Updated Fall 2018

# MTD Frequently Asked Questions

CYNTHIA MECH

# Contents

## Introduction

This is a compilation of MTD-related questions that have been sent to OPHRDC since the 2017-18 MTD year, along with the edited/anonymized response. It is posted at http://www.ophrdc.org/mtd-info/ , and is expected to be reviewed/updated on a semi-annual basis.

There are often other variables to be taken into consideration, and so if a response does not make sense in a particular situation, please contact OPHRDC for further details/clarification.

OPHRDC seeks to be an independent third party, able to act as an intermediary between the Ministry and hospitals / medical schools under the guidance of the MTD Advisory Group.

> The purpose of the MTD Advisory Group is to ensure ongoing provision of MTD data to the Ministry that accurately reflects the resource commitment of hospitals to medical trainees' clinical education.
> 1.1 identify issues related to MTD (data collection, processing and interpretation) and if required, facilitate appropriate and timely action to address these.
> 1.2 ensure effective communications with stakeholders.
> 1.3 recommend changes to MTD policies as necessary.
> 1.4 facilitate stakeholder consultation prior to changes in MTD processes.
> (MTD Advisory Group Terms of Reference as of June 1, 2017)

However, the MTD process is mandated and supported by the Ministry, so they have the final say on any interpretation of the MTD Submission Specification.

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# MTD Value

## How much is an MTD worth?

There is no one answer to the value of a single MTD. For hospitals funded through HBAM, there is the potential for base funding as well as supplemental funding:

- Base funding:
    - "Within HBAM, MTDs have a currency and value in terms of expected hospital operating costs. … The extra cost associated with teaching activity is adjusted based on the care type.
        - For the Acute Inpatient and Day Surgery Module, the cost per medical trainee day was calculated using Ontario Case Cost data and reported MTDs for 2004/05. Using simple linear regression of mean weekly cost against mean weekly MTD, the unit cost of a student day was calculated to be approximately $50. This amount was adjusted for inflation to $66 for fiscal 2014/15.
        - For the other care types (ER, Inpatient Rehab, Complex Care and Inpatient Mental Health) no dollar value per MTD has been calculated: the teaching adjustment is incorporated in the expected unit cost calculation by using teaching intensity as a cost variable in the model."

      (The Evolution of the Medical Trainee Day (MTD) Protocol in Ontario, p.19)

- Supplemental funding where relevant:
    - Hospital Operating Cost (HOC) = $42.04 per MTD
    - Hospital Academic Cost (HAC) = $97.92 per MTD

In addition, since any one hospital's funding is essentially 'a slice of the provincial funding pie', the value of an MTD in any year also depends on the proportion of MTDs claimed in relation to the rest of the hospitals, and the total hospital funding available that year.

For further explanation, follow this link: http://www.ophrdc.org/wp-content/uploads/2016/06/Medical-Trainee-Days-Protocol_FINAL_20May2016.pdf (esp pp.19-21, 45-46).

## How does the Ministry allocate MTDs by care type?

The following text, taken from the Ministry document **MTD Days by Care Type v2 18Sep2017**, explains how the Ministry allocates each hospital's MTDs by care type (without the use of Master Numbers).

**"The steps to breakdown the MTD days by care type**

Prior to inclusion in the HBAM hospital funding formula, MTDs are allocated to one of the following 5 care types:

- Inpatient Rehabilitation (Rehab)

- Inpatient Mental Health (MH)
- Emergency (ER)
- Acute Inpatient and Day Surgery (Acute, IP & DS)
- Complex Continuing Care (CCC)

### Step 1

The first step is to determine the MTD days associated with funding* by the following criteria:
1) U2 = Days of all "U2" students from all school codes
2) U2 Mac Only = Days of "U2" students from School code "MAC"
3) Total of Medical Trainee Days = Total of Medical Trainee Days of all categories ("U2" MAC excluded as it is counted as part of "U2")
4) Medical Trainee Days for Funding Formula = Total of Medical Trainee Days for those categories (U2 MAC + (U3 to U9) + (P1 to P9) +F), excluded U1, U2 Non Mac, IMG and AP

*Starting in 2016-17, all MTDs submitted to the Ministry are associated with funding. This is because MTDs are no longer submitted to the Ministry in these categories: AP, IMG, and U2 from schools other than MAC. Step 1 is maintained in this guide, as it clearly reflects the process that was used in prior years. Note that the formula is still valid even without data in these categories.

