POSITION PAPER

Principles on Resident Transfers

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residentdoctors.ca

Resident Doctors of Canada (RDoC) represents over 9,000 resident doctors across Canada. Established in 1972, we are a not-for-profit organization providing a unified, national voice for our membership. RDoC collaborates with other national health organizations to foster excellence in training, wellness, and patient care.

The *transfer process* is one by which a resident transfers from one residency program to another. Residents may want to transfer for many reasons including changes in professional interests, evolving personal circumstances, or employment prospects in a particular discipline. Medical education as well as the job situation in Canada has changed significantly over the past few years. At the undergraduate level, medical students are required to make decisions about which career path they will take very early in their medical education experience. Consequently, it is difficult for medical students to predict the long-term viability and employment prospects of specialties at the time of their decision, as well as understand the breadth of opportunities that are present in a multitude of specialties, subspecialties, fellowships and areas of focused competence.

The consequence of this is that potentially more medical students are entering residency programs they may not be suited for, thereby making it necessary for more residents to engage in the transfer process during residency. Additionally, limited employment opportunities in certain specialties might require more flexibility in residency to allow transfers to a different program because of the lack of projected employment opportunities. With residents more inclined to undertake further training after primary specialty training to increase their potential for gaining employment after residency, the impact of evolving job market trends and patient health care needs on specialty choice may be felt more strongly.

In 2012 and 2013, the RDoC Education and Professionalism Committee evaluated the official resident transfer policies of postgraduate medical education at Canadian faculties of medicine. Attention was given to determine whether official protocols and an appeal process exist, and if there was a time frame for transfers. The analysis revealed that resident transfer policies differ significantly between faculties of medicine offering postgraduate medical education. The research also revealed that the total number of transfer requests (including successful and unsuccessful formal transfer requests and informal enquiries) has not been consistently documented.

Given the elements highlighted above, the lack of a consistent transfer process, and the fact that residents will eventually make up the population of physicians on which the Canadian population relies, this issue should be of concern to educators, residents, and the public. Resident Doctors of Canada (RDoC) has developed national principles on transfers to promote flexibility, consistency and efficiency in the transfer process across Canadian residency programs. This is intended to increase resident awareness of the inter- and intra-provincial transfer process and promote transparency amongst educators, residents and programs.

Principles

Transparency

1. Postgraduate medical education at Canadian faculties of medicine should have a transfer document that explicitly outlines the policies and procedures for transfers between programs within the same institution, between institutions within the same province, and between institutions across provinces. This document should be made readily available to all current and incoming residents, and it should be reviewed with residents (on respected provincial committee or resident representative committee) on a regular basis.
2. In order to ensure clarity, every transfer policy should outline the transfer procedure with clear stepwise instructions.
3. Each policy should provide a clear timeline for the transfer process, including the earliest and latest period during one's training when a transfer can be initiated.

4. If a postgraduate office has preferred time periods in the academic year during which transfer requests will be considered, then these should be clearly stated in the policy, and residents should be notified when these dates approach. Preferred times should be consistent across all programs within an institution, and aligned across institutions such that they do not hinder application for transfer between postgraduate institutions.
5. Each policy must outline who is responsible for the final decision regarding the transfer (i.e. an appointed individual from postgraduate medical education, or the program director of the accepting program, or a transfer committee etc).
6. The maximum number of transfer requests per resident should be outlined in the policy; however residents should not be limited to a single lifetime transfer so as to respect the principle of *Flexibility*.
7. If and when a transfer is declined, written notification to the resident must include the rationale for the decision.
8. There must be a clear and fair transfer appeal process which is made readily available to all residents, and specifically provided to those residents who were unsuccessful in their transfer request.
9. Anonymized data on the total number of transfer requests, detailing the number of successful and unsuccessful formal transfer requests, should be consistently documented by each postgraduate department. This data should be made publicly available.

Consistency

1. With respect to *Fairness*, any transfer policy must be consistently applied to all residents, and all residents must follow the formal procedure for transfer.
2. Transfer policies must align with any current Collective Agreements regarding conditions established between the Provincial Housestaff Organizations (PHOs) and their respective employer.
3. Policies should be reviewed and updated on a regular basis, and changes should at least reflect any relevant additions to newly negotiated Collective Agreements.

Flexibility

1. Programs should be flexible and receptive to changes that facilitate residents' future career plans.
2. The transfer process must be flexible to accommodate extenuating circumstances where they arise, including, but not limited to, personal health concerns or family obligations.
3. If no positions are available for transfer to the desired program, alternative options should be presented, including but not limited to:
   a. Application to a different program
   b. Continue training in current program
   c. Application through the second iteration of CaRMS to another program

Fairness

1. Whenever possible, transfers should not subvert the CaRMS match.
2. All requests must be considered, however it is understood that not all requests will be granted.
3. Residents should be given sufficient time to complete all components of the application process established by the program to which they are seeking acceptance.

