**Policy Name:** Alternate Routes of Entry to Residency - Transfer, Re-Entry, Non-CaRMS

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<th>Application/Scope:</th>
<th>All RCPSC and CFPC Postgraduate Training Programs</th>
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**BACKGROUND**

The most common process for selection of learners into Residency Programs at the University of Manitoba is via the CaRMS Match. However, there are a number of alternate routes of entry into Residency Programs, including the following:

- **Current Residents** may pursue alternative training opportunities by requesting a transfer from one Residency Program to another. Transfers may occur within a discipline (from one university to another) or between disciplines (within the Max Rady College of Medicine or at another university). These principles are not altered by the move to competency-based medical education.

- **Re-Entry** into postgraduate training to pursue another discipline enables practicing physicians to switch practice for many reasons including changes in professional interests, evolving personal circumstances, or reduced employment prospects.

- There are **Specially-Funded Non-CaRMS Residency Positions**, including the following:
  - Internationally Sponsored (Visa) Trainee Positions
  - Family Medicine – Enhanced Skills Programs, including the following:
    - Family Practice Anesthesia
    - Cancer Care
    - Care of the Elderly
    - Palliative Care
    - Sport and Exercise Medicine
    - Obstetrics and Women’s Health
  - Adult Critical Care Medicine Residency Program
  - Gynecologic Oncology Residency Program
  - Maternal Fetal Medicine Residency Program
Neonatology Perinatology Residency Program (Neonatal Transport Fund)
Psychiatry (Child & Adolescent)
Psychiatry (Geriatric)
Thoracic Surgery Residency Program
Vascular Surgery Residency Program Pathway 2 (Alternate Entry)

- There are **Positions for Unmatched (CaRMS) University of Manitoba Medical Students**
- There are **Special Funding Arrangements**, including the following:
  - RHA funding

**DEFINITIONS**

AAC – Allocations Advisory Committee

AFMC – Association of Faculties of Medicine of Canada

ARETS – Alternate Resident Entry and Transfer Subcommittee – is the CPGME Subcommittee responsible for managing alternate resident routes of entry to Residency Programs

CaRMS – Canadian Residency Matching Service

CFPC – College of Family Physicians of Canada

CIP – Clinician Investigator Program

CMPA – Canadian Medical Protective Association

Competency – is an observable ability of a health care professional that develops through stages of expertise from novice to master

Competency-Based Medical Education – is an outcomes-based approach to the design, implementation, assessment and evaluation of a medical education program using an organizing framework of competencies

Competence Continuum – is the series of integrated stages in competency-based medical education curriculum, including: 1. Transition to Discipline; 2. Foundation of Discipline; 3. Core of Discipline; 4. Transition to Practice

CPGME – (Max Rady) College (of Medicine) Postgraduate Medical Education

CPSM – College of Physicians and Surgeons of Manitoba

IELTS – International English Language Testing System

IMG – International Medical Graduate
Internationally Sponsored (Visa) Trainee – is a non-citizen enrolled in a local training program who is funded by their home country and who is required to return to their home country upon completion of training

MCCEE – Medical Council of Canada Evaluating Examination

MCCQE Part I – Medical Council of Canada Qualifying Examination Part I

NAC – National Assessment Collaboration

OSCE – Objective Structured Clinical Examination

PARIM – Professional Association of Residents and Interns of Manitoba

PGME – Postgraduate Medical Education

Postgraduate Medical Education National Transfer Guidelines – is the document approved by the AFMC which outlines the principles and process for inter-university transfers that take place outside of CaRMS of trainees who are currently enrolled in a Residency Program in Canada

RCPSC – Royal College of Physicians and Surgeons of Canada

RDoC – Resident Doctors of Canada

Re-Entry – is the process whereby physicians who have completed a minimum of one year of medical practice in Manitoba, may pursue further postgraduate medical training in another discipline or pursue advanced training in Family Medicine. This process is not available for all Residency Programs every year

RFAC – Residency Funding Advisory Committee – is the Shared Health Committee responsible for decisions pertaining to the funding of residency positions, salaries, on-call stipends and mandatory courses

RHA – Regional Health Authority

ROS - Return of Service – is an agreement whereby an applicant is accepted to a Residency Program in return for a commitment to medical service in Manitoba for a specified period of time

Shared Health – Shared Health, Inc.