### Step 2

Then MTD days are identified by Service Code for Rehab, MH, and ER.
Rehab:
PMRE - Physical Medicine & Rehabilitation
Mental Health:
PSYC – Psychiatry,
CAPS - Child and Adolescent Psychiatry
ADDM - Addictions Medicine
FOPS - Forensic Psychiatry
GERP - Geriatric Psychiatry
FPAT - Forensic Pathology
ER: AEMG - Adult Emergency Medicine
PERG - Pediatric Emergency Medicine

### Step 3

The Acute and CCC MTD days cannot be separated in the same way due to lack of specific Service Code related to CCC. A different approach is used to estimate the proportion of CCC-associated MTD in the mixed service setting for CCC unit attached to general hospitals.

1) CCC Ratio
CCC equivalent weight = CCC_RWPD * CCC Equivalent Weight Factor (~ 0.1017)
CCC_RWPD is the Resource Utilization Group (RUG) Weighted Patient Day (RWPD) calculation, the # days associated with a RUG classification group x the group-

specific Case Mix Index (CMI) value.
https://www.cihi.ca/sites/default/files/document/ccrs_rwp_method_tech_en.pdf
CCC Equivalent Weight Factor is updated annually. It is the ratio of provincial total CCC equivalent weight to the provincial total Acute Inpatient and Day Surgery (IP & DS) equivalent weight and CCC equivalent weight.

**Overall CCC Ratio** = CCC equivalent weight / Sum of (CCC equivalent weight, Acute IP & DS equivalent weight)

2)Typical CCC-related Service Code

In mixed service setting, only some services are CCC related. A list of CCC-related MTD Service Code is identified based on the practice of standalone Chronic/Rehab facilities. Typical CCC related Service Codes are defined as those with MTD volume proportion 1% and above.

**For 2015-16 MTD data**, six Service Codes are selected as **typical CCC related Service Code** and shown below.

FAMD Family Medicine
GERM Geriatric Medicine
PALM Palliative Medicine
UGME Undergraduate
ANEU Adult Neurology
ARES Adult Respirology

CCC-related MTD = MTD Days for six CCC-related Service Codes * **Overall CCC Ratio**
Acute-related MTD= Sum of (Acute, CCC) - CCC-related MTD

### Step 4

The last step is to assign any un-distributed MTD days to appropriate care type based on facility type to ensure that the sum of breakdown MTD days are equal total MTD days."
(MTD Days by Care Type v2 18Sep2017)

The above document is available on the MTD section of the Health Data Branch Web Portal: https://hsim.health.gov.on.ca/hdbportal/mtd/Standards_and_SummaryReports. See Appendix One for information on how to get HDB Web Portal access.

The multi-year comparative report* **MTD Trainee Days Summary by Care Type** is also available on the HDB Web Portal. The allocations shown in this report bring to light the funding impact of MTDs, and are useful for hospitals to review. *Please note that for hospital amalgamations, the results are reported by previous hospital names for years prior to the merger.

## Submission Specification

Questions in this section relate to the MTD Submission Specification document, which is revised and republished by the Ministry by early summer each year. Proposed changes to process or standards should be communicated to OPHRDC to be evaluated by the MTD Advisory Group and submitted as a Change Request to the Ministry by early spring. Comments for the Ministry regarding corrections or clarifications to the document are accepted at any time.

### Where can I find the current MTD Submission Specification?

The MTD Submission Specification document is posted by the Ministry on the MTD section of the Ministry's Health Data Branch Web Portal:
https://hsim.health.gov.on.ca/hdbportal/mtd/Standards_and_SummaryReports

The updated Specification document is usually posted in the summer. See Appendix One for information on how to get HDB Web Portal access.

