TRAINEE SELECTION GUIDELINES

Preamble

Postgraduate Medical Education (PGME) trainee selection at McGill University is conducted through an equity-informed, transparent, and evidence-based approach. Selection processes are designed not only to identify candidates most likely to succeed in training and practice, but also to support the development of a physician workforce that reflects the diversity and needs of the populations served.

In alignment with institutional commitments to equity, inclusion and social accountability, programs are expected to consider how their selection processes and decisions contribute to addressing health inequities, while maintaining fairness, objectivity, and consistency across all applicant streams. Selection practices are structured to mitigate bias, promote accessibility, and support equitable outcomes.

Introduction

The General Standards of Accreditation for Institutions with Residency Programs of the Canadian Residency Accreditation Consortium (CanRAC), version 2.1 July 2021, require the Postgraduate Medical Education Committee (McGill Faculty Postgraduate Education Committee, FPGEC) to establish and supervise a central Postgraduate Medical Education (PGME) policy for the selection of candidates to all programs. (CanERA GSA for Institutions 5.1.1.1)

This policy serves that purpose, outlining the principles governing selection of PGME trainees into postgraduate medical training programs at McGill University. This applies to residents/residency programs as well as fellows/fellowship programs and applies to applicants via CaRMS/NRMP (or equivalent national residency matching system) as well as to all sponsored international medical graduates. It aims to strengthen evidence-based, equitable and transparent selection processes.

The University of Toronto PGME Best Practices in Applications and Selection (BPAS 2013, update 2024) were adopted by the Associations of Faculties of Medicine in Canada (AFMC) in 2018. This policy adheres to the BPAS.

The Scarborough Charter on Anti-Black Racism and Black Inclusion in Higher Education: Principles, Actions, and Accountabilities is a commitment developed in 2021 by institutions across Canada to combat anti-Black racism and foster Black inclusion in higher education. McGill University is a signatory of the Charter. Items in the Scarborough Charter specifically refer to supporting selection of Black trainees and collection of demographic data at the time of selection.

Principles for selection of candidates into postgraduate programs

1. PGME trainee selection is a responsibility of each individual post-graduate training program.
    a. Each post-graduate training program committee will establish its own processes and procedures for the selection of PGME trainees that follows standards and policies from McGill PGME, from the AFMC and from the Canadian Resident Matching Service (CaRMS) or equivalent matching service endorsed by the AFMC. (CanERA GSA for Programs 1.2.2.3 and 6.1.1.1)
    b. A program wishing to participate in a national match other than CaRMS (or equivalent matching service endorsed by the AFMC) has obtained PGME vetting and approval prior to participating.
2. PGME trainee selection uses assessment tools
    a. Which are effective and fair
        i. The tools have effective psychometric properties
        ii. The tools maximize access of appropriate candidates (favour accessibility)

   iii. Conception of the tools pays particular attention to selecting PGME trainees who will be successful and represent the right mix of physicians to serve diverse population health needs and address populational health inequities.

b. Programs may consider a range of criteria in making their selection decisions, including:
   i. Academic achievement
   ii. Scores on standardized tests
   iii. Interest in and aptitude for the discipline
   iv. Experience in research or other scholarly activities
   v. Language proficiency in English and French
   vi. Elements specific to each PGME program which are validated to predict success in that field (for example, hand-eye coordination in procedural disciplines).

c. Be cautious in considering extracurricular activities and personal qualities, as these may be socio-economic status surrogates and can be at risk of introducing bias. Justification is given for use of such criteria, along with clear and transparent measures of objectivity.

d. In keeping with CaRMS recommendations, each program is responsible for determining how information obtained outside of the formal CaRMS application will be considered. This may include, but is not limited to, social interactions during program-related events, communications with program administrators, social media activity, unsolicited reference letters or emails, unsolicited verbal information regarding a candidate's prior performance, or unsolicited feedback from colleagues, coworkers, faculty, or residents. Programs should ensure that any such information is considered thoughtfully, fairly, and in a manner consistent with principles of equity, transparency, procedural fairness, and documented decision-making.

