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Task Force on Best Practices in PGME Program Support

Recommendations Actions to Date March 2015



Postgraduate Medical Education
UNIVERSITY OF TORONTO

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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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.