



Policy Name:	Alternate Routes of Entry to Residency - Transfer, Re-Entry, Non-CaRMS
Application/ Scope:	All RCPC and CFPC Postgraduate Training Programs
Approved (Date):	PGME Executive Committee, Sept. 17, 2013; Dean's Council, Oct. 8, 2013 Approved by FPGME Executive, Sept. 13, 2001; Amended Jan. 8, 2008 Approved PGME Executive, Oct 10, 2017; Dean's Council, Nov. 7, 2017 Approved PGME Executive, May 14, 2019; Dean's Council, August 27, 2019 Approved by PGME Policy Development Committee, March 3, 2021; PGME Executive, March 9, 2021 Approved by PGME Policy Development Committee, February 7, 2022; PGME Executive, March 8, 2022
Review Date:	April 2019
Revised (Date):	Oct 10, 2017; Policy Development Committee, Sept. 22, 2021
Approved By:	Faculty Executive Council, Dec. 10, 2013 College Executive Council, Dec 19, 2017; Sept. 17, 2019; College Executive Council: April 27, 2021

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 but not limited to the following:
 - Internationally Sponsored (Visa) trainee positions
 - Family Medicine – Category 2 Enhanced Skills Residency Programs (accredited by CFPC but there is no Certificate of Added Competence awarded following successful completion of the Program)
 - Adult Critical Care Medicine Residency Program
 - Gynecologic Oncology Residency Program
 - Maternal Fetal Medicine Residency Program

- Neonatology Perinatology Residency Program (Neonatal Transport Fund)
- Child & Adolescent Psychiatry Residency Program
- Geriatric Psychiatry Residency Program
- Thoracic Surgery Residency Program
- Vascular Surgery Residency Program Pathway 2 (Alternate Entry)
- Colorectal Surgery Residency Program
- Forensic Pathology Residency Program
- Hematological Pathology Residency Program
- There are positions for Unmatched (CaRMS) University of Manitoba Medical Students
- There are Special Funding Arrangements, including the following:
 - RHA funding

DEFINITIONS

AFMC – Association of Faculties of Medicine of Canada

CaRMS – Canadian Residency Matching Service

- **R-1** – Main, first iteration Match
- **R-2** – Second iteration Match
- **FM/ES** – Family Medicine - Enhanced Skills Match for Category 1 Programs accredited by CFPC and offering a Certificate of Added Competence (CAC). These Programs include but are not limited to the following:
 - Addictions Medicine
 - Care of the Elderly
 - Clinician Scholar (Research Stream)
 - Emergency Medicine
 - Family Practice Anesthesia
 - Obstetrical Surgical Skills
 - Palliative Care
 - Sport and Exercise Medicine
- **MSM** – Internal Medicine Subspecialty Match
- **PSM** – Pediatric Subspecialty Match

CELPIP – Canadian English Language Proficiency Index Program

CFPC – College of Family Physicians of Canada

CIP – Clinician Investigator Program

CMPA – Canadian Medical Protective Association

Competence Continuum – an observable ability of a health professional related to a specific activity that integrates knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development

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

CPSM – College of Physicians and Surgeons of Manitoba

FMRAC – Federation of Medical Regulatory Authorities of Canada

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

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

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

NAC – National Assessment Collaboration

Objectives of Training (OTR) – refers to the RCPSC document that outlines the competencies required to practice as a specialist in the specific discipline

OET – Occupational English Test

OSCE – Objective Structured Clinical Examination

PARIM – Professional Association of Residents and Interns of Manitoba

PGME – means Postgraduate Medical Education and refers to the Office of Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It represents postgraduate medical education at the University of Manitoba through residency, fellowship, Areas of Focused Competence, post-doctoral and other training programs. The programs which PGME oversees are those accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Psychological Association (CPA), the Canadian Academy of Clinical Biochemistry (CACB), the Canadian College of Microbiology (CCM) and the Canadian College of Medical Geneticists (CCMG). Applicable to all of its training programs, PGME develops and administers policies and governs through the PGME committees. The PGME Office is overseen by the Associate Dean, PGME, Max Rady College of Medicine

PGME Allocations Committee – is the subcommittee of the PGME Executive Committee responsible for overseeing and determining the allocation of residency positions on an annual basis as well as for long-range health human resources and for social accountability

PGME-ARET – Alternate Resident Entry & Transfer Committee is the PGME committee responsible for managing alternate resident routes of entry to Residency Programs

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 (1) 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 – is the organization that delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations

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

1. PURPOSE

- 1.1 Provide specific guidelines to ensure that resident requests to enter Residency Programs outside of the CaRMS match process are centrally managed in a manner that fairly accommodates 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 Committee (PGME-ARET) (see Appendix 1: Alternate Resident Entry and Transfer Committee (PGME-ARET) – Terms of Reference)
 - Associate Dean, PGME
- 2.2 With respect to the **Alternate Resident Entry and Transfer Committee (PGME-ARET)** the following apply:

- 2.1.1 PGME-ARET is advisory to the Associate Dean, PGME on matters relating to routes of entry to a Residency Program outside of the CaRMS Match process
- 2.1.2 PGME-ARET 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
- 2.1.3 The Chair, PGME-ARET 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
- 2.1.4 PGME-ARET will work in collaboration with the PGME Allocations Committee 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 (6) 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 (6) months of a Residency Program will not normally be considered, 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 R-1 CaRMS Match are not eligible for transfer in PGY-1
- 3.6 With respect to Family Medicine Residency 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 if they have a return of service commitment. They are eligible to apply 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 PGME-ARET for review
 - 3.6.3 Whenever a resident has transferred from the Family Medicine Northern Remote Stream to another Family Medicine stream, they still must fulfil their return of service obligation, if applicable, at the completion of Family Medicine training
- 3.7 Transfer requests for CIP will only be considered when initiated from the Home specialty or subspecialty Residency program 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 (3) attempts to transfer, with one successful transfer allowed during the entire course of residency training
- 3.8.2 Whenever a resident has requested a transfer, they must agree to full disclosure of all assessments and any additional information to the receiving Residency Program Director and PGME-ARET
- 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 (RFAC)
- 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, PGME-ARET 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 PGME 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, PGME-ARET. 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 their 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, PGME-ARET 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, PGME-ARET which includes the following:
 - Personal and professional reasons for the transfer
 - Curriculum vitae
 - Three (3) current letters of reference (must be within six (6) months) and sent directly to Chair, PGME-ARET and copy to the Committee Assistant, PGME-ARET
- 4.3 The Chair, PGME-ARET 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 PGME-ARET
 - 4.5.1 PGME-ARET members 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 PGME-ARET, 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 the PGME Office that a transfer to another Residency Program has been approved for the resident
- 4.7 A resident shall provide to their Home Residency Program Director a minimum of eight (8) 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 resident's file/electronic portfolio
- 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 approval of the amount of credit applied towards the training requirements of the new discipline rests with the Associate Dean, PGME as recommended by 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
 - 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
- 4.12 The resident will remain at the PGY-1/Transition to Discipline academic status until final determination is made by the receiving Residency Program
- 4.12.1 The receiving Residency Program Director is under no obligation to recommend credit for a resident if, after review, 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 request approval from the Associate Dean, PGME before submission to the CFPC 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 ordinarily allows up to a maximum of six (6) 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 Residency Program Director will request approval from the Associate Dean, PGME
- 4.12.4 The decision regarding the resident's readiness to take the RCPSC examination is determined through evaluation of training by the RCPSC Credentials Unit
- 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, PGME-ARET 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 PGME-ARET 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 (3) territories for a minimum of twelve (12) 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, PGME-ARET, the following:

- A personal letter indicating their area of interest
- An updated curriculum vitae
- Original transcripts
- Three (3) current (written within six (6) months of the application submission) letters of reference
- All documentation as specified in 5.6

6.2 The University of Manitoba, Northern 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 PGME-ARET in the order that they are received, without any other biases or preferences for each academic year

6.3.1 PGME-ARET members 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 PGME-ARET of the acceptability of the applicant and will provide a letter of authorization to PGME-ARET and to the Associate Dean, PGME

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

6.5.1 Once funding is confirmed, the PGME 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 PGME Office and PGME-ARET 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 PGME Office
- 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. These decisions are made on an annual basis and are contingent on the following criteria:
 - Capacity to train additional residents
 - Recent Residency Program history/track record in training Internationally Sponsored (Visa) residents
 - Decisions must be made following the [PGME Guidelines for Accepting Internationally Sponsored \(Visa\) Trainees](#)
- 7.1.4 Final approval of all successful Internationally Sponsored (Visa) residency applicants must be made by PGME-ARET and the Associate Dean, PGME

