POSTGRADUATE MEDICAL EDUCATION

SCHULICH SCHOOL OF MEDICINE & DENTISTRY

GUIDELINES FOR SUPPORT FOR ACCREDITED POSTGRADUATE PROGRAMS

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Policy References

- General Standards of Accreditation for Residency Programs
- General Standards for Area of Focused Competence (AFC) Programs
- Royal College Policy on Appointing a Program Director of a Royal College-accredited Program

Preamble

Accreditation standards require that all College of Family Physician (CFPC) and Royal College of Physicians and Surgeons of Canada (RCPSC) residency programs, including RCPSC Area of Focused Competence (AFC) Programs be adequately resourced in order to deliver high-quality education to residents. Critical resources include a Program Director and an appropriately skilled Program Administrator. For Competence by Design (CBD) programs, a Competence Committee Chair is required, and CBD Lead are recommended; the CBD lead and Competence Committee Chair may be the same person.

From the General Standards of Accreditation for Residency Programs, the following are the indicators against which programs will be judged related to the adequacy of resourcing:
Indicators:

- 1.1.1.1: The program director has adequate protected time to oversee and advance the residency program consistent with the postgraduate office guidelines and in consideration of the size andcomplexity of the program
- 1.1.2.1: The faculty of medicine, postgraduate office, and academic lead of the discipline provide the program director with sufficient support, autonomy, and resources for the effective operation of the residency program.
- 1.1.2.2. Administrative support is organized and adequate to support the program director, the residency program, and residents.

For AFC Programs the standards include:

- 1.1.1.1: The AFC program director has adequate protected time to oversee and advance the AFC program, consistent with postgraduate office guidelines, and in consideration of the size and complexity of the AFC program.

In response to these standards, the Postgraduate Medical Education (PGME) Office has developed guidelines for departments and programs that aim to clarify the meaning of "adequate" and "sufficient" as it relates to resources and support.

General Considerations

1. All programs, regardless of the number of residents they train, must meet the same accreditation standards. Program director and program administrator workload is therefore significant, even in small programs and AFC programs.
2. Resources for programs may not necessarily be comparable, and size and length of program will influence needed resources. For example, five-year programs with the same number of residents as a two-year program may have greater complexity in the design and organization of the clinical and academic program; therefore, may require more resources.
3. Programs transitioning to competency-based medical education (CBME) are expected to require a larger time commitment from the program director, and a correspondingly larger time commitment from the program administrator. Identifying a CBME lead for a program is a recommended approach. The ideal duration of this role should be until the first cohort of CBME residents have graduated. At that point, it should be more clear what responsibilities and tasks are still required for the implementation of CBME and what is no longer required.
4. Royal College programs that have or will be transitioning to Competence by Design must identify a competence committee chair (ideally not the program director).
5. Some programs may benefit from distributing the program leadership workload; for example, a program may choose to have an assistant program director. Where such additional roles are used, clear job descriptions must be developed that articulate responsibilities, accountabilities, and expected time commitment.
6. Some variability in program director remuneration is to be expected, owing to variable models of physician remuneration across departments. As a general rule, becoming a program director should not require a sacrifice of income.

The following table summarizes recommendations for program director protected time and for administrative support.

Program Size *(number of residents)*	**PD Protected Time** *(FTE)*	**PD Protected Time** *(days per week)*	**Program Administrator Protected Time** *(FTE)*	**Program Administrator Protected Time** *(days per week)*
0 - 2	0.1 - 0.2	0.5 - 1	0.1 - 0.2	0.5 - 1
3 - 5	0.2	1	0.3 - 0.4	1.5 - 2
6 - 10	0.2 - 0.25	1 - 1.25	0.5 - 0.8	2.5 - 4
11 - 20	0.3 - 0.4	1.5 - 2	0.8 - 1.0	4 - 5
21 - 30	0.4 - 0.5	2 - 2.5	1.0 - 1.2	5 - 6
31 - 40	0.5 - 0.6	2.5 - 3	1.2 - 1.5	6 - 7.5
41 - 50	0.6 - 0.8	3 - 4	1.5 - 2.5	7.5 - 12.5
51 - 100	0.8 - 1.5	4 - 7.5	2.5 - 3.0	12.5 - 15
100+	1.5 - 2.0	7.5 - 10	3.5 - 4.0	17.5 - 20

*Support allocations above are meant to be aggregate across all sources and sites for a given program. Total PD and PA minimum FTE listed above are aggregate and meant to include all activities devoted to program administration, which may be split across more than one individual (e.g. PD, Assistant PD, CBME Lead etc.). These recommendations include AFC Directors.

** Consideration should be given to incremental support during times of increased program requirements such as major curriculum change, development of new programs, CBME, external and internal reviews for accreditation, learner remediation, etc.

***Allowing for some variability in how physicians are remunerated across Schulich, PD stipends should, at minimum, meet the AMOSO standard for buying out clinical time (e.g., $32,500 per day per week of academic time).