Transfer – the approved move of a resident from one Residency Program to another for academic, professional and/or personal reasons

WDoMS – World Directory of Medical Schools

WRHA – Winnipeg Regional Health Authority

1. PURPOSE

1.1 Provide specific guidelines to ensure that resident transfer requests outside of the CaRMS Match process are centrally managed, thus accommodating the needs of the applicants as well as those of the Residency Programs
2. POLICY STATEMENTS - GENERAL

2.1 All applications for entry via alternate routes outside of CaRMS require the approval of the following:

- Alternate Resident Entry & Transfer Subcommittee (ARETS) (see Appendix 1: Alternate Resident Entry and Transfer Subcommittee (ARETS) – Terms of Reference)
- Associate Dean, PGME

2.2 With respect to the Alternate Resident Entry and Transfer Subcommittee (ARETS) the following apply:

2.2.1 The ARETS is advisory to the Associate Dean, PGME on matters relating to routes of entry to a Residency Program outside of the CaRMS Match process

2.2.2 The ARETS Committee is advisory on matters relating to management of vacant training spots created in a Residency Program as a result of a resident’s withdrawal, dismissal or transfer from the University of Manitoba to another university

2.2.3 The Chair of the ARETS will serve as a key advisor and mediator for residents, Residency Program Directors and the Associate Dean, PGME in dealing with issues of resident transfer requests. The Chair will make every effort to ensure that transfer requests are dealt with fairness, expediency and confidentiality

2.2.4 The ARETS will work in collaboration with the Allocations Advisory Committee (AAC) in order to ensure social accountability and the appropriate provision of human health resources as the guiding principles in managing residency training positions

3. POLICY STATEMENTS - RESIDENT TRANSFER

3.1 Resident transfers must neither subvert nor supplant the CaRMS Match process which must be upheld and maintained

3.2 Residents and Program Directors must be assured that each transfer request will be managed in an objective, fair, equitable and confidential manner according to the principles and procedures outlined in this document

3.3 No transfer applications will be formally considered until six months after the commencement of the Residency Program (in general, the January following the start of the academic year) in order to allow the resident substantial exposure to the discipline and to the Residency Program

3.4 Transfers within the last six months of a Residency Program will not normally be accepted, except in cases where the Residency Programs significantly overlap (e.g. Family Medicine and Public Health)

3.5 Residents matched through the Second Iteration of the CaRMS Match are not eligible for transfer in PGY-1
3.6 With respect to Family Medicine program transfers, the following apply:

3.6.1 Residents accepted in the Family Medicine Northern Remote Stream are not eligible to transfer to other Residency Programs in light of their Return of Service commitment. They are eligible for re-entry after they have completed their return of service. Proof of completion of the Return of Service must be included with the application.

3.6.2 Family Medicine stream transfers must be submitted to the ARETS committee for review.

3.7 Transfer requests for CIP will only be considered when initiated from the home specialty or subspecialty as CIP is not a stand-alone program.

3.8 The occurrence of a transfer request in no way guarantees a successful transfer:

3.8.1 Eligible residents are allowed a total of three attempts to transfer, with one successful transfer allowed during the entire course of residency training.

3.8.2 When a resident requests a transfer, they must agree to full disclosure of all assessments and any additional information to the receiving Residency Program Director and ARETS.

3.9 If a resident meets the eligibility criteria, is found to be an acceptable candidate, and if there is capacity in the proposed receiving Residency Program, then they should not be denied the transfer request.