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

- The Family Medicine – Enhanced Skills Category 2 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:
 - **Cancer Care** is a six (6)-month or one (1)-year Enhanced Skills Program with one or both of the following requirements:
 - Applicants must have successfully completed a two (2)-year Family Medicine Residency Program at the time of entry into the Cancer Care Program
 - Applicants must have received the CCFP designation
 - **Obstetrics and Women’s Health** is a six (6)-month Enhanced Skills Program with one (1) or both of the following requirements:
 - Applicants must have successfully completed a two (2)-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)
 - Child & Adolescent Psychiatry Residency Program
 - Geriatric Psychiatry Residency Program
 - Thoracic Surgery Residency Program
 - Vascular Surgery Residency Program Pathway 2 (Alternate Entry)
 - Colorectal Surgery Residency Program
 - Forensic Pathology Residency Program

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 (2)-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 (1) of the three (3) 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 residency positions rests with PGME-ARET, in consultation with the Associate Dean, PGME and the Dean, 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 PGME Office directly from the sponsoring agency after the signing of the postgraduate training agreement

8.1.2 The PGME 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 the [PGME Guidelines for Accepting Internationally Sponsored \(VISA\) Trainees](#))

8.1.4 The application package send by the sponsoring agency to the PGME 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
- MCCQE Part I
- 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 (3) letters of reference on letterhead, signed and dated within two (2) years of the date of application
- A brief personal statement from the applicant which explains their interest in the University of Manitoba program of choice
- Have proof of English language proficiency through FMRAC English Language Standard Testing. Results from one of the following tests must be provided by the trainee:
 - Academic IELTS taken within the last twenty-four (24) months at the time of application, with a minimum score of 7.0 in each component with an overall band score of no less than 7.0 in the same sitting
 - OET-Medicine taken within the last twenty-four (24) months at the time of application, with a minimum grade of B in each of the four subsets in the same sitting
 - CELPIP-General taken within the last twenty-four (24) months at the time of application, with a minimum score of 9 in each of the four skills in the same sitting_

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 PGME-ARET and the Associate Dean, PGME

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

8.1.9 The PGME 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 (2)-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 the [PGME Guidelines for Accepting Internationally Sponsored \(Visa\) 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 Category 2 Programs

8.2.2 In general, applications must include the following:

- A current curriculum vitae/resume
- Three (3) letters of reference written no more than three (3) months prior to the application deadline
- A short essay or letter of intent outlining the candidate's objectives, career goals and strengths and suitability (Cancer Care)
- Certificate of Professional Standing from CPSM (Cancer Care)

8.2.3 All successful applications will be reviewed and approved by PGME-ARET 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 (3) letters of reference written no more than three (3) months prior to the application deadline
- Cover letter
- Proof of citizenship
- IMG applicants must provide MCCQE Part 1 results and English language proficiency scores from FMRAC English Language Standard Testing. Results from one of the following tests must be provided by the trainee:
 - Academic IELTS taken within the last twenty-four (24) months at the time of application, with a minimum score of 7.0 in each component with an overall band score of no less than 7.0 in the same sitting
 - OET-Medicine taken within the last twenty-four (24) months at the time of application, with a minimum grade of B in each of the four subsets in the same sitting

- CELPIP-General taken within the last twenty-four (24) months at the time of application, with a minimum score of 9 in each of the four skills in the same sitting_
 - 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 PGME-ARET, 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 academic year
- 8.4.3 An individual who meets the eligibility requirements must submit an application to the Associate Dean, PGME and to the Chair, PGME-ARET. 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, PGME-ARET, 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 <https://www.parim.org/residency/contract/>

University of Manitoba, Max Rady College of Medicine, PGME Alternate Resident Entry & Transfer Committee (ARET) Terms of Reference, June 29, 2020
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit:pgme_committees_and_meetings

University of Manitoba, Max Rady College of Medicine, PGME Voluntary Withdrawal from PGME Residency Training Policy
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Assessments_Atendance_and_Evaluation

University of Manitoba, Max Rady College of Medicine, PGME Resident Selection Policy
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Appointments_and_Promotions

University of Saskatchewan, College of Medicine, Resident Transfer Procedures and Guidelines, <https://medicine.usask.ca/policies/resident-transfer.php>

University of Manitoba, Max Rady College of Medicine Allocations Advisory Committee
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit:pgme_committees_and_meetings

APPENDICES

Appendix 1: Alternate Resident Entry and Transfer Committee (ARET) – Terms of Reference
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit:pgme_committees_and_meetings

Appendix 2: Postgraduate Medical Education National Transfer Guidelines
<https://www.afmc.ca/en/priorities/resident-transfer-program>

Appendix 3: Alternate Route of Entry Procedure maps
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Transfers

Appendix 4: How to Process a Request for Credit for Training
https://entrada.radyfhs.umanitoba.ca/community/pgmepoliciescommunit#user_Transfers