<table>
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<tr>
<th><strong>Policy Name:</strong></th>
<th>Allocation of Residency Program Positions</th>
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<tr>
<td><strong>Application/Scope:</strong></td>
<td>All PGME Residency Programs</td>
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<td><strong>Approved (Date):</strong></td>
<td>PGME Executive Committee, Sept. 17, 2013; Dean’s Council, Oct. 8, 2013; PDC: August 23, 2016; PGME Executive Committee, June 11, 2019; Dean’s Council, August 27, 2019</td>
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<td><strong>Review Date:</strong></td>
<td>Dec. 10, 2015; August 25, 2015; PDC: August 23, 2016</td>
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<td><strong>Revised (Date):</strong></td>
<td>Policy Development Committee (PDC) February 14, 2017</td>
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<td><strong>Approved By:</strong></td>
<td>Faculty Executive Council, Dec. 10, 2013&lt;br&gt;College Executive Council, Sept. 17, 2019</td>
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**BACKGROUND**

There is a need for the transparent allocation of residency positions for PGY-1 and subspecialty CaRMS Matches as well as for other intake streams such as re-entry, transfer those and specially-funded non-CaRMS residency candidates.

For Medical Residency Programs, national, regional and provincial health human resources priority needs will be considered, but ultimately, it is the Provincial Ministry of Health that decides on and funds the total number of residency positions available for postgraduate training on an annual basis. This policy will deal with the principles and procedures for allocating those residency positions for the short-term and for making predictions for long-range planning.

The CanERA Institutional Standards for accreditation (2.2.1.3 in Standard 2) mandate the involvement of the Postgraduate Dean and PGME Education Committee (PGME Executive) in the allocation of residency positions for individual programs that such allocation occurs in a fair and transparent manner, and with consideration of the needs of the population(s) served.

**DEFINITIONS**

**AAC** – Allocations Advisory Committee of the College PGME Executive Committee is responsible for overseeing and determining the allocation of residency positions on an annual basis as well as for long-range health human resource planning

**Allocation** – determination and assignment of residency positions within the postgraduate medical education program at large

**ARETS** – Alternate Resident Entry and Transfer Subcommittee

**CaRMS** – Canadian Residency Matching Service
CanERA – Canadian Excellence in Residency Accreditation is the consortium of the RCPSC, CFPC and College des médecines du Quebec

CMG – Canadian Medical Graduate

IMG – International Medical Graduate

Residency Position – represents a designated period of time during which a trainee should attain the competencies required for certification in Family Medicine or in a specialty discipline

1. PURPOSE

1.1 Provide oversight of, and guidance to the annual allocation of residency positions at the University of Manitoba

2. POLICY STATEMENTS

2.1 The allocation of residency positions will be reviewed on an annual basis to facilitate optimal allocation of positions and responsiveness to capacity and health human resource needs. The Allocations Advisory Committee will annually review and recommend to the Dean of Medicine the allocation of residency positions. See Terms of Reference for Allocation Advisory Committee (PGME-AAC)

2.2 It is the mandate of the PGME Allocations Advisory Committee (PGME-AAC) to be involved in allocation of all residency positions including but not limited to the following:

- R-1 Main CaRMS match
- PSM – Pediatric Subspecialty CaRMS match
- MSM – Internal Medicine Subspecialty CaRMS match
- Family Medicine – Enhanced Skills Program, Emergency Medicine CaRMS match
- Family Medicine – Enhanced Skills Programs
- Adult Critical Care Medicine match
- Gynecologic Oncology match
- Maternal Fetal Medicine match
- Neonatology alternate route match
- Thoracic Surgery match
- Vascular Surgery – Pathway 2 match

2.2.1 The decision for allocation of the following programs resides outside of the PGME Allocations Advisory Committee (PGME-AAC):

- Postdoctoral programs national match including:
  - Clinical Biochemistry
  - Molecular Genetics/Cytogenetics
  - Clinical Microbiology
- Master of Dentistry
  - Oral and Maxillofacial Surgery
Dental Internship

Clinical Health Psychology

2.2.2. The AAC may make long-range recommendations for residency position allocation that can inform future decision-making.

2.2.3. The AAC will collaborate with the ARETS on allocations of residency positions.

2.3. With respect to the allocation of residency positions, the AAC will consider the following criteria:

- Provincial, regional and national health human resources priority needs.
- Capacity of the Residency Program to provide effective training and supervision, including the following:
  - Time and resources for clerical staff, Program Administrator and Residency Program Director(s).
  - Availability of teaching faculty.
  - Clinical resources/sufficiency of cases for teaching.
  - Residency Program success, as measured by but not limited to the following:
    - Recruitment of trainees and resident transfers.
    - Retention of trainees following completion of training.
    - Residency Program Accreditation status.
    - Examination success rates.
    - Resident “critical mass” may be a key factor in a Residency Program experiencing deficiencies.
      - Where the addition of incremental positions may help a struggling Residency Program to be successful, the onus would be on the Residency Program Committee to demonstrate how additional positions would be used to strengthen the Residency Program.

2.4. The Committee may make recommendations to review the viability of Residency Programs for which discontinuation may be appropriate.

3. PROCEDURES

3.1. For medical residency positions, all Residency Programs must make a submission to the AAC by June 15 annually requesting their allocation of residency positions. The following information must be provided:
• Current quota for CMG medical residency positions and IMG medical residency positions

• Requested quota for CMG medical residency positions and IMG medical residency positions for the following academic year

• Total capacity for training within the program or intake to subspecialty residency positions

3.2 The AAC will meet to review submissions and to make recommendations for residency positions allocation for the following academic year

3.3 Changes to recommended residency position allocations will be considered and approved by the Dean of Medicine

3.4 The AAC will meet as required at the call of the Chair or the Associate Dean, PGME to discuss long-range planning for residency positions allocation

POLICY CONTACT: Associate Dean, PGME

REFERENCES

Max Rady College of Medicine, Postgraduate Medical Education Allocations Advisory Committee (AAC) Terms of Reference

Max Rady College of Medicine, Postgraduate Alternate Resident Entry and Transfer Subcommittee (ARETS)
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Terms_of_Reference_-_FPGME_ARETS_FINAL.pdf

Royal College of Physicians and Surgeons of Canada and Canadian College of Family Physicians General Standards of Accreditation
http://www.royalcollege.ca/rcsite/accreditation-pgme-programs/accreditation-residency-programs-e

McMaster University, Allocation of Residency Positions, September 2016

University of Saskatchewan, College of Medicine, Allocations of Ministry Funded Post Graduate Medical Education Training Positions
https://medicine.usask.ca/policies/allocation-of-ministry-funded-postgraduate-medical-education-positions.php