

Alliance for Academic Internal Medicine
AAIM Subspecialty Summit
Sunday, Oct. 11, 2015
Atlanta Marriott Marquis

The Benefits and Obstacles for Subspecialty Fellowship Applicants and Programs if the NRMP/SMS “All-In” Policy is Adopted

Background

In October 2014, the National Resident Match Program (NRMP) Board of Directors discussed several aspects of the Specialties Matching Service (SMS), including recent requests to implement an “All-In Policy” for the SMS. Under such a policy, all participating programs could be required to place all positions in the Match. (Current NRMP policy requires that in order for a specialty to participate in the Fