



Resident Transfer Principles for a Pan-Canadian Transfer System

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Resident transfers across Canadian postgraduate medical education (PGME) institutions and programs, and its associated challenges, have been long-standing areas of concern and advocacy for Resident Doctors of Canada (RDoC) over the past 20 years and has been top of mind for many of our resident members.

In 2013, RDoC released its [Principles on Resident Transfers](#) which advocated for a transfer process that has as its foundation, principles of transparency, consistency, flexibility, fairness, freedom from intimidation or undue influence and administrative support and oversight. The 2013 Principles outlined our vision to help guide residents interested in transferring within and between institutions, and to guide and better support faculties in developing a standardized and streamlined process for transferring.

In developing the 2013 Principles, we recognized the following environmental factors which impact a resident's ability to transfer in residency:

- Early career decision-making in medical school: medical students are required to make decisions about which career path they will take very early in their medical education experience.
- Challenges with predicting the long-term viability and employment prospects of specialties at the time of decision-making as well as patient health care needs.
- The breadth of opportunities that are present in a multitude of specialties, subspecialties, fellowships and areas of focused competence.
- The high variability in resident transfer policies between faculties of medicine.

Resident transfers continues to be a critical issue in specialty medicine and for residents in Canada. Residents may transfer for many reasons, including changes in professional interests, evolving personal circumstances, or employment prospects in a particular discipline.

The 2018 RDoC National Resident Survey findings show that:

- Over a third of residents have considered transferring to another training program. However, only one in ten of those completed a program transfer (about 3.3% of the total resident population).

- The most frequent reasons for transfer include a change in career goals or specialty interest (70.4%), as well as experiencing intimidation or harassment (32.4%).
- One of the top reasons residents do not proceed with a program transfer is the complexity of the transfer process itself (20.1%).

This is also a priority for other medical education bodies in Canada. The Association of Faculties of Medicine of Canada (AFMC) has increased advocacy efforts in recent years in support of resident transfers and is exploring opportunities to implement a Pan-Canadian system that will accommodate transfers across Canada.

Given the intricate web of medical education in Canada, other stakeholders such as the Royal College of Physicians and Surgeons of Canada (Royal College), the College of Family Physicians of Canada (CFPC), Canadian Resident Matching Service (CaRMS), and other learner organizations all have a vested interest in resident transfers.

Principles for a Pan-Canadian Transfer System

The primary goal of these principles is to create a guideline for developing a new transfer system, with the goal of maximizing the number of successful resident transfers:

- A. Into programs that have the capacity to accept transfers;
- B. Into programs that suit the resident and that the resident has been able to gain experience in; and,
- C. Through a process that is streamlined and agreed upon by all stakeholders across the country.

These principles are intended to be broadly applicable to all resident transfers, are inclusive of transfers between programs within one postgraduate institution, between postgraduate institutions within a province, and those across provincial lines.

These principles have been developed from a resident perspective that we believe should form the foundation of the creation of a new transfer system.

Resident Transfer Principles for a Pan-Canadian Transfer System

Principle 1 – Transparency

All resident transfers should involve clear criteria for what is expected of the resident and the respective programs and institutions involved. Historically, the process of transferring has been unclear and uncertain; for a national transfer system to be developed, criteria must be transparent to all parties involved.

- 1.1 Transfers must have a transparent process that is readily accessible to all residents which explicitly outlines the policies and procedures for transfer between programs within the same institution, between institutions within the same province and between institutions across provinces.
- 1.2 Clear documentation of policies, procedures and processes must be made available by each PGME institution and through any overarching national transfer system.
- 1.3 If any requirements exist from the resident's current home program prior to transfer out of the program, they must be clearly stated and accessible to all residents in that program.
- 1.4 The transfer system must involve an independent third-party system, separate from the individual post-graduate institutions, and with administrative oversight and support.

Principle 2 – Coordination

A national transfer system would allow for coordination of resident transfers with a transparent process and consistent requirements across the country, including:

- 2.1 Established timelines for resident transfers on a yearly cycle to improve predictability of this process.
- 2.2 A list of available transfer positions published on agreed-upon dates with an obligation by all faculties nationally to share available transfer positions, along with appropriate contact information.
- 2.3 Alignment of institutional transfer principles to increase uniformity across the country.
- 2.4 An appointed and dedicated contact at each PGME office who is responsible for helping residents navigate the transfer process (for example, a Postgraduate Transfer Facilitator). The contact information for this person should be readily available, and all discussions between the resident, the Postgraduate Dean (ex officio) and this dedicated contact should be deemed confidential.

Principle 3 – Fairness

Transfers should be fair to both the resident in question and their colleagues. Residents should be provided with a fair and sufficient opportunity to pursue a transfer. Transfers should be in line with the [Best Practices in Applications and Selections](#) guidelines.

- 3.1 Resident transfers must be available to all residents in a Canadian residency program who are funded by a Provincial Ministry of Health.

- 3.2 Requirements for the application of transfer must be present and readily available, accessible, unequivocal, and achievable for all residents.
- 3.3 Residents should be granted time to undertake electives in their desired transfer specialty AND location, but also keeping in consideration the service requirements of their current program.
- 3.4 A resident transferring out of a program needs to give due notice to their original program such that arrangements can be made by that program to fill duty rosters.
- 3.5 In keeping with competency-based medical education and CFPC and Royal College objectives, credit for completed competencies/rotations should be granted where possible and applicable.

Principle 4 – Freedom from Intimidation and Undue Influence

A resident must feel safe in their consideration and exploration of a transfer.

- 4.1 Residents should be able to freely and confidentially explore transfer options without the knowledge of their home programs until the resident feels ready to disclose.
- 4.2 Residents should be supported by current programs in their efforts to find a better residency fit, with the interests of resident well-being and development being held at the forefront.
- 4.3 Residents should not experience intimidation or harassment for desiring to or completing a residency transfer application or enquiring about the resident transfer process.

Principle 5 – Accessible

Transfers should be accessible and possible for any resident to consider.

- 5.1 Transfers should be accessible to any resident, at any stage of training.
- 5.2 The funding of a resident should, as much as possible, not limit residents from transferring.
- 5.3 Transfers should be equally accessible across all schools and provinces of training.
- 5.4 Eligibility and the opportunity to transfer should be considered equal for all residents, regardless of reason for transfer, including personal and professional reasons.
- 5.5 Residents should be given sufficient time to meet all deadlines of the application process that has been established.

Citations:

1. [Principles on Resident Transfers](#), Resident Doctors of Canada, 2013.