The Specification document is also posted on the MTD page of the OPHRDC website:
http://www.ophrdc.org/mtd-info/

### How important is it that we use the right service code?

MTD data is used to create multiple reports for many different purposes, so it is always best to provide the most accurate data possible. However, from a Ministry perspective, MTDs are used to inform their care type based funding model. Once the data is submitted to the Ministry, all service codes are lumped together under one of five different care types:

- Acute Inpatient and Day Surgery,
- ER,
- Inpatient Rehabilitation,
- Complex Continuing Care
- Inpatient Mental Health

Records which don't directly match to one of the above care types (e.g. UGME) generally go to Acute Inpatient and Day Surgery

### Can we create a new service code?

Note that new or more specific service codes would likely not impact Ministry funding. As noted above, service codes are grouped together by Care Type, and funding is distributed by Care Type, not by service code.

Based on previous practice, it seems that these are the options in order to revise (a) service code(s):

A. If the new or more specific service code would be of benefit ONLY to internal tracking for individual school(s)/hospital(s), then those that wish could develop a custom service code that is sent to OPHRDC and only used for reports back to school(s)/hospital(s).

Maintain the current official service code in reports to the Ministry. This option could come into effect immediately.

B. If the new or more specific service codes may benefit many hospitals and should be included on official Ministry reports, then a proposal should be sent to OPHRDC to be brought to the MTD Advisory Group and Ministry. More specific service codes would affect all schools/hospitals since they would likely replace the previous 'general' or undifferentiated service code. If approved, the new or more specific service codes would be submitted to the Ministry in a Change Request for the MTD Submission Specification. The soonest this option would come into effect would be for the following fiscal year.

## Should we claim only the exact days worked, or the entire block in which the rotation occurred? Should we claim one week as 5 or 7 days?

Schools have expressly stated that the goal in MTD is to claim each full-time trainee for 365 days/year where possible, based on program-defined rotation blocks. In this way, when the 275 days/year cap is needed, all facilities should end up with a similar benefit/penalty.

The general policy is to claim the entire week or weeks in which a 'full-time' rotation was scheduled, even if the trainee does not work some of the days for any reason (facility not open, trainee not scheduled, illness, vacation, conference, etc.).

In most cases, schools calculate the # of days using a basic equation such as ([End Date] – [Start Date] + 1). This means that the easiest practice is to claim the full week using the standard province-wide start date (Monday for UG, Tuesday for PG) and end date (Sunday for UG, Monday for PG) for each scheduled rotation.

An extra 2 days claimed or not claimed will not be a big deal for a few individual UG rotations. However, when it is added up across levels and across programs in any one school, the difference could be significant, even without capping. So, I would recommend that schools make an MTD policy decision regarding how to claim rotations that applies across the board – for all levels (UG, PG, F) and at all sites.

## How does capping work? Why didn't my hospital get credit for all the MTDs we submitted?

Capping is only applied when the total number of days claimed for a trainee is greater than 275/year, but must then be applied to all records related to that trainee in order to evenly distribute the days to all hospitals involved. Capping reduces but evenly distributes the benefit of MTDs to all hospitals at which the particular trainee worked.

Capping is applied by OPHRDC after all quarters have been individually approved by the Ministry. This means that hospitals do not know exactly how many MTDs they will get credit for until the annual cap is applied at the end of June to the merged annual file. Note that it is OPHRDC who applies the cap, not the MOHLTC.

Capping annually rather than quarterly allows proportionate benefit to all involved hospitals in the numerous cases where trainees are not fully claimed in each quarter. The change to annual capping increased provincially claimed days by over 10% in the 2014-15 MTD year.

The capping formula for each of affected trainee's records is (Number of Days/Total Number of Days) x 275. After capping, the total number of days may be slightly less than 275 (ie. 274.98) due to rounding, but OPHRDC submits capped days to 4 decimal places in an attempt to claim the maximum number of days possible.

The reports published on the Ministry's HDB Web Portal use capped MTDs. Note that the MTD Trainee Days Summary by Care Type does not involve any new numbers or calculations – it's just a new way of grouping the data.

## What is a longitudinal rotation? How are longitudinal rotations claimed?

Most schools define longitudinal rotations as cases where a learner is in one location for only part of the time across numerous rotation blocks. For example, a learner will be in one location for one morning each week for 3 months, and in other location(s) for the rest of the time. In that case, they tend to just give each location an appropriate fraction of the whole time. In this example, the first location would get 10% (½ day of a 5 day work week) of the total MTDs available in the 3 month block and the other location(s) would get the remaining 90%. Because of longitudinal rotations, MTD systems for certain schools allow more than one rotation to be claimed for the same time period and require a percentage designation (100% is default).

