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Section A: Preamble

A comprehensive list of definitions can be found in the [PGME Glossary of Definitions and Terms](#).

The process for allocation of PGY1 entry and subspecialty residency positions must be transparent, equitable and fair process based on regional, provincial, and national human health resource needs. Funding for residency positions is provided annually by the Ministry of Health (MOH) and includes PGY1, subspecialty residency positions, re-entry, and repatriation positions.

The CanERA *General Standards for Institutions with Residency Programs* states:

Requirements 2.2.1: The postgraduate dean and postgraduate education committee facilitate residency programs in meeting the specific standards for the discipline and in achieving the faculty of medicine vision/mission, including its social accountability mandate.

Indicator 2.2.1.4: Where the postgraduate dean and postgraduate education committee are involved in the allocation of residency positions for individual programs, such allocation occurs in a fair and transparent manner, and with consideration of the needs of the population(s) served.

A1: Scope

This policy applies to MOH funded residency positions. Residency programs may choose to have supernumerary residency positions through sponsored foreign trainees or through the Department of National Defence (DND). DND positions in Family Medicine are administered through the CaRMS match(es), while the selection process for specialty DND and externally sponsored trainees is program-specific and facilitated within the guidelines of national offer dates, if applicable.

The program must consider training capacity for decisions to accept supernumerary trainees. This decision must not result in the reduction of the program's ability to train Canadian Medical Graduates (CMGs) or International Medical Graduates (IMGs) and should not substantially affect the program's ability to accept residents through the transfer process.

A2: Background

CaRMS PGY1 entry:

Canadian Medical Graduate (CMG); International Medical Graduate (IMG)

The Postgraduate Management Committee of the Council of Ontario Faculties of Medicine (PGM:COFM) is comprised of Postgraduate Deans representing the six medical schools in Ontario and representation from the MOH. The committee provides direction and oversight regarding Ontario's PGY1 CMG and IMG residency positions. The MOH has final approval of the PGY 1 postgraduate entry positions for each institution in Ontario.

CaRMS Subspecialty Matches:

Medical Subspecialty Match (MSM): Includes all Medicine subspecialty programs, Adult Critical Care Medicine, Palliative Medicine and Pain Medicine.

Pediatric Subspecialty Match (PSM): Includes all Pediatric subspecialty programs, Pediatric Critical Care Medicine and Pediatric Emergency Medicine.

Family Medicine: Enhanced Skills: Includes all Category 1 Family Medicine Enhanced Skills programs. Review [Category 1 and 2 positions](#) and the [Enhanced Skills funding model](#).

Subspecialty Positions Outside CaRMS Matches:

Information and details of [position allocation](#) and [application timeline](#) can be found on the PGME website.

[PGME Guidelines for Subspecialty Positions](#)

Psychiatry subspecialties

Obstetrics & Gynecology subspecialties

Thoracic Surgery

Neuroradiology

Pediatric Surgery

Medical Microbiology (with Infectious Diseases)

Section B: General Principles

1. The postgraduate PGY1 quota allocation is a provincial process in which McMaster University participates and is expected to comply with the annual recommendations by MOH.
2. The process for allocation must be fair, and transparent with consultation from program directors.
3. Postgraduate entry positions must meet the provincial standards including:
 - ratio between undergraduate to postgraduate positions
 - ratio between Family Medicine and Royal College positions
 - number of International Medical Graduates (IMG)
4. Allocation of PGY1 positions may change slightly for Royal College programs each year based on the need for equity amongst programs and capacity.
5. All residency programs will have at least one position per year (to maintain viability) if criteria regarding academic robustness are fulfilled.
6. Waterloo and Niagara Regional Campuses: Royal College expansion positions will not be reduced if academic robustness and capacity to train postgraduate learners are maintained.
7. The number of subspecialty positions available each year are based on the number of PGY3 residents entering the MSM or the number of subspecialty programs for the PSM. Subspecialty positions outside of CaRMS match(es) are based on availability of funding, need to preserve program viability, clinical capacity, and ability to fill positions.

Section C: Criteria for Allocation of Residency Positions

8. Human Health Resource (HHR) needs both provincially and nationally (i.e., government initiatives, societal need, and job opportunities post residency) should be considered, based on available and reliable information.

9. The academic robustness of a program may affect the allocation of residency positions. If the accreditation status of a program is *Notice of Intent to Withdraw* or repeated status of *External Review* through consecutive accreditation activities, the program will not receive any additional CaRMS positions and current positions will be reviewed.
10. The ability of the program to successfully fill positions during the CaRMS process may impact the allocation of residency positions, or ratio of CMG to IMG.
11. The assessment of capacity to train residents includes but is not limited to:
 - time and resources allocated for the program, program director and program administrator
 - available teaching faculty
 - availability of mandatory learning experiences/patient volumes
12. CMG and IMG positions from the previous CaRMS cycle.
13. Return-of-service opportunities available for IMGs.
14. Transfers leading to either increase or decrease in the number of residents within the program.