4. Only programs with sufficient resources to appropriately train additional residents are eligible to accept transfer candidates. Any concerns regarding funding to support the transfer should be made clear to the resident. Funding should be secured before the transfer is approved.
5. There should be a process by which appropriate credit is awarded for training completed in the original training program. The following is suggested:
   a. Residents in Royal College Programs should apply to the Royal College for review of their training and a ruling on how much of that training would be recognized.
   b. The Royal College ruling would set the upper limit on how much of the prior training could be applied to the new training program.
   c. The final decision as to how much credit will be applied will rest with the receiving Program Director in consultation with the Program Committee. This decision must be based on:
      i. Applicability of prior training to meeting the objectives of training in the new program.
      ii. A standard of performance demonstrated by the resident that implies that the resident will be able to meet the training objectives within the remaining training period.
   d. It may not be possible to determine, a priori, the amount of credit that should be applied to the resident's new program. In such cases, unless there are extenuating circumstances, this should be determined within 1 year of entry into the program.
   e. For residents transferring into a Family Medicine Training program, credit will be given based on regulations outlined in the College of Family Physicians of Canada 'Red Book' (Specific Standards for Family Medicine Residency Programs Accredited by the College of Family Physicians of Canada) and determination made by the Program Director of the Family Medicine residency.
6. It is understood that residents will continue to fulfill all existing clinical and educational responsibilities to their original program until a transfer is complete and they officially begin their new program.

Freedom from Intimidation or Undue Influence

1. It is imperative that residents involved in transfers should be treated with respect and dignity.
2. Residents considering a transfer should be encouraged to discuss their case with an appointed postgraduate medical education representative (i.e. Postgraduate Transfer Facilitator as discussed below in *Administrative Structure*) who is responsible for transfers (and who is not directly involved in the decision), or anyone on the transfer committee before the resident makes a final decision to submit a formal transfer request. These discussions should be held in strict confidence and are not to be considered official until the resident initiates a formal transfer request in writing.
   a. The purpose of such discussions would be to assist the resident in evaluating their career goals including the optimum pathway to reach those goals, and to outline the process, timelines and obligations of the resident with respect to transfers.
   b. The appointed individual should also be able to assist the resident in determining if the proposed recipient program is able to accept another resident and, if not, what alternatives are available to the resident.
   c. Residents holding existing contracts who are contemplating a career change through the second iteration of CaRMS are also encouraged to discuss this with the appointed individual to ensure that they are aware of the regulations applicable to such a transfer.
3. Official requests for transfers should be considered confidential to those directly involved in the transfer until the resident has secured a position in another program, or the resident themselves discloses it to another party.

Administrative Support and Oversight

1. In keeping with *Transparency*, there should be an appointed individual at each postgraduate medical education office who is responsible for helping residents navigate the transfer process (Postgraduate Transfer Facilitator). The contact information for this person should be made readily available, and all discussions with them should be deemed confidential between the resident, the appointed individual, and the Postgraduate Dean (*ex officio*).
2. Each postgraduate medical education department should have a Resident Transfer Committee to review official transfer requests and to review the postgraduate medical education transfer policy and process on a regular basis. The suggested basic composition of the Resident Transfer Committee is:
    a. Dean or Assistant Dean of Postgraduate Medical Education.
    b. Postgraduate transfer facilitator/administrator.
    c. At a minimum, one faculty member, who meet the following criteria:
        i. A member of the Postgraduate Medical Education Committee, and
        ii. Not actively involved in a transfer
        iii. Not faculty in the exiting or entering programs.
    d. At a minimum, one resident representative who meet the following criteria:
        i. A representative from the respective PHO, and
        ii. Not actively involved in a transfer
        iii. Not residents in the exiting or entering programs.
3. Every transfer policy and procedures document should outline the transfer process with clear stepwise instructions. This includes listing all requirements and documents that are to be provided by the resident for a transfer to be considered.