It is bit of a different situation when a learner will be in one location and potentially using resources while "servicing" another community ie. through telehealth/OTN (research rotations are very similar in some cases). The trainee is obviously using resources from both facilities since the videoconferencing equipment needs to be available and maintained in both locations. The purpose of MTDs (from a Ministry perspective) is to capture the time that trainees use the resources of a particular facility, so these remote rotations should probably be split between the locations. The proportion of the split would be dependent on the investment: an even 50% split if both facilities have the same staffing and technological investment, or a more skewed split if, for example, only one of the facilities is supporting/monitoring/providing feedback to the trainee.

## How can I confirm the hospitals and hospital numbers my school is responsible for?

The Facilities list (Table 5) in the MTD Submission Specification identifies which hospitals each university is responsible for reporting on.

If requested, OPHRDC can provide a school-specific facilities chart including site codes/names (not provided to the Ministry-used for internal tracking only). With new mergers, schools have the option to continue to submit records for newly-merged sites using their old facility codes.

## MTD Eligibility

Questions in this section relate to eligibility for MTDs. Answers are provided based on discussions with the Ministry and other medical schools.

### Are UG medical trainees eligible for MTDs if they don't register using the AFMC Portal?

There is no eligibility requirement based on registration method. Out of country trainee records may include visiting students from exchange programs outside of the AFMC Portal. However, note that electives should only be in final or next to final year.

### Are IMGs included in MTDs?

MTD records for PEAP and IMG trainees were submitted by hospitals but not funded by the Ministry prior to 2015-16.

From 2015-16 on, MTD records for PEAP and IMG trainees are submitted with regular PG Category Codes such as P2, P5 or F (as indicated by the Submission School). These MTDs are then funded by the Ministry in the same way as all other PG records.

### Do U2 CAL students get MTD credit?

MTDs for Preclerks (U1 and U2 nonMAC) have never been funded by the Ministry, and records for these students have not been submitted to the Ministry since 2015-16.

MTDs for Clerks include records for U2 MAC students – since McMaster's UG program is only 3 years long, these students begin their clerkship rotations earlier than students in regular 4 year programs.

The University of Calgary's program is also only 3 years long, but these students do not complete out-of-province electives until their third year. For this reason, MTD records for U2 CAL students do not receive credit with the Ministry.

### Should research time be claimed?

Every medical trainee completes an element of research. Clinical research rotations which are completed in a hospital and involve patient contact can be claimed for MTD credit. However, pure research rotations where the trainee is not involved in patient care should not be claimed.

### Should post-MD rotations be claimed?

A CPSO interpretation of the *Regulated Health Professions Act (RHPA)* prevents learners who have graduated with an MD but are not successful in the CaRMS Match from obtaining a license. These trainees often continue to complete clinical electives in the UG system until they match. For MTD reporting, it is recommended that schools continue to use the U4 designation for these learners, as the U5/U6 designation is reserved for MD-PhD, OMFS or IMG students.

## Are privately funded trainees eligible for MTDs? If a fellowship is funded by a private company that operates out of the hospital, should the hospital be receiving any funding for it (since they were not the pay masters)?

A trainee's funding source is not in any way part of the MTD process. If the fellow has a clinical appointment (has a CPSO number and will be interacting with patients, using hospital resources such as equipment and/or staff time), then their rotations in any MTD Facility should be reported.

To be clear, MTDs are intended to capture the portion of the province-wide medical education burden that is borne by each of the hospitals, so that the hospitals can receive that portion of the education-related HBAM funding allocation. We have been provided with loose estimates of the dollar value per MTD, but the true value of MTDs to any hospital's overall Ministry funding allocation will depend on many other factors.

There are multiple cases across the province where fellows are funded by organizations other than hospitals or the Ministry. There is no direct benefit or payment for MTDs to any university or trainee funding organization.

## The wrong program code was used for certain trainees – how will this impact my hospital's submission?

Unlike Service Code, the MTD Program Code does not directly affect hospital funding. However, the Program Code may affect any internal (school) funding that is connected to MTD data.