3.10 The resident’s Home Residency Program must not impede a potential transfer.

3.11 It is the resident’s responsibility to declare and meet/clear obligations of any return of service commitments.

3.12 As a rule, only residents in good standing are allowed to apply for a transfer to another residency program:

3.12.1 Depending on the circumstances, a resident on remediation might not be eligible to apply for a transfer.

3.12.2 During Probation, the trainee is not allowed to apply for transfer to another Residency Program.

3.12.3 A trainee who is on Suspension is not allowed to apply for transfer to another Residency Program.

3.13 Resident transfers from the University of Manitoba to another university and vice versa must adhere to the Postgraduate Medical Education National Transfer Guidelines (see Appendix 2: National Transfer Guidelines).

3.14 Funding decisions associated with the residency positions are under the oversight of the Residency Funding Advisory Committee:

3.14.1 When a resident is transferred from one Residency Program to another within the Max Rady College of Medicine, the funding for the residency position “moves”
with the resident from the Home Residency Program to the Receiving Residency Program

3.14.2 If additional funding is required for an approved transfer, the Associate Dean, PGME and Chair of the ARETS must apply to the Residency Funding Advisory Committee for the funding

3.14.3 In general, funding will not accompany residents for a transfer to another university outside of Manitoba, except when such training is no longer tenable in Manitoba as determined by the CPGME Executive Committee

3.15 With respect to resident transfers from time-based Residency Programs to competency-based hybrid Residency Programs and vice versa, the following scenarios will be considered and managed on a case-by-case basis:

- Transfer from a time-based Residency Program to a competency-based adopter
- Transfer from a competency-based adopter to a time-based Residency Program
- Transfer from one discipline to another where competency-based medical education has been adopted by both disciplines

4. PROCEDURES – RESIDENT TRANSFER

4.1 The resident should first discuss the potential transfer with the Chair of the ARETS. Such discussions are held strictly confidential and do not obligate the resident to pursue transfer

4.1.1 The purpose of such discussions is to assist the resident in evaluating his/her career goals and the optimum pathway to reach those goals and to outline the process, timelines and obligations of the resident with respect to transfers. Also, the Chair will be able to assist the resident in determining if the proposed receiving Residency Program is able to accept another resident and if not, what alternatives are available to the resident

4.1.2 Where a resident’s request for transfer is motivated by issues of intimidation or harassment, the Chair of the ARETS will refer the resident to the appropriate resource such as the Associate Dean, PGME, the Associate Dean, PGME Student Affairs and the Associate Dean, Professionalism

4.2 The resident will prepare a written request to Chair of the ARETS which includes the following:

- Personal and professional reasons for the transfer
- Curriculum vitae
- Three current letters of reference (must be within six months) and sent directly to Chair, ARETS and copy to the Committee Assistant, ARETS

4.3 The Chair of the ARETS will contact the Residency Program Director of the potential recipient Residency Program to introduce the resident applicant and to discuss the potential for transfer
4.4 The resident will be interviewed by the potential receiving Residency Program Director and will submit documentation as requested by the Residency Program Director to facilitate the decision process. This may include relevant resident assessments.

4.4.1 The receiving Residency Program Director will not assure or infer to the applicant the availability of a transfer position at this point in the proceedings.

4.5 Once the potential recipient Program Director has agreed to the transfer, it shall be discussed by the ARETS Committee.

4.5.1 ARETS will vote to approve or to deny the transfer request.

4.5.2 The following will be notified (email or hard copy) with respect to the results of the transfer request vote:

- The requesting resident
- The receiving Program Director

4.5.3 As a member of ARETS, the Associate Dean, PGME will be made aware of the outcome of the transfer request.

4.6 The Home Residency Program Director will be notified (email or hard copy) by PGME that a transfer has been approved for the resident to another Residency Program.

4.7 A resident shall provide to their Home Residency Program Director a minimum of eight weeks' notice (email or hard copy) of their intent to transfer to another Residency Program.

4.8 If all the requirements of the transfer have been met, then the change in the resident’s status will be documented in the curriculum management system.

