



Faculty of Medicine Policy

Policy Name:	Inter-University Agreements
Application/ Scope:	All PGME Programs
Approved (Date):	FPGME Executive June 10, 2014 Dean's Council June 24, 2014
Review Date:	June 2017
Revised (Date):	
Approved By:	Faculty Executive Council- Approved- Approved June 24, 2014

BACKGROUND

“In those cases where a university has sufficient resources to provide most of the elements of postgraduate training in the specialty or subspecialty but lacks one or more essential elements, the program may still be accredited provided that a formal inter-university arrangement has been made to send residents to another accredited Residency Program for blocks of appropriate prescribed training.” (*RCPSC, The General Accreditation Standards Applicable to All Residency Programs, Standard B4: Resources, June 2013*)

DEFINITIONS

CFPC – College of Family Physicians of Canada

Inter-University Affiliation Agreement - Types of Inter-University Affiliation Agreements include:

- 1. Program Completion** – This type of arrangement applies when a medical school has sufficient resources to provide most of the components for a program (sponsoring program) but lacks resources for one or more essential elements. In order to be accredited, the sponsoring program must make arrangements with an accredited program (receiving program) to receive residents and provide them with those mandatory program components that are lacking
- 2. Conjoint Residency Programs** - This type of arrangement applies when **two or more medical schools wish to cooperate** in the development of a residency program rather than attempt to provide a full program within the resources of one school. This integration of programs must comply with the following conditions:
 - must have positive advantages for residents
 - should not be simply for the purpose of redistributing services
 - should not interfere in any major way with the education process with respect to the physical dislocation necessary for a resident to complete the conjoint program

Accreditation of a conjoint Residency Program implies that a complete program in the specialty or subspecialty is not available at only one school, and so is conditional upon maintaining the inter-university affiliation.

- 3. Off-Site Locations** - This type of inter-university agreement applies to situations in which a medical school with an accredited program in a specialty or subspecialty (sponsoring university) **has sufficient resources** to provide a fully accredited program in the specialty or subspecialty, **but wishes to rotate residents** for part of their program to selected educational sites at another

university centre where there is no accredited program in the specialty or subspecialty (receiving university). The accreditation of the sponsoring program is not conditional upon maintaining this type of inter-university affiliation.

PARIM - Professional Association of Interns and Residents of Manitoba

PGME – Postgraduate Medical Education

RCPSC – Royal College of Physicians and Surgeons of Canada

Receiving Program – the Residency Program that receives residents to provide the mandatory components that are lacking in the Home Residency Program

Sponsoring Program – the Resident's Home Residency Program

WRHA – Winnipeg Regional Health Authority (the resident employer)

1. PURPOSE

- 1.1 Provide specific guidelines regarding the administrative arrangements required between two or more medical schools to provide an integrated inter-university Residency Program that would be acceptable to the RCPSC or CFPC for accreditation purposes, i.e. ensure all mandatory elements of a Residency Program are met

2. STATEMENT OF POLICY

- 2.1 It is the responsibility of the Residency Program Director in consultation with their residency program committee, to ensure that any inter-university affiliation agreements are formally documented and are current.
- 2.2 The administrative arrangements for the resident rotations and evaluations must be controlled by the sponsoring home Residency Program, regardless of funding arrangements.
- 2.3 Accreditation of the sponsoring program with a Program Completion or Conjoint Agreement is conditional upon maintaining the inter-university affiliation until such time as its own resources are sufficient to provide a full Residency Program (in the specialty or subspecialty).
- 2.4 The exchange of residents between two fully accredited programs does not require special permission from the RCPSC or the CFPC.

3. PROCEDURES

- 3.1. Successful completion of an inter-university agreement requires the following:
 - 3.1.1. A formal agreement between the sponsoring Residency Program and receiving Residency Program
 - 3.1.2. Financial support from the WRHA Residency Funding Advisory Committee
 - 3.1.3. RCPSC or CFPC approval of the formal agreement for program accreditation
- 3.2 In developing an inter-university agreement, there must be clear and effective communication links between the Residency Program Committee and the receiving university.

