The National Resident Matching Program is a marvel at the large-scale pairing of physicians and training programs. But if, from an individual resident’s perspective, it begins to feel like a mismatch instead, a move may be possible—but you should know that switching residencies will be a different experience than the Match.

A resident might be dissatisfied with a program—or vice versa—a specialty choice may change or family matters can force the doctor to relocate. Both transferring from one residency program to another—and the attrition that makes them possible—are facts of life in graduate medical education.

The numbers, however, tend to be small in relation to the total number of residency positions and care must be taken when trying to apply them to your situation. The latest Accreditation Council for Graduate Medical Education figure for residents leaving a program due to a transfer is 1,044. Here are a few things to keep in mind when taking a run at a new residency.

Be sure that a switch makes sense. Residency has a bruising reputation for a reason; it is, in every respect, very difficult. Burnout and regrets are common, and amid that it is important—and difficult—to be clear-headed about a transfer decision.

Is it in response to a temporary situation—one that might be not all that much different in another setting—or a realistic, deeply felt realization that a change in setting or specialty is essential? Research your transfer options and seek advice from trusted colleagues and mentors early on in the process.

Compared with the highly regimented Match, transfer seekers are largely on their own. Transferring can entail all the paperwork, planning, interviewing and often travel, to hunt down a position, but without the framework of a process expressly designed to move things along.

It’s like looking for a new job while still doing the old one. Networking, reaching out to residency directors and searching online are commonly cited approaches to making the switch.
If you’re happy with your training location but want to switch specialties, starting at the hospital or institution where you are already training can make for a smooth transition. Certainly, the transfer-seeking resident will be motivated, but there is pressure on a residency director with a vacancy too.

What is a training experience for the doctor equates to labor for the hospital. Residency program directors are motivated by the need to meet the productivity requirements of their programs. Funding can be a complication.

Not only is the number of funded slots limited—though once promised payment, hospitals want them filled—but also a switch to a longer residency may be more costly from the hospital’s perspective. Once a resident is matched, a fixed number of years of funding are attached to that doctor, based on specialty selection.

But it is a different type of job search in one very important way. Unlike job hoppers who quietly find a new position, give two weeks’ notice and leave, that won’t happen in transferring residencies. Well before a transfer can be finalized, essentially all the paperwork required for the first residency will have to be provided to the new program, along with all of your performance data from residency, and any other materials the receiving program wants.

It is inevitable that any residency program director on the receiving end will insist on talking to the director at your current program. The reasons for a departure will come out and your current director’s recommendations matter. Part of a resident’s strategizing for a move should be to size up the culture and leadership of the program they are in to get support for a transfer.

There are resources that may help. FREIDA™, the AMA Residency & Fellowship Database®, is a place where open postings are listed. Check individual programs’ websites for residency program transfer policies.

The Match is principally designed to place residents starting with first-year positions, as is the Supplemental Offer and Acceptance Program. The Match does have subcategories such as Physician-R—meaning, reserved for doctors with previous residency experience—and Advanced, which place residents into places residents into PGY-2 positions.

However, these should be researched carefully if intended for a transfer strategy, for the specialty type, number, and starting date of the residency positions.