4.9 When a resident successfully transfers from the Max Rady College of Medicine to a Residency Program at another university, they require the following:

- A letter from the Home Residency Program Director, releasing the resident from the Residency Program.
- A letter from the Associate Dean, PGME authorizing the release of the resident from the Max Rady College of Medicine.

4.10 In general, a resident who successfully transfers between disciplines in the Max Rady College of Medicine will begin their training in the receiving Residency Program as follows:

- PGY-1 with respect to salary and academic level for time-based Residency Program cohorts.
- PGY-1 with respect to salary level and Transition to Discipline Stage of training for competency-based hybrid Residency Program cohorts.

4.11 The final decision as to how much credit will be applied towards the training requirements of the new discipline rests with the receiving Residency Program Director.
in consultation with the Residency Program Committee. This decision is based on the following:

- Applicability of prior training to meeting the time-based Objectives of Training Requirements in the receiving Residency Program as determined through formal assessment of previous training performed by the CFPC and RCPSC and a standard of performance demonstrated by the resident that implies that they will be able to meet the training objectives within the remaining training period

- Demonstration of competencies achieved in the original discipline and/or perceived need for training to achieve required competencies in the receiving competency-based hybrid Residency Program

(See Appendix 5: How to Process a Request for Credit for Training)

4.12 The resident will remain at the PGY-1/Transition to Discipline academic status until final determination is made by the RCPSC/CFPC and the receiving Residency Program

4.12.1 The receiving Residency Program Director is under no obligation to recommend credit for a resident if they feel that it is not appropriate to do so

4.12.2 Once a transfer to Family Medicine has been approved, the Max Rady College of Medicine Family Medicine Residency Program Director will provide evaluation of the resident’s training to date and will apply for credit to the CFPC Board of Examiners on behalf of the resident

4.12.2.1 For residents transferring from another Family Medicine Residency Program, the requested amount of credit will be based on an assessment by the Max Rady College of Medicine Family Medicine Residency Program Director of rotations/learning experiences completed and the resident’s assessments on each rotation/learning experience

4.12.2.2 For residents transferring from other disciplines into the Family Medicine Residency Program, the CFPC Board of Examiners ordinarily grants up to a maximum of six months of credit

4.12.3 Once a transfer to a RCPSC Residency program has been approved, the receiving Residency Program Director will determine if the previous training is relevant to the current training (there must be a provision in the specialty requirements in order for previous training to be considered) and will ensure that the resident’s performance warrants a recommendation for credit. If these conditions are satisfied, then the following are required:

4.12.3.1 The resident should complete, submit and incur all costs of the RCPSC Application for Preliminary Assessment of Training

4.12.3.2 The receiving Residency Program Director should provide a written recommendation to the RCPSC Credentials Unit outlining the credit recommended, under which section of the specialty requirements/competencies to which the credit should be applied and the anticipated completion of training date. The recommendation letter must be sent to the Associate Dean, PGME to obtain their support through co-signature of the same letter or through a separate letter of support
4.13 It is understood that residents will continue to fulfill all existing clinical and educational responsibilities to their original Residency Program until the transfer is complete.

4.14 If it is not possible to complete the transfer request, the resident will be formally notified (email or hard copy) by the Chair of ARETS with a copy to the Associate Dean, PGME, that the request for transfer has been denied, including the rationale for the decision.

4.15 In the event of a denial to transfer, the resident may consider the following:

- Withdrawal of the request for transfer
- Repeating the process with another potential recipient Residency Program
- Applying through the Second Iteration of the CaRMS Match to another Residency Program
- Seeking further advice from their Home Program Director, the Associate Dean, PGME or other advisors

5. POLICY STATEMENTS – RE-ENTRY

5.1 Consideration of re-entry positions is contingent on resources and recruitment needs of a Residency Program.

5.2 Manitoba Health funding for re-entry opportunities is based on social accountability in appropriately fulfilling the human health resource needs of the Province. The Associate Dean, PGME and the ARETS will assist in the decision-making process.