3. Multiple independent objective assessments (of both file applications and of interviews) result in the most reliable and consistent application rankings.
   a. At least two independent file reviewers and two independent interviewers are strongly recommended.
4. Application processes and selection criteria:
   a. Reflect the program's clearly articulated goals.
   b. Reflect a balance of emphasis on all CanMEDS competencies.
   c. Are as objective as possible.
   d. Are fair and transparent for all applicant streams.
      i. explicitly define and communicate to applicants which parts of the application process relevant attributes will be assessed
      ii. explicitly define and communicate to applicants the processes and metrics used to filter and rank applicants
      iii. criteria, instruments, interviews, and assessment/ranking systems are standardized across applicants, applicant streams and assessors for each program.
      iv. specific requirements are communicated clearly to potential applicants in the program description on the CaRMS website, and on the program's own website.
      v. outline how international graduate qualifications are evaluated.
   e. Promote diversity of PGME trainees (e.g. race, indigeneity, gender, sexual orientation, religion, socio-economic family status, rural/urban provenance, international diversity, etc).
      i. Value applicants with broad clinical experience and not expect or overemphasize numerous electives in one discipline or at a local site.
      ii. Encourage a diversity of candidates, including internationally trained medical graduates, to apply to McGill postgraduate medical training.
   f. Are free of inappropriate bias.
      i. Implicit bias training is incorporated into Selection committee processes
      ii. Selection committee membership reflects a breadth of perspectives which reflect program goals
   g. Are free of intimidation.

   i. Interviews are free of intimidation and cannot include personal questions about family, religion, marital status, sexual orientation, age, finances, and cannot include questions regarding other applications or anticipated ranking of programs.
   ii. Please refer to the CaRMS website for more information regarding CaRMS guidelines.
h. Provide for reasonable accommodation needs, when appropriate.
i. Respect published national dates and deadlines.
j. Avoid conflicts of interest.
   i. Adhere to the McGill University Regulation on Conflict of Interest.
   ii. Selection committees have processes for applicants and for Selection committee members to disclose and manage significant personal relationships/conflicts of interest (family, romantic relationships, business, etc)
   iii. Selection committee members who have a conflict of interest with an applicant declare the conflict to the Selection committee chair and recuse themselves appropriately
   iv. Department chairs and Division chiefs refrain from communicating with the Selection committee members with the intention of influencing the Selection committee

5. Programs choose applicants who best meet their requirements and criteria and who are most able to complete the program curriculum and enter independent practice.
6. Artificial intelligence resources cannot be used during interviews to PGME programs and AI cannot be the sole resource used for generation of application documents.
7. PGME measures and tracks diversity of applicants and PGME trainees.
   a. Data about diversity are used by programs iteratively to mitigate barriers to access and to promote diversity. PGME programs adhere to applicable regulations, including PGME policy, regarding the collection, retention and use of applicant or trainee data.
8. All post-graduate training programs participating in a CaRMS match abide by all guidelines published by CaRMS.
   a. In cases where selection does not involve the CaRMS match (e.g., selection of PGME trainees for certain subspecialty programs and fellowship programs, selection of certain international medical graduate candidates), programs respect provincial or national timelines for the timing of offers, where applicable
   b. In cases where selection does not involve the CaRMS match, provincial and national timelines are respected, where applicable.
9. In making their selection decisions, programs shall follow the Québec Labour Code and the Québec Charter of Human Rights and Freedoms, i.e., shall not discriminate against applicants based on any ground prohibited under the Labour Code and the Québec Charter of Human Rights and Freedoms.
   a. In considering applicants with disabilities, the selection process may consider *bona fide* occupational requirements.
10. Programs maintain records which will clearly demonstrate adherence to process (for example, for audit purposes and for accreditation survey visits).

UGME - PGME Interface

While PGME programs are committed to advancing equity, diversity, and social accountability in trainee selection, the applicant pool reflects broader upstream educational pathways, including undergraduate medical education (UGME), as well as demographic and geopolitical realities beyond the direct control of the institution.

Accordingly, PGME selection processes focus on ensuring that all applicants are assessed fairly, transparently, and consistently, while identifying candidates best suited to meet program objectives and the health needs of the populations served.

Within this context, PGME and its programs will advance equity-informed selection practices in a structured and iterative manner, beginning with the current policy cycle and evolving over time through continuous evaluation,

data-informed refinement, and collaboration with McGill UGME and national partners (for example, AFMC and CaRMS) to support a diverse and inclusive physician workforce.

