

Program Transfer

Office of Accountability:	Postgraduate Medical Education
Office of Administrative Responsibility:	Postgraduate Medical Education
Approver:	Postgraduate Medical Education Committee
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Definitions

Academic Year	The time interval that commences July 1 and finishes June 30. On occasion, a resident 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. ¹
Associate Dean, Postgraduate Medical Education (PGME)	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).
Block	One (1) of thirteen (13), four (4) week intervals, within an academic year of training.
Program Director	The university faculty member most responsible for the overall conduct of the residency program in a given discipline.
Residency Program Committee	A committee established to assist the Program Director in the planning, organization, and supervision of the residency program.
Resident	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).

¹ 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 resident 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 residents matched to a residency program at Memorial University of Newfoundland (Memorial) through the CaRMS.

Policy

1.0 Eligibility Criteria

- 1.1 A resident 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 their first year of postgraduate medical education (thirteen (13) blocks of training).
- 1.2 Residents accepted through the Special Funded Program or matched through the International Medical Graduate (IMG) stream of CaRMS in the 1st or 2nd iteration 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 resident 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 residents, 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 resident may withdraw their application at any time until the signed agreement to transfer has been submitted.
- 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 Residents are reminded that applying to the 2nd 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 resident 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 discipline; and,
 - A.3 The name and contact information of two (2) referees who can speak to the

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resident's clinical and academic abilities.

B.0 The Review Process

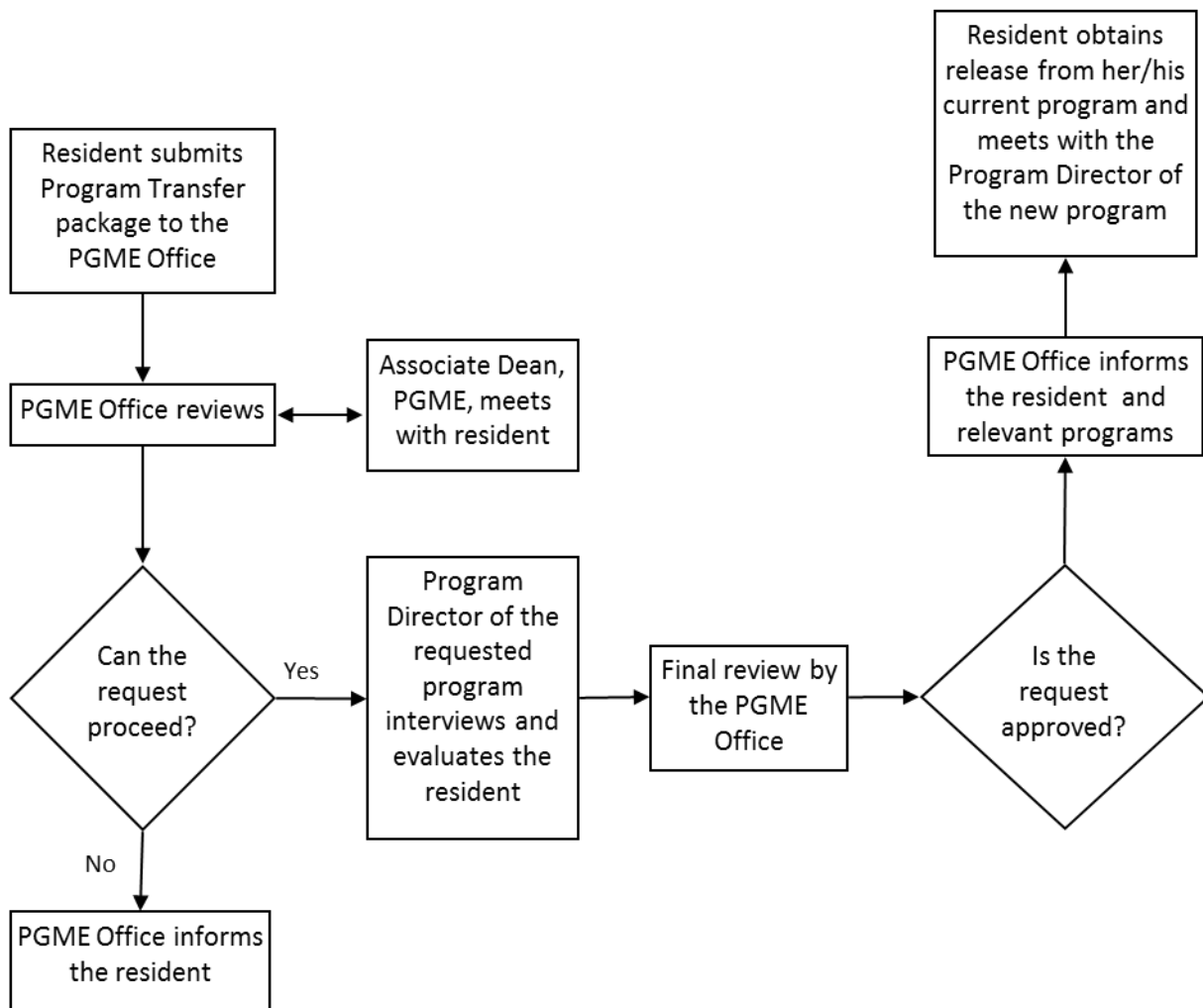
- B.1 PGME office arranges for the resident to meet with the Associate Dean, PGME.
- B.2 PGME office forwards the Program Transfer package to the Program Director of the requested program.
- B.3 The Program Director, in consultation with the Residency Program Committee of the requested program, interviews and evaluates the resident and forwards the decision to the PGME office.
- B.4 The PGME office informs the resident of the outcome of their transfer request within 30 calendar days of the application deadline.

C.0 If the Transfer is approved, the Resident 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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Program Transfer Procedure Flow Chart





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Program Transfer

REQUEST FOR TRANSFER FORM

Name: _____ Date: _____
Please Print mm dd yyyy

Current Program: _____ Level: _____

Program Applying For: _____

Briefly state the reason for this request (Please include a personal letter detailing the reasons you wish 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 (see below).

PLEASE NOTE: Residents who matched through the CaRMS - IMG Stream (1st & 2nd Iteration) or the Special Funded Program are not eligible for transfer.

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

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

Comments: _____

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: [Academic Program Assistant](#).



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ACKNOWLEDGEMENT OF PERSONAL INFORMATION TRANSFER FORM

I acknowledge that the Postgraduate Medical Education Office (PGME), Memorial University, will share the information noted on this form to _____
name of the PGME Program transferring to

Memorial University, for the purpose of determining my eligibility to transfer to that Program.

- Evaluations
- CaRMS application/Curriculum Vitae
- Dean’s letter
- Medical School Undergraduate Transcript
- Other – specify: _____

The above information was originally collected in _____ as part of my application for, and
Year
compiled since my enrollment to, _____, Memorial University.
original PGME Program applied

Today’s Date: _____
mm dd yyyy

Student Number: _____

Resident’s Name *(please print)*

Witness’ Name *(please print)*

Resident’s Signature

Witness’ Signature

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