

Postgraduate Medical Education (PGME)

Title:	UBC Postgraduate Trainee Selection Policy	Number:	019
Approved By:	PGME Committee		
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Contact:	postgrad@postgrad.med.ubc.ca		

Definitions

“Postgraduate trainee” in this policy refers to residents, fellows (including Area of Focused Competence, AFC) and international fellows registered with the College of Physicians and Surgeons of BC and holding a postgraduate (fellow) or postgraduate (resident) educational license.

Preamble

The Faculty of Medicine Postgraduate Medical Education (PGME) offers residency training leading to certification by The Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada through postgraduate training programs (“Programs”). It also offers Area of Focused Competence (AFC) programs through which successful candidates become Diplomates or Diplomate Affiliate members of the Royal College.

Medical graduates apply for residency training positions either through the Canadian Residency Matching Service (“CaRMS”) or directly to the Program for AFCs or for residency positions not in CaRMS.

Purpose

Accreditation Standards provide that a program committee or a subcommittee thereof **must** select candidates for admission to the Program. This policy sets out the requirements governing trainee selection for admission to a Program of postgraduate training.

Principles

The selection of postgraduate trainees is a Program responsibility. In addition, the process for selection of postgraduate trainees undertaken by each Program must comply with the Standards of Accreditation, the *Human Rights Code* and UBC Policy #3 Discrimination and Harassment.

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In 2013, the Best Practices in Application and Selection (BPAS) report was published and subsequently validated. In 2018, the Association of Faculties of Medicine of Canada (AFMC) endorsed the report and required institutions to report on their implementation of the BPAS recommendations.

UBC is committed to social responsibility and accountability. This policy provides a framework for programs to incorporate anti-racism, equity, diversity and inclusion (AREDI) practices in selection.

Specific elements in this policy to assist programs in AREDI practices include:

- A. Transparent Selection Processes including mapping of criteria for selection to assessment of applicants' future capabilities
- B. Adoption of all Best Practices in Assessment and Selection Guidelines
- C. Continual Reassessment of Processes to evaluate if goals such as Program Diversity are being attained.
- D. All Assessors (e.g. file reviewers, interviewers, members of selection committee, etc.) are required to have completed training in Unconscious Bias/EDI (or equivalent) within the last 2 years

Policy

1. Postgraduate trainees will be selected on the basis of individual achievement and merit. A broad range of criteria may be taken into account including academic achievement, achievement in standardized tests, demonstrated learning or aptitudes, non-academic activities and personal preparedness to undertake postgraduate medical training.

The criteria must be mapped to key requirements for the role of postgraduate trainees in the program. Criteria should include assessment of applicants' future capabilities in addition to current abilities.

2. Each Program will establish its own processes and procedures for postgraduate trainee selection consistent with the principles and best practices described in this policy.
3. Selection processes and selection criteria may be periodically amended and must be published on the Program website or otherwise made available to potential applicants.
4. The selection processes must be fair, open and transparent. The selection process and procedures must be free of discrimination and harassment as defined in UBC Policy #3.
5. If trainee selection is through CaRMS, the Program's process must comply with the requirements of the most current CaRMS matching process.
6. It is expected that the following Best Practices (as outlined in BPAS) would serve as the foundation for a Program's selection process with respect to all applicants.

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Best Practices in Application and Selection

Transparency

1. Programs should define the goals of their selection processes.
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 in accordance with the AFMC–CaRMS contract and privacy legislation.
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.
 - a. Programs using such information must have a process to investigate and validate such information prior to considering it for selection processes.

Fairness

6. Each component (e.g. application file documents, interview performance, etc.) of the candidate's application should be assessed independently on its own merits, using information contained only in that component.
7. Programs must establish and follow guidelines for management of Conflict of Interest in admission decisions.

Selection Criteria

8. Programs should establish a comprehensive set of program-specific criteria that will allow thorough assessment of all candidates.
9. Selection criteria should include elements specific to each specialty that are validated to predict success (if any exist).

Process

10. Criteria, instruments, interviews and assessment/ranking systems should be standardized across applicants and assessors within each program.
11. Assessments should be based on demonstrable skills or previous behaviour, both of which are known to be predictive of future behaviour.
12. Applicant assessment should be based on multiple independent samples and not on the opinion of a single assessor.
13. Programs should regularly assess the outcomes of their process to determine if program goals and BPAS principles (e.g. Diversity) are being met.

Assessors

14. Selection teams should be comprised of individuals with a breadth of perspectives that reflect program goals, and have a diversity of backgrounds.
15. Assessors should be trained in all aspects of the process relevant to their contribution and to help them become aware of their implicit biases. All Assessors (e.g. file reviewers, interviewers, members of selection committee, etc.) are required to have completed training in Unconscious Bias/EDI (or equivalent) within the last 2 years.

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Knowledge Translation

16. Best practices should be shared among different specialties and programs.
17. Innovations in Application and Selection should be done in a scholarly manner that will allow eventual peer-reviewed dissemination.

Ranking

18. 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.
19. Programs should rank candidates based on the outcome of their assessment process and not based on whom committee members think will rank the program highly.
20. Ranking must be done using pre-defined and transparent processes.
21. Ranking information is to be kept in the strictest of confidence and under no circumstances released.
22. If a concern regarding the process is raised by an external party (e.g. candidates, faculty members, public), it should be brought to the Program Director for consultation with the PGME Associate Dean

Related Policies and Resources

UBC Policy SC 3: [Conflict of Interest and Conflict of Commitment](#)

UBC Policy SC 7: [Discrimination Policy](#)

Royal College: [General Standards of Accreditation for Residency Programs](#)

Royal College: [Accreditation of Areas of Focused Competence \(AFC\) programs](#)

University of Toronto: [Best Practices in Applications & Selection](#)

Academic Medicine: [A Framework for Inclusive Graduate Medical Education Recruitment Strategies: Meeting the ACGME Standard for a Diverse and Inclusive Workforce](#)

Action	Committee	Date	Status
Approved	PGME Policy Working Group	Oct. 12, 2022	Recommended to PGME Executive
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Final Approval	PGME Committee	Feb. 21, 2023	Approved