## Do mental health days get included in the ministry cap? Are Mental Health rotations eligible for MTD funding?

It is important to recognize the difference between mental health rotations and mental health facilities.

For HBAM-funded hospitals, Mental Health MTD rotations are treated like other non-Acute/non-CCC MTD rotations. However, the 4 Ontario Mental Health Facilities have a different funding formula (not HBAM), so none of their MTDs influence their Ministry funding.

| | | |
|---|---|---|
| MAC | 972 | WAYPOINT CENTRE FOR MENTAL HEALTH CARE |
| OTT | 651 | ROYAL OTTAWA HEALTH CARE GROUP |
| TOR | 948 | CENTRE FOR ADDICTION AND MENTAL HEALTH |
| TOR | 969 | ONTARIO SHORES CENTRE FOR MENTAL HEALTH SCIENCES |

## How does one decide which service to assign to a particular rotation? Is it based on the type of clinic, or on who supervises the trainees?

As you may recall, the Ministry's HBAM funding model places MTDs in one of 5 care type 'buckets', based mostly on service code:

- Acute Inpatient and Day Surgery,
- ER,

- Inpatient Rehabilitation,
- Complex Continuing Care,
- Inpatient Mental Health.

Service codes which don't directly match any of the above (ie. UGME) go to Acute Inpatient and Day Surgery.

If both services fall into the same 'bucket', which one is chosen may impact hospital tracking, but will not impact hospital funding. Which service you use is really up to the hospital – it may be wise to set a policy to avoid indecision in the future!

You can see how a particular hospital's MTDs have been placed in those Care Type 'buckets' by accessing the MoHLTC's FY2014-15 to 2016-17 MTD Trainee Days Summary by Care Type document, published on the HDB Web Portal last summer.

### Are we entitled to MTD funding now that we've amalgamated with a larger hospital? Should the school be adding the small site's MTDs to the larger hospital's report moving forward?

For Ministry purposes, mergers officially come into effect on the first day of the next fiscal year (in this case that will be April 1, 2018). However, the date on which a newly-amalgamated site begins to get their Ministry funding (including MTD funding) through/together with the main hospital should be confirmed by someone in that hospital's Finance department.

Once this is confirmed, please let OPHRDC know whether to track MTDs for the newly-amalgamated site separately from the rest of the main hospital. As a supplement to the Submission Specification, OPHRDC circulates an annual update detailing all mergers and their new Facility Codes and Names (and Site Codes/Names if relevant).

### Do the small hospitals in our school's catchment still need to submit MTDs?

There are 3 hospital funding models in Ontario: HSFR (HBAM), global budget and mental health. MTDs only impact funding for HBAM. All hospitals should still submit MTDs, since MTD tracking benefits both hospitals and schools, and MTDs may form part of the revised funding for the current global budget hospitals. Global budget hospitals have not been resisting MTD reporting – they seem to value the process and it is easy for them to track and reconcile rotations.

MTDs do not impact Ministry funding for mental health or global budget facilities, so there is no point in an appeal if they are the ones affected. However, the Ministry has stated that they are "working on a new definition for small hospitals", which may mean that MTDs will impact Ministry funding for some of these hospitals in the future.

## Submission Timelines

The MTD Annual File is of necessity a 'snapshot in time'. In March 2017, the MTD Implementation Committee agreed that the FINAL DATA submission date (*Submission #4*) is that snapshot date.