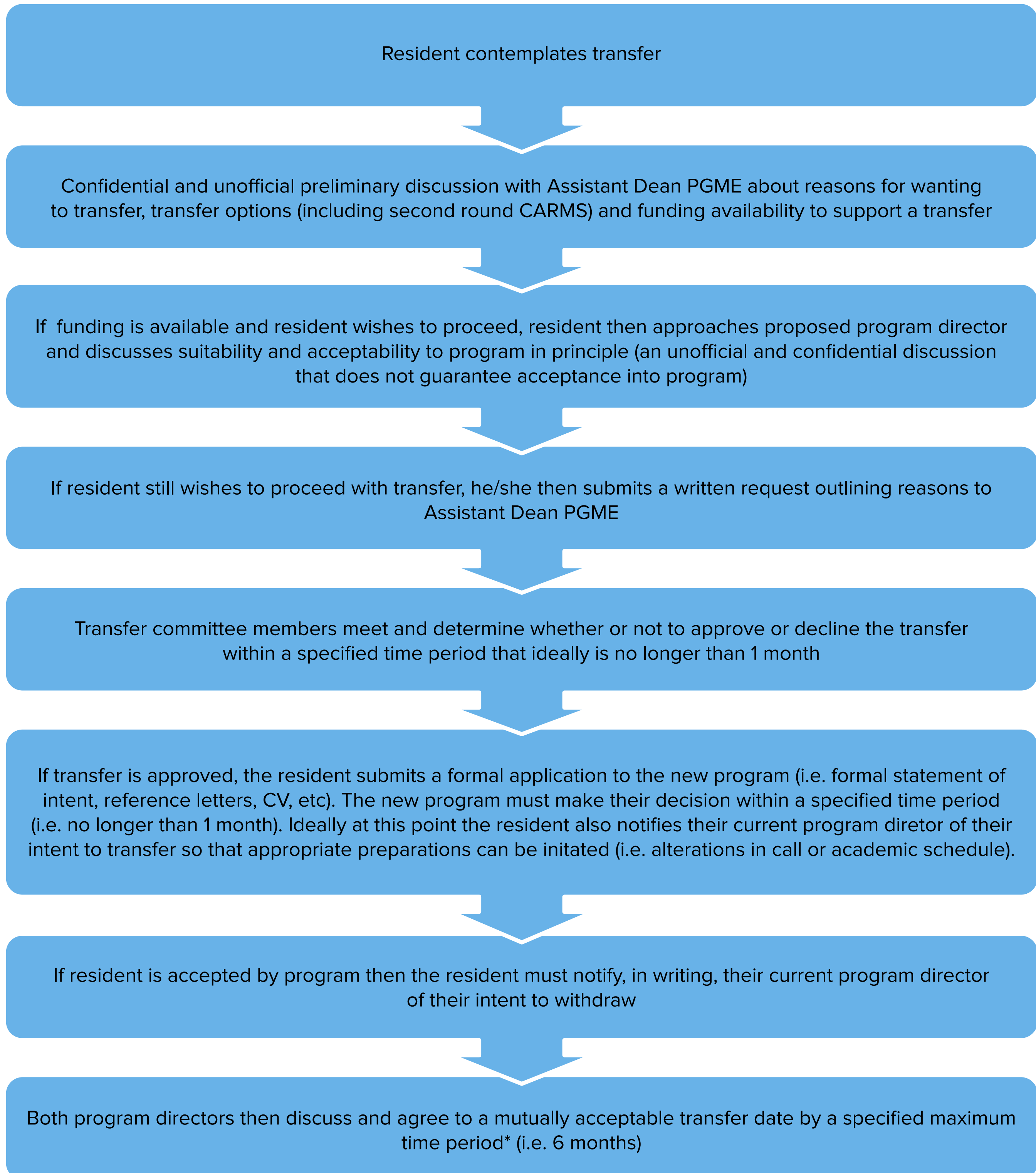
Suggested Transfer Process

1. Residents considering a transfer should be encouraged to discuss their case with the Assistant Dean Postgraduate Medical Education or the appointed postgraduate medical education representative (Postgraduate Transfer Facilitator) before the resident makes a final decision to submit a formal transfer request. These discussions should be held in strict confidence and are not to be considered official until the resident initiates a formal transfer request in writing. The purpose of this discussion would be to assist the resident in evaluating their career goals and to outline the process, timelines and obligations of the resident with respect to transfers. The resident should be informed if the recipient program is able to accommodate another resident at the appropriate level, and, if not, what alternatives are available to the resident.
    a. Residents holding existing contracts who are contemplating a career change through the second iteration of CaRMS are also encouraged to discuss this with the Assistant Dean PGME or appointed postgraduate medical education representative, to ensure that they are aware of the application transfer regulations.
    b. It is also advisable, but not necessary, that the resident approach the program director of the program they are interested in and ask about their suitability for that program in principle.
2. If the resident decides at this point to continue to pursue a transfer, the resident must submit a formal written transfer request to the Assistant Dean PGME.

3. The written request will be referred to the Transfer Committee for review and a decision within a specified period of time (preferably one month). In its decision, the committee should take into account, at a minimum, written submissions from, or interviews with, the resident and the receiving program director and all relevant documents.
4. If the transfer is approved by the Transfer Committee, the resident must submit a formal application to the recipient program according to the program's procedures and guidelines. The recipient program must review the resident's application and give a final decision within a specified period of time (preferably within one month).
5. If the recipient program approves the transfer, then the resident must submit a letter to their current program director regarding his/her intent to withdraw. The current and recipient program directors must then discuss and agree to a mutually acceptable transfer date (no longer than 6 months from the time of decision). Residents must also meet with their current program director to review outstanding responsibilities and expectations at least one month prior to the transfer. These expectations should be outlined in writing and placed in the resident's file. A copy should be provided to the resident.
6. If the transfer is not approved by the Transfer Committee, the committee should forward its rationale in writing to the Assistant Dean PGME or the appointed postgraduate medical education representative, who will meet with the resident to review the decision.

RDoC would like to acknowledge all the official transfer policies from Canadian postgraduate medical education Faculties of Medicine, and, in particular, the transfer policy of the University of Saskatchewan PGME Resident Transfer Policy and Procedures (Revised June 24, 2011). These policies proved to be a valuable and informative component in the drafting of these National Principles on Resident Transfers.

Map of Suggested Transfer Process



* All transfer dates and notifications must adhere to the conditions outlined in collective agreement between provincial resident association and provincial hospital association.

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