Section D: Process for the Allocation of Residency Positions

D1: PGY1 CaRMS Match

15. PGY1 entry positions are reviewed by the Postgraduate Education Committee (PGEC) on an annual basis (i.e., May or June for the CaRMS match of the following year). This discussion includes all PGY1 program directors.
16. Ahead of the meeting, the PGY1 program directors are asked if they would like an overall increase or decrease in the number (or any other changes) to the CaRMS quota from the previous year. Any requests for change will include a rationale for the change that will be presented to the committee for final decision. All increases or decreases in positions will be in effect only for the upcoming CaRMS match and will be reassessed in the following year.
17. The Department of Surgery is allocated 23 CMG and 1 IMG PGY1 positions annually. The quota will be reviewed annually with the surgical program directors by the Associate Chair, Education, Department of Surgery, and decisions communicated to the PGME office, prior to the annual PGEC allocation meeting.
18. All positions and changes will be approved by the Postgraduate Education Committee.
19. Once PGY1 quotas have been approved by PGEC, they will be submitted to the PGM:COFM Committee to review overall provincial quotas. This will ensure that the provincial Royal College to Family Medicine ratio is maintained and the balance between the various specialties within the province are maintained. The MOH reviews the provincial allocation and provides the final approval (this normally happens in the fall each year).

20. [PGY1 Allocation of Surgical Positions.](#)

D2: Subspecialty Positions

21. CaRMS Medicine Subspecialty Match (MSM)

- The number of Medicine subspecialty positions is equivalent to the number of PGY3 residents entering CaRMS that year.
- This number may decrease if 3 or more PGY3 residents choose not to enter the match and choose to complete a PGY4 year in Internal Medicine.
- The principles and allocation process for medicine subspecialty positions is described in the document: [CaRMS Medical Subspecialty Allocation of Position.](#)
- Adult Critical Care Medicine has three positions allocated per year through the MSM.
- Pain Medicine has one position allocated per year through the MSM.
- Palliative Medicine has one position allocated per year through the MSM.
- Reversion algorithms are determined by the Medicine subspecialty program directors.

22. [CaRMS Pediatric Subspecialty Match \(PSM\)](#)

- The number of positions is determined by the number of subspecialty positions, with one position allocated to each program.
- The allocation process for pediatrics subspecialty positions is described in the document:
- Reversion algorithms are determined by the Pediatrics subspecialty program directors.

23. [Family Medicine Category 1 Enhanced Skills](#)

- Determined by the Family Medicine program, depending on availability of funding.

24. Non-CaRMS Subspecialties

- Review the [PGME Guidelines for Subspecialty Positions.](#)
- Reviewed annually with the subspecialty program directors in January/ February.
- Every attempt will be made to revert unfilled positions to other subspecialties, depending on capacity and timelines of the application and acceptance process.

D3: Re-Entry and Repatriation Residency Program

Re-Entry Program:

Physicians who are currently practicing with an independent certificate of registration in Canada and who would like to re-enter residency training in a new specialty can apply to the MOH re-entry program via their website. If accepted as a re-entry program participant, these physicians will be required to fulfill return of service obligations in an eligible community upon successful completion of the program. For more information on the re-entry program, including eligibility requirements, return of service and the application process, please visit the [MOH website](#).

McMaster Re-Entry Process:

The MOH provides McMaster University PGME with a list of re-entry applicants to McMaster in January of each year. The PGME office will determine if physical and financial capacity is available to support Re entry applicants. If both requirements can be satisfied, the PGME office will request re-entry applications from the MOH and facilitate the application and review process with the identified

programs.

Repatriation Program:

The MOH funds postgraduate medical training positions for physicians who have partially/completed postgraduate residency training outside of Canada and who require additional training to meet national certification requirements. Upon successful completion, physicians who enter the Repatriation program will be required to fulfill return of service obligations in an eligible community. For more information on the repatriation program, including eligibility requirements, return of service and the application process, please visit the [MOH website](#).

McMaster Repatriation Process:

Interested applicants must complete the [McMaster repatriation application form](#) and include supporting documentation by January 31 or each year. The PGME office will review applications for eligibility and all required documents.

If physical and financial capacity is determined to be available, the PGME office will facilitate that application process with interested programs. Programs will review the applications and determine if they would like to proceed with interviews.