**MTD 2017-18 Data Submission Timeline v1.0 (13JUL2017)**

| | INITIAL DATA | | | | | | FINAL DATA** | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Last Day of Quarter | Submission #1 to OPHRDC | Submission #2 to OPHRDC | Submission #3 to OPHRDC* | *OPHRDC Submission to Ministry* | Approved Data to Hospitals | Submission #4 to OPHRDC* | Submission #5 to OPHRDC* | *OPHRDC Submission to Ministry* | Approved Data to Hospitals |
| **Q1** | 30-Jun-17 | 2-Oct-17 | 3-Nov-17 | 24-Nov-17 | *4-Dec-17* | 18-Dec-17 | 4-May-18 | 1-Jun-18 | *12-Jun-18* | 12-Jul-18 |
| **Q2** | 30-Sep-17 | 4-Dec-17 | 12-Jan-18 | 26-Jan-18 | *5-Feb-18* | 20-Feb-18 | 4-May-18 | 1-Jun-18 | *12-Jun-18* | 12-Jul-18 |
| **Q3** | 31-Dec-17 | 5-Feb-18 | 9-Mar-18 | 23-Mar-18 | *3-Apr-18* | 9-Apr-18 | 4-May-18 | 1-Jun-18 | *12-Jun-18* | 12-Jul-18 |
| **Q4** | 31-Mar-18 | 27-Apr-18 | 18-May-18 | **28-May-18** | *1-Jun-18* | 5-Jun-18 | 15-Jun-18 | **25-Jun-18** | *28-Jun-18* | 12-Jul-18 |

Submissions to OPHRDC are due at the end of the day (#1 on Monday, #2-5 on Friday [exceptions in bold]).
*These are record-specific submissions/responses, NOT full data uploads (unless internal record IDs are provided).
**No new data will be accepted after Submission #4 (except as required to resolve conflicts).

There is no practical way to continually update the MTD Annual File as new information is uncovered, since the change process tends to have a cumulative impact:

- for every missed record that is discovered, there is an equal likelihood that there is a previously submitted record that should be changed or deleted,
- new records inevitably cause conflicts which involve other schools for reconciliation,
- once records have been capped across the province, any changes mean capping would need to be re-applied – which will benefit some hospitals and disadvantage others.

Because of this, missed [or extra] rotations should be added [or removed] before each quarter's FINAL DATA submission date. Hospitals should be reminded that their key MTD review period is between the *Approved Data to Hospitals* and *Submission #4 to OPHRDC* dates for each quarter. Individual records cannot be added to [or removed from] the quarterly MTD file after the FINAL DATA is submitted to the Ministry and used to create the annual MTD file.

### Where can I find the current MTD Data Submission Timelines?

The updated MTD Data Submission Timelines are usually posted to the MTD section of the Health Data Branch Web Portal before April 1. See Appendix One for information on how to get HDB Web Portal access.

The timelines are also posted on the MTD page of the OPHRDC website: http://www.ophrdc.org/mtd-info/

## After INITIAL DATA cycle and before May 4:

### I found some records missing for the Q1/Q2 submissions – how do I get the updated Q1/Q2 data to OPHRDC?

All changes/deletes/additions for Q1 and Q2 (and Q3) should be captured in the FINAL DATA upload (on May 4, 2018). Please just change, remove, or incorporate the new records into your school's regular MTD files (don't need to be tracked separately) and upload them to OPHRDC at that time.

## After FINAL DATA submission to Ministry and before June 30:

### One of our hospitals found some missing records – can I still submit them?

Note that all of the rotations that had been submitted to the Ministry with the INITIAL DATA were provided to the hospital with a request for them to review the file and provide any changes prior to the FINAL DATA submission deadline of May 4.

Although it is not possible to freely accept changes to the MTD data after the FINAL DATA has been submitted to the Ministry, please inform OPHRDC if changes/deletes/additions are discovered. OPHRDC will incorporate the revised data if the conditions for special appeal are met: "…Hospital errors (ie. incorrect service codes, transposed dates[, missed rotations]) will not be corrected. Non-hospital errors (ie. systematic technical issue at school level) may necessitate limited resubmission on a case-by-case basis." (p.13, 2017-18 MTD Submission Specification)

## After Capped Annual File submission to Ministry on June 30:

### What is the difference between capped and uncapped days in OPHRDC reports?

Uncapped days should be equivalent to the number of days submitted by hospitals/schools throughout the MTD year. The matching number of capped days may be reduced as a result of the application of the Ministry-required cap (see earlier 'How does capping work?' section for a detailed explanation of capping).

OPHRDC provides the values for both capped and uncapped days as a matter of accountability. Schools and hospitals can verify the uncapped days but do not have any easy way to verify the capped days. Providing only the capped days (which are what the Ministry uses) would give little frame of reference for comparison to source data.

