Transfers

Contributors
Data extraction:
Erika Schulz, University of Calgary

Review and recommendations:
Jolanta Karpinski, Royal College
Maureen Topps, Postgraduate Dean, University of Calgary
Ross Walker, Postgraduate Dean, Queen's University
Andrew Warren, Postgraduate Dean, Dalhousie University
Lisa Carroll, Royal College

Introduction & Background

Whether for academic, professional and/or personal reasons, residents may request a transfer from one training program to another. Transfers may occur within a discipline (i.e. from one university to another) or between disciplines (within the same university or between universities).

Process/Procedure/Methods

The CBD Policy Working Group followed pre-defined steps to collect information on the current policies related to Transfers, and to establish recommendations and considerations for the transition to CBME training practices. For a detailed description of the CBD Policy Working Group processes and procedures, please refer to the Methods section on page [**X**] within the Introduction.

Data Extraction

The data extraction team reviewed policies from all English-speaking PGME offices in Canada, looking at policies relevant to Transfers. Quebec faculties were not included due to language barriers.

In addition to reviewing the policies at the abovementioned PGME institutions, the following **resident transfer** guidelines were reviewed:

- National Transfer Guidelines
- Principles for Transfers in Ontario Residency Programs

© 2016 The Royal College of Physicians and Surgeons of Canada. All rights reserved.

Key terms and definitions

Key terms	Other terms currently in use	Definition
Eligibility criteria (Time-based)	Sufficient exposure, Appropriate exposure, Reasonable exposure	Amount of time spent in the resident's original specialty

Considerations for Post-Graduate Education Faculties

Themes were identified through the analysis of existing PGME policies. These themes were considered in the context of the change to CBME and the resulting considerations and recommendations are provided to support future policy adaptation work at individual faculties.

Transfers support Flexibility in Training

Rationale for Change
The benefits of flexibility in training are not altered by the move to CBME.

Consideration and Recommendations
Mechanisms to facilitate transfers should continue to be supported as CBME is adopted.

Transfers must not subvert CaRMS Match

Rationale for Change
Current policies are predicated on respecting the process of the CaRMS match. They identify that a resident requesting transfer to another program must be acceptable to the program using selection criteria equivalent to those applied to CaRMS entry residents in that program. Furthermore, current policies require the timing of a transfer to occur following the CaRMS match and some period of time after the beginning of residency training. These principles are not altered by the change to CBME.

Consideration and Recommendations
In order to ensure future transfer practices remain fair and equitable, it is recommended that policies and procedures that respect the CaRMS matching process are upheld and maintained. Consideration should be given to issues such as funding capacity, social accountability in the allocation/distribution of residents and the acceptability of candidates.

© 2016 The Royal College of Physicians and Surgeons of Canada. All rights reserved.

Eligibility Criteria

Rationale for Change
Current policies are based on the requirement of a minimum duration of time spent in the resident's original specialty, often at least 6 months. Although not clearly stated, it was perceived that this requirements stems from a desire to respect the CaRMS process, and to affirm the resident's "fit" in the matched discipline. In addition, many current policies require a minimum exposure to the discipline of proposed transfer; it was perceived this served the purpose of affirming the resident's choice as well as serving to assess the resident's suitability for the proposed transfer discipline. These principles are not affected by the change to CBME, but the reduced emphasis on time in training within CBME may require a change in process. Additionally, if programs move away from a very general first year with an earlier focus on the matched discipline, this may impact on timing decisions regarding transfers.

Consideration and Recommendations
It is recommended that the concepts of adequate exposure to the current and proposed disciplines are maintained. Consideration should be given to a transition away from time-focused language to that which is more consistent with CBME. For example, language such as 'significant and/or substantial exposure as ascertained by the program director and the Postgraduate Dean is suggested.

Time-based requirements for completion of current training responsibilities

Rationale for Change
At present, some policies require the completion or fulfillment of existing responsibilities and/or expectations prior to the enactment of a transfer. This is currently expressed as a time-based requirement. Although not clearly stated, it was perceived that this requirement stems from the potential impact of a change in resident numbers on service commitments, resource limitations and/or organizational parameters. These principles are not affected by the change to CBME, but the reduced emphasis on time in training within CBME may require a change in the process.

Consideration and Recommendations
As institutions adapt their policies, consideration should be given to the impact of resident transfers on individual programs, other residents and the PGME organization as a whole. Relevant issues include but are not limited to clinical training capacity, patient care, funding capacity, and impact on other trainees (e.g. timing with other trainees, timing with other transfers).

Assessment of prior training for credit in new discipline

Rationale for Change
Currently, a resident transferring to a new program may receive credit towards the training requirements of the new discipline for rotations successfully completed in the previous program. Formal assessment of previous training is performed by the College of Family

© 2016 The Royal College of Physicians and Surgeons of Canada. All rights reserved.

Physicians of Canada or by the Royal College. The local program training committee and Program Director base their training plan for the resident on this formal assessment, but may require additional elements based on local considerations such as the clinical training capacity and other program-specific issues. In CBME, assessment of prior training will not be based on the completion of rotations, but rather on the demonstration of competencies achieved in original discipline and/or perceived need for training to achieve required competencies in the accepting discipline

Consideration and Recommendations
It is anticipated that the CFPC and Royal College will continue to provide formal assessment of previous training; in the CBME model, this assessment will be based on the competencies achieved rather than completion of rotations. The local residency program committee, Program Director and PG Dean will continue to have the final decision regarding the training plan for the resident who has transferred to a new program. Considerations may include the clinical setting or context in which competencies were previously demonstrated, the stage at which they were achieved and the similarity between the previous and new program's expectations of achievement.

Additional Considerations

The re-entry of practicing physicians into the training environment raises many of the same issues as resident transfers, notably those related to flexibility, social accountability in allocation/distribution of training positions and assessment of prior training. In their review of policies related to re-entry, faculties may wish to consider the recommendations provided above.

Final Thoughts

As resident transfers will endure across the transition period from time-based to competency-based medical training, there are specific transfer-related scenarios that may each require consideration. These include:

- Transfers between programs within the same discipline
- Transfers from one discipline to another, where CBME has been implemented by one of the disciplines, but not by the other;
    - Transfer from non-CBME program to CBME adopter
    - Transfer from CBME adopter to non-CBME program
- Transfers from one discipline to another, where CBME has been adopted by both of the disciplines

Consideration should also be given to the potential for alteration in the clinical training capacity during the transition to CBME training approaches. It is noted that the move to CBME has changed the required clinical training experiences in some disciplines. Monitoring of clinical training capacity may be warranted, and may impact on the capacity for some programs to accept residents in transfer.

© 2016 The Royal College of Physicians and Surgeons of Canada. All rights reserved.