**Policy Name:** New Resident Selection

<table>
<thead>
<tr>
<th>Application/Scope:</th>
<th>All PGME Residency Programs</th>
</tr>
</thead>
</table>
| Approved (Date):  | Amended PGME Executive Committee, June 10, 2014  
PGME Executive Committee, Sept. 17, 2013; Dean’s Council, Oct. 8, 2013  
PGME Executive Committee, May 14, 2019; Dean’s Council, August 27, 2019 |
| Review Date:      | Amended April 2019 |
| Revised (Date):   | April 11, 2017 |
| Approved By:      | Faculty Executive Council, Dec. 10, 2013  
College Executive Council, Sept. 17, 2019 |

**BACKGROUND**

The University of Manitoba, Max Rady College of Medicine and its Residency Programs are responsible for defining specific eligibility criteria for the ranking, recruitment and selection of the most suitable candidates based on criteria established by individual Residency Programs and for defining employment terms and conditions including required citizenship or resident status.

The Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC), General Standards of Accreditation require that the Postgraduate Medical Education Executive Committee establish and supervise policies for the selection and promotion of residents in all programs, supported by an appeal mechanism.

All applications for residency training at the University of Manitoba are managed through the following:

- **Canadian Resident Matching Service (CaRMS):** this includes Canadian and USA Medical School Graduates, International Medical Graduates (IMGs), and graduates of an accredited School of Osteopathy who wish to enter a Residency Program

- Alternate Routes of Entry to Residency, including:
  - Resident transfer
  - Resident re-entry
  - Specially-Funded Non-CaRMS Residency Positions
  - Internationally (Visa) Sponsored Trainees

- Non-Medical Residency Program in Clinical Health Psychology, via the Association of Psychology Postdoctoral and Internship Centres (APPIC) Match
• National Matching Services or Other Routes of Entry for Postdoctoral Residency, including the following:
  o Clinical Biochemistry
  o Molecular Genetics/Cytogenetics
  o Clinical Microbiology
  o Master of Dentistry Oral and Maxillofacial Surgery
  o Dental Internship
  o Pediatric Dentistry

Postgraduate Medical Education (PGME) trainees will be selected to participate in Residency Programs on the basis of their academic achievements and potential to succeed in the programs, as well as through a holistic review of residency applications with an increased focus on experiences and capabilities. Selection for admission to the various training programs will be made primarily on the basis of scholastic, personal and professional attributes as determined by academic records, personal interviews, letters of reference and in-training evaluation reports.

Best Practices in Application & Selection (BPAS) Report and recommendations endorsed by the Associations of Faculties of Medicine of Canada (AFMC), ensures appropriate procedures are in place for objective decision-making, transparency, due process and societal responsibility.

Every effort, and other initiatives as applicable, from time to time will be made to accommodate Manitobans to the Residency Programs in accordance with the Provincial Repatriation Working Group recommendations, activities and terms of reference.

DEFINITIONS

AAC – Allocations Advisory Committee

ACGME – Accreditation Council for Graduate Medical Education

AFMC – Associations of Faculties of Medicine of Canada

APPIC – Association of Psychology Postdoctoral and Internship Centres

ARETS – Alternate Resident Entry and Transfer Subcommittee

BPAS – Best Practices in Application & Selection

CaRMS – Canadian Residency Matching Service
  • R-1 – Main Residency Match – with two iterations
  • MSM – Internal Medicine Subspecialty Match
  • PSM – Pediatric Subspecialty Match
  • FM/EM – Family Medicine/Emergency Medicine Match

CFPC – College of Family Physicians of Canada

CMG – Canadian Medical Graduate

CPSM – College of Physicians and Surgeons of Manitoba

DO – Doctor of Osteopathic Medicine

CPGME – (Max Rady) College (of Medicine) Postgraduate Medical Education
Human Rights Code (Manitoba) - is Manitoba's provincial human rights law, it protects individuals and groups in Manitoba from discrimination and is administered by the Manitoba Human Rights Commission

IELTS – International English Language Testing System

IMG – International Medical Graduate

Internationally (Visa) Sponsored 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

LCME/CACMS – Liaison Committee on Medical Education/Committee on Accreditation of Canadian Medical Schools

MCCEE – Medical Council of Canada Evaluating Examination

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

Multiple Mini Interviews (MMI) – is an interview format that uses many short independent assessments to obtain an aggregate score of each candidate’s interpersonal skills, common sense and positive flexible attitude

