



## **Program Transfer Policy**

### **INTRODUCTION:**

The Postgraduate Medical Education Committee recognizes that postgraduate trainees may wish to change programs and has developed the following policy and procedure in an attempt to ensure a fair and equitable process which will work to the benefit of all stakeholders. Although all requests for transfers will be considered, there must be recognition that not all requests will be granted.

This policy applies only to those who are in positions matched through CaRMS.

### **PRINCIPLES:**

1. Postgraduate trainees should have options if they are enrolled in a program which they feel is inappropriate for their needs.
2. No program will be required to accept a postgraduate trainee who does not meet the programs' admission criteria or for whom adequate training resources are not available.
3. All transfer requests will go through the Postgraduate Medical Studies Office. The PGME Office will facilitate application while maintaining postgraduate trainee confidentiality.
4. The application and approval process will follow the "Procedures for Transfer".
5. Potential recipient programs will have access to the trainee's original CaRMS application, in-training evaluations and academic record; with signed authorization of release by the applicant.
6. Approved transfers will occur:
  - i. January – first changeover in January
  - ii. July – start date of academic year
7. In order for programs to have an opportunity to review all potential candidates, the deadline for completed application will be:
  - i. October 30 - for January transfer
  - ii. April 30 - for July transfer

8. All trainees will be advised of this policy at orientation and a copy of the policy will be contained in the PGY I Handbook.
9. Recognizing the potential stresses related to decisions to transfer, all applicants are encouraged to seek counselling through EAP or the Postgraduate Counsellor.

(Candidates may be required to seek this following that interview with the Postgraduate Dean).

10. Candidates with return-in-service agreements must clear potential transfers with their sponsoring body.
11. Candidates who have received bursaries must clear potential transfers with the Department of Health prior to application deadlines.
12. This transfer process is not intended to subvert the CaRMS match.
13. Candidates are not eligible for transfer prior to their PGY I year.

(July 21, 2000)

**PROCEDURE AND DEADLINES FOR TRANSFER  
2010/2011**

NOVEMBER 1/MAY 2

1. Completed application must be in the Postgraduate Office.
  - i. Trainees should complete the *Request for Transfer Form* and return it to the Postgraduate Medical Education Office.
  - ii. Trainees must have met with the Assistant Postgraduate Dean.
  - iii. Authorization for release of information must be signed and accompany the *Request for Transfer Form*.
  - iv. Meeting with the Postgraduate Counsellor or EAP should, and at the discretion of the Assistant Postgraduate Dean, following (ii) above, must take place.

NOVEMBER 3/MAY 4

2. Application(s) forwarded to potential recipient programs.

Programs will review applications and interview candidate(s).

NOVEMBER 10/MAY 11

3. Recipient programs will notify the Postgraduate Office of acceptability of candidate(s). In the event of more than one trainee applying for transfer into the same program, these will be ranked in order.

NOVEMBER 12/ MAY 13

4. Candidate(s) will be notified of acceptance to recipient program and must approach their current Program Director regarding release.

NOVEMBER 16/MAY 17

5. Postgraduate Office will notify both the recipient and donor programs of successful transfers.



Faculty of Medicine

**REQUEST FOR TRANSFER FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Program: \_\_\_\_\_ Level: \_\_\_\_\_

Program Applied For: \_\_\_\_\_

Briefly state the reason for this request:

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Have /will you receive a bursary/special funding tied to a return-of-service agreement during your UG/PG training? Yes/No

If **yes**, is the sponsor/Department of Health aware of your request to transfer?  
Documentation from sponsor required.

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***Postgraduate Medical Education Office use only***

Date Received: \_\_\_\_\_

Date of meeting with Assistant Postgraduate Dean: \_\_\_\_\_

Comments: \_\_\_\_\_

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Authorization for release of information signed: \_\_\_\_\_

Date documents sent to Program Directors: \_\_\_\_\_

Letters from sponsoring agency: \_\_\_\_\_

Outcome: \_\_\_\_\_

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**AUTHORIZATION OF RELEASE FORM**

Date: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_, authorize the Postgraduate Medical Education Office to release the following documents from my personal file:

- Evaluations
- CaRMS application/Curriculum Vitae
- Dean's letter
- Transcript
- Other – specify:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies of the above documents should be provided to the following program(s)/individual(s):

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date