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PGME Resident Selection Best Practices Guidance Document

Office of Accountability:	Faculty of Medicine & Dentistry (FoMD)
Office of Administrative Responsibility:	Postgraduate Medical Education (PGME)
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Classification:	Governance and Administration
Scope:	Residency and Area of Focused Competence (AFC) Programs

Purpose

In reference to the Future of Medical Education in Canada (FMEC) Postgraduate Project’s recommendation to “Ensure the Right Mix, Distribution, and Number of Physicians to Meet Societal Needs” and the article “Identifying and Promoting Best Practices in Residency Application and Selection in a Complex Academic Health Network” by G. Bandiera et. al.,¹ the PGME Office recommends all resident training programs adopt certain evidence-based best practices in resident application and selection.

The PGME office also recommends that programs consider the Truth and Reconciliation Commission Call to Action #23, as follows:

“We call upon all levels of government to:

- i. Increase the number of Aboriginal professionals working in the health-care field.*
- ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.*
- iii. Provide cultural competency training for all healthcare professionals”*

This document describes best practice guidelines in the principles and procedures for resident application and selection.

GUIDELINES

1. GUIDING PRINCIPLES

Below are the guiding principles that programs should consider regarding the process for resident application and selection.

- a. As recommended by Bandiera et. al. ¹ ,
 - i. Selection criteria and processes should reflect the residency program's clearly articulated goals.
 - ii. Selection criteria and processes should reflect a balance of emphasis on all CanMEDS competencies.
 - iii. Selection criteria used for initial filtering, file review, interviews, and ranking should be as objective as possible.
 - iv. Selection criteria and processes should be fair and transparent for all applicant streams.
 - v. 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.
 - vi. Programs should choose candidates who best meet established criteria and are most able to complete the specific residency curriculum and enter independent practice.
 - vii. Multiple independent objective assessments result in the most reliable and consistent applicant rankings.
 - viii. Undergraduate and postgraduate leaders and communities must engage in collaborative planning and innovation to optimize the transition between undergraduate and postgraduate as well as between specialty and subspecialty postgraduate programs for all learners.
 - ix. Postgraduate programs must be well informed of the educational needs of individual candidates to allow effective and efficient educational programming.
 - x. Recognizing that past behavior and achievements are the best predictors of future performance, efforts should be made to include all relevant information (full disclosure) about applicant's' past performance in application files.
 - xi. Applicants should be well informed about specialties of interest to them, including health human resources considerations.
 - xii. Programs must consider and value applicants with broad clinical experiences and not expect or over-emphasize numerous electives in one discipline or at a local site.
 - xiii. Diversity of residents across postgraduate medical education programs must be pursued and measured.
- b. PGME is committed to complying with the Faculty of Medicine and Dentistry's [Anti-Racism Policy](#).
- c. Program Directors should undergo and continue to engage with training to enhance their own understanding of equity, diversity, inclusivity, decolonization, and indigenization (EDIDI).
 - i. Residency Programs should review and reflect upon their residency selection processes on an annual basis. This may involve: examination of the diversity of residents in various social categories from year to year, eliciting feedback from current residents on the selection process, and consultation with EDI leadership on interview questions/file ranking criteria.



- d. Program Directors should recommend that file reviewers/interviewers undergo and continue to engage with, training on bias reduction strategies and on the importance of the implementation of EDIDI strategies in the selection process. Examples of training opportunities include, but are not limited to: Harvard Implicit Association Tests, anti-racism tools and thoughts e-class, pre-recorded videos, educational sessions, discussion with or review by a local EDI expert.

2. PROGRAM GOALS

- a. Annually, the Program Director (PD) and the Resident Program Committee (RPC) should review the goals for the residency program, well in advance of the application posting
- b. Factors to consider should include, but not be limited to:
 - i. Mission and vision of your division/department
 - ii. Local resource constraints
 - iii. Local and national needs
 - iv. Local and national human resource trends
 - v. Local and national diversity in your specialty
 - vi. Specialty-specific changes in practice

3. SELECTION CRITERIA AND PROCESS

- a. The PD and RPC should determine resident selection criteria and process
- b. The criteria should be objective and reflect the goals of the program
- c. The criteria should take into account all CanMEDS competencies relevant (preferably validated) to predict success in the discipline
- d. There should be defined criteria for all applicant streams (if applicable)
- e. Key criteria for initial filtering, file review, interviews and ranking should be transparent and known to applicants, usually via program description posting
- f. The criteria (including definition and weighting) and process should be communicated to members involved in the selection process
- g. Use of information (what and how) other than that contained in the application files should be defined ahead of applicant discussion and ranking
- h. The PD should engage appropriate community stakeholders to identify current societal needs in a given specialty (e.g. care gaps in a specific specialty that need to be filled, promotion of rural medicine, increasing representation of underrepresented groups in the specialty to better reflect the patient community served).
- i. Programs may wish to seek out applicants whose (lived) experience or interests meet an identified area of need. For instance, criteria in file review may include “Does the applicant represent a member of an underrepresented group or amplify underrepresented voices in medicine?” In such cases, Programs should:
 - i. consider, where appropriate, engaging with members from the identified community in the selection process.
 - ii. ensure that resources are in place to provide individualized support and learning opportunities for residents selected to fulfil these needs throughout the course of their training. These individualized supports may include mentorship opportunities, flexibility in the curriculum to meet unique learning needs, and flexibility of training experiences.
 - iii. consider, where appropriate, inviting applicants to provide additional documentation that supports their identity or experience including, for example, a letter from a

community member.