NAC – National Assessment Collaboration

OSCE – Objective Structured Clinical Examination

PD/Program Director – Residency Program Director

PGME Essential Skills and Abilities – all candidates for admission, promotion or graduation in Postgraduate Medical Education programs must have the required Skills and Abilities (Technical Standards) to successfully achieve the required competencies. See Appendix 2

Post-Doctoral Program – Non-Royal College/College of Family Physicians of Canada Residency Programs within PGME

PGY-2 – Postgraduate Resident in second year of training

RCPSC – Royal College of Physicians and Surgeons of Canada

Re-Entry – is the process whereby physicians who completed a minimum of one year of practice in Manitoba, 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

Residency Programs – those programs which manage residency training at the University of Manitoba, as further particularized in the background section, above

Return of Service (ROS) – 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

ROL – Rank Order List

RPC/RTC/PEC – Residency Program Committee/Residency Training Committee/Postgraduate Education Committee
Situational Judgement Testing (SJT) – is a type of psychological test which presents the test-taker with realistic, hypothetical scenarios and asks the individual to identify the most appropriate response or to rank the response in the order that they feel is most effective. SJTs are designed as a tailor-made tool to suit the individual role requirements. SJT is offered online by service providers external to the University.

Transfer – This is the approved move of a resident from one Residency Program to another.

USMG – United States Medical Graduate

USMLE – United States Medical Licensing Examination

WDoMS – World Directory of Medical Schools

1. PURPOSE

1.1 Provide oversight of, and guidance to, all University of Manitoba Residency Programs regarding policies and procedures for the consistent and fair selection of residents in all Residency Programs.

2. POLICY STATEMENTS – GENERAL PRINCIPLES

2.1 Each Residency Program will have a formal resident selection process which addresses applicant eligibility requirements based on the University of Manitoba, Max Rady College of Medicine requirements, essential skills requirements and the following BPAS recommendations:

- Must define the goals of their selection processes and explicitly relate these to overall program goals.
- Programs must establish a comprehensive set of program-specific criteria that will allow thorough assessment of all candidates.
- Programs should explicitly and publicly state the processes and metrics they use to filter and rank candidates.
- If programs systematically use information other than that contained in application files and interviews, this must be consistent, fair and transparent for all applicants.
- Programs should establish clear criteria for determining ‘do not rank’ status.

2.2 Availability of residency positions will vary from year to year and are not guaranteed for any Residency Program. The allocation of resident positions is determined by collaborative effort of the Allocation Advisory Committee (AAC) and the Alternate Resident Entry and Transfer Subcommittee (ARETS).

2.3 No resident can be accepted unless a funded position is available. Applicants cannot provide their own personal funds to apply for Residency positions.

2.4 Applicants will not be disqualified on the basis of age, race, colour, national or ethnic origin, religion, family or marital status, gender, sexual orientation, or health condition or other matters protected by human rights legislation.
2.4.1 A particular skill or qualification can be specified if the preference is based on a bona fide occupational requirement

2.5 Residency Programs will follow the guidelines for conduct during interviews and applicant selection as determined by PGME, from time to time, and which are in accordance with applicable CaRMS agreements (or equivalent for non-medical Residency Programs), access and privacy laws and policies, applicable human rights legislation and Essential Skills Requirements. See Appendix 3 for an example of Resident Program Ranking and Weighting formula

2.5.1 The MMI format should be used by all Residency Programs for resident selection interviews

2.5.2 Interviews must be conducted in an atmosphere free of intimidation

2.5.3 Interviews cannot include personal questions about family, religion, marital status, age or finances

2.5.4 Interviews cannot include questions, allusions, remarks or coercion about other applications, interviews or ranking

2.5.5 Interviewers cannot exert undue or unwarranted pressure on the selection decisions of applicants. Both applicants and participating Residency Programs may express a high degree of interest in each other but may not make statements implying a commitment

2.5.6 Program Directors, faculty members, interviewing teams including residents are not permitted to ask applicants how they intend to rank programs or request any information on other programs to which the applicant may have applied

2.5.7 Reference letters are confidential and should not be shown to the applicant nor should their content be revealed to the applicant

2.5.8 Only the final preferences of the participating Residency Programs and applicants, as reflected in their final verified Rank Order Lists (ROL), will determine the offering of positions and the placement of applicants through the matching program

2.5.9 All Program Directors will be provided with training on implicit bias. They will also be given material on the subject to share with their selection committee for use during the selection process.

