

**Inter-residency Transitions:  
Transfers and Entry into Child/Adolescent Psychiatry and Subspecialty Fellowships**

This document is the product of an American Association of Directors of Psychiatric Residency Training (AADPRT) initiative with regard to the residency and fellowship application process. The goal is to provide guidance regarding the application process to applicants, Training Directors, faculty, Directors of Medical Student Education, Program Coordinators, and others closely involved in the resident application process. It considers opportunities to improve and enhance the application process. Through this community it is hoped that the qualities that are consistent with the ideals of our profession--fairness, justice, authenticity, humility, and honesty--are promoted in a fashion that creates the best opportunity for applicants to find a program that fits their particular interest and that residencies have qualified applicants join their program.

We further hope that this information will be broadly distributed to applicants, AADPRT members, program coordinators, and Departments of Psychiatry faculty.

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**Inter-residency Transfers**

These recommendations have been made to optimize the process of resident transfers from one program to another, including moving from one general psychiatry residency to another, from another specialty into psychiatry, and from a general psychiatry residency to a child and adolescent psychiatry (CAP) residency or another subspecialty fellowship. Care should be taken to ensure these practices comport with Federal Trade Commission regulations.

It is most important that meaningful information about a resident who wishes to transfer from one program to another is communicated to the program to which the resident is applying. AADPRT strongly recommends that the “receiving” training director contact the “sending” training director to discuss the applicant’s performance prior to offering a position. It also is important that the resident’s current program have reasonable notice of the resident’s intent to leave the program.

Recommendations regarding transfer of residents between programs are:

1. A general psychiatry or other resident who wishes to transfer should notify the current program director (PD) as early as possible in the academic year. Residents interested in CAP training should notify the general psychiatry PD as early as possible to allow for the planning necessary to ensure a smooth transition.

2. General psychiatry residents wishing to transfer should not begin formal negotiations with another program until they have informed their present Program Director of their intentions.
3. The Program Director at the “receiving” Department should verify with the NRMP R3 System Applicant Match History that the resident does not have a concurrent year match commitment for which a waiver from NRMP is required. **If a resident does have a concurrent match commitment the resident should request and receive a waiver from NRMP before engaging in interviews with other programs.**
4. Before offering a position to a transferring resident, the Program Director of the “receiving” Department should independently confirm that the resident’s current Program Director is aware of the resident’s wish to transfer. AADPRT recommends that PDs discuss in person or by phone the applicant’s credentials and qualifications.
5. Although the resident’s current Program Director may make a “best case” explanation of why the resident should remain in the program, the resident should not be intimidated in any manner.
6. Applicants who are offered positions as a transfer (i.e. outside the Match) should not be pressured into accepting a position. Applicants should be given a minimum of 2 weeks to accept or reject an offer.

### **Admission Criteria for CAP Residency and Fellowships**

There are a number of elements that CAP and fellowship program directors and admission committee members consider in an applicant to their program. The following list reflects the order of priorities for many programs, but applicants should be aware that there may be differences between programs.

1. **Performance during general psychiatry residency.** For most CAP and fellowship PDs this is the most important source of information about an applicant. It captures the applicant’s most recent and relevant performance and is generally reflected in the letter of recommendation from the Director of the general psychiatry residency program. Most often CAP or fellowship directors will also speak directly with the PD for an assessment of the applicant’s performance. Other letters of reference also may address the applicant’s recent performance, but the general psychiatry PD’s evaluation is paramount.
2. **Curriculum Vitae.** The applicant’s CV offers crucial information about the applicant, including accomplishments, interests, awards, research experience, publications, and so forth. Applicants should follow a standard outline and are advised to review their CV with trusted faculty at their current program before sending it to other programs as part of an application. The CV is expected to accurately reflect the applicant’s own work. Inaccuracies are unprofessional and may be grounds for immediate dismissal if discovered.