- 3.2.1 It must be clear that the PARIM-WRHA Agreement is in effect for all residents at the receiving site; for example, on-call scheduling would follow the PARIM agreement
- 3.3 For Financial Support the following is required:
- 3.3.1 The Program Director must prepare a letter of request for funding addressed to the Chair of the WRHA Residency Funding Advisory Committee, outlining the following:
- 3.2.1.1 An overview of the sponsoring Residency Program, and explanation of the academic requirement for the mandatory rotation
 - 3.2.1.2 Confirmation of acceptance by a receiving university Residency Program for sponsoring program's residents
 - 3.2.1.3 Extent of time for the rotation and timeline for the rotation
 - 3.2.1.4 Outline of rotation related expenses
 - 3.2.1.5 Confirmation that expenses incurred over and above the allowance will be the responsibility of the resident
 - 3.2.1.6 A template letter of request is included in Appendix 1.
- 3.3.2 The letter of request is sent to the Associate Dean, PGME for approval to go forward to the WRHA Residency Funding Advisory Committee. The Associate Dean, PGME will speak to the letter of request at the meeting.
- 3.3.2.1 A template letter of request is included in Appendix 1.
- 3.4 Inter-university agreement forms are available from the Educational Standards Unit of the College. The template RCPSC agreement form is included in Appendix 2.
- 3.5 With respect to the sign-off process for the Inter-University agreement, the following apply:
- University of Manitoba/Sponsoring Residency Program Director signs first
 - Receiving University Residency Program Director provides the second signature
 - Receiving University Postgrad Dean signs provides the third signature
 - University of Manitoba/Sponsoring Associate Dean, PGME, provides the final signature
- 3.5.1 Once U of M Associate Dean, PGME signs off on the agreement, the PGME Office takes responsibility for sending the signed agreement to the RCPSC or CFPC.
- 3.6 Inter-university affiliations must be reviewed and updated at the time of the regular survey of the sponsoring university.
- 3.7 A Residency Program that would like to remove an inter-university affiliation because it has obtained the appropriate educational resources must inform the RCPSC or CFPC and apply to the respective Accreditation Committee to remove the inter-university affiliation for completion of training.

REFERENCES

Royal College of Physicians and Surgeons of Canada, General Standards Applicable to All Residency Programs, B Standards, January 2011; Editorial Edition June 2013
http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/accreditation_blue_book_b_standards_e.pdf

Royal College of Physicians and Surgeons of Canada, General Information Concerning Accreditation of Residency Programs, *Inter-University Residency Programs*, June 2006, page 12
http://www.royalcollege.ca/portal/page/portal/rc/common/documents/accreditation/genaccred_e.pdf

POLICY CONTACT: Associate Dean, PGME

APPENDIX 1: Template Letter to the WRHA Residency Funding Advisory Committee



UNIVERSITY
OF MANITOBA

Date

Chair of WRHA Residency Funding Advisory Committee
Winnipeg Regional Health Authority
4th Floor - 650 Main Street
Winnipeg, Manitoba, R3B 1E2

Dear Chair of WRHA Residency Funding Advisory Committee:

Re: Request for Reimbursement: Mandatory (name of Residency Program) Rotation – Receiving University

The University of Manitoba offers a (*length of residency*) Royal College of Physicians of Canada –accredited (*name of Residency Program*) under the Department of (*Department Name*). One of the mandatory training components is (*description of required training*) which currently cannot be offered to our residents in Manitoba. Our residents must have exposure to, and develop technical and intellectual competencies in this area in order to complete their Royal College exams and enable them have the full range of expertise upon completion of training.