5.3 Priority will be given to Family/General Practice physicians who wish to obtain a primary specialty recognized by the Royal College of Physicians and Surgeons of Canada.

5.4 Partial residency positions will not be considered.

5.5 Candidates might be considered for entry into a return of service agreement within Manitoba on a year for year basis following completion of their residency training.

5.6 All applicants must fulfill the following:

- Be a Canadian Citizen or permanent resident of Canada
- Be fully licensed to practice in the Province of Manitoba
- Provide a letter of good standing from CPSM
- Have practiced medicine in Manitoba or three territories for a minimum of twelve consecutive months
- Declare and clear/meet obligations of any return of service commitments

6. PROCEDURES – RE-ENTRY

6.1 All applicants must submit to the Chair of the ARETS, the following:

- A personal letter indicating their area of interest
6.2 The University of Manitoba, Northern and Remote Stream of the Family Medicine Residency Program offers residents the option of applying for re-entry for further postgraduate training following completion of their service commitment. Residents may apply to any Residency Program for which they are qualified, based on the specific criteria established by the Residency Program under consideration. Other factors include social accountability in the allocation/distribution of residents, the acceptability of candidates and the capacity to accept further trainees in the Residency Program.

6.3 Applications will be reviewed by the ARETS in the order that they are received, without any other biases or preferences for each academic year.

6.3.1 ARETS will vote to approve or to deny the request for re-entry.

6.3.2 If the application is approved to move forward, it will be sent to the relevant Residency Program Director.

6.4 The receiving Residency Program Director will advise the ARETS of the acceptability of the applicant and will provide a letter of authorization to ARETS and to the Associate Dean, PGME.

6.5 The CPGME Office will confirm funding of the re-entry position.

6.5.1 Once funding is confirmed, the CPGME Office will issue a Letter of Offer to the successful re-entry applicant.

7. POLICY STATEMENTS – SPECIALLY-FUNDED NON-CaRMS RESIDENCY POSITIONS

7.1 With respect to Internationally Sponsored (Visa) Residency Positions, the following apply:

7.1.1 Applicants for residency training who are not Canadian citizens or who do not have Canadian permanent resident status must have appropriate sponsorship support.

7.1.2 The CPGME Office and the ARETS will review and process applications for residency training from International applicants only when they are submitted by a sponsoring agency that has entered into a contractual postgraduate training agreement with the University of Manitoba Max Rady College of Medicine through the CPGME Office.

7.1.2.1 Postgraduate training agreements are currently in place with the following sponsoring agencies:

- Saudi Arabian Cultural Bureau
- Saudi Aramco
7.1.3 Decisions to accept Internationally Sponsored (Visa) trainees rest with the individual Residency Programs and the Residency Program Committees at the University of Manitoba. Usually these decisions are made annually and are based on the following criteria:

- Capacity to train additional residents
- Recent Residency Program history/track record in training Internationally Sponsored (Visa) residents

7.1.4 Final approval of all successful Internationally Sponsored (Visa) residency applicants must be made by the ARETS and the Associate Dean, PGME

7.2 With respect to the **Family Medicine – Enhanced Skills Programs**, the following apply:

- The Family Medicine – Enhanced Skills Programs offer applicants the opportunity of acquiring expertise, skills and judgment in a number of clinical fields beyond their training in Family Medicine. The following Enhanced Skills Programs are offered through Specially-Funded Non-CaRMS residency positions:

  ➢ **Family Practice Anesthesia** is a one-year Enhanced Skills Program with the following requirements:
    
    o A return of service commitment to rural or Northern Manitoba
    o Applicants must have successfully completed a two-year Family Residency Program at the time of entry into the Anesthesia Program
    o Applicants must be eligible for full registration with the CPSM
    o Applicants must have landed immigrant status or full Canadian citizenship
    o Applicants must receive job offers from rural or Northern Manitoba communities (RHA or facility) that include the opportunity to provide anesthesia as part of the practice

