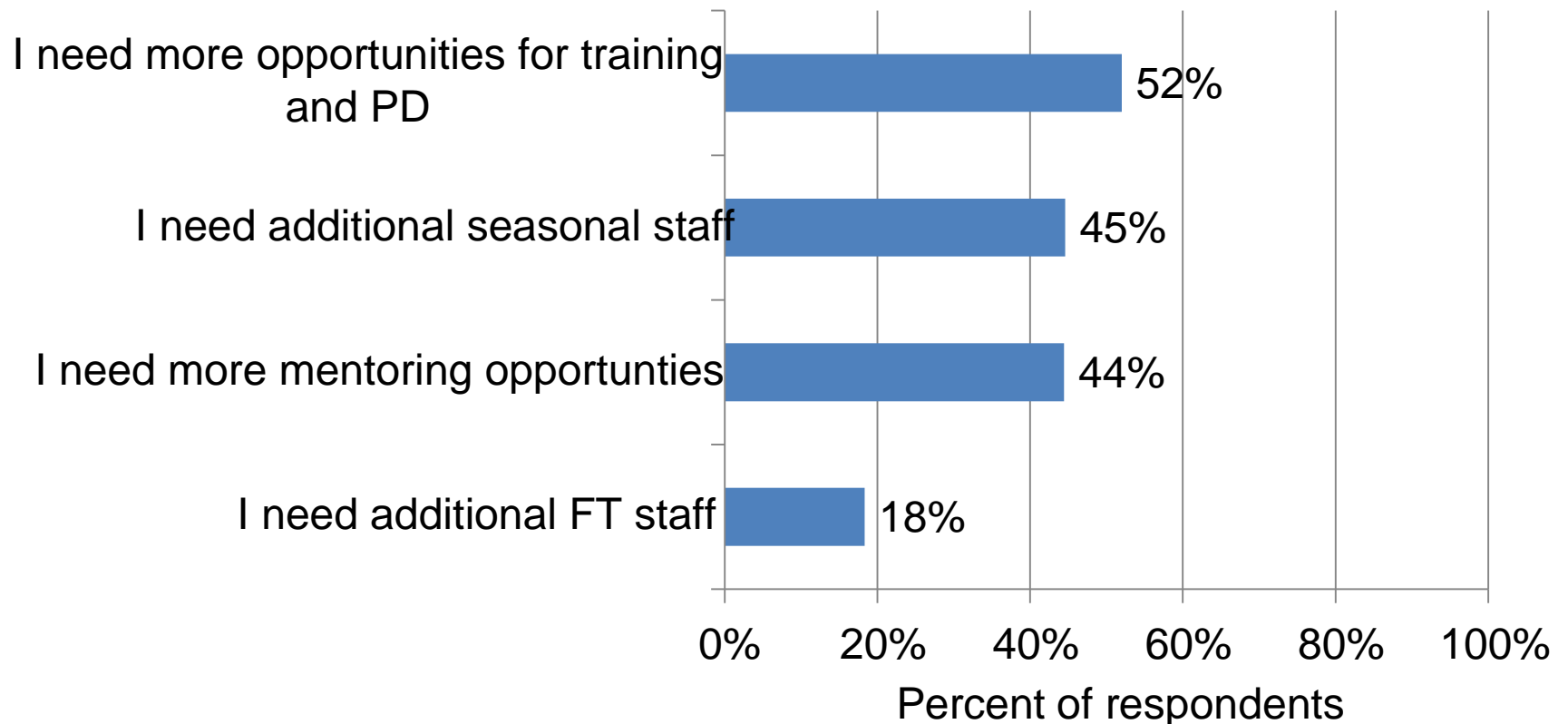
# Q11. IS THE AMOUNT OF YOUR WORKDAY ALLOCATED TO PGME SUFFICIENT? (N=85)



7 of 9 “others” believe the position is understaffed.  
33% of respondents believe the position is understaffed.

# Q15. WHAT SUPPORTS WOULD YOU LIKE TO SEE? (N= 81)

Rated 4 or 5 (fully agree)



23% feel they need additional staff.  
55% feel they need seasonal support.

