

PGMEAC Residency Position Allocation Subcommittee

Terms of Reference

Revised April 2025

Authority and Accountability

The Residency Position Allocation Subcommittee, a subcommittee of the Postgraduate Medical Education Advisory Committee (PGMEAC), is advisory to the Associate Dean, Postgraduate Medical Education (PGME) and reports to the PGMEAC.

Mandate

The overall provincial quota and individual medical school PGY quota is set and approved each year by the MOHLTC.

The University of Toronto engages in a transparent process for the allocation of MOHLTC funded 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.

The Residency Position Allocation Subcommittee of the PGMEAC adopts an allocation process based upon principles and consensus. Considerations include health workforce planning considerations, population health need, PGME program strategic planning and funding considerations. [2.2.1.6]

The Residency Position Allocation Subcommittee will:

- Annually review quota requests and allocation proposals for all residency programs.
- Annually develop recommendations for PGMEAC on the allocation of all MOHLTC funded residency positions.

Principles

- Requests regarding PGY allocations must take into account stated need and rationale as identified by each residency program/department.
- It is recognized that the overall quota and allocations are dynamic and will be adjusted each year to reflect the best available information on health workforce needs, residency program planning and funding considerations in a socially accountable and equitable way.
- Allocations must consider the creation of new residency programs, modifications to residency programs, modifications to teaching capacity through new or adjusted sites for medical education, clinical simulation and other initiatives.
- Quota allocations should be based on the best available evidence and data on health workforce needs. Data collection and analysis should be a fundamental and collaborative activity of the residency position allocation process.
- Consider impact of technology, workload, physician experience, other healthcare workers and employment potential/job prospects.
- Quota allocation decisions need to focus on optimization of educational experience and not to sustain existing service models.
- Decisions on quota allocations for programs with accreditation challenges must be considered on a case-by-case basis and may require advice/input from the Internal Review Committee.
- Allocation decisions should be based on equity of opportunities within programs for CMGs (Pool A), IMGs

(Pool B) and Sponsored trainees (Pool C) and transfers where possible.

- Awareness and understanding of implicit bias in admissions and selection must be considered when making allocation decisions, and particularly related to IMGs and sponsored international trainees.
- Approaches to the distribution of quota changes among residency programs should also consider a fair rotation and the vulnerability and sustainability of small programs.

Membership

Membership shall be by invitation from the Co-Chairs of the Residency Position Allocation Subcommittee.

Chairs

For both at-meeting votes and votes by electronic means, the ADPGME may only vote in order to break a tie.

- Co-Chair: Associate Dean, PGME
- Co-Chair: Director, Administrative Services & Strategy, PGME

Department Representatives

The department representatives are voting members.

One representative from the following four Departments:

- Director, Postgraduate Programs, Medicine or alternate
- Director, Postgraduate Programs, Surgery or alternate
- Director, Postgraduate Programs, Pediatrics or alternate
- Program Director, Family Medicine or alternate

Three representatives from the following Departments on an annual rotation:

- Program Director, Anesthesia or alternate
- Program Director, Psychiatry or alternate
- Director, Postgraduate Programs, Ob/Gyn or alternate
- Program Director, Enhanced Skills, Family Medicine or alternate
- Program Director, Lab Medicine or alternate
- Program Director, Medical Imaging or alternate

Resident Representatives

Three resident representatives as appointed by PARO. Each member may speak on behalf of their collective vote, but they must clearly state that they are representing one joint vote. The PARO representatives are selected by PARO, based on PARO procedures.

Ex-Officio Members

Ex-officio members are non-voting members.

- Director, Accreditation, PGME
- Faculty Lead, Admissions & Transitions, PGME
- Manager, Admissions & Registration, PGME
- Executive Coordinator, PGME

Criteria and Process

All Residency programs must make a submission to the Residency Position Allocation Subcommittee by a predetermined date each year to justify their allocation request. Submissions may be provided directly by a residency program to the PGME Office or through a departmentally co-ordinated process.

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 may include the following considerations:

- health workforce models
- societal, community, hospital need
- 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 community placements
- capacity issues (physical space, availability of teachers etc.)
- experience with transfers (in/out)
- other relevant considerations

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 to PGMEAC with final allocations approved by ADPGME and sent to Program Directors in the Fall of each year. Changes to recommended allocations between the fall and in advance of final quota allocations will be considered and approved in exceptional circumstances.

Quorum and Decision Making

The committee may endorse recommendations at a meeting only if 50% or more of its voting membership is present at the meeting.

Generally, decisions are arrived at by consensus following discussion. When consensus is not clearly established and a decision to endorse a motion is required, a simple majority (50% plus 1) of members at the meeting who vote decides the matter. Voting members who are present at a meeting and choose not to vote are counted as part of quorum, but their abstention is not factored in the tallying of votes.

At the discretion of the Co-Chairs, a vote may be conducted by electronic means. In order for the vote to be valid, at least 50% of the committee's voting membership must cast a vote. Members who indicate that they would like to abstain from voting are counted as part of quorum, but their abstention is not factored in the tallying of votes.

Revised on April 11, 2025.

Approved by PGMEAC on September 23, 2016.