### How can I view/confirm the Ministry data?

The Ministry uses the capped data submitted by OPHRDC for their reports posted on the MTD section of the Health Data Branch Web Portal:

1. MTD Trainee Days Summary by Service and Category (usually available in mid-July)
2. MTD Trainee Days Summary by CareType (usually available in early September).

See Appendix One for information on how to get HDB Web Portal access.

### My hospital found errors in their data – can you adjust these?

After the data is capped, individual records can no longer be added to or removed from the MTD file – at this point, it is only major / significant issues that are appealed to the Ministry. Errors affecting a small number of MTDs (ie. <100) are not likely to have an impact on a hospital's funding and so there is little value in pursuing these.

However, if you discover a pattern that hundreds of days for the same hospital (that were in your school's MTD system on the 'snapshot date') were inadvertently not submitted [or submitted in error] by your school, please inform OPHRDC who will certainly investigate further and submit an appeal to the Ministry if warranted.

The Ministry does not use home school for funding purposes, so errors in that field would not warrant an official appeal.

The Ministry's appeal definition states that: "The Annual MTD file as submitted/approved on June 30 each year is absolutely final. However, significant errors discovered after that date should be reported to the Ministry [through OPHRDC,] who will take the information into consideration when assessing funding impact. Hospital errors (ie. incorrect service codes, transposed dates[, missed rotations]) will not be corrected. Non-hospital errors (ie. systematic technical issue at school level) may necessitate limited resubmission on a case-by-case basis." (p.13, 2017-18 MTD Submission Specification)

### What about inaccuracies based on percentages of time not being split correctly?

If this is an issue between different hospital sites of the same facility, then it is of no consequence to the Ministry. Hospital site details are not submitted to the Ministry. The Ministry only deals with facilities as a whole.

If this is an issue between different facilities, then it may be of consequence. However, it would seem that significant percentage split errors are something that hospitals should have been able to pick up when they reviewed the approved INITIAL DATA that was sent to them after each quarter.

If hundreds of days are affected for any hospital, then it is a significant discrepancy that should be brought to the Ministry's attention (whether or not the hospital wants to appeal). Hospitals should know that if they appeal and the Ministry agrees with the appeal, all affected records need to be resubmitted – which will likely also change the capped total MTDs for both themselves and other hospitals (not necessarily for the better).

An appeal of the 2015-16 MTD data in December of 2016 found that even with hundreds of days impacted for multiple hospitals, revising the data did not make a significant difference for any one hospital when figured into the whole HBAM funding formula.

### What about hospital records that never made it into our school's uploads because of a technical error?

This is a situation which was out of the hospital's control, and so OPHRDC will gladly initiate an appeal to the Ministry on behalf of the hospital. Please let me know if this is what the hospital would like, as the timeline is tight and an appeal would need to be launched as soon as possible. As part of the appeal, a spreadsheet containing all the missed records will need to be uploaded so that OPHRDC can check for conflicts and recalculate the cap for all Ontario records.

Whether or not an appeal is launched, please ensure that your IT department is aware of the need to resolve this technical error.

### What is the significance of a drop in MTDs? (Should we be concerned?)

From a Ministry perspective, only HSFR/HBAM-funded hospitals are impacted by MTDs. Hospitals provided with a Global Budget or Specialty Mental Health funding will see no impact to their Ministry funding because of a drop in MTDs. For HBAM-funded hospitals, the exact impact of a single year drop in MTDs is difficult to assess - the funding formula is based on many inputs which are adjusted based on individual hospital factors as well as provincial patterns. See MTD Value section at the beginning of this document for further details.

Note that a drop in MTDs may have local / school-based funding implications in addition to any Ministry funding implications.

### Is the drop in MTDs correct? (Could it be verified?)

To find out if there was an error in the total MTD calculation, the hospital should check the Excel worksheet containing all submitted records (from the medical school/OPHRDC) against their in-house records and document the details of any unexpected omissions/changes. Here are the next steps:

#### *If yes, then why is there a drop in MTDs?*

If the data is correct (submitted records = in-house records), the hospital should know that a drop can occur for any number of reasons. The top of each report in the hospital data file states, "There will be year over year variability in MTD numbers, based on many factors including individualized elective selection within and outside Ontario." Because learners can choose where to do their electives, there may just have been fewer learners interested in that hospital this past year. This may be a completely random effect, or there may be larger system influences such as: school policies / supervisor recommendations / social media comments / previous learner experiences / hospital reputation / perceived benefit / financial incentives / etc. that affected those decisions.