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# Program Director Support (UofT Survey)

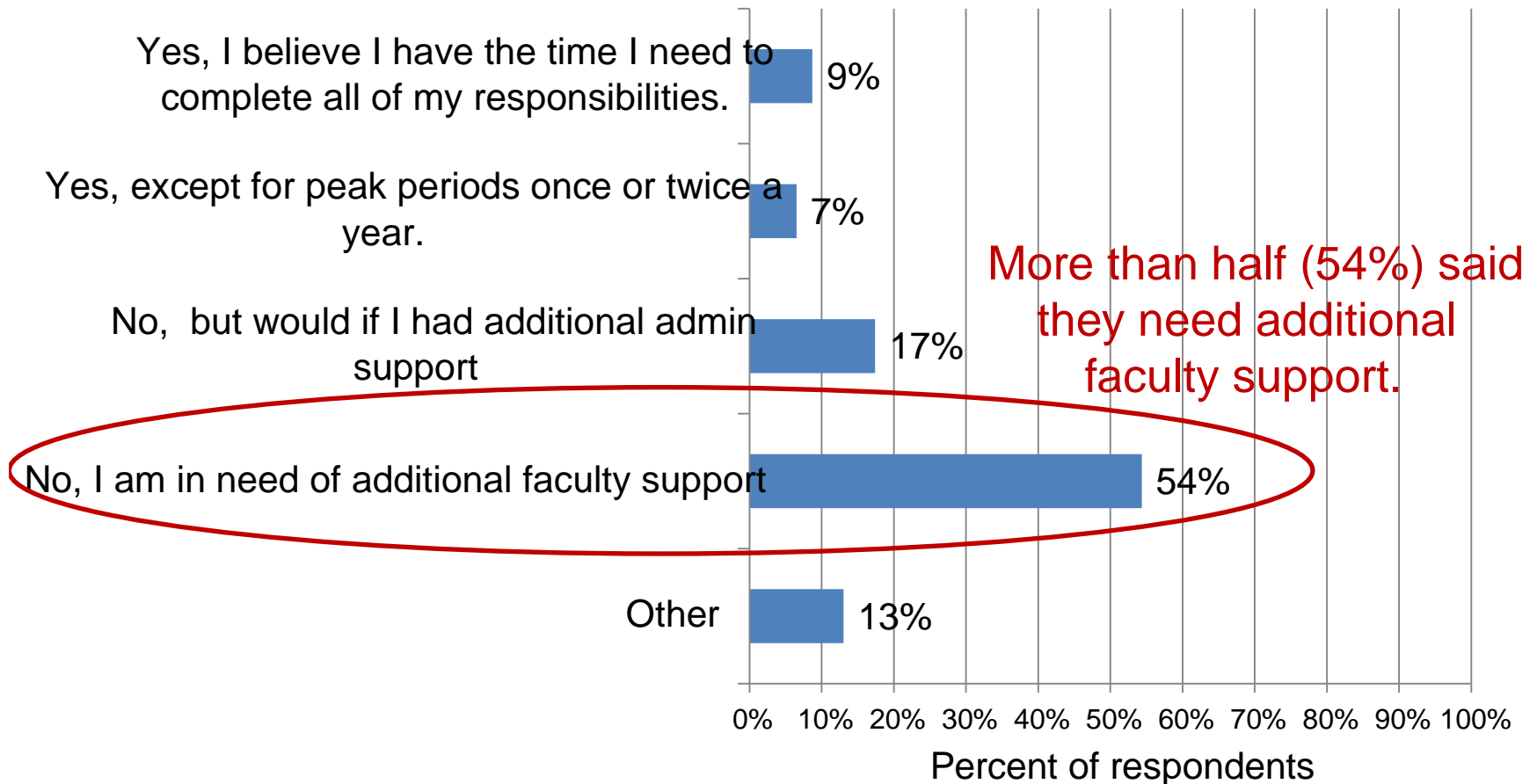


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# UoFT PROGRAM DIRECTOR SUPPORT

- PDs very or extremely well supported by:
  - PGME office (70%)
  - PAs (67%)
  - Department chairs (67%)
- Similar to PAs, many were dissatisfied with:
  - Time allocated to educational responsibilities
  - Support for protected time
  - Financial remuneration

