



# OMEKO

## **Graduate Medical Education Policy**

Approved by the GMEC (Graduate Medical Education Committee) on

**Effective Date:**

**Review Date: May 2023 (New)**

**Next Review Date:**

**Corresponding Forms/Templates/Pathways:** [Internal Resident Transfer Checklist.docx](#)

**Policy Title: Transfers Internal to the OSU-CHS/OMEKO Sponsoring Institutions Policy**

**Purpose:** Defining requirements for internal resident transfers.

**Policy Type:** Sponsoring Institution Policy

**Definition:** Residents are considered as internal transfer residents under several conditions including:

1. Resident is moving from one program to another within the same sponsoring institutions and within the same or different specialty.

### **PROCEDURE:**

Any Residents transferring into a Sponsored Program under OSU-CHS (Oklahoma State University Center for Health Sciences) and OMEKO (Osteopathic Medical Education Consortium of Oklahoma) should adhere to the Common Program Requirements as follows:

III.A.2.a) Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME (Accreditation Council for Graduate Medical Education), CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation. (Core)

III.C. Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)

III.B. The program director must not appoint more residents than approved by the Review Committee. (Core) III.B.1. All complement increases must be approved by the Review Committee. (Core)

In cases where a resident may be off cycle, there should be a request posted to the RRC for a temporary complement increase to satisfy this requirement.

Further restrictions should be reviewed within your specific residency program. Based on your residency training, you may have requirements for patient panels, procedural numbers, etc. It is the responsibility of the program director to ensure that incoming residents meet all requirements as dictated by the specialty program requirements.

The Program Director should have a personal discussion with the transferring Program Director prior to any further discussions of transfer. Discussions should include resolution of funding discrepancies. Written communication should follow discussions to determine if all parties acknowledge the request for transfer.

DIO (Designated Institutional Official) oversight: The Program Director or the receiving program must obtain approval from the DIO prior to providing a final offer or contract to a resident transferring into a program under the sponsoring institution.

Before accepting a resident, who is transferring from another program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance, and Milestones evaluations upon matriculation of the transferring resident.

If a resident contacts the receiving PD (Program Director) for a potential transfer, the PD must inform the resident that they must discuss a potential transfer with their current PD before any further discussions can transpire.

Required documents must be maintained in the transfer Resident's permanent file.

Failure to obtain written acknowledgement could result in the disallowance of transfer.

Program Directors should act within the most current NRMP Match regulations before discussing transfers.

The Program Director should complete a CCC (Clinical Competency Committee) evaluation within three months of entry into the residency program to assure that they are progressing to meet the expected milestones of the program. The transferring resident should not be given any assurances of advanced standing (if applicable) until the completion of this meeting.

Program Directors must complete the Internal Resident Transfer Request located on the OSU-CHS/OMECO GME (Graduate Medical Education) website or access the checklist through the DIO's office.

Failure to comply with the policy may result in an overturning of the Program Director's decision to accept the resident. If there are discrepancies between Sponsored Program and Sponsoring Institution policies, in general the stricter of the two policies will apply; however, the Sponsoring Institution and the Sponsored Programs will work collaboratively to come to consensus in areas of debate.

## References

ACGME Common Program Requirements

III.C. Resident Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation. (Core)

#### ACGME Sponsoring Institutional Requirements

##### IV.B. Resident/Fellow Appointments

IV.B.1. The Sponsoring Institution must have written policies and procedures for resident/fellow recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance. (Core)