Principles and Best Practices

in Resident Application and Selection

DRAFT

For Discussion/Consultation

Postgraduate Medical Education
UNIVERSITY OF TORONTO

PRINCIPLES

#	Principle
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.
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.

PRINCIPLES

#	Principle
8	Undergraduate and postgraduate leaders and communities must engage in collaborative planning and innovation to optimize the transition between UG and PG as well as between specialty and subspecialty PG 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 heath 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

#	Best Practices
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.

BEST PRACTICES

#	Best Practice
Fairness	
8	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.
9	Programs must abide by the Guidelines for management of Conflict of Interest in Admissions decisions. *
Selection Criteria	
10	Programs must establish a comprehensive set of program-specific criteria that will allow thorough assessment of all candidates.
11	Selection criteria must include elements specific to each specialty that are validated to predict success in that field (for example, hand-eye coordination for procedural disciplines).

BEST PRACTICES

#	Best Practice
Process	
12	Criteria, instruments, interviews and assessment/ranking systems must be standardized across applicants and assessors within each program.
13	Assessments should be based on demonstrable skills or previous behaviours, both of which are known to be predictive of future behaviours.
14	Applicant assessment should be based on multiple independent samples and not on the opinion of a single assessor.
15	Programs should regularly assess the outcomes of their process to determine if program goals and BPAS principles (e.g., Diversity) are being met.
Assessors	
16	Selection teams must be comprised of individuals with a breadth of perspectives that reflect program goals.
17	Assessors must be trained in all aspects of the process relevant to their contribution, including the program goals, selection process, assessment criteria, and assessment/ranking systems.

BEST PRACTICES

#	Best Practice
Assessment Instruments	
18	Programs must strive to incorporate objective assessment strategies proven to assess relevant criteria.
Knowledge Translation	
19	Best practices should be shared among different specialties and programs.
20	Innovations in Application and Selection should be done in a scholarly manner that will allow eventual peer-reviewed dissemination.
Ranking	
21	Programs must have a process to receive (and, when appropriate, investigate, validate and then produce for consideration) information from any source that alleges improper behaviour of candidates.
22	Programs should establish clear criteria for determining 'do not rank' status.
23	Programs should rank candidates in the appropriate order based on assessment and not based on whom committee members think will rank the program highly.
24	Ranking must be done using pre-defined and transparent processes.

BEST PRACTICES

***Faculty members who have leadership roles in undergraduate medical education should not participate in admissions deliberations. If this is not possible, then they must disclose their conflict of interest and the nature of their involvement in undergraduate education to the Vice Dean, Undergraduate Medical Education, Vice or Associate Dean, Postgraduate Medical Education, AND to the admissions committee. They must refrain from providing any information they acquire by virtue of their undergraduate leadership roles, and focus only on that information they acquire as clinical teachers and supervisors of individual learners, or as members of the admissions committee. Admissions committee members, program directors and/or training committees must identify inappropriate information when it is disclosed and ensure it is NOT used for decision-making purposes.**