



Operating Policy	
TITLE: Housestaff Transfers	
ISSUING DEPARTMENT: Graduate Medical Education Office, Creighton University School of Medicine-Phoenix	ORIGINALLY ISSUED: 9/23/25
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PURPOSE

To establish guidelines for Creighton University School of Medicine-Phoenix (CUSOM-PHX) programs who seek to accept the transfer of a House Staff Physician (HSP) into their program.

SCOPE

The policy applies to all CUSOM-PHX sponsored residency and fellowship programs. This policy does not apply to a House Staff Physician who has successfully completed a residency and is then accepted into a subsequent residency or fellowship program. The Designated Institutional Official and the GME Office oversee the transfer process, ensuring compliance with policies and ACGME standards.

DEFINITIONS

Designated institutional official (DIO): The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited programs.

House Staff Physician (HSP): Any resident or fellow in a CUSOM-PHX GME program.

Transfer: HSPs are considered 'transfer' HSPs under these conditions:

- Transferring to a CUSOM-PHX GME program from a program at a different sponsoring institution.
- Transferring from a CUSOM-PHX GME program to another CUSOM-PHX GME program outside the NRMP Match.
- HSPs entering a PGY-2 program requiring a preliminary year even if the HSP was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the Match (e.g., accepted to both programs right out of medical school).

PROCEDURE

A. Educational Rationale

Programs should base decisions to accept a transferring resident or fellow on **educational reasons**, not on service needs or specialty coverage demands.

B. Program Readiness Assessment

At a minimum, programs should evaluate the following before approving a transfer:

1. Will there be adequate experiences to meet RRC and Board requirements?
2. Is there currently an adequate number of faculty for clinical supervision?
3. Does leadership and/or program manager time protection need adjustment to ensure compliance with ACGME requirements after a complement increase?
4. Are additional outside training sites needed?

C. Applicant Eligibility

All applicants must meet the GME eligibility requirements of the accepting program.

D. Recruitment Policy Compliance

Programs must follow the *GME Resident & Fellow Recruitment, Selection, Eligibility, & Appointment Policy*.

E. ACGME Standards

All transfer processes must comply with **ACGME requirements** for evaluation and documentation, including any specialty-specific Review Committee requirements for transfers.

F. NRMP Compliance

Before making a transfer offer, the Program Director must review the applicant's **NRMP Match history** to confirm no prior Match commitment exists that could result in a violation.

G. Required Documentation

The accepting program must obtain and retain the following documentation from the sending program as part of the HSP's training record:

1. **Verification of previous educational experiences** – A detailed list of completed rotations, procedures, and other relevant clinical experiences.
2. **Summative competency-based performance evaluation** – A comprehensive assessment of performance, including strengths and areas for improvement.
3. **Letter of recommendation from the previous Program Director** – Outlining the HSP's performance and suitability for transfer.
4. **Milestones evaluations** – To be received upon matriculation.

H. Transfers Due to Program or Sponsoring Institution Closure*

In addition to items listed above, the accepting program must obtain:

1. A copy of the HSP's current contract.
2. Verification of funding for the position.
3. Approval by the DIO.

I. Optional Documentation

Programs may also request additional documents, such as:

1. Medical school transcript (especially for PGY-1 transfers).
2. USMLE scores (depending on program needs).
3. Other materials at the program's discretion.

J. Complement Increases

If the transfer results in an increase in resident or fellow complement, the program must also follow the *GME Request for Temporary Increase in Complement Operating Policy*.

K. Institutional Review

The DIO, GME Office staff, and the Executive Director of the Creighton Alliance will meet with the Program Director and program leadership to review the above information and confirm funding. Programs should not make changes to their program or commitments to transferring residents or fellows without DIO approval.

***NOTES**

If the transfer request is in response to program/Sponsoring Institution closure, the ACGME requires that the Sponsoring Institution of the closing program ensure assistance to the residents/fellows who are displaced by program closures, per Section 19.10 of the ACGME Manual of Policies and Procedures and ACGME Institutional Requirements.

See https://www.acgme.org/globalassets/pdfs/ab_acgmepoliciesprocedures.pdf

ADMINISTRATION AND INTERPRETATIONS

The Graduate Medical Education Office – Creighton University School of Medicine-Phoenix is responsible for the administration of this policy and may interpret its provisions as needed.

AMENDMENTS OR TERMINATION OF POLICY

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME institutional policy shall govern. The University reserves the right to modify, amend or terminate this policy at any time.

ACGME ACCREDITATION STANDARD REFERENCE: 3.5. (CPRs)