  ➢ **Cancer Care** is a six-month or one-year Enhanced Skills Program with one or both of the following requirements:
    
    o Applicants must have successfully completed a two-year Family Medicine Residency Program at the time of entry into the Cancer Care Program
    o Applicants must have received the CCFP designation
- **Care of the Elderly** is a six-month or one-year Enhanced Skills Program with one or both of the following requirements:
  - Applicants must have successfully completed a two-year Family Medicine Residency Program at the time of entry into the Care of the Elderly Program
  - Applicants must have received the CCFP designation

- **Palliative Care** is a one-year Enhanced Skills Program with the following requirements:
  - Applicants must have successfully completed Family Medicine or another Residency Program at the time of entry into the Palliative Care Program
  - Applicants must have completed the certification examinations or be eligible to sit the examinations on completion of the Palliative Care Program

- **Sport and Exercise Medicine** is a six-month or twelve-month Enhanced Skills Program with one or both of the following requirements:
  - Applicants must have successfully completed a two-year Family Medicine Residency Program at the time of entry into the Sport and Exercise Medicine Program
  - Applicants must have received the CCFP designation

- **Obstetrics and Women’s Health** is a six-month Enhanced Skills Program with one or both of the following requirements:
  - Applicants must have successfully completed a two-year Family Medicine Residency program at the time of entry into the Obstetrics and Women’s Health Program
  - Applicants must have received the CCFP designation

7.3 With respect to **Other Specially-Funded Non-CaRMS Residency Positions**, the following situations may be considered:

- The following RCPSC Residency Programs have training positions or additional training positions via special funding arrangements, including:
  - Adult Critical Care Medicine Residency Program
  - Gynecologic Oncology Residency program
  - Maternal Fetal Medicine Residency Program
  - Neonatology Perinatology Residency Program (Neonatal Transport Fund)
  - Psychiatry (Child & Adolescent)
  - Psychiatry (Geriatric)
Thoracic Surgery Residency Program

Vascular Surgery Residency Program Pathway 2 (Alternate Entry)

7.3.1 Applicants for these positions **must** have the same qualifications as those candidates applying for a CaRMS residency position.

7.3.2 All new incoming foreign residents **must** participate in the two-week IMG Orientation for New Residents prior to the commencement of training in these specially-funded positions.

7.3.3 Foreign residents are responsible for obtaining and paying for their own Canadian Medical Protective (CMPA) membership fees in full.

7.4 A mechanism is available to provide specially-funded non-CaRMS residency positions to registrants in the MD Program of the Max Rady College of Medicine who have fulfilled or will fulfill the requirements for graduation by June 30 of the Calendar year in which they have failed to match in the First and Second Iterations of the CaRMS Match. An individual is eligible to apply for a postgraduate position following the Main Residency (R-1) CaRMS process if all of the following criteria are met:

- The applicant has been registered in the MD Program of the University of Manitoba, Max Rady College of Medicine and has fulfilled or will fulfill the requirements for graduation by June 30 of the calendar year in which they have applied or will apply.

- The applicant is a Canadian citizen or permanent resident of Canada.

- The applicant is in good standing with CPSM and will be eligible for registration on the Educational Register as a postgraduate learner.

- The applicant has applied to take the Medical Council of Canada Qualifying Examination Part I (MCCQE Part I) or shall apply to take the MCCQE Part I at the first available examination date following eligibility.

- The applicant participated in the Main Residency (R-1) CaRMS Match and failed to match in the First and Second Iterations despite having complied with the following:
  
  - Fulfilled the requirements for diversity of electives as established by the Max Rady College of Medicine.
  
  - Made a concerted effort during the Second Iteration of the CaRMS Match to obtain a residency position in at least one of the three Residency Programs which offered the greatest number of residency positions.

7.5 **Special Funding Arrangements** for residency positions occasionally developed as a result of special community or other health needs and priorities.

7.5.1 The decision for approval of these positions rests with the ARETS, in consultation with the Associate Dean, PGME and the Dean of the Max Rady College of Medicine.