2.6 The listing of an applicant by a participating Residency Program on its verified ROL or of a participating Residency Program by an applicant on the applicant's submitted ROL establishes a binding commitment to offer or to accept an appointment if a match results. Failure to honor this commitment by a participating Residency Program or applicant will be considered a breach of the CaRMS agreement, and may result in penalties to the breaching participating Residency Program or applicant

2.7 The Max Rady College of Medicine and a Residency Program, in their discretion, may release applicants from their binding commitment if they deem it would cause the applicant serious hardship
2.8 The Max Rady College of Medicine may withdraw a participating Residency Program from the CaRMS Match, or other program matches, if there are no positions available. All such withdrawals will be put into effect through the CPGME Office.

2.8.1 Residency Program Directors who wish to withdraw the complete quota of a participating Residency Program must do so prior to holding interviews for the Residency Program, to avoid unnecessary costs to applicants, except for situations beyond their control.

See Appendix 1 – BPAS Report

3. POLICY STATEMENTS – CaRMS SELECTIONS

3.1 Residency positions may be offered to the following:

- Students graduating from Canadian, USA and international medical schools
- All graduates of Canadian, USA and international medical schools who are Canadian citizens or permanent residents and who have had no prior postgraduate medical training in Canada or the United States
- Graduates of accredited Schools of Osteopathy (USA) who have earned the degree of Doctor of Osteopathic Medicine (DO) and who are Canadian citizens or permanent residents
- Physician who are former graduates of Canadian, USA and international medical schools
- Applicants who are registered with the Canadian Resident Matching Service (CaRMS) and meet the eligibility requirements established by the University of Manitoba, Max Rady College of Medicine and the College of Physicians and Surgeons of Manitoba

3.2 Graduates of USA Medical Colleges, who are Canadian citizens or permanent residents of Canada, are given reciprocity with Canadians

3.3 Fulfilling the applicant eligibility requirements allows for participation in the match, but does not guarantee eligibility to all residency training positions participating in the match.

3.4 The National Assessment Collaboration Objective Structured Clinical Examination (NAC OSCE) is mandatory for all International Medical Graduates (IMG) applying for first-year residency positions in Manitoba. The results are required by the file review opening date.


3.5 Situational Judgement Testing (SJT) should be used by all entry-level medical Residency Programs as part of the resident selection process.

3.6 If a particular Residency Program has reason to close and/or to reduce the number of residents after the match has been run, the Residency Program Director must advise the Associate Dean, PGME, who will notify CaRMS of the method CPGME will employ to assist each matched applicant in securing another residency position.
3.7 If a Residency Program decides not to participate in the Second Iteration of the CaRMS Match, the Associate Dean, PGME must be notified prior to verification of the Rank Order List for the First Iteration of the Match

4. PROCEDURES – CaRMS SELECTION

4.1. With respect to CaRMS Application & Eligibility, the following apply:

4.1.1 Four categories of admissible candidates include the following:

- Graduates of Canadian medical schools (CMG)
- Graduates of USA medical schools (USMG)
- Graduates of foreign medical schools - outside North America (IMG)
- Graduates of accredited Schools of Osteopathy

4.1.2 CaRMS application and matching program provides a system for the review and confidential ranking of applicants to the following:

- R-1 Main Residency Match (R-1 Match)
- Family Medicine - Emergency Medicine - Enhanced Skills Match (R-3 Match)
- Internal Medicine Subspecialty Match (R-4 MSM)
- Pediatric Subspecialty Match (R-4 PSM)

4.1.3 Main Residency Match (R-1) – The CaRMS R-1 Match is run in two iterations for CMG and IMG applicants. Applicants must meet the Manitoba Provincial Criteria posted on the CaRMS website.

Link to CaRMS Website: Manitoba Eligibility Criteria for R-1 Match

4.1.4 With respect to the Family Medicine – Emergency Medicine (R-3) Match, the applicants must meet the Manitoba Provincial Eligibility Criteria posted on the CaRMS website.

Link to CaRMS Website: FM/EM Eligibility Criteria

4.1.5 With respect to the Internal Medicine Subspecialty Match (R-4 MSM), applicants must meet the Manitoba Provincial Criteria posted on the CaRMS website.

Link to CaRMS Website: MSM Eligibility Criteria

4.1.6 With respect to the Pediatric Subspecialty Match (R-4 PSM), applicants must meet the Manitoba Provincial Criteria posted on the CaRMS website.

Link to CaRMS Website: MSM match Eligibility Criteria
4.2. Participating Residency Programs will solicit and accept all applications, documents and other materials exclusively through the CaRMS electronic application process.