# Q5. IS THE TIME ALLOCATION TO PGME RESPONSIBILITIES SUFFICIENT? (N=46)

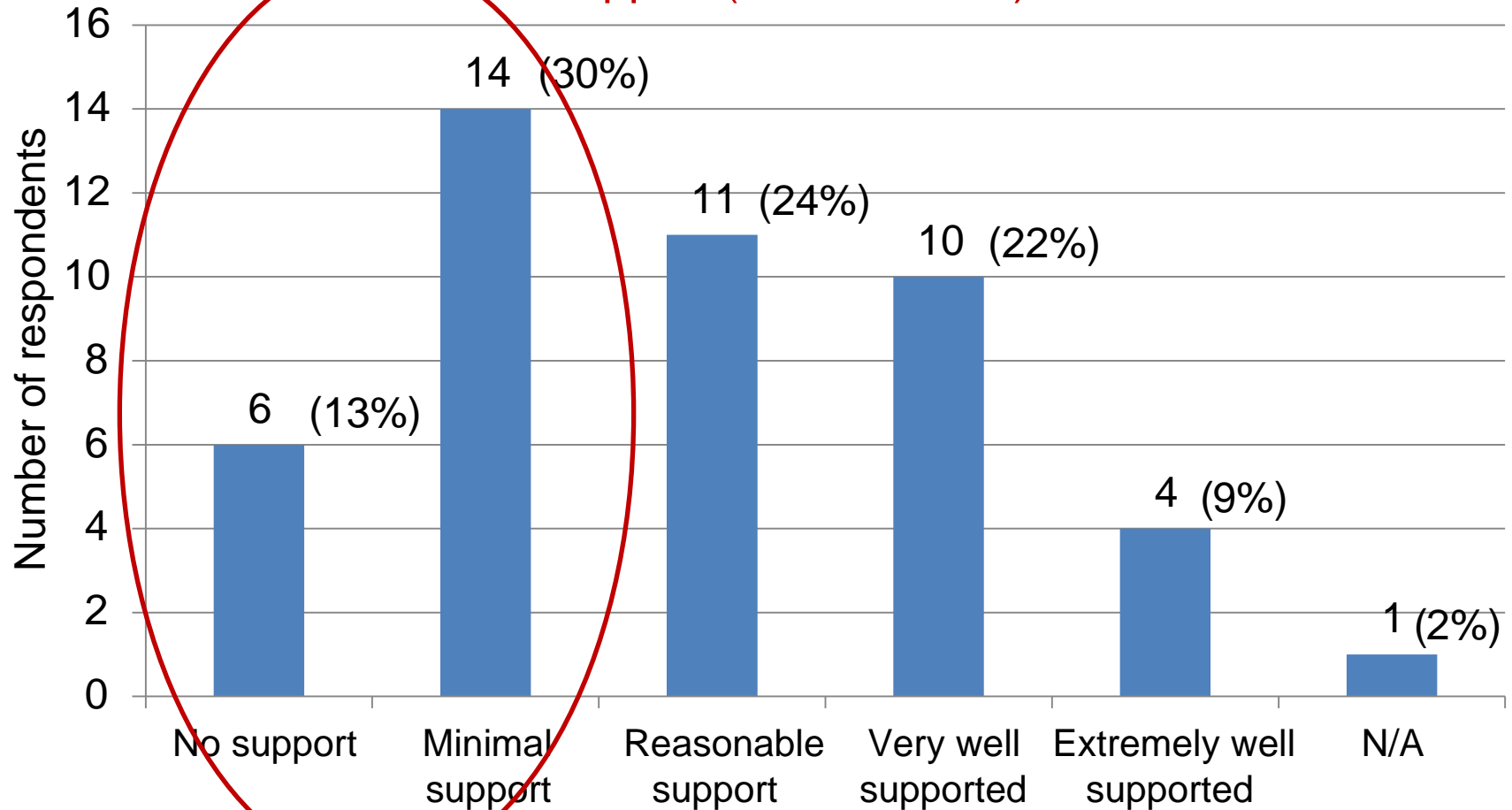


Few (9%) had sufficient time or sufficient time except during peak periods (7%).  
“Other” cited need for admin and faculty support, more PD time, and impact on quality of performance.