7.5.2 The following examples may be considered:
• A regional Health Authority may consider an arrangement for the funding of a trainee for future practice in the area with a commitment of return of service on the part of the trainee

8. PROCEDURES – SPECIALLY-FUNDED NON-CaRMS RESIDENCY POSITIONS

8.1 With respect to Internationally Sponsored (Visa) Non-CaRMS Residency Positions, the following apply:

8.1.1 Applications for residency training must go to the CPGME Office directly from the sponsoring agency after the signing of the postgraduate training agreement.

8.1.2 The CPGME Office will review, collate and forward the applications to the appropriate Residency Program Directors with verification of sponsorship authority.

8.1.3 Residency Programs accepting Internationally Sponsored (Visa) trainees will adhere to the timelines for acceptance of trainees and for completion of documentation (see Appendix 3: Guidelines for accepting Internationally Sponsored Trainees).

8.1.4 The application package sent by the sponsoring agency to the CPGME Office must include all of the following:

• A letter from the sponsoring agency which confirms full financial support for the duration of the residency training.

• Medical Council of Canada Evaluating Examination (MCCEE) results. (Beginning with the 2020 CaRMS residency application cycle, the Medical Council of Canada Qualifying Examination (MCCQE) Part I will replace the Medical Council of Canada Evaluating Examination (MCCEE) as the prerequisite for International Medical Graduates (IMGs) applying for postgraduate medical education in Canada.)

• An up-to-date curriculum vitae which includes the applicant’s date of birth, citizenship and email address.

• A copy of medical degree (with English translation, where applicable).

• A copy of the medical school transcript (with English translation, where applicable).

• Three letters of reference on letterhead, signed and dated within two years of the date of application.

• A brief personal statement from the applicant which explains his/her interest in the University of Manitoba program of choice.

• Have proof of English language proficiency through Academic IELTS with a minimum score of 7 in each component with an overall band score of no less than 7.
8.1.5 Following review of the applications and selection of suitable candidates by the Residency Program Director, on-site interviews will be arranged (by the Residency Program) for the candidates.

8.1.5.1 Selection criteria for interview at the Residency Program level should involve the following:

- Residency Program Director
- Selected faculty who are members of the Residency Program Committee
- Senior/Chief Resident(s)
- Section Head/Department Head

8.1.6 A formal evaluative ranking system should be used in the screening process and ultimately reviewed at the Resident Program Committee meeting prior to final selection of successful candidates.

8.1.7 All successful applications will be reviewed and approved by the ARETS and the Associate Dean, PGME.

8.1.8 The CPGME Office will extend a written letter of offer to the successful candidate and to the sponsor.

8.1.9 The CPGME Office will provide successful applicants with documentation to enable them to apply for the appropriate work permit from Citizenship and Immigration Canada.

8.1.10 All new incoming foreign residents must participate in the two-week IMG Orientation for New Residents. This must be cited in the letter of offer so that both the resident and the sponsor are aware of this expectation of attendance prior to the commencement of residency training.

8.1.11 Foreign residents are responsible for obtaining and paying for their own Canadian Medical Protective (CMPA) membership fees in full.

(See Appendix 3: Guidelines for accepting Internationally Sponsored Trainees)

8.2 With respect to the Family Medicine – Enhanced Skills Programs, the following apply:

8.2.1 Applicants will refer to the Family Medicine Residency Program Website for details pertaining to the applications to specific Family Medicine – Enhanced Skills Programs.

