



Policy	Trainee Selection Guidelines
Approved By PGMEC	April 9 th , 2025
Approved by SOMAC	May 12, 2025
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Responsible Portfolio/Unit/Committee	Postgraduate Medical Education
Responsible Officer(s)	Associate Dean, PGME
Relevant Policies	PGME File Retention Policy CaRMS Applicant Selection PGME

1. Purpose

The purpose of the Trainee Selection Guidelines is to provide a set of standards to ensure consistency and transparency across all of Queen's University's postgraduate medical education program's trainee selection policies. Although trainee selection is the responsibility of each individual postgraduate training program, of particular importance, [The General Standards of Accreditation for Institutions with Residency Programs](#) requires central policies that address trainee selection. (Standard 5.1.1.).

2. Scope

These guidelines apply to all postgraduate medical education programs at Queen's University, including applicants applying through the Canadian Resident Matching Service (CaRMS) and for applications that are external to CaRMS, including but not limited to transfers, re-entry, repatriation, fellowship training, CFPC category two programs, psychiatry subspecialty programs (the ones external to CaRMS).

Programs must first adhere to the eligibility and application requirements set by CaRMS, the Ministry of Health and relevant regulatory bodies. Once those criteria are met, programs should implement their internal selection processes in alignment with the principles outlined in this guideline.

3. Definitions

3.1 Best Practices in Application and Selection (BPAS) A University of Toronto Postgraduate Medical Education document authored by a Best Practices in Application and Selection (BPAS) Working Group. The working group carried out a comprehensive literature review and environmental scan to develop recommendations and outline an implementation strategy of best practices in admissions and selection for those applying to Canadian training programs. The Association of Faculties of Medicine of Canada (AFMC) endorsed the report and requires that residency training programs implement BPAS in their CaRMS program descriptions.



3.2 Canadian Resident Matching Service (CaRMS) A not-for-profit organization that works in close cooperation with the medical education community, medical schools, and medical students/residents to provide an electronic application service and a computer match for entry into most postgraduate medical programs in Canada.

3.3 Clinical Fellow A trainee completing post-certification training not normally acquired during residency training.

3.4 College of Family Physicians of Canada (CFPC) The governing body that certifies those wishing to independently practice family medicine in Canada.

3.5 College of Physicians and Surgeons of Ontario (CPSO) The medical regulatory body responsible for the licensing of properly qualified medical practitioners in Ontario.

3.6 Postgraduate Medical Education (PGME) Office The office that houses the Associate Dean, PGME and the administrative personnel who are responsible for coordination and administration related to the oversight of residency training programs.

3.7 Residency Program A graduate medical education program that provides training and education to medical school graduates who have completed their undergraduate medical education and earned their medical degree. The Royal College of Physicians and Surgeons of Canada or the College of Family Physicians Canada accredit Queen's University's residency programs.

3.8 Program Director The faculty member most responsible for the overall conduct of the residency program in a given discipline and responsible to the Head of the Department and to the Associate Dean, PGME in accordance with the criteria of the RCPSC/CFPC.

3.9 Resident Any medical trainee enrolled in an accredited postgraduate medical education training program at Queen's University.

3.10 Royal College of Physicians and Surgeons of Canada (RCPSC) The governing body that certifies those wishing to independently practice as a medical specialist in Canada.

4. Principles

These Trainee Selection Guidelines have been developed within the framework of Queen's Postgraduate Medical Education's vision, mission, and values statement:

Vision: To offer innovative education for a diverse and changing world.

Mission: Guided by curiosity and continuous improvement, we will work together to foster inclusive and supportive environments while striving for excellence in care and everything we do.

Values: Collegiality; Equity, Diversity, Inclusion, and Allyship; Accountability, Wellness; Creativity; and Excellence.

The Postgraduate Medical Education Office (PGME) is committed to providing a fair, transparent, and inclusive selection process.



Further, this document is grounded in the principles and best practices as outlined in Best Practices in Applications and Selection by Bandiera et. al (2016). The Best Practices in Application and Selection (BPAS) working group was convened by the University of Toronto to undertake a rigorous literature review and environmental scan, resulting in evidence-based recommendations and a strategic framework for residency admissions and selection.

The principles are as follows:

- 4.1** Selection criteria and processes should reflect the program's clearly articulated goals.
- 4.2** Selection criteria and processes should reflect a balance of emphasis on all CanMEDS competencies.
- 4.3** Selection criteria used for initial filtering, file review, interviews and ranking should be as objective as possible.
- 4.4** Selection criteria and processes should be fair and transparent for all applicant streams.
- 4.5** Selection criteria and processes should promote diversity of the trainee body (e.g., race, gender, sexual orientation, religion, family status,) be free of inappropriate bias, and respect the obligation to provide for reasonable accommodation needs, where appropriate.
- 4.6** Programs should choose candidates who best meet the above criteria and are most able to complete the specific residency curriculum and enter independent practice.
- 4.7** Multiple independent objective assessments result in the most reliable and consistent applicant rankings.
- 4.8** Undergraduate (UG) and postgraduate leaders and communities must engage in collaborative planning and innovation to optimize the transition between UG and PGME as well as between specialty and subspecialty PGME programs for all learners.
- 4.9** Postgraduate programs must be well informed of educational needs of individual candidates to allow effective and efficient educational programming.
- 4.10** Recognizing that past behaviour and achievements are the best predictors of future performance, efforts should be made to include all relevant information (full disclosure) about applicants' past performance in application files.
- 4.11** Applicants should be well informed about specialties of interest to them, including health human resources considerations.
- 4.13** Programs must consider and value applicants with broad clinical experiences and not expect or overemphasize numerous electives in one discipline or at a local site.
- 4.12** Diversity of trainees across PGME programs must be pursued and measured.

5. Roles and Responsibilities:

Each program should incorporate the following recommended best practices into the creation of their applicant selection policy and procedures documentation. The following is a list of established best



practices that have been adapted by Queen's University based on the framework as provided by Bandera et. Al, 2016:

5.1 The PGME office

The PGME office must:

- 5.1.1** Facilitate the sharing of best practices among different specialties and programs.
- 5.1.2** Support programs in implementing these guidelines to ensure equity, diversity, inclusion, Indigeneity, and accessibility are embedded in the selection process.
- 5.1.3** Provide resources and training on EDIIA principles, including anti-bias training, program goals, selection process, assessment criteria, and ranking systems for anyone involved in the selection of trainees (file review, interview, rank order list creation)
- 5.1.4** Maintain clear policies and guidelines on data retention and applicant file protection consistent with applicable laws.
- 5.1.5** Support programs in innovations in application and selection to promote scholarly work that will allow eventual peer-reviewed dissemination.

5.2 The Program/Program Director

5.2.1 Mitigation of Conflict of Interest

The program must:

- 5.2.1.1** Ensure that everyone involved in the selection and assessment of potential candidates has completed the annual *Selection Conflict of Interest Statement and Declarations* including the required anti-bias training and attestations.
- 5.2.1.2** Provide a clear framework for documenting and addressing conflicts of interest (COIs) during the selection process.
- 5.2.1.3** Require that all assessors declare any potential or perceived COIs to the program director (or delegate) including but not limited to:
 - a. Faculty who provided a letter of reference for a candidate
 - b. Faculty involved in the candidate's undergraduate assessment.
- 5.2.1.4** Ensure all COI-related disclosures and mitigation strategies are thoroughly documented and retained in the applicant's file.
- 5.2.1.5** Safeguard the privacy of applicant files, discussions and decisions throughout the selection process.

In smaller programs, the extent to which conflict of interest mitigation can be practically implemented may vary. As a result, programs may adopt a tailored, case-by-case approach to addressing potential conflicts.

5.2.2 Administrative & General Responsibilities

The program must:

- 5.2.2.1** Ensure that program-specific applicant selection processes are documented. Adhere to the principles set forth in this document.
- 5.2.2.2** Maintain records that will clearly demonstrate adherence to the process for audit purposes.
- 5.2.2.3** Have a specific practice regarding retention and protection of records that is consistent with the Queen's PGME File Retention policy, and locally applicable regulations and laws.



5.2.2.4 Understand and abide by practices that will not cause a [CaRMS Match Violation Policy, as applicable.](#)

5.2.2.5 Implement a continuous quality improvement (CQI) approach by regularly evaluating selection outcomes to ensure alignment with program goals and adherence to best practices as outlined in this guideline and to identify and address any systemic bias.

5.2.2.6 Conduct post-match reviews to evaluate selection outcomes and refine processes for future cycles.

5.2.3 Assessment

The program must:

5.2.3.1 Ensure that the program's selection team is comprised of individuals with a breadth of perspectives that reflect program goals.

5.2.3.2 Ensure that all file reviewers and interviewers have completed the anti-bias training and have completed the COI attestation form.

5.2.2.3 Define explicitly in which parts of the application/interview process relevant attributes will be assessed.

5.2.2.4 Ensure that applicant assessment is based on multiple independent samples and not on the opinion of a single assessor.

5.2.2.5 Require that all assessors must be trained in all aspects of the process relevant to their contribution, including program goals, selection process, assessment criteria, and assessment/ranking systems and EDIIA.

5.2.2.6 Strive to include at least one interviewer from the same self-identified underrepresented in medicine group as the applicant on the interview panel, whenever possible.

Require that the file review criteria and interview questions are developed and assessed, through an EDIIA lens.

5.2.2.7 Ensure that decisions at critical junctures (e.g. file review, interview, rank order list) involve more than one trained assessor to reduce individual bias.

5.2.2.8 Facilitate the incorporation and standardization of criteria, instruments, interviews, and assessment/ranking systems across applicants and assessors within each program.

5.2.2.9 Ensure that any information considered beyond the CaRMS application and interviews such as program-related interactions (e.g., email communication, behavior at events, communication with program administration) is verified, documented and applied consistently to all applicants and aligns with CaRMS and PGME policies. Inadmissible items include, but are not limited to:

- a. Unsolicited reference letters
- b. Email references
- c. Verbal feedback from colleagues on a candidate's prior performance
- d. Social media and Google searches

5.2.2.10 Ensure that each component (e.g., application file documents, interview performance, etc.) of the candidate's application should be assessed independently of its own merits, using information contained only in that component.

5.2.4 Selection:

The program must:

5.2.4.1 Define the goals of the selection processes and explicitly relate these to program objectives. Establish a comprehensive set of program-specific selection criteria that will allow thorough assessment of all candidates.



5.2.4.2 Include selection criteria specific to their program that are validated to predict success in that field.

5.2.4.3 Explicitly and publicly state the processes and metrics they use to filter and rank candidates, including on program and CaRMS websites, as applicable

5.2.4.4 Ensure that candidates are provided with an equitable opportunity to self-identify as belonging to an underrepresented group while upholding strict confidentiality, articulating the intended use of self-identification data and explicitly stating that the decision to decline self-identification will not result in any disadvantage to the applicant.

5.2.4.5 Clearly outline how self-identification information will be used, ensure appropriate safeguards for confidentiality, and implement measures to prevent bias or discrimination in its use.

5.2.4.6 Develop and use a clear and transparent ranking process that offset systemic barriers for equity deserving candidates.

5.2.4.7 Have a process to receive (and, when appropriate, investigate, validate, and then produce for consideration to the selection committee) information from any source that alleges improper behavior of candidates.

5.2.4.8 Establish clear criteria for determining 'do not rank' status.

5.2.4.9 Rank candidates in the appropriate order based on assessment and not based on whom committee members think will rank the program highly.