Principles pertaining to McGill Postgraduate Medical Education office:

1. PGME measures, tracks and transparently disclose data regarding PGME trainee diversity
2. Collaborates with CaRMS to obtain EDIA data
3. Advocates at national level for UGME-PGME collaboration to optimize transition.
4. Develops capacity of PGME programs to have designated EDIA officers, in collaboration with the FMHS and its departments

McGill PGME Continuous Quality Improvement

1. PGME annual reviews:
   a. The characteristics of residency applicants, comparing all those applying, those interviewed, those ranked and those matched
2. PGME may periodically review programs to ensure alignment between their stated selection process and these guidelines:
   a. At least one large program per year within the following:
      i. Anesthesiology, family medicine, general surgery, internal medicine (core), obstetrics and gynecology, psychiatry
   b. At least one other residency program
   c. At least one fellowship program
   d. Programs selected for review will be contacted in advance by PGME and asked to provide relevant selection materials and processes for review. The process is intended to be collaborative and proportionate, with attention to minimizing administrative burden and time commitment for programs.
   e. Following the review, PGME will provide feedback to the program, including identified strengths and opportunities for improvement within the program's selection processes.
3. PGME reviews these data and presents to PGME FPGEC an annual report.

History: Since onsite visit 2019

Previous version ("PGME Resident Selection Policy") 2020-09-16
Current version 2026-02-26
Update: 2026-09-08
Next planned review: 2029

See Appendix A BEST PRACTICE GUIDELINES FOR CANDIDATE SELECTION INTO PGME PROGRAMS

Appendix A

BEST PRACTICE GUIDELINES
FOR CANDIDATE SELECTION INTO PGME PROGRAMS

Program Selection Committee

1. The Program Selection Committee is a subcommittee of the Program Committee and reports to it. (CanERA GSA for Programs 1.2.2.3)
2. Program Selection Committee membership
    a. The Program Selection Committee membership includes
        i. Program director
        ii. Selected faculty member(s), preferably >1 year since being hired
        iii. Selected PGME trainee(s), preferably >1 year since most recent residency match
    b. The Program Selection Committee membership represents of the breadth of perspectives, reflecting program goals.
    c. The Program Selection Committee can assess applications and perform interviews in French and in English.
    d. The term on the Program Selection Committee is determined by the Program Committee
    e. Meetings of the Program Selection Committee
        i. Are minuted.
            1. Minutes of the meetings of the Selection Committee are shared with the Program Committee.
            2. Minutes do not mention applicant names.
        ii. Occur to discuss all "high-stakes decisions"
            1. Meeting at the end of file review, and prior to interviews, to determine who will (and will not) be invited to interview.
                a) May not be required if all applicants are to be interviewed
                b) May not be required if there are pre-established, transparent, dichotomous criteria for offering interviews (for example, cutoff score on MCCQE Part 1 or USMLE Part 1)
            2. Meeting at the end of the selection process, to review the process and the rank-order list
        iii. Include a dedicated Equity, Diversity, Inclusion, and Accessibility officer who is not involved in file review, interviews or voting, and whose role is to highlight facets of the process or decisions which may have EDIA implications
        iv. Occur upon completion of the final iteration of the match, to review the process of the match and make continuous quality improvement recommendations to the Program Committee regarding:
            1. Effectiveness of assessment tools to achieve desired outcomes
            2. Equity, Diversity, Inclusion, Accessibility and Decolonization, Reconciliation, Indigenization
            3. Feedback from applicants, faculty and program administrator
            4. Other identified CQI elements

Program Selection Committee Terms of Reference

1. The Program Committee develops clear and transparent Terms of reference for the Program Selection Committee.
    a. The Program Committee regularly reviews the Terms of reference for the Program Selection Committee (program continuous quality improvement).
    b. The Program Selection Committee ToR includes:

i. Program Selection Committee membership
    1. There must be a process for effective management of conflicts of interest (including family/partner relationships) between Program Selection Committee members and applicants. This may include recusal of a member during an application cycle when there is an applicant with whom there is a significant conflict of interest.
    2. Candidates and Selection committee members must disclose potential conflicts of interest (for example, family relationship to members of Department or Division at that university)
ii. Duration of term on the Program Selection Committee
iii. Applicant eligibility criteria
iv. Consider eligibility according to Collège des médecins du Québec, McGill University and McGill PGME criteria
v. Explicit/Transparent program-specific criteria (outlined on CaRMS and/or McGill University program descriptions)
vi. Requirements in training to mitigate bias and discrimination
vii. The Terms of reference include the next scheduled time for review/re-approval of ToR by Program committee

c. Descriptions of applicant selection tools, including the criteria used to make selection decisions
d. How many reviewers per applicant file
e. In cases of significant file assessment score divergence, whether an additional review is required
f. Process of interview
    i. Who will be present
        1. Senior trainees in the program should be co-interviewers
    ii. How many interviews/interviewers per applicant
    iii. Videoconference vs MMI vs in person
g. Description of program information sessions
    i. Timing (pre-match season, during interviews)
    ii. Process: Videoconference vs in-person