8.2.2 In general, applications must include the following:

- A current curriculum vitae/resume
- Three letters of reference written no more than three months prior to the application deadline.
A short essay or letter of intent outlining the candidate’s objectives, career goals and strengths and suitability (Care of the Elderly; Cancer Care; Sport and Exercise Medicine)

Certificate of Professional Standing from CPSM (Cancer Care)

8.2.3 All successful applications will be reviewed and approved by the ARETS and the Associate Dean, PGME

8.3 With respect to the procedures for RCPSC Specially-Funded Non-CaRMS Residency Positions, the following apply:

8.3.1 Applicants will refer to the respective Residency Program Website for details pertaining to the applications to specific Residency Programs

8.3.2 In general, applications will include the following:

- A current curriculum vitae/resume
- Three letters of reference written no more than three months prior to the application deadline
- Cover letter
- Proof of citizenship
- IMG applicants must provide MCCEE/MCCQE Part 1 results and English language proficiency scores (IELTS)
- Other as requested by the individual Residency Program

8.4 With respect to learners who failed to match to a residency position through participation in the CaRMS process, the following apply:

8.4.1 The ARETS, in consultation with the Associate Dean, PGME, the Residency Program Directors and the Dean of the Max Rady College of Medicine shall determine a slate of potential Residency positions

8.4.2 The potential positions shall include those that were unfilled following the Second Iteration of the Main Residency (R-1) CaRMS Match and those that are supernumerary to the discipline-specific quota identified to CaRMS for the given year

8.4.3 An individual who meets the eligibility requirements must submit an application to the Associate Dean, PGME and to the Chair of the ARETS. The application must include the following:

- Identity of the residency positions for which the applicant wishes to be considered
- A current copy of the University of Manitoba transcript
- A copy of a current Medical Student Performance Record
8.4.4 The Associate Dean, PGME will convene a panel consisting of the Chair of the ARETS, Residency Program Directors and residents representing the Residency Programs that have potential positions to rank applicant(s) to available position(s)

8.4.5 The applicant(s) will rank positions for which they wish to be considered

8.4.6 The Associate Dean, PGME will conduct a match and will notify the applicant(s) of the results of the match

8.4.7 The applicant(s) may decline a position, but in doing so will forfeit a residency position granted through this process. This does not preclude the applicant(s) from applying for an extension of the clerkship or from applying in future to CaRMS

8.4.8 The rights and obligations and processes of assessment and promotion of a learner who is matched through this process shall not be distinct from that of other postgraduate learners

8.4.9 Notwithstanding an applicant’s completion of the MD Program, there may be academic or professionalism concerns that may have contributed to the failure of the applicant to match through the CaRMS process. Accordingly, a Remediation Program may be recommended by the Associate Dean, PGME in consultation with other members of the Max Rady College of Medicine to address such concerns

8.4.9.1 The applicant(s) must sign a letter of agreement to participate in a Remediation Program, if indicated

8.4.9.2 The Associate Dean, PGME Student Affairs or designate, shall oversee the Remediation Program

POLICY CONTACT:  Associate Dean, PGME

REFERENCES

PARIM and Shared Health Collective Agreement; http://www.parim.org/contract

University of Manitoba, Max Rady College of Medicine, PGME Alternate Resident Entry & Transfer Subcommittee (ARETS) Terms of Reference, December 12, 2017 http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Terms_of_Reference_-_FPGME_ARETS_FINAL.pdf

University of Manitoba, Max Rady College of Medicine, PGME Policy on Voluntary Withdrawal from PGME Residency and Vacancy Management http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

University of Manitoba, Max Rady College of Medicine, PGME Policy on Resident Selection http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/policies.html

University of Saskatchewan, College of Medicine, Postgraduate Medical Education, Resident Transfer Policy and Procedures, Rev. June 21, 2011
University of Manitoba, Max Rady College of Medicine Allocations Advisory Committee (PGME-AAC)
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/committeesandmeetings.html

APPENDICES

Appendix 1: Alternate Resident Entry and Transfer Subcommittee (ARETS) – Terms of Reference
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/committeesandmeetings.html

Appendix 2: Postgraduate Medical Education National Transfer Guidelines

Appendix 3: Guidelines for accepting Internationally Sponsored Trainees

Appendix 4: Alternate Route of Entry Procedure maps

Appendix 5: How to Process a Request for Credit for Training
http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/media/Credit__previous_training__April_2017.pdf