5.2.10 Ensure ranking is done using a pre-defined and transparent process that adheres to the recommendations as outlined in this guideline. Ranking must also be done in a manner that assists with offsetting existing systemic policies and barriers of equity-deserving candidates.

5.3 Selection Committee Members

A selection committee member must:

5.3.1 Be familiar with the program's goals, criteria and the program's assessment criteria.

5.3.2 Maintain confidentiality of applicant files, discussions and decisions through the selection process

5.3.3 Disclose any potential conflicts of interest to the program director and recuse yourself from assessing affected applicants

5.3.4 Evaluate each applicant based solely on the materials provided and established selection criteria, avoiding consideration of unsolicited or extraneous information.

5.3.5 Apply principles of equity, diversity, inclusion, Indigeneity and accessibility to ensure a fair and unbiased assessment process

5.3.6 Use consistent metrics and tools to assess applicants across all criteria and commit to avoiding subjective judgements.

5.3.7 Document and justify decisions in adherence to program's specific procedures.

5.3.8 Abstain from using personal searches (e.g., social media) to gather additional information regarding a candidate.

5.3.9 Complete required annual training, attestations and declarations as per program directive.

5.4 The Applicant

The applicant must:

5.4.1 Provide complete and accurate information in application files, ensuring full disclosure of past performance and relevant experiences.



5.4.2 Adhere to the ethical standards and expectations outlined in the CaRMS Match Violation Policy, as applicable to the program the applicant is applying to

5.4.3 Familiarize themselves with the program's goals, specialty requirements, and health or human resource considerations.

5.4.4 Engage in self-reflection and preparation to demonstrate skills, competencies, and behaviours predictive of future success in their chosen field.

5.4.5 Declare any perceived or potential conflicts-of-interest.

6. References

Bandiera, G., Abrahams, C., Cipolla, A., Dosani, N., Edwards, S., Fish, J., ... & Unger, Z. (2013). Best practices in applications & selection.

Gallinger, J., Ouellette, M., Peters, E., & Turriff, L. (2020). CaRMS at 50: Making the match for medical education. Canadian Medical Education Journal, 11(3), e133.

Approval History:

PGMEC	April 17 2025	SOMAC		Faculty Board	
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7. Appendix A:

Implementation Considerations:

Programs are expected to implement ranking practices that reflect the equity principles outlined in this policy. The following strategies are recommended to operationalize these principles and promote fair and inclusive selection processes:

- **Anti-bias education for selection committees**
All individuals involved in file review, interviews, and ranking should complete the available training on implicit bias and ensure they have signed the attestation.
- **Standardized assessment rubrics**
Utilize clearly defined scoring tools that outline objective criteria for evaluating applicants. This reduces variability and minimizes the influence of subjective judgments.
- **File review alignment meetings**
Convene structured discussions among reviewers prior to and during the review process to align reviewer scoring expectations and address potential discrepancies in assessments.
- **Holistic review approach**
Incorporate a broad range of applicant attributes including lived experiences, community involvement and demonstrated commitment to the residency program's principles or goals (e.g. to underserved populations, leadership in advocacy) in addition to academic performance. This ensures a more comprehensive view of applicant potential to contribute meaningfully to the program and the profession.
- **Inclusive selection committees**
Whenever possible, selection committees should reflect a diversity of perspectives, backgrounds, and professional experiences. This can help mitigate the risk of group bias and foster more equitable deliberations.
- **Transparent processes and communication**
Document and communicate selection procedures, including how equity considerations are integrated into the ranking process. Programs should be prepared to explain how these processes align with institutional commitments to fairness and inclusion.

These strategies are intended as guidance and may be adapted based on the size, capacity, and context of each program. The overarching expectation is that ranking processes are not only transparent and pre-defined but also designed to actively mitigate systemic barriers experienced by equity-deserving candidates.