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Purpose

The purpose of the Resident 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 resident selection policies and procedures. Although resident selection is the responsibility of each individual postgraduate training program, [The General Standards of Accreditation for Institutions with Residency Programs](#) requires central policies that address resident selection. (Standard 5.1.1.).

These Resident 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.

Scope

These guidelines apply to all postgraduate medical education programs at Queen's University, including applicants applying through the Canadian Resident Matching Service (CaRMS) for entry level postgraduate positions in all primary certification programs as well as applications for PGY3 CFPC category 1 programs (e.g., Emergency Medicine, Palliative Medicine, Care of the Elderly, Anaesthesia). These guidelines also pertain to all Medicine subspecialty programs and Adult Critical Care program that are made through CaRMS.



For programs that accept learners outside of the CaRMS system (e.g., internationally sponsored trainees, psychiatry subspecialty programs, Category 2 CFPC programs, Department of National Defense trainees and fellowships, [transfer candidates](#), [re-entry](#), and [repatriation](#) these guidelines are applicable, and programs should adhere to the recommended best practices and principles of resident selection as outlined in this document, regardless of the trainee's route of application for each respective program.

Definitions

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, that carried out a comprehensive literature review and environmental scan to develop recommendations and an implementation strategy of best practices in admissions and selection of trainees applying to a Canadian PGME program. 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.

Applicant Selection Guidelines: EDIIA A Queen's University created document that outlines considerations and recommended practices for increasing equity, diversity, inclusion, Indigeneity, and accessibility within the applicant selection process.

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 postgraduate medical training throughout Canada.

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

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

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

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.

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.



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.

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

Royal College of Physicians and Surgeons of Canada (RCPSC) The medical regulatory body responsible for certifying residents wishing to independently practice as a medical specialist in Canada.

Principles

The following list of principles is derived from the work from [Bandera et. Al, 2016, Best Practices in Applications and Selection:](#)

1. Selection criteria and processes should reflect the program's clearly articulated goals.
2. Selection criteria and processes should reflect a balance of emphasis on all CanMEDS competencies.
3. Selection criteria used for initial filtering, file review, interviews and ranking should be as objective as possible.
4. Selection criteria and processes should be fair and transparent for all applicant streams.
5. Selection criteria and processes should promote diversity of the resident 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. Each residency program must consult the PGME resource document: *Applicant Selection Guidelines, EDIIA*, and incorporate recommendations into their program-specific applicant selection guidelines. The following PGME statement on equity, diversity, inclusivity, Indigeneity and accessibility and the selection of residents should be upheld:

The goal of resident selection is to identify trainees likely to succeed both in training and, once out in practice, in meeting the health care needs of patients and Canadian society. We know that having a physician workforce that reflects the demographics of the patients that they serve improves health care outcomes. There are many populations within Canada under-represented in medicine (UIM) with a paucity of health care practitioners who are Black, Indigenous, Persons of Colour, 2SLGBTQ+, from lower socioeconomic backgrounds and/or with disabilities. Diversity within training programs has also been shown to improve training environments. Queen's University PGME is strongly committed to diversity and inclusion within its community for these reasons as well as being part of the solution to address historic and contemporary inequities.

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.
7. Multiple independent objective assessments result in the most reliable and consistent applicant rankings.



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.
9. Postgraduate programs must be well informed of educational needs of individual candidates to allow effective and efficient educational programming.
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.
11. Applicants should be well informed about specialties of interest to them, including health human resources considerations.
12. 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.
13. Diversity of residents across PGME programs must be pursued and measured.

Best Practices:

Each residency 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 has been adapted and modified by Queen's University based on the framework as provided by Bandera et. Al, 2016:

Transparency:

1. Programs must define the goals of their selection processes and explicitly relate these to overall program goals.
2. Programs should define explicitly in which parts of the application/interview process relevant attributes will be assessed.
3. Programs should explicitly and publicly state the processes and metrics they use to filter and rank candidates, including on program and CaRMS websites.
4. Programs should maintain records that will clearly demonstrate adherence to process (for example, for audit purposes).
5. If programs systematically use information other than that contained in application files and interviews, this must be consistent, fair, and transparent for all applicants.
6. Programs using such information must have a process to investigate and validate such information prior to considering it for selection processes.
7. Programs should have a specific practice regarding retention and protection of records that is consistent with locally applicable policy, regulations, and laws.
8. Programs that offer candidates the opportunity to 'self-identify' as per the PGME resource document: *Considering Equity, Diversity, Inclusivity, Indigeneity & Accessibility during Applicant Selection*, should take measures to ensure the safety and non-discriminatory treatment of candidates throughout the application process. Programs should explicitly disclose how the self-identification information will be used and reassure the candidates who select to not identify or disclose personal information that such decision will not disadvantage their application.