Program descriptions

1. Program descriptions are updated annually in CaRMS, Slate and any other platform used for the match
    a. Program descriptions are available in English and in French
    b. Program descriptions are available for Contingent régulier, Contingent particulier and non-MSSS-funded streams
2. Transparently indicated program selection criteria
    a. Required elements in application file may include:
        i. *Curriculum vitæ*
        ii. Reference letters (indicate if specific referees and what is looked for)
        iii. Personal letter (indicate if cannot be generated solely through artificial intelligence)
        iv. Rotations assessments (such as ITERs or ITARs)
        v. Scholarship
        vi. Medical student performance record (MSPR)
    b. Application documents (such as ITERs, reference letters, MSPRs) cannot be modified. Submission of modified documents will result in termination of application.
    c. Application files and interviews can be in French and/or in English (candidate choice)
        i. Programs must explicitly state in their program descriptions that they accept application documents and conduct interviews in French or English as chosen by the candidate.
        ii. Programs have the discretion to specifically assess proficiency in English as needed. This assessment is the program's prerogative but must be justified based on the needs of the training hospital(s) to

ensure that language proficiency aligns with both program and institutional expectations and must be stated clearly in the program description.

d. What are assessed in the interview
e. Weighting of different portions of the application

3. Transparently indicate that McGill PGME and its programs value diversity within the resident body and that, within equivalent ranking groups, members of pre-specified under-represented and/or marginalized groups, will be prioritized

Applicant file review process

1. Program requirements for application files:
    a. Demographic data as required
    b. Explicit/Transparent program criteria assessed in file review and their weighing
    c. Some examples: MSPRs, LMCC, ITERs (specify which ones), USMLE
    d. Do **not** require or assess Entrustable Professional Activity (EPA) reports
    e. Letters of reference:
        i. Be specific on what will be assessed by file reviewers (in the Selection committee terms of reference, in the program description and in the instructions to file reviewers)
        ii. Consider developing and stating specific criteria applicants who may have taken time away from training. (For example, if they've been working for a few years, will a letter from their previous PD be helpful?)
    f. Curriculum vitae including any relevant committee work, awards and scholarship.
        i. Be specific about what will be assessed.
    g. Application files can be in French and/or in English (candidate choice)
    h. For international medical graduates (to residency or to fellowship programs):
        i. Evaluate the relevance and quality of international training and/or professional experience
        ii. Assess language proficiency
        iii. Conduct additional assessments as needed
    i. Applicant personal letters, if required, should not be solely generated through artificial intelligence
2. Application files are reviewed by at least two separate Selection Committee reviewers.
        i. Consider developing a process to address if there is a significant discrepancy between the file review scores. (Ad hoc third file reviewer.)
3. Any file review assessment which would exclude a candidate from being interview is discussed at a Program Selection Committee level.

Applicant interview process

Note that these guidelines also respect the AFMC Interview Handbook, 2020 (https://www.afmc.ca/wp-content/uploads/2023/09/Virtual_Interview_Handbook_for_Applicant_ENG.pdf)

1. Interviews tools are validated and aligned with Program Selection objectives
    a. Questions/scenarios to be explored during the interview are determined ahead of time by the Selection Committee, as well as the weighing of different sections of the interview
    b. The attributes assessed in the interview, and the weighing of the interview, are transparently stated ahead of the interview in Terms of reference and on Program description
2. The interview format, criteria and weighing are determined by the Selection Committee and transparently stated ahead of the interview in Terms of reference and on Program description
    a. Traditional one-on-one or two-on-one
    b. Panel interview
    c. Multiple Mini Interviews (MMIs)
    d. Other

