

Quota Allocations

All PDs, FDs, FM Site Directors

Sept 30, 2022



Temerty
Medicine

Overview

1. Governance
2. Principles for Quota Allocations/Review
3. Expansion/Proposal for 2023/24

PGME Governance Review



PGME Governance Review

- PGME Governance Review has been underway since 2021 and to date focus has been on PGMEAC and its subcommittees
 - PGMEAC Terms of Reference updated and approved and following subcommittees are under review:
 - Postgraduate Administrators Advisory Committee (PAAC) - Approved
 - Best Practices in Evaluation and Assessment (BPEA) – Pending Approval
 - Fellowship Education Advisory Committee (FEAC) – Pending Approval
 - Integrated Learner Wellness Committee
 - Curriculum Subcommittee
 - **Quotas Allocation Subcommittee**
 - PGCorEd Advisory and Global Health – status quo for now
- **Quotas Subcommittee** to focus on review of **allocation principles** with next steps to include consideration of development of an **Admissions Subcommittee**, with quotas allocation being one of several admission-related responsibilities (e.g. **BPAS**; **EDI principles**; **Fellowship best practices**; **transfer guidelines**)



Principles for Quota Allocations - recap



Principles – under development

Health Workforce Data and Evidence

- 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 Quota Allocations 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

Impact of Accreditation Status

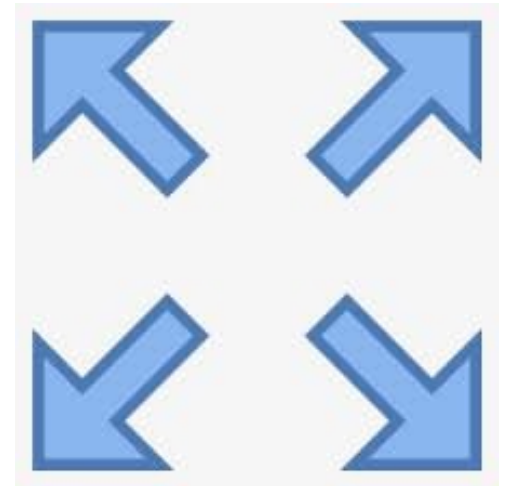
- Decisions on quota allocations for programs with *accreditation challenges* must be considered on a case by case basis and may require advice/input from the Internal Review Committee

Principles – under development (con't)

Equity, Social Accountability & Sustainability

- Allocation decisions should be based on equity of opportunities within programs for CMGs (*Pool A*), IMGs (*Pool B*) and Sponsored trainees (*Pool C*) 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*.

Expansion and 2023-24 Allocations



Background – PGY1 Expansion

- In March 2022, government announced an expansion of medical school spaces for both UG and PG across the province.
- It included an expansion of 45 PGY1 positions at U of T, beginning in July 2024 and phased in over 4 years.
- On September 19th, government wrote to the Temerty Faculty of Medicine with approval to **accelerate PGY1 expansion** for U of T beginning **July 2023**
- Approval based on a targeted allocation of expansion positions. No specific details on CMG vs. IMG
- Approval also based on a commitment to expand to priority sites (Scarborough Health Network and Trillium Health Partners)
- Associated funding to support expansion being put forward as part of COFM Expansion Business Case for UG and PG. Business case requests:
 - 1-time funding for start-up and planning
 - increased operating funding for universities and hospitals per learner
 - Increased funding for teaching in both teaching hospitals and for community preceptors
 - Identifies necessary capital and infrastructure for family medicine teaching units and new distributed sites

Assumptions for 2023

- U of T has targeted Family Medicine and specific specialties for 2023 expansion based on government directives for priority specialties
- Other Ontario medical schools have expressed concerns in filling their expansion positions in 2023, as there is no concomitant increase in Canadian medical graduates
- Updated Expansion timelines and rollout below for U of T PGY1 positions below:

	July 2023	July 2024	July 2025	July 2026
Cumulative Expansion PGY1 Positions	15	26	39	45

- U of T Expansion to be achieved through quota increases and reversions to optimize match choices of both applicants and programs in context of quota allocation principles