Fairness:

9. Programs must ensure they understand and follow the [CaRMS Match Violation Policy](#).



10. 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.
11. Those involved in the selection process must refrain from evaluating unsolicited feedback regarding the candidate or gathering information into the personal backgrounds of candidates, including but not limited to searches on social media platforms and search engines such as Google.
12. For self-identifying candidates, programs ideally should work to ensure an interviewer(s) from the same self-identified under-represented in medicine (UIM) be on the interview panel, to increase equitable admissions outcomes as per the PGME resource document: *Considering Equity, Diversity, Inclusivity, Indigeneity & Accessibility during Applicant Selection*, acknowledging that further work is required to ensure resources are available to programs to facilitate this work.
13. Programs should review their interview questions through an EDIIA lens.

Selection Criteria:

14. Programs must establish a comprehensive set of program-specific criteria that will allow thorough assessment of all candidates.
15. Selection criteria must include elements specific to each specialty that are validated to predict success in that field.

Process:

16. Criteria, instruments, interviews, and assessment/ranking systems must be standardized across applicants and assessors within each program
17. Assessments should be based on demonstrable skills or previous behaviours, both of which are known to be predictive of future behaviours.
18. Applicant assessment should be based on multiple independent samples and not on the opinion of a single assessor.
19. Programs should regularly assess the outcomes of their process to determine if best practices as outlined in Queen's resource document: Applicant Selection Guidelines: EDIIA and [BPAs](#) (e.g. diversity) are being followed in tandem with program goals.

Assessors:

20. Selection teams must be comprised of individuals with a breadth of perspectives that reflect program goals.
21. 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.

Assessment Instruments:

22. Programs must strive to incorporate applicable assessment strategies to assess relevant criteria.

Knowledge Translation:

23. PGME will facilitate the sharing of best practices among different specialties and programs.

24. Innovations in application and selection should be done in a scholarly manner that will allow eventual peer-reviewed dissemination.

Ranking:

25. Programs must 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 behaviour of candidates.
26. Programs should establish clear criteria for determining 'do not rank' status.
27. Programs should rank candidates in the appropriate order based on assessment and not based on whom committee members think will rank the program highly.
28. Ranking must be done using a pre-defined and transparent process that adheres to the recommendations as outlined in Queen's resource document, Applicant Selection Guidelines: EDIIA. Ranking must also be done in a manner that assists with offsetting existing systemic policies and barriers of equity-deserving candidates.

Conflicts of Interest:

29. It is incumbent upon all participants engaged in the selection process to exhibit due deference to and ensure the safeguarding of the privacy of applicant files, related discussions, and decisions.
30. Those involved in the selection process must make explicit any conceivable conflict of interest to the Program Director or an individual so designated. Additionally, if a candidate discloses a conflict of interest, those involved in the selection process must be notified. It is the selection committee's responsibility to take appropriate action to evaluate, address and/or mitigate the conflict. The conflict and resolution must be documented in the applicant's file.
31. Any faculty members that have tendered a reference letter on behalf of a candidate are not to partake in the candidate's assessment during the selection process.
32. Any faculty member who has been involved in the undergraduate assessment of a prospective candidate should not be involved in any component of the PG selection process.

In small programs, the level of conflict-of-interest mitigation that can be feasibly implemented may vary. Therefore, it is imperative for the program to adopt a case-by-case approach when dealing with potential conflicts of interest in smaller programs. However, the selection committee remains responsible for documenting and mitigating conflicts of interest as best as possible, regardless of the size of the program.

Resources:

[Best Practices in Applications & Selection: Final Report](#)

[Canadian Resident Matching Service \(CaRMS\)](#)

[Applicant Selection Guidelines: EDIIA](#)



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.