4.3. For all matches, two eligible applicants may identify each other as partners and submit a couple’s rank order list (ROL).

4.4. With respect to the **Rank Order List (ROL) Submission**, the following apply:

   4.4.1 Participating Residency Programs will restrict their rank order lists (ROL) to only those applicants who are registered and have applied through CaRMS and meet the other eligibility criteria as determined by the Residency Programs in accordance with this policy.

   4.4.2 Participating Residency Programs must register with and must submit ROLs through the CaRMS Online System Match Site according to the specific deadline for submission.

   4.4.3 ROLs may be submitted through the match site only.

   4.4.4 Participating Residency Programs follow access procedures established by CaRMS with respect to the match site, in accordance with CaRMS’ terms of use.

   4.4.5 An ROL may be entered in more than one session and may be modified prior to the ROL submission deadline.

   4.4.6 Residency Programs are encouraged to complete the ROL submission process well in advance of the ROL submission deadline and prior to the peak utilization period when the match site may be less accessible.

   4.4.7 Prior to the submission of the rank order list to CaRMS, a committee appointed by the Residency Program Director will meet and determine the desirability, eligibility, and rank order of candidates.

   4.4.8 The ROL will be submitted to the CPGME Office.

      4.4.8.1 The Associate Dean, PGME will verify the ROLs of participating Residency Programs prior to the deadline date established by CaRMS in the Schedule of Dates.

      4.4.9 The Associate Dean, PGME will provide the Residency Programs’ Rank Order Lists (ROL) for review by the Dean of Medicine prior to submission to CaRMS.

4.5. With respect to **Contact** with candidates and **Appointment** of successful candidates, the following apply:

   4.5.1 Applications will be screened by the Residency Program Committee and those meeting individual program standards will be recommended for a personal interview.

   4.5.2 Participating Residency Programs will comply with the following:

      4.5.2.1 Refrain from arranging, offering, or requiring any appointments, commitments or contracts with applicants outside of the matching.
process, for non-directed positions prior to the match date established by
CaRMS or the completion of all match cycles

4.5.2.2 Invite shortlisted applicants for an interview, in keeping with the CaRMS
Schedule of Dates no less than one week barring extenuating circumstances before the interview and coordinating their interview itineraries for out-of-town interviewees within the national interview period

4.5.2.3 Residency Programs must make every effort to coordinate their interviews with programs in other medical schools to ensure applicants do not have to go back and forth across the country

4.5.2.3.1 Applicants are expected to attend in person for their interview. Applicants unable to visit due to unusual, extenuating circumstances may be afforded the opportunity to complete a telephone or video-conferenced interview at the discretion of the Residency Program Director in consultation with the Associate Dean, PGME

4.5.2.4 Interviewers are to pose questions that relate directly to the residency position, to avoid questions that risk violating protected human rights, and to not ask questions that violate characteristics as listed in The Human Rights Code (Manitoba) (as amended from time to time) as being protected

4.5.2.5 Residency Programs must ensure that conversations and written communications with and about applicants do not depart from the University of Manitoba’s policies and collective agreements

4.5.2.6 CPGME Office must offer appointments to matched applicants or provide matched applicants with a letter of intent for appointment not more than 30 days after the receipt of the notification of the matching results

4.5.2.7 CPGME Office in consultation with the Program Director must notify CaRMS in writing in the unusual event of a need to release an applicant. A letter of support from the applicant’s undergraduate medical school or current Residency Program Director, acknowledging and outlining the hardship is required, with a copy to the Associate Dean, PGME

4.6 Residency Programs must not use personal information of applicants, disclosed to it by CaRMS, other than for the sole purpose of selecting candidates for the Residency Programs in accordance with CaRMS Privacy Policy and University of Manitoba privacy policies

4.6.1 All Residency Programs must securely destroy, delete or convert personal information into anonymous form of all unmatched applicants once it is no longer required for the purpose for which it was collected, unless otherwise permitted by CaRMS

4.6.2 With respect to documentation and written information during the CaRMS match process, all files and other information (e.g., Rank Order List) must be kept for one year prior to being destroyed

4.7 Residency Programs should provide information upon request to applicants regarding the CaRMS appeal process
5. POLICY STATEMENTS – ALTERNATE ROUTES OF ENTRY TO RESIDENCY

5.1 All applications for entry to residency via alternate routes outside of the CaRMS process are centrally managed, requiring the approval of the following:

- Alternate Resident Entry and Transfer Subcommittee (ARETS)
- Associate Dean, PGME

5.2 With respect to information pertaining to Resident Transfer from one Residency Program into another, refer to the CPGME Policy: Alternate Routes of Entry to Residency

5.3 With respect to information pertaining to Resident Re-Entry, refer to the CPGME Policy: Alternate Routes of Entry to Residency

5.4 With respect to information pertaining to Specially-Funded Non-CaRMS Residency Positions, refer to the CPGME Policy: Alternate Routes of Entry to Residency

6. PROCEDURES – ALTERNATE ROUTES OF ENTRY TO RESIDENCY

6.1 With respect to information pertaining to Resident Transfer from one Residency Program to another, refer to the CPGME Policy: Alternate Routes of Entry to Residency

6.2 With respect to information pertaining to Resident Re-Entry, refer to the CPGME Policy: Alternate Routes of Entry to Residency

6.3 With respect to information pertaining to Specially-Funded Non-CaRMS Residency Positions, please refer to the CPGME Policy: Alternate Routes of Entry to Residency

7. POLICY STATEMENTS AND PROCEDURES - NATIONAL MATCHING SERVICES OR OTHER ROUTES OF ENTRY FOR NON-MEDICAL RESIDENCY AND POSTDOCTORAL RESIDENCY PROGRAMS

7.1 Non-Medical Residency

7.1.1. The Department of Clinical Health Psychology offers a twelve-month Pre-Doctoral Residency in Clinical Psychology within four different streams of emphasis: adult; child and adolescent; adult neuropsychology; and rural. The Residency Program is accredited through the Canadian Psychological Association. All residency positions are filled through the APPIC Match, conducted by the National Matching Service (see APPIC website: www.appic.org.)

Link to University of Manitoba Program webpage: http://umanitoba.ca/faculties/medicine/units/clinical_health_psych/education/internship/index.html

7.2 Post-Doctoral Residency Programs
With respect to the Clinical Biochemistry Postdoctoral Residency Program, this is a 3-year post-doctoral training program in Clinical Biochemistry. Professional competence is assessed through written and oral examinations set and supervised by the Canadian Academy of Clinical Biochemistry (CACB), a body within the Canadian Society of Clinical Chemists (CSCC). Selection of residents follows the Clinical Biochemistry Resident Training Committee’s “Candidate Selection Criteria Policy”


With respect to the Molecular Genetics and Cytogenetics Postdoctoral Residency Program, this is a three-year Post-Doctoral Residency Program in Laboratory Genetics. Upon completion of training, the candidate is eligible to sit for both the Molecular Genetics and Cytogenetics certification examinations offered by the Canadian College of Medical Geneticists (CCMG)

Link to CCMG: https://www.ccmg-ccgm.org/training/training-molecular.html

With respect to the Clinical Microbiology Postdoctoral Residency Program, this is a two-year Residency Program which meets the training requirements necessary to sit for the Fellow of the Canadian College of Microbiologists (FCCM) certification examination offered by the Canadian College of Microbiologists or the American Society for Microbiology. All fellowship positions are filled according to a competitive selection process following completion and review of a detailed application form by all applicants, reference checking, and in person interviews with members of the Clinical Microbiology Postdoctoral Residency Program Committee

Canadian College of Microbiologists link: http://www.ccm.ca/

Link to University of Manitoba webpage:
http://umanitoba.ca/faculties/medicine/units/medical_microbiology/clinical_microbiology.html

With respect to the Oral Maxillofacial Surgery Residency Program, the Master of Dentistry in Oral and Maxillofacial Surgery which is four years in length includes a four-year hospital residency for which a Post-Graduate Training Certificate is awarded. The program has full accreditation from the Commission on Dental Accreditation of Canada. The primary objective of the Residency Program is to train dentists to become competent, ethical Oral and Maxillofacial surgeons for practice in Canada, and to provide them with a scientifically based curriculum which will prepare them for the challenges they will face in the development of their speciality, throughout their professional careers. Application and selection processes, including participation in a national match, follow procedures outlined in the Department of Dental and Diagnostic in the School of Dentistry

