



Postgraduate Medical Education (PGME) Residency Allocation Sub-Committee (RAS) - Terms of Reference

Purpose

The purpose of the Residency Allocation Subcommittee (RAS) is to develop a three to five year rolling plan for the allocation of all MOH funded residency positions (including both CMG and IMG positions) to the UBC postgraduate residency programs. The plan will be reviewed annually, as positions are confirmed with CaRMS.

Authority

The Residency Allocation Subcommittee has the authority to recommend a three to five year residency allocation plan to MHRPTF based on current and projected needs for practitioners in each discipline.

MHRPTF will review recommendations. Co-chairs for the MHRPTF will sign-off on the plan.

FoM Associate Postgraduate Dean and MoH Executive Director will sign-off on annual instructions to CaRMS.

Membership

Voting:

Member of the public (1) – to be nominated from the patient voices network based on parameters provided by the RAS

UBC

Associate Dean, Postgraduate Medical Education, FoM (**Chair**)

Executive Director, Health Human Resources Planning (Physicians), MoH

Regional Associate Dean from one of the four MDUP program regions

Assistant Dean, Postgraduate Medical Education, FoM

Program Directors (6) - representing a cross section of all disciplines, longitudinal/ rotational models, and distributed sites

Senior residents (3) - one each from medical, surgical and family medicine programs

Medical Human Resources Planning Task Force (MHRPTF) - Appointed

Six members of the MHRPTF VP of Medicine of Health Authorities (or their designate)

Non-Voting:

Senior Director, Education Programs and Services, UBC, FoM

Director, Administration, Postgraduate Medical Education

Evaluation Studies Unit - Data analyst/specialist



Appointment Process

- **The Associate Dean Postgraduate Medicine, and the Executive director HHRP sit on the committee as part of their positions.**
- UBC members will be appointed by the Executive Associate Dean, Education, based on advice from UBC Department Heads and the Associate Dean, Postgraduate Medical Education.
- The Regional Associate Dean will be selected by the MD Undergraduate Education Committee (MDUEC)
- MHRPTF members will be jointly appointed by the Co- chairs of the MHRPTF.

Term

For those members who sit on the committee due to their positions the term of office on the RAC is the same as their term in their other position.

The Regional Associate Dean will be appointed on a one year rotating basis.

For UBC program directors appointed by the Executive Associate Dean Education their term will be three years, but in the first three years of the committee appointments will be staggered so that two are replaced each year.

For Senior Residents their term will be one year, but can be renewed.

Chair

The Chair will be appointed from the members for a one year, renewable term.

Vice Chair

A vice chair will be appointed from the members each year, and will usually be the chair in the following year.

Meetings

The Subcommittee will meet at least quarterly at the call of the Chair and at the request of the MHRPTF.

Committee Secretary

Administrative support to the Residency Allocation Subcommittee will be provided by staff from the UBC Office of Postgraduate Medical Education.



Minutes will be prepared for all meetings.

Quorum and decision making processes

A quorum is comprised of at least 50% plus members, but meetings will be usually scheduled so that the majority of members are able to attend.

Decisions are normally made by consensus. Where this does not occur, voting will take place.

Members of the Committee are expected to consider the training and health delivery system as a whole when making decisions. If a decision may put them into a perceived conflict of interest position (program-based), they will declare the conflict and abstain from voting.

Lines of Accountability and Communication

The Residency Allocation Subcommittee is advisory to the Medical Human Resources Planning Task Force. The RAC will communicate regularly with the MHRPTF through its meeting minutes, and submit an annual allocations for CaRMS report and through the Executive Associate Dean, Education, as required.

Responsibilities

1. Develop a set of principles for developing a three to five year rolling residency allocation plan (including CMG and IMG positions) that is in line with the Integrated Planning Document and MHRPTF long term objectives. The allocation will include allocation of entry level positions (PGY-1) and subspecialty positions (PGY-3 and above). The principles to be followed will be:
 - An emphasis on family medicine and general specialties supporting primary health care delivery;
 - To aim for cross-jurisdictional MoH PGME planning convention of undergraduate to postgraduate training positions (1:1.2 ratio);
 - To aim for cross-jurisdictional FoM planning convention of family medicine to specialties (40/60 split) and the desired (re)balance between family medicine and general specialties to support changes in health care delivery models to meet future population health needs;
 - To achieve a balance between maintenance and growth in academic strength and regional clinical needs;
2. Develop a framework for determining long term needs for resident allocation in all programs taking into account capacity in programs to provide accredited training.
3. Based on annual UBC FoM UG and PGME Long-term Outcomes Evaluation report, input from each discipline, a consistent standardized data gathering system and direction from the MHRPTF develop a three to five year resident allocation plan for submission to the MHRPTF.
4. Develop a plan for phasing in an additional 32 CGM PGY1 positions so that there are enough seats to accommodate the graduating class of 2015.



5. Consider changes in practice in the medical and surgical fields and health human resource requirements to determine whether new subspecialty positions should be added to or whether positions in certain disciplines should be reduced in the long term allocation plans.
6. Recommend changes in policy for posting R4 positions in CaRMS, so the allocation of these positions aligns closely with anticipated BC health care delivery demand.
7. Ensure that recommendations for resident allocations are principle and evidence based and defensible in terms of transparency and equity.
8. Develop and implement a communications plan to ensure that all interested parties are kept informed and have an opportunity to provide feedback to the committee.
9. Review the TOR of the Resident Allocation Subcommittee and propose changes as required to the MHRPTF every June.