4. INITIAL SCREENING

- a. Initial screening for eligibility can be carried out by an individual (usually the PD) or a small working group.
- b. It should be based on previously defined objective criteria and the rationale for screening certain candidates should be transparent/clearly communicated to the selections committee.

5. FILE REVIEW

- a. The criteria and process for file review should be clearly communicated to the reviewers
- b. If possible, individual file review should be performed by more than one reviewer
- c. There should be a record of the file review results

6. INTERVIEW

- a. The criteria, including definition and weighting, should be communicated to members involved in the interview process, prior to the interview
- b. Design and conduct of the interview should serve to further inform regarding the applicant's CanMEDS competencies, and suitability for the program and discipline
- c. Individual applicants should be interviewed by more than one individual
- d. Timing of the interview should take into account the national matching service timelines and interview timings across the country

7. APPLICANT RECEPTION

- a. A program may choose to organize a virtual reception for all applicants invited to the interview
- b. In the organization and conduct of this reception, the following best principles should be followed:
 - i. Timing of any event should allow equal access and adequate notification for all candidates
 - ii. If attendance or behaviour at the reception is part of the ranking criteria for the program, this needs to be explicitly communicated, via the program description, to all applicants and all members involved in the resident selection process and attendance must be mandatory
 - iii. Expectations regarding formality of dress and participation in mandatory activity should be communicated ahead of time

8. RANKING

- a. Applicant ranking should be based on information derived from multiple objective, independent assessments, determined prior to the ranking discussion
- b. The ranking committee should be part of, or a sub-committee of, the RPC
- c. The criteria (including item weighting) and process of rank determination should be communicated to the ranking committee members prior to the ranking discussion
- d. There should be a record of the ranking decision and if it is altered after committee input, the changed rank should be communicated to the ranking committee
- e. Applicant rank may be positively (but **never** negatively) influenced by a candidate's lived experience(s) that may have contributed to a lower ranking based on objective selection criteria.

Examples include, but are not limited to:

- i. Applicant is from a lower socioeconomic background and worked to supplement income and was unable to pursue research or volunteer work. The selection process is biased against them if research or volunteer work is heavily weighted in the selection criteria. Developing selection criteria that allow for flexibility to recognize such circumstances is encouraged and could help reduce bias against applicants with financial constraints.
- ii. Lived experiences may be considered in the selection criteria. It is important to recognize that applicants have various privileges/barriers on their journey to medicine. For example, if an applicant moved to Canada at the age of 12 and had no formal education prior to that due to refugee status, they may have faced more obstacles to get to residency than other applicants.
- iii. Applicants may be invited to voluntarily explain circumstances that may have contributed to a potential lower ranking based on objective/traditional selection criteria. This option should not place any undue stress or trauma on applicants. For example, residents may be invited to submit an **optional** letter to explain aspects of their application/CV that may have been affected by personal hardships. An example of a way this can be asked is: "If you are comfortable sharing, what hardships have you experienced in your journey to residency?" This can also be integrated in the file review scoring by asking reviewers "Has the applicant overcome particular hardship in their journey to residency?"

9. CONFLICT OF INTEREST

- a. Any individual with an assessment role in the resident selection process needs to declare any potential conflict of interest to the PD.
- b. If needed, the PGME Associate Dean can be consulted regarding adjudication and handling of any conflict of interest

10. CONFIDENTIALITY

Any individual with an assessment role in the resident selection process needs to respect and maintain confidentiality of applicant identity, file contents, discussion, and decisions related to the entire resident selection process and must sign a confidentiality form.

11. INVOLVEMENT OF RESIDENTS AND FELLOWS

- a. A program can choose to include residents and fellows in any part of the resident selection process
- b. Residents and fellows need to abide by rules governing conflict of interest and confidentiality as outlined in sections 10 and 11 above



12. MAINTENANCE OF RECORDS

- a. Residency programs must follow the PGME Information and Records Management policy.
- b. Written records of major decisions (e.g. ranking summary list) should contain the least amount of information needed for the decision, and should be maintained in a safe and confidential manner for a minimum of one (1) year after the decision, and is subject to a request by the applicant under *Alberta's Freedom of Information and Protection of Privacy Act*.
- c. More detailed written records during the file selection process should be treated as Transitory Notes², and be destroyed in a secure and confidential manner immediately after it has served its purpose.

¹ Bandiera G, Abrahams C, Mariela Ruetalo M, Hanson MD, Nickell L, Spadafora S, MD. Identifying and Promoting Best Practices in Residency Application and Selection in a Complex Academic Health Network. *Academic Medicine* 2015;90:1594-1601.

² Transitory Notes are records of a routine nature having short-term or limited value. They are (1) not an integral part of the University's administrative or operational records files, (2) not required to sustain university policy or administrative or operational functions, (3) not filed under a University records classification system, and (4) recorded only for the time required for completion of actions or ongoing records associated with them. They are subject to legislative and legal proceedings, including the Freedom of Information and Protection of Privacy Act.

* Aboriginal is a colonial term, and is used in this document only to remain consistent with the TRC vocabulary.

DEFINITIONS

Definitions are listed in the sequence they occur in the document (i.e. not alphabetical).

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.	
EDIDI	Equity, Diversity, Inclusivity, Decolonization, and Indigenization