# Q7. FINANCIAL COMPENSATION (N=46)

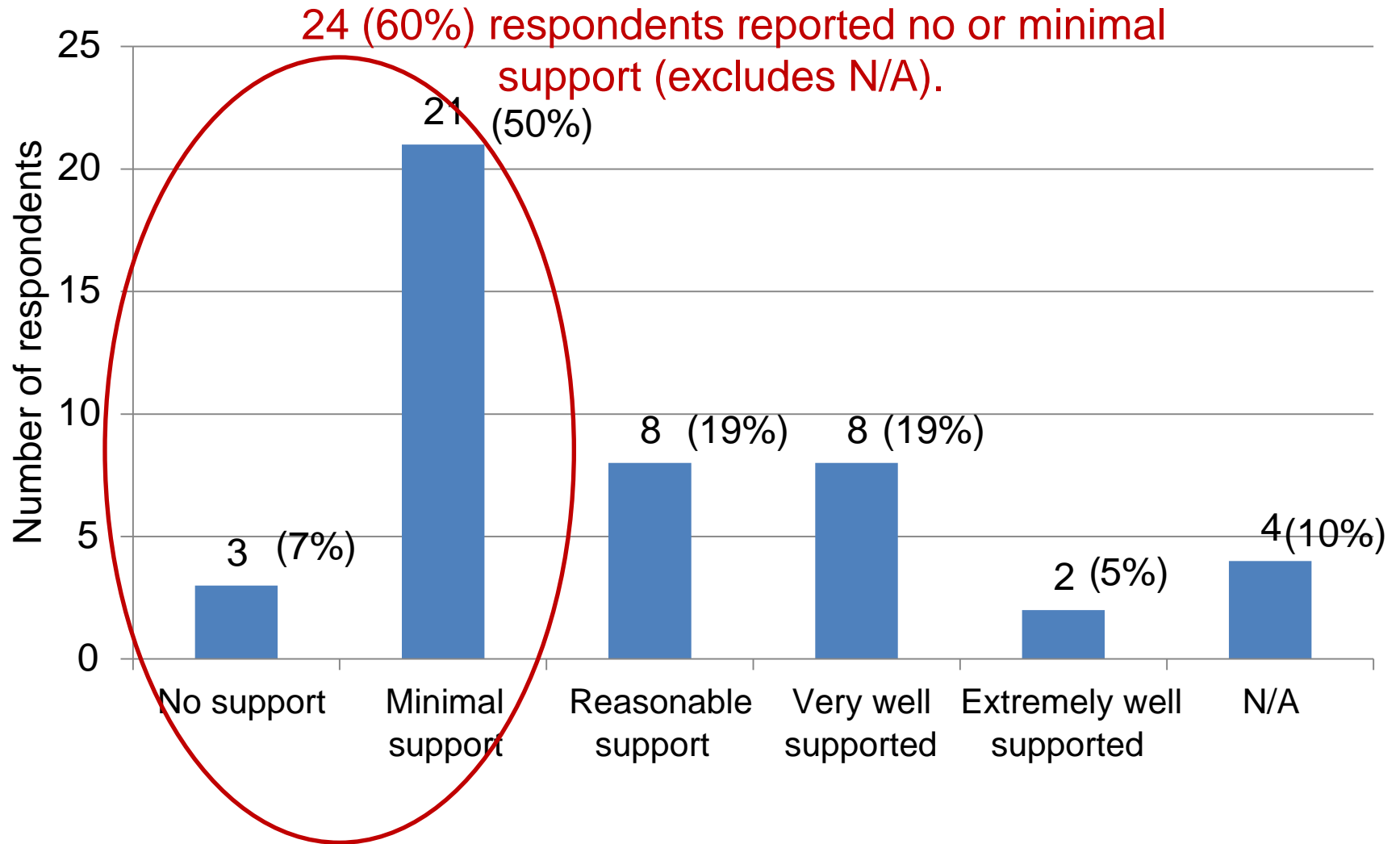
20 (44%) respondents reported no or minimal support (excludes N/A).