#### *If no, then what should be done to correct the numbers?*

If the data is not correct (submitted records < in-house records), the hospital should provide their unexpected omission/change records to the school/OPHRDC for investigation. There are cases were an appeal to the Ministry to change the data is warranted.

### Can a drop in MTDs be changed for upcoming years? (Could it be addressed?)

Depending on the reason for the drop in MTDs (see above), there is definite potential for a drop in MTDs to be reversed in upcoming years. MTDs for many hospitals fluctuate from year to year, even without any active intervention.

# Miscellaneous

## Can UG rotations be claimed over Christmas break?

Any period of time during which an eligible trainee completes a rotation at an Ontario hospital may be claimed for MTD credit. However, the Christmas break is a period during which less formal supervision is usually available for UG students, and so this is not optimal timing for an elective rotation. Additionally, some medical schools have limitations on their liability coverage which may mean that rotations during the Christmas break are not covered.

## When do UG or PG rotations start and end?

UG rotation blocks start on Monday and end on Sunday for all medical schools in Ontario. For most schools, UG rotations start at the end of August or beginning of September and usually run through to the end of the school year in April/May/June.

PG rotation blocks start on Monday and end on Sunday for NOSM and Toronto. PG rotation blocks start on Tuesday and end on Monday for the Common Rotation Schedule shared by McMaster, Ottawa, Queen's and Western. The Common Rotation Schedule also identifies 13 4-week rotation blocks over the course of the year. For all schools, the PG rotation year starts on July 1 and ends on June 30.

# APPENDIX ONE

The following text is taken from the Ministry document **HDB Website Registation_Final_v1** (current as of 22JUL2016)

STEP 1 HDB Website Registration:

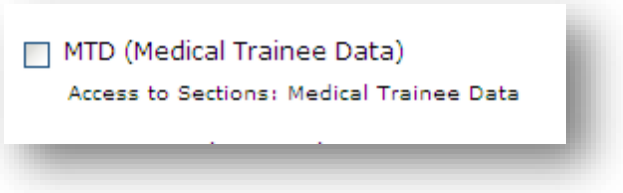
Access the HDB Portal by going to the URL: www.hsimi.on.ca and click on either Create New Account, or Register.

STEP 2 Create New Account:

On the Create New Account Page, complete the mandatory information: Username, E-mail address, Name, Organization/Sector, Department and Role, Director/Manager's Name and Telephone Number.

STEP 3: Access to Site Section

Check the MTD box the area of the site to which access is required




STEP 4: Select "User Type"

Select your user type from the pick list, and provide a brief description of your reason for requesting access to the site.

STEP 5 Create New Account:

Once you have entered the required information select "Create New Account" to submit your access request to the Health Data Branch.

You will receive a confirmation email to the email address you provided acknowledging your request.

Step 6 Activating Your Account

Within three business days, you will receive an email from the 'HDB Web Portal' stating that your application is "approved" and along with instructions for activating your account.

- In the email received from "HDB Portal", click on the link 'Reset Password'.
- On the Reset Password page click Login and on your Edit page set a new Password; this password is unique to you; please do not share it with anyone.
- For security purposes, the HDB site will prompt you with specific requirements regarding the strength of your password if the one you choose is insufficient.
- A secure Password has a minimum of eight alphanumeric characters, upper and lower case, plus one punctuation character. Please note punctuation is not an alphanumeric character. Example: wM4k!xY5e
- Select the save button at the bottom of the page to save your password.

Already Registered Users

Forgot your user name and/or password – Please follow the steps below

- On the website-landing page, select "Request new password".
- On the User Account – Create New Password Page, enter your Username or email address and select "E-mail new password". You will receive, via email (from "HDB Web Portal"), a one-time login link to login and set a new password.
- From the received email click on the one-time "login" link and it will take you to a Reset password page. Select Log in
- At the "Account Edit" page enter and confirm your new personal Password.
- Click "Save" at the bottom of the page when finished to save your new Password.