

FY 2020-21 POSTGRADUATE MEDICAL EDUCATION FUNDING GUIDELINES

Purpose

The Postgraduate Medical Education Funding Guidelines are intended to provide guidance and clarification on the PGME funding distribution, eligibility of expenditures and how to exercise care and moderation in the use of PGME funds.

In principle, PGME programs follow UBC and Faculty of Medicine policies and regulations in spending.

Ministry of Health (MoH) funding is allocated and spent based on the fiscal year, April 1st to March 31st. Unspent funds are returned to PGME at year end. Deficit balances must be cleared by year end. As the fiscal year spans two academic years (July to June), funding will be based on two calculations where resident FTEs determine funding. Non-MoH funded residents are not included in calculations to determine MoH funding for programs. Funding for each category will be held in separate accounts (Project Grants/PGs). Expenses must be charged to the appropriate Project Grant and transfers between Project Grants are not permitted.

1. Resident Activity Funds (RAF)

Resident activity funding for programs is calculated based on \$1,800 per resident FTE. Programs receive 3 months of funding for April 2020 to June 2020 based on the number of residents in the program during the July 2019 to June 2020 academic year (\$450 per resident) and 9 months of funding for the period from July 2020 to March 2021 based on the number of residents in the program during the July 2020 to June 2021 academic year (\$1,350 per resident).

Funds are to be spent on academic and educational materials and expenses for the residents. Books, computers and software for the resident library, courses and resident travel expenses related to educational events are eligible expenses. All expenses must be reasonable and support the educational mandate of the PGME programs. Excessive expenses are not permitted. Funding can be used for team-building activities associated with academic education such as resident retreats/events. Such activities should be moderate and should follow both the UBC [2017 Expenditure Guidelines](#) and [2017 Faculty of Medicine Travel & Entertainment Policy and Processes](#). More information on RAF spending guidelines can be found on the PGME website under [Forms & Guidelines for PGME Faculty and Staff](#).

For programs having a general clinical year, \$1,000 per resident FTE will be allocated from the total sum to the PGY1 training site. These funds will be forwarded to the PGY1 sites by the Postgrad Dean's office as stated in the program's funding allocation summary.

Surgical Foundations

For programs sending residents to Surgical Foundations for Y1 & Y2, \$330 per FTE for Y1 and \$102 per FTE for Y2 will be allocated from the total sum to the Surgical Foundations program. These funds will be forwarded to the Surgical Foundations program by the Postgrad Dean's office as stated in the program's funding allocation summary.

2. Program Director Stipend

Program Director support funding is calculated using the formula below, based on number of residents in the program and using the Faculty of Medicine rate of \$150,000 per 1.0 faculty FTE. Programs without residents receive \$5,000.

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Resident FTE	Funding
0	5,000
1-4	30,000
5-9	30,000
10-14	37,500
15-19	45,000
20-24	60,000
25-29	67,500
30-49	75,000
50-74	105,000
75-99	135,000
100-124	165,000
125-149	195,000
150-174	225,000

Each Department Head is responsible for disbursement of the funds to the Program Directors, either as a direct payment, or as a direct component of a Full-Time Faculty stipend (a buy-out or reimbursement to the department). All program directors must have a current appointment letter co-signed by the Department Head and the Postgrad Associate Dean, which includes his/her remuneration and the method of payment.

There are no restrictions related to the type of faculty appointment a program director has; they may be full-time faculty, part-time faculty, Clinical Faculty, or partner appointees. Those on Alternative Payment Programs are eligible provided that their existing contract does not include administrative work.

See section 9. Charitable Donations and Payments to Business Entities for additional information.

3. Administrative Support

Administrative support funding is calculated using the table below, based on number of residents in the program and using a fixed funding rate of \$65,000 per 1.0 administrative support FTE.

Each Department Head is responsible for disbursement of the funds so that the program directors receive appropriate administrative support for their programs. These funds can only be spent on personnel and office operating expenses associated with the PGME program.

Resident FTE	Admin Support FTE	Funding
1-4	0.30	19,500
5-9	0.50	32,500
10-14	0.80	52,000
15-19	1.00	65,000
20-24	1.40	91,000
25-29	1.80	117,000
30-49	2.00	130,000
50-74	2.50	162,500
75-99	3.00	195,000
100-124	3.50	227,500
125-149	4.00	260,000
150-174	4.50	292,500

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4. Teaching Payment Funding

Teaching payments are governed by the Compensation Terms for Clinical Faculty Teaching in the MD Undergraduate and Postgraduate Programs (July 1, 2019 – June 30, 2021), this document can be found on the [Clinical Faculty Appointment Policy & Compensation Terms webpage](#).

See section 9. Charitable Donations and Payments to Business Entities for additional information.

(a) Formal Scheduled Teaching (without Patient Care)

Funding to support delivery of the academic component (academic half or full days) is based on prior year spending. For 2020-21, funding for teaching without patient care and associated incremental CBME funding will be allocated to the same project grant. The per unit rate for compensation of teaching without patient care increases from \$90.00 to \$91.80 effective July 1, 2020, the rate increase will be reflected in funding calculations.

A small portion of the funds (up to 10%) can be used to cover direct expenses (i.e. fees, honoraria etc.) for guest speakers at academic half or full days.

(b) Teaching Combined with Patient Care

Payment (recognition) for Teaching Combined with Patient Care is allocated on the principle that the funding will “follow the resident”.

Rotations are tracked through One45 and funding is allocated based on eligible rotations. Funding will be distributed following the full review of One45 data in fall 2020. The Departmental Clinical Teaching Support Allocation and Accountability (CTSA&A) Committees will be responsible for overseeing the payment of their Clinical Faculty based on this information.

In general, full time faculty members, salaried Clinical Faculty with health authorities, or Clinical Faculty under CSC or Alternative Payment Program arrangements are not eligible for Teaching Combined with Patient Care Payments, except rare cases which have been carefully reviewed and agreed that the current salary arrangement does not cover the Postgrad teaching services.

For 2020-21, funding for teaching without patient care and associated incremental CBME funding will be allocated to the same project grant.

5. Site Directors – Vancouver Coastal Health/Provincial Health Services Authorities/Providence Health Care

Funding is provided for Site Directors within Vancouver Coastal Health/Provincial Health Services Authorities/Providence Health Care for our Foundational Programs, where the “pre-expansion” sites do not have Discipline Specific Site Leaders (DSSL). This funding is intended to provide support to Site Directors in the absence of DSSL funding. Funding to the programs is based on the number of residents in the program with site directors funded at the per unit rate of \$5,000 per the following formula:

# Residents per Program	Unit	Amount (\$)
1 - 10	1.00	5,000
11 - 20	1.50	7,500
21 - 30	2.00	10,000
31 - 40	2.50	12,500
41 - 50	3.00	15,000

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51 - 60	3.50	17,500
61 - 70	4.00	20,000
71 - 80	4.50	22,500
81 - 90	5.00	25,000
91-100	5.50	27,500
101 - 110	6.00	30,000
111-120	6.50	32,500
121-130	7.00	35,000
131-140	7.50	37,500
141-150	8.00	40,000
151-160	8.50	42,500

Programs wishing to sub-allocate to many sites may do so.

6. Faculty Support – International Medical Graduates

For programs training International Medical Graduates at the PGYI and PGYII level, additional support for faculty has been allocated on a per resident basis. Programs will receive \$2,501 per resident FTE for PGYI's and \$1,251 per resident FTE for PGYII's. This funding is to support faculty who engage in additional teaching and mentoring of IMG's in their program.

7. Distributed Training Funds

Residents who complete rotations at designated distributed training sites in British Columbia will be reimbursed for travel and accommodation. These funds are not distributed to programs but are held by the BC Interns and Residents Paying Agency. Policies and tools can be found on the PGME website [here](http://postgrad.med.ubc.ca/current-trainees/policies-procedures/) (postgrad.med.ubc.ca/current-trainees/policies-procedures/).

Distributed training reimbursements are prepared and approved by the program office and submitted to the PGME office for processing. Resident travel and reimbursements are guided by the HEABC/Resident Doctors of BC Collective Agreement and the following PGME policies:

- Resident Mandated Travel and Reimbursement Policy
- Accommodation Policy – Mandated Rotations
- Geographically Distributed Royal College Travel and Reimbursement Policy
- Reimbursement Policy for Rotations Requiring Extended Commutes

8. Competency Based Medical Education (CBME) Funding

Distribution of CBME funding will be in accordance with the launch schedule.

Allocated to the Program:

- A one-time start-up funding of \$10,000 per program will be provided one year prior to implementation.
- A one-time faculty development funding of \$15,000 will be provided one year prior to implementation which includes a faculty development retreat and clinical faculty payments and operational expenses.

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- Up to 20% incremental funding for assessment/teaching payments which includes didactic and clinical teaching with patient care. For 2020-21, incremental CBME funding for teaching payments will be added to existing teaching payment project grants and not added to the CBME project grant.
- Funding will be provided for competency committees.