To meet this requirement, the University of Manitoba and the (*Receiving University, Name of Residency Program*) have negotiated a formal inter-university agreement to provide a (*length of time of exposure*) in (*location of receiving rotation*). This experience will be an (*length in weeks*) rotation in the PGY (*year of the Program*).

At this time, our Program has confirmed with (*name of Receiving Program Director*) the scheduling of our residents to complete a (*length of exposure*) commencing in Month, Year. In preparation, a budget has been prepared listing typical expenditure items incurred by residents - **attached**. The “monthly allowance” refers to the maximum amount provided to a resident for reasonable expenses that, as Program Director, I would review and approve prior to reimbursement. Expenses incurred over and above the allowance would be the responsibility of the resident.

I am proposing that the total of (*total \$dollar value of allowance*) be provided to the (*Name of the Residency Program*) prior to the start date of each resident’s out of province rotation. The Program would be responsible to administer the budget and for reimbursement of resident expenses. Should there be funds remaining at the end of each resident’s experience, the amount would be carried over and applied to the next resident’s rotation. Upon completion of the last scheduled resident each year, any surplus funds would be discussed with your office.

Our first resident is tentatively scheduled for (*start date*). I await your response and would be pleased to meet with you to discuss our budget in further detail.

Yours Truly,

Residency Program Director

Attach.

c.c. Associate Dean, PGME
Department Head

Example of Budget Expenses Associated With Inter-University Mandatory Rotation



UNIVERSITY
OF MANITOBA

NAME OF RESIDENCY PROGRAM – CALCULATION OF ROTATION ALLOWANCE

Number of Residents in the Program:

Mandatory Rotation:

Receiving University:

Duration of the Rotation:

EDUCATION & TRAINING ALLOWANCE BEING REQUESTED		
Monthly Allowance (all inclusive- Monthly & Moving Costs)	\$	
Total (no. of Months) Allowance Per Resident		\$
BREAKDOWN OF EXPENSES		
MOVING COSTS		
Educational Licensure – College of Physicians & Surgeons of Receiving University	\$	
Damage Deposit (Cash Advance)	\$	
Travel (airfare equivalent) – 2 return trips*	\$	
Travel-related accommodations (1 night x 2 return trips)	\$	
Travel-related Meals	\$	
Total Moving Costs		\$
MONTHLY EXPENSES		
Accommodations	\$	
Monthly parking (if not included under rental agreement)	\$	
Transportation stipend (e.g. rental, gas or bus pass)	\$	
Cellular service (for paging and long distance)	\$	
Total Monthly Expenses	\$	
Total Expenses for (no. of Months)		\$
TOTAL COSTS FOR X No. of Months / RESIDENT		
Total Monthly Expenses for (no. of Months)		\$
Plus Moving Costs		\$
Less damage deposit return		\$ < >
Total For (no. of Months) Allowance Per Resident		\$
TOTAL FUNDS REQUESTED FOR ALL RESIDENTS IN PROGRAM		\$
Notes:		
* Includes a mid-rotation travel back home meeting with PD and for family reasons for rotations four months or greater		
**Monthly parting estimated based on Winnipeg rates		
RESIDENCY PROGRAM DIRECTOR SIGNATURE	DATE	

ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF CANADA

INTERUNIVERSITY AGREEMENT FOR PROGRAM COMPLETION

NAME OF PROGRAM: _____

SPONSORING UNIVERSITY: _____

RECEIVING UNIVERSITY: _____

ROTATIONS/EXPERIENCE REQUIRED: _____

NUMBER OF MONTHS: _____

NUMBER OF RESIDENTS PER YEAR (approximately): _____

DESCRIPTION OF ROTATION (including major goals & objectives of rotation)
(to be completed by the sponsoring university)

AUTHORIZATIONS:

SPONSORING UNIVERSITY

PROGRAM DIRECTOR

DATE

POSTGRADUATE DEAN

DATE

* * * * *

RECEIVING UNIVERSITY

PROGRAM DIRECTOR

DATE

POSTGRADUATE DEAN

DATE