3. Interviewers sign the PGME Declaration of non-disclosure for Interviewers/Programs. This is done annually.
4. Applicants selected for an interview are contacted >1 week prior to the interview
    a. Collaborate with other university programs to avoid all interviews occurring on same dates.
    b. When possible, offer flexibility in dates/times to accommodate candidate preferences.
    c. Consider candidate time zone when planning interviews.
5. Interviews
    a. include at least one faculty member and one senior program trainee.
    b. last 30-60 minutes for "traditional interview formats".
    c. include at least 10 minutes of dedicated question time from the applicant.
6. Interviews are by videoconference for all candidates and adhere to the Virtual Interviews PGME Guidelines.
7. Each separate interviewer completes an interview rating form, and the interview rating forms are independent of each other.
8. Interviews are free of intimidation and cannot include personal questions about family, religion, marital status, sexual orientation, age, finances, and cannot include questions regarding other applications or anticipated ranking of programs.
9. Candidates can choose to be interviewed in French and/or in English
    d. Programs have the discretion to specifically assess proficiency in English as needed. This assessment is the program's prerogative but must be justified based on the needs of the training hospital(s) to ensure that language proficiency aligns with both program and institutional expectations.
10. Candidates cannot use artificial intelligence resources during their interviews.

Ranking and rank order list submission

1. After interviews are completed:
    a. file review scores are averaged and combined with averaged interview scores according to prespecified and transparent weighing
    b. candidates and scores are presented in an anonymized spreadsheet format (line numbers can be used as unique identifiers for the RoL meeting)
2. The Selection Committee meets to discuss the overall rank order list:
    a. Applicant files are available for reference at the meeting.
        i. In keeping with CaRMS recommendations, each program is responsible for determining how information obtained outside of the formal CaRMS application will be considered. This may include, but is not limited to, social interactions during program-related events, communications with program administrators, social media activity, unsolicited reference letters or emails, unsolicited verbal information regarding a candidate's prior performance, or unsolicited feedback from colleagues, coworkers, faculty, or residents. Programs should ensure that any such information is considered thoughtfully, fairly, and in a manner consistent with principles of equity, transparency, procedural fairness, and documented decision-making.
    b. The ranking outcome of the prespecified scoring system is respected and the Selection Committee avoids significantly changing the rank-order list generated by the pre-specified assessment tools.
        i. Ranking of candidates within equivalent clusters (quintiles, tertiles, or other, depending on the program) are modified based on pre-specified program EDIA/DRI objectives
    c. Upon discussion of the Selection Committee, an applicant may not be ranked if a majority of Selection Committee members present at the meeting support the decision.
        i. Justification for not ranking a candidate is recorded (e.g. non-competitive file, did not present for interview, unprofessional conduct), for future possible auditing.
3. CaRMS and NRMP rank order lists are submitted for approval by McGill PGME prior to the required date by PGME.

Second iteration

1. If unmatched positions remain at the end of the first matching iteration cycle, the program will enter second iteration.
2. The selection process will repeat as in the first iteration, save that, due to the shorter timeline:
    a. depending on timeline/availability, candidates may be interviewed only by the Program Director, but preferably also with a program Lead PGME trainee
3. The Selection committee meeting can be by email or by phone.
4. Programs are mindful when ranking applicants in second iteration who applied in first iteration but were not ranked and should clearly justify the reasoning.

Post-match

1. Matched applicant files (application materials provided via CaRMS) that are no longer needed for the purposes of collection/retention and all unmatched applicant files are securely destroyed.
2. Anonymized applicant data may be retained for program CQI purposes.

Selection committee quality improvement (at least annually)

1. The Selection committee elicits feedback from all applicants regarding the Selection process.
2. Selection committee members are trained in all aspects of the applicant selection process, including program goals, selection process, assessment tools and criteria, and assessment/ranking systems.
3. Selection committee members are trained to mitigate bias in the selection process. This can include:
    a. implicit bias training
    b. readings/viewings with facilitated discussion of topics such as distance/journey travelled, code switching, privilege, allyship, and myth of meritocracy
    c. panel discussion/storytelling with physicians identifying with marginalized groups
    d. Other EDIA/DRI training (for example, KAIROS blanket exercise)
4. The Selection committee will collect and analyse data on all applicants to the program (applicants who were not selected for interview, interviewed applicants who were not ranked, applicants who were ranked but did not match and matched applicants)
5. The Selection committee reviews:
    a. The selection tools' effectiveness in differentiating candidates in a meaningful fashion
    b. The characteristics of applicants applying, interviewed, ranked and matched
    c. Feedback received from candidates on the selection process
    d. Feedback from Selection committee members and PGME trainee interviewers on the selection process
6. The Selection committee formulates recommendations to the Program Committee on adjustments to selection process, selection assessment tools and criteria and assessment/ranking systems.