# UoFT FINANCIAL SUPPORTS

- “Financial support doesn't really match time spent and degree of responsibility but I am not doing this for the money ”
- “Need to be able to pay fair market rates for such a job ”
- “ PD typically do it as education is important, however, there should be common compensation across all programs. It should NOT be dependent on department and division”
- “ The personal support from my Division Director and Administration is superlative. My Division director has provided supplemental financial support which has been a help, but she should not need to do this”

# Q7. SUPPORT FOR PROTECTED TIME (N=46)



# UoFT PROTECTED TIME

- “Relief from some of my other divisional activities would be welcome”
- “There is no additional protected time and my clinical obligations/duties remain very heavy”

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# Departmental Chairs' Input (UofT Surveys)



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# CHANGES IN NEXT 5 YEARS (N=13)

- Competency-based education (7 out of 13)
- Decentralization (3)
- Technology (e.g., simulation) (3)
- Resident work hours (3)
- Team-based learning (2)
- Other (8)

# CONSTRAINTS (N=13)

- Service demands (5 out of 13)
- Administrative support (3)
- Financial constraints (2)
- Hospital infrastructure (2)
- Distribution of learning sites (2)
- Other (2)

# IS PD PAID A STIPEND?

- All but 2 reported that a stipend is paid:
  - One department is part of an AFP that explicitly accounts for educational responsibilities within the funding plan
  - One department's staffing was sufficient that the PD could devote time to educational responsibilities



# Amount of Stipend and Days of Effort

	Medical Programs (N=25)	Surgical Programs (N=14)
Days dedicated to PIR:		
Low	0.5	1
Mean/Median	1.5/1.5	1.5
High	3	2
Stipend paid by Department (per half day):		
Low	\$6,667	\$4,000
Mean/Median	\$20,620/\$20,000	\$11,158/\$8,667
High	\$30,000	\$30,000
Total stipend paid	\$1,553,500	\$437,489

Includes only those programs for which the stipend and days of effort was provided. Does not include any funding from other sources (departmental stipends only). Some assumptions were made to calculate means and medians.

# Funding and Accountability



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# COMPLEXITY OF FUNDING

- Funding of medical education extremely complex:
  - Many sources, many streams, many players
- Departments not held directly accountable:
  - Need for formal education plan by department
- Transparency needed to ensure equity across departments:
  - Important to understand what resources are used and how to achieve educational mandate

# Recommendations



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# RECOMMENDATION 1

- That each Department develop or maintain an organizational chart for each program and position descriptions (e.g., program directors, program administrators, site directors) with explicit expectations for each position.

# RECOMMENDATION 2

- That the PGME portfolio, in consultation with residency administrative support, program directors and department chairs, identify priority investments for supporting PAs and PDs.

# RECOMMENDATION 3

- Using the role description as a starting point, the department chair, division head, and hospital chief or practice plan should explicitly agree with each program director on the amount of protected time that is required to fulfill these responsibilities.

# RECOMMENDATION 4

- That, as part of the development of his or her role description, each program director assess, in consultation with the Chair (or Vice Chair or delegate) and Dean (or Vice Dean or delegate), the type and level of administrative support that will be required, and share this with the department chair and the division head to ensure that adequate supporting administrative resources are assigned. This process should be revisited for internal reviews and the accreditation preparation cycle.



# RECOMMENDATION 5

- That each program director document an academic planning cycle that is shared with the clinical chief or division head clearly identifying the periods during the academic year when the workload is greater than usual (e.g., preparing for internal reviews and accreditation, CaRMS) and ensure that all internal stakeholders are aware of the need for relief from other responsibilities so that the PD and PA can concentrate on these activities.

# RECOMMENDATION 6

- That the Dean of Medicine ask each department to develop a working group that includes a delegate of the department chair (e.g., vice chair education or equivalent) and a delegate of the Dean (e.g., from the PG office) to examine various models to support residency programs including centralization and consolidation of current funding streams and distribution of funds based on a mix of enrolment and evidence-based project submissions.

# RECOMMENDATION 7

- That the Program Director, as an early task after being appointed, develop and document an explicit operational plan and formal budget for PGME-related activities that is aligned with the strategic plan of the faculty and department, and PGME and aligned with accreditation standards.

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THANK YOU!



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