

## Program Transfer

<b>Office of Accountability:</b>	Postgraduate Medical Education
<b>Office of Administrative Responsibility:</b>	Postgraduate Medical Education
<b>Approver:</b>	Postgraduate Medical Education Committee
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## Definitions

<b>Academic Year</b>	The time interval that commences July 1 and finishes June 30. On occasion, a learner may be out-of-phase and may have a starting date other than July 1 and will be promoted to the next year of training on the anniversary of their start date, adjusted on an ongoing basis. <sup>1</sup>
<b>Associate Dean, Postgraduate Medical Education (PGME)</b>	The senior faculty officer, appointed by the Dean of Medicine, who is responsible for the overall conduct and supervision of PGME with the Faculty of Medicine (FoM).
<b>Block</b>	One (1) of thirteen (13), four (4) week intervals, within an academic year of training.
<b>Program Director</b>	The university faculty member most responsible for the overall conduct of the residency program in a given discipline.
<b>Residency Program Committee</b>	A committee established to assist the Program Director in the planning, organization, and supervision of the residency program.
<b>Learner</b>	A trainee registered in a residency program accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC).

<sup>1</sup> [http://umanitoba.ca/faculties/medicine/education/pgme/media/PGME\\_RESIDENT\\_ASSESSMENT.FINALSenate25June2014.pdf](http://umanitoba.ca/faculties/medicine/education/pgme/media/PGME_RESIDENT_ASSESSMENT.FINALSenate25June2014.pdf)



Faculty of Medicine

## Program Transfer

### Overview

The Faculty of Medicine (FoM) offers residency programs that are accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). Each year, the FoM participates in the matching process for postgraduate training positions that are administered by the Canadian Resident Matching Service (CaRMS).

### Purpose

The FoM recognizes that there may be exceptional situations in which a learner feels they are enrolled in a residency program that is not appropriate for their needs. This policy establishes the conditions under which a program transfer may occur. **This policy is subject to change at any time.**

### Scope

This policy applies to all eligible learners matched to a residency program at Memorial University of Newfoundland (Memorial) through the CaRMS.

### Policy

#### 1.0 Eligibility Criteria

- 1.1 A learner currently enrolled in a residency program at Memorial is eligible for a program transfer if they were matched through the Canadian Medical Graduate (CMG) stream of CaRMS in the 1st or 2nd iteration and have completed the first year of training (thirteen (13) blocks of training) in their postgraduate program.
- 1.2 Learners matched through the International Medical Graduate (IMG) stream of CaRMS in the 1st or 2nd iteration (return-in-service positions) are not eligible for transfer.

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### 2.0 General Provisions

- 2.1 Wherever possible, transfers should not subvert the CaRMS match.
- 2.2 A learner may request a program transfer **once per academic year**.
- 2.3 All approved program transfers must begin on July 1.
- 2.4 For Family Medicine learners, transfers between streams are **not** permitted.
- 2.5 Program transfer requests must be made in writing and received by the Postgraduate Medical Education (PGME) office by the date(s) specified on the [PGME website](#) each year.
  - 2.5.1 The learner may withdraw their application at any time until the signed agreement to transfer has been submitted.
  - 2.5.2 Signed agreements are binding and cannot be withdrawn.
- 2.6 Capacity, funding, and other constraints may limit the availability of program transfers; therefore, it may not be possible to accommodate all requests.
  - 2.6.1 Learners are reminded that applying to the 2<sup>nd</sup> iteration of the CaRMS match **may** result in a higher chance of success compared to applying for a program transfer.

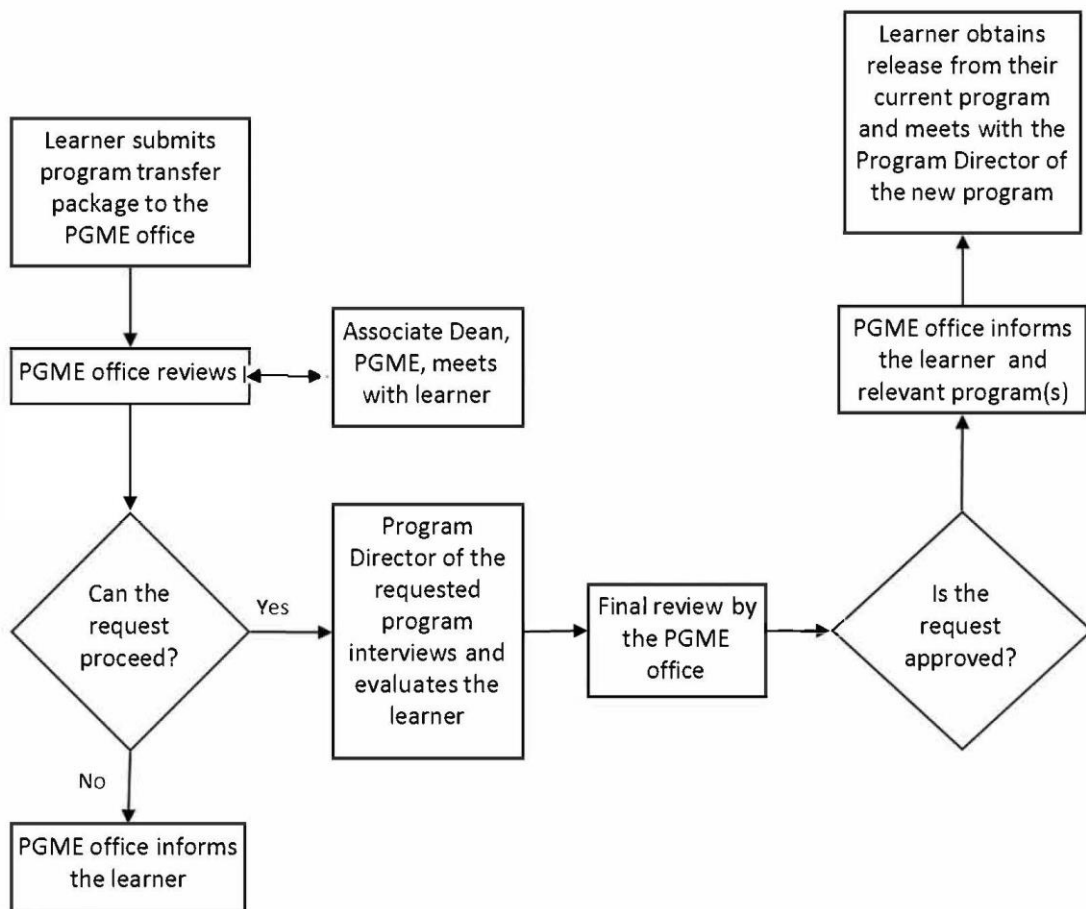
### **Procedure** (see Program Transfer Procedure Flow Chart below)