3. **Application.** Programs may use their own application or, in the case of CAP programs, the Common CAP Application, available at [www.aadpirt.org](http://www.aadpirt.org). The application contains information similar to the CV but also includes information about USMLE scores, CSV exams passed, malpractice claims, disciplinary actions, and any gaps in training. PDs will ask about any gaps in training, malpractice, or disciplinary actions and applicants should be prepared to discuss these matters in a straightforward manner. Applicants should be made aware of whether any such gaps would automatically disqualify an applicant. The applicant's perspective and discussion of these incidents is generally of much greater importance.
4. **The Personal Statement** - The personal statement is also an important component of the application. It allows the applicant to let the program know about them as an individual, to define what is important to him/her, and to communicate information about unique personal experiences that might make her/him an attractive candidate. Residency programs especially look to understand the motivation, interests, future career ideas, and perspective of the applicant. The personal statement also provides information about the applicant's writing skills. In addition to the content, training directors look for personal statements that are well organized and well written, with attention to details such as spelling and grammar. Although it is a good idea to have colleagues and faculty advisors review the personal statement before it is sent, it should be the applicant's own work. Plagiarizing or using material written by someone else without proper attribution as part or all of one's personal statement is unprofessional and may be grounds for immediate dismissal if discovered.
5. **Letters of Recommendation (LOR)** - Letters of recommendation are best when written by faculty members who have direct knowledge of the applicant's performance during general psychiatry residency. Although there is some variability, CAP or fellowship programs generally will expect 2 letters of recommendation in addition to the general psychiatry PD's letter. For residents entering CAP programs an additional letter is required from the general psychiatry PD documenting completed residency training experiences, any unfulfilled requirements, and documentation of completed CSV exams. Although CAP PDs prefer that applicants have passed 3 CSV exams, this generally is not required. Applicants should inquire of the CAP program whether there is a requirement for passing a specified number of exams before beginning the program. Training directors generally place more value on a highly enthusiastic letter from a faculty member who knows the applicant well than on a more generic letter from a nationally or internationally renowned faculty member who is less familiar with and enthusiastic about the applicant's work.
6. **USMLE Scores** – Many programs require that applicants have passed Step III prior to acceptance into a CAP or fellowship program. Others require passing Step III prior to beginning the program, and still others will have only a recommendation that Step III be passed. Specific scores on USMLE exams are generally integrated with other application materials and, for most programs, are not seen as stand-alone, “make or break” factors. In general, scores are especially noted by programs if they are outstanding or demonstrate

particular difficulty passing examinations. If offered an interview, applicants should be prepared to discuss any difficulties with these exams.

7. **Other Activities** - Research, volunteer activities, work experiences, community service, leadership, teaching, and other life experiences, particularly those related to psychiatry and mental health care systems, are important and are considered as well. Training directors will especially be interested in activities that involve substantial and sustained investment of an applicant's time and energies.
8. **Medical School Performance** –Although crucial for admission to a general psychiatry residency program, this is of less importance for CAP or fellowship programs because there has been additional, more recent experience with the applicant in the general psychiatry residency training program. Documentation of satisfactory completion of medical school is required by all programs, although the form (i.e. transcript, diploma, certified diploma, etc.) may vary from program to program. Residents are encouraged to utilize centralized documentation services (e.g. Federal Credentialing Verification Services) early in their careers to be able to efficiently forward previous credentials needed in the future e.g. employment, state licensure, insurance panels, hospital privileges, etc.

**Take home points:**

1. **Programs look at the totality of an individual's application, taking into account the applicant's performance during residency, CV, application, personal statement, LORs, USMLE scores, and other activities to decide whether to offer an interview.**
2. **For most programs the applicant's performance during general psychiatry training is the single most important piece of information.**
3. **The application and CV are crucial documents and should be approached with the same degree of seriousness as any other legal record.**

**The Match in Child/Adolescent Psychiatry**

The National Resident Matching Program oversees the Match process for child/adolescent psychiatry fellowships. The NRMP Match Participation Agreement ([http://www.nrmp.org/fellow/policies/map\\_sms.html](http://www.nrmp.org/fellow/policies/map_sms.html)) governs the process; however, a few issues have been sources of difficulty and bear emphasizing.

1. The ACGME recommends institutions to be “in the Match” if one is offered in that specialty. At this time over 85% of child/adolescent psychiatry programs participate in the Match. Programs in the Match may make offers outside the Match prior to the July 1 before the resident is to start CAP training. After July 1, if a program participates in the Match, no offers should be made outside of the Match process.

2. Applicants and programs participating in the National Resident Matching Program may express interest in each other, but cannot establish a contract or expectation of a contract any time prior to the Match. Programs may choose to communicate how they will rank a candidate but cannot ask applicants how they plan to rank their institution. Further, programs may not pressure an applicant into revealing the programs at which they plan to interview or into making a decision or declaration. Pressure may be perceived differently among individuals, but ultimately programs may not ask applicants how or whether they plan to rank the program. Applicants should feel under no obligation to communicate to programs whether or where they will rank specific programs. By the same token applicants should not provide misleading communications about how they plan to rank specific programs.
3. After an applicant has visited a program there can be ongoing communication between the applicant and the residency program director, as well as with other relevant faculty and residents. This process can further inform the applicant and programs about each other. To reiterate, applicants and programs can express their interest in one another, but cannot violate NRMP rules by creating a sense of obligation or any other form of pressure on each other.
4. For applicants who are offered positions outside a Match (including transfers into another general psychiatry program), programs should not pressure applicants into accepting a position. Aside from the “scramble” after the Match has occurred when decisions must be made quickly, it is suggested that applicants be given a **minimum** of 2 weeks to accept or reject an offer.