PGY1 Proposal for 2023 (expansion of 15 PGY1 positions)

FM Program	CMG	IMG	Total
FM - GTA	133	24	157
FM - ICP	8		8
Total	141	24	165



LMP Program	CMG	IMG	Total
Anatomical Path	2	1	3
Med Micro	1	1	2
Haem Path	1	1	2
Neuro Path	1	1	2
Total	5	4	9



Program	CMG	IMG	Total
Family Medicine	141	24	165
Anesthesia	15	3	18
Dermatology	4	1	5
Diagnostic Radiology	8	2	10
Emergency Medicine	8	3	11
General Surgery	11	3	14
Cardiac Surgery	1	1	2
Neurosurgery	4	1	5
Ophthalmology	5	1	6
Orthopedic Surgery	8	2	10
Otolaryngology	5	0	5
Plastic Surgery	4	0	4
Urology	3	1	4
Vascular Surgery	2	0	2
Internal Medicine	52	11	63
Lab Medicine (all Programs)	5	4	9
Medical Genetics	1	1	2
Neurology	6	2	8
Obstetrics/Gynecology	10	2	12
Pediatrics	15	3	18
Pediatric Neurology	1	1	2
Physical Medicine and Rehabilitation	4	0	4
Psychiatry	32	4	36
Public Health and Prev. Medicine	3	0	3
Radiation Oncology	4	0	4
<i>Subtotal Royal College Programs</i>	211	46	257
Grand Total	352	70	422

FM Enhanced Skills

Program	Total
Category 1 Programs	
FM – Emergency Med	9
FM - Anesthesiology	4
FM – Care of the Elderly	3
FM – Addiction Medicine	3
FM – Palliative Care	3
FM – Sports Medicine	2
Subtotal – CaRMS	24
FM – Clinician Scholar	1
Subtotal Category 1	25
Category 2 Programs	
FM – HIV Network	
FM – Breast Diseases	
FM – Hospital Medicine	
FM – LGBTQ + Adolescent Med	
FM - Global Health	
FM – Indigenous Health	
FM – Low Risk Obstetrics	
FM - IDD	
FM – Clinical Palliative Care	
FM – Integrated Leadership	
FM – Integrated ES Program	
FM – Women’s Health	
Subtotal Category 2	20.5
Grand Total	45.5

Medical Subspecialties/MSM CaRMS Match

Program	Total
Cardiology	8
Clinical Pharmacology	2
Clinical Immunology and Allergy	2
Endocrinology	4
Gastroenterology (includes Research Track)	4
General Internal Medicine	7
Geriatrics	4
Hematology	5
Infectious Diseases	5
Medical Oncology	5
Nephrology	4
Occupational Medicine	1
Respirology	5
Rheumatology	4
Subtotal Medical Subspecialties	60
Critical Care Medicine	7
Pain Medicine	2
Palliative Medicine	2
Grand Total	71

Other Subspecialties

- Pediatrics => MOH funded envelope of up to 21 for 14 subspecialties plus Pediatric Critical Care (3). Discussions also underway re: implications of transition to 4-year Core Pediatrics.
- Surgery => MOH funded envelope of 16 (Surg. Onc, Pediatric Surgery, Thoracic Surgery, Colorectal Surg)
- Diagnostic Radiology => MOH funded envelope of 12 (Nuc Med, Neuroradiology, Pediatric Radiology, Interventional Radiology)
- Obs/Gyn => MOH funded envelope of 12 (GREI, Mat Fetal Med, Gyne Onc)
- Psychiatry => MOH funded envelope of 12 (Geriatric Psych, Child and Adolescent, Forensic)
- Forensic Pathology = 2

Next Steps

- Final Quota Allocations approved by PGMEAC by an email vote Sep 29th
- Additional guidance/directives from MOH regarding PGY1 allocations pending
- COFM Business Case submitted to government for enhanced funding
- PGME will continue to monitor and work with programs/departments to build capacity in **Scarborough Health Network** and **Trillium Health Partners (Mississauga)** while maintaining quality learner experiences and accreditation standards.