- A.0 A learner submits a Program Transfer package by the specified date, as per 2.5 above, containing the following elements:
  - A.1 A completed **Request for Transfer Form** and an **Acknowledgement of Personal Information Transfer Form**;
  - A.2 A personal letter detailing the motivation and rationale for wanting to transfer to a different program;

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- A.3 A current curriculum vitae; and,
  - A.4 The name and contact information of two (2) referees who can speak to the learner's clinical and academic abilities.
- B.0 The Review Process
- B.1 PGME office arranges for the learner to meet with the Associate Dean, PGME.
  - B.2 PGME office forwards the Program Transfer package to the Program Director of the requested program.
  - B.3 If there is capacity, the Program Director, in consultation with the Residency Program Committee of the requested program, interviews and evaluates the learner and forwards the decision to the PGME office.
  - B.4 The PGME office informs the learner of the outcome of their transfer request within 30 calendar days of the CaRMS Second Iteration Match.
- C.0 If the Transfer is approved, the Learner is to complete the following within one (1) week of receiving written confirmation:
- C.1 Confirm to the PGME office their intention to proceed by signing the acceptance form;
  - C.2 Request a written release from the current Program Director which is to be sent to the PGME office; and,
  - C.3 Arrange to meet with the new Program Director.

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## REQUEST FOR TRANSFER FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print mm dd yyyy

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

Program Applying For: \_\_\_\_\_

Please include a **current curriculum vitae** and a **personal letter** detailing the reason you want to transfer, as part of your program transfer package.

### Referee contact information (Two referees required):

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a return-of-service agreement with the Department of Health and Community Services (DoH)/Regional Health Authority (RHA) to practice in NL?  Yes  No

If **yes**, is the DoH/RHA aware of your request to transfer? Documentation from the DoH/RHA supporting the transfer is required.

**NOTE: Learners who matched through the CaRMS - IMG Stream are not eligible for transfer. For Family Medicine learners, transfers between streams are not permitted.**

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

Date Received: \_\_\_\_\_ Date of meeting with PGME Associate Dean, PGME: \_\_\_\_\_  
mm dd yyyy mm dd yyyy

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

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*Acknowledgement Of Personal Information Transfer Form* signed: \_\_\_\_\_  
mm dd yyyy

Date documents sent to Program Directors: \_\_\_\_\_  
mm dd yyyy

Letters from **DoH/RHA**: \_\_\_\_\_

*The personal information requested on this form is collected under the general authority of the Memorial University Act (RSNL1990 CHAPTER M-7) for the purpose of assessing the request for Transfer and to form part of your student record and be used to document your progress in your Program. Questions concerning the collection, use, and disclosure of this information should be directed to the [Information Access and Privacy Office](#)*



**AUTHORIZATION OF RELEASE**

I acknowledge, that in addition to the documents submitted with this transfer request, the Postgraduate Medical Education office will share to the

\_\_\_\_\_ residency training program, the following documentation:

- In-Training Evaluations/Assessment portfolio (CBD/Triple-C);
- CaRMS application, if requested;
- Summary of Residency Training record – including extended leaves from the program;
- Summaries of ongoing investigations and appeals; and,
- Current or previous remediation programs.

Name (Please Print):

Signature:

\_\_\_\_\_

\_\_\_\_\_

Date (mm/dd/yy)

\_\_\_\_\_

*The personal information requested on this form is collected under the general authority of the Memorial University Act (RSNL1990 CHAPTER M-7) for the purpose of assessing the request for Transfer and to form part of your student record and be used to document your progress in your Program. Questions concerning the collection, use, and disclosure of this information should be directed to the [Information Access and Privacy Office](#)*