Allocated to the Department:

- 20% incremental funding for CBME Lead Support or Administrative Support. For programs that are launching next AY2020-21, there will be 15% incremental funding available for CBME Lead or Administrative Support.

A program that will be implementing CBME will need a separate project grant to receive funds. Departments should request a new project grant using the PG request form found here <https://finance.ubc.ca/budgeting-reporting/financial-management-system/accounting-structure/non-research-pg-requests>. All PGs that receive MoH funding must use Fund Code S5000.

See Appendix 1 – Summary of CBME Funding and Appendix 2 - Competency Committee Funding Formula for more detailed information.

9. Charitable Donations and Payments to Business Entities

(a) Charitable Donations

Program Director stipends or clinical teaching payments cannot be redirected to charitable organizations or education funds on behalf of a Program Director or preceptor. The Program Director or preceptor who wishes to donate will be paid directly in accordance with their payment instructions. They can then submit their donations to a fund specified by the Department through the UBC FoM [donation website](#).

(b) Payments to Business Entities

Business numbers must be provided for all business entities (professional firms and group business entities) who supply teaching services to UBC. Invoices for business entities which are not registered for GST should include “small supplier” status and business number. Invoices for business entities that are registered for GST must include their GST number and the GST amount.

10. Schedule of PGME Funding, Budgeting and Reporting

Funding Distribution

Resident Activity Fund Program Director Stipend Administrative Support Teaching combined without patient care Site Director IMG Faculty Support CBME	Fall 2020
Formal Scheduled Teaching (with patient care)	December 2020

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Year End Process Financial Reporting

PGME will follow the University year-end schedule date. Programs should ensure that all transactions relating to the 2020/21 fiscal year are recorded in the 2020/21 fiscal year.

All programs must complete the PGME Year End Financial Statement confirming that funds have been spent as per the guidelines and that appropriate backup documentation has been maintained for audit purposes. Review and approval by the Program Director and the Academic Finance Manager/Director is required.

APPENDIX

Appendix 1 – Summary of CBME Funding

Funding	Prior to Launch	Launch Year	Post Launch Year	Eligibility of expense – Use of Funds
Startup	\$10,000	None	None	Expenses related to starting up the CBME program, which can include travel and operating expenses. Operating expenses should exclude ongoing salary.
Faculty Development	\$15,000	None	None	Expenses related to retreats, visiting speakers, accommodations, professional fees, honorariums and competency committee payments.
Teaching Payment	None	Prorated 20% didactic and clinical teaching with patient care funding ¹	20% of didactic and clinical teaching with patient care funding	Funds for didactic teaching and/or clinical teaching with patient care to eligible clinical faculty. For information on eligibility of payment, please refer to the FoM Clinical Faculty Compensation Terms for Teaching in the MD Undergraduate and Postgraduate Programs.
Competency Committee	None	See competency committee funding formula in the next page ²	See competency committee funding formula in the next page ²	Service payments to eligible clinical faculty committee members. For information on eligibility of payments, please refer to the FoM Clinical Faculty Compensation terms for standing committees and search committees for senior leadership.
PD/Admin Support	Prorated 20% PD funding ¹	20% of PD Funding	20% of PD funding	Funds to support CBME Program Leads and Administrative support. Funds are managed at the department level.

1. Funding is prorated at 75% of the total academic year amount.

2. Competency committee funds are provided to programs/departments. If additional funding is required, details and/or proposals of costs should be submitted to PGME for review.

APPENDIX

Appendix 2 - Competency Committee Funding Formula

Starting FY1920, competency committee funding is broken up into two components:

1. Cost of the meetings
2. Compensation for preparation time involved with each resident’s review

These are funded using the formula below:

# of residents per program	Annual Funding	
	Meeting (\$)	Preparation (\$)
7 or less	\$900	# FTE x \$204
8 or more	# FTE x \$120	# FTE x \$204

For programs with 7 or less residents (FTE), the cost of meetings is funded at a flat \$900. For programs with 8 or more residents (FTE), the cost of meetings is funded at \$120 per resident FTE.

For all programs, compensation for preparation time is funded at \$204 per resident FTE.

Examples:

Programs with 54 residents, the total annual funding for competency committee will be \$17,496.

Meeting 54 FTE x \$120/FTE = \$6,480
Preparation 54 FTE x \$204/FTE = \$11,016

Programs with 6 residents, the total annual funding for competency committee will be \$2,124.

Meeting \$900
Preparation 6 FTE x \$204/FTE = \$1,224