

PGME Resident Selection Best Practices

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1. Introduction

In reference to the Future of Medical Education in Canada (FMEC) Postgraduate Project 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 to adopt best practices in resident application and selection. The document describes best practices in the principles and procedures for resident application and selection.

2. Guiding Principles

Below are the guiding principles that programs should consider towards process design for resident application and selection, as recommended by Bandiera et. al. ¹

- 2.1. Selection criteria and processes should reflect the residency program's clearly articulated goals.
- 2.2. Selection criteria and processes should reflect a balance of emphasis on all CanMEDS competencies.
- 2.3. Selection criteria used for initial filtering, file review, interviews, and ranking should be as objective as possible.
- 2.4. Selection criteria and processes should be fair and transparent for all applicant streams.
- 2.5. 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.
- 2.6. Programs should choose candidates who best meet the above criteria and most able to complete the specific residency curriculum and enter independent practice.
- 2.7. Multiple independent objective assessments result in the most reliable and consistent applicant rankings.
- 2.8. 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.
- 2.9. Postgraduate programs must be well informed of the educational needs of individual candidates to allow effective and efficient educational programming.
- 2.10. 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.
- 2.11. Applicants should be well informed about specialties of interest to them, including health human resources considerations.
- 2.12. 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.
- 2.13. Diversity of residents across postgraduate medical education programs must be pursued and measured.

3. **Program Goals**

- Annually, the Program Director and the Resident Program Committee should review the goals for the residency program, well in advance of the application posting
- Factors to consider should include (but not limited to):
 - Mission and vision of your division/department
 - Local resource constraints

- Local and national needs
- Local and national human resource trends
- Local and national diversity in your specialty
- Specialty-specific changes in practice

4. Selection Criteria and Process

- The PD and RPC should determine resident selection criteria and process
- The criteria should be objective and reflect the goals of the program
- The criteria should take into account all CanMEDS competencies relevant (preferably validated) to predict success in the discipline
- There should be defined criteria for all applicant streams (if applicable)
- Key criteria for initial filtering, file review, interviews and ranking should be transparent and known to applicants, usually via program description posting (e.g. CARMS and/or program website)
- The criteria (including definition and weighting) and process should be communicated to members involved in the selection process
- Use of information (what and how) other than that contained in the application files should be defined ahead of applicant discussion and ranking

5. Initial Filtering

- Initial filtering can be carried out by an individual (usually the PD) or a small working group
- It should be based on previously defined objective criteria

6. File Review

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

7. Interview

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

8. Applicant Reception

- A program may choose to organize a reception for all applicants invited to the interview
- In the organization and conduct of this reception, the following best principles should be followed:
 - Timing of the event should allow equal access and adequate notification for all candidates and should not disadvantage applicants with travel plans for interviews at other centers
 - In accordance with University policy, alcoholic beverages should not be served at the reception, even if the event takes place at a non-University venue
 - If attendance or behavior at the reception is part of the ranking criteria for the program, this needs to be explicitly communicated to all applicants and all members involved in the resident selection process and attendance must be mandatory

9. **Ranking**

- Applicant ranking should be based on information derived from multiple objective, independent assessments, determined prior to the ranking discussion
- The ranking committee should be part of, or a sub-committee of the RPC
- The criteria (including item weighting) and process of rank determination should be communicated to the ranking committee members prior to the ranking discussion
- There should be a record of the ranking decision

10. **Conflict of Interest**

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

11. **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.

12. **Involvement of Residents and Fellows**

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

13. **Maintenance of Records**

- 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 year after the decision, and is subject to FOIP request by the applicant
- 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
- After the mandatory retention period, it is strongly recommended that such records should be permanently destroyed, and in a secure and confidential manner

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 FOIP Act.