Link to University of Manitoba webpage:
http://umanitoba.ca/faculties/graduate_studies/admissions/programs/oms.html
7.2.5 With respect to the **Dentistry Internship Program**, the Dental Internship at Health Sciences program is affiliated with the University of Manitoba and fully accredited by the Commission on Dental Accreditation of Canada. It is one year in duration, starting July 1st and ending June 30th, and appointments will be made by the end of November each year. Application and selection processes, including participation in a national match, follow procedures outlined in the Department of Dental and Diagnostic Sciences in the School of Dentistry. One position is offered currently for applicants with a particular interest in Adult Dentistry. The adult interns are administered by the Head of the Adult Dental Clinic at the Health Sciences Centre

Link to University of Manitoba webpage:
http://umanitoba.ca/faculties/health_sciences/dentistry/ddss/ddss_gradinternship.html

7.2.6 With respect to the **Pediatric Dentistry Program**, the graduate program in Pediatric Dentistry is a 36-month program leading to a Master’s degree. The program has full accreditation from the Commission on Dental Accreditation of Canada and successful candidates will be eligible to take the examinations of the Royal College of Dentists Canada (RCDC) and the American Board of Pediatric Dentistry

Link to University of Manitoba webpage:
http://umanitoba.ca/faculties/graduate_studies/admissions/programs/pediatric_dentistry.html

**POLICY CONTACT:**  Associate Dean, PGME

**REFERENCES**

The Association of Faculties of Medicine of Canada, Reducing the Number of Unmatched Canadian Medical Graduates, January 2018

Association of Psychology Postdoctoral and Internship Programs (APPIC)
Link: www.appic.org

CaRMS and the Undergraduate/Postgraduate Medical Education (UGME/PGME) standing committees of the Association of Faculties of Medicine of Canada (AFMC), Faculty – Program Interview Process; Guidelines for Applicant Selection and Conducting Interviews, April 2013
Link: http://www.carms.ca/eng/faculty_int_guide_e.shtml

Canadian Resident Matching Service https://www.carms.ca/


Medical Council of Canada, National Assessment Collaboration (NAC)
http://mcc.ca/examinations/nac-overview/
APPENDICES

APPENDIX 1: Best Practices in Applications & Selection (BPAS) Report

APPENDIX 2: PGME Essential Skills and Abilities

APPENDIX 3: Example of Resident Program Ranking and Weighting Formula

Resident Selection Processes and the Incorporation of CASPer™
Academic Year 2018/19
Family Medicine 1st Iteration

Note: all calculations use the formulaic total of all subset z-scores¹.

A. IMG Positions
The threshold CASPer z-score was set at ≥ -1.28 (90% of CASPer takers will achieve a score ≥ -1.28).

a. Selection for File Review:

<table>
<thead>
<tr>
<th>Z-score of MCCEE/MCCQE I plus NAC/MCCQE II</th>
<th>CASPer</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

b. Selection for Interview:

Eighty applicants in total were offered interviews, comprised of all Manitoba resident\textsuperscript{a} applicants and the highest ranking non-Manitobans based on the following formulaic approach:

<table>
<thead>
<tr>
<th>MCCQEE/MCCQE I NAC/MCCQE II</th>
<th>IMG File Review</th>
<th>Common File Review</th>
<th>CASPer</th>
</tr>
</thead>
<tbody>
<tr>
<td>30%</td>
<td>10%</td>
<td>20%</td>
<td>40%</td>
</tr>
</tbody>
</table>

B. CMG Positions

There was no threshold CASPer z-score for Manitoba residents. The threshold CASPer z-score was set at ≥ -1.28 for all non-Manitoba applicants.

a. Selection for Interview:

All Manitoba residents regardless of their location of study were interviewed.

One hundred and fifty applicants in total were offered interviews, comprised of all Manitoba resident applicants and the remainder being the highest ranking non-Manitobans, based on the following formulaic approach:

<table>
<thead>
<tr>
<th>File Review</th>
<th>CASPer</th>
</tr>
</thead>
<tbody>
<tr>
<td>60%</td>
<td>40%</td>
</tr>
</tbody>
</table>

b. Creation of Stream-based Rank Order List

Rank order lists were created for each stream's CMG positions based on the following formulaic approach:

<table>
<thead>
<tr>
<th>Common File Review</th>
<th>CASPer</th>
<th>Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>30%</td>
<td>45%</td>
</tr>
</tbody>
</table>
Priority was given to University of Manitoba graduates to achieve a target of 70% of registrants being University of Manitoba graduates, followed by Manitoban residents studying elsewhere, providing no applicant was moved more than 5 positions upwards in the rank order list.

---


ii Manitoba resident as defined by the University of Manitoba for the purposes of admission to programs of study at the University of Manitoba.
rid=3908&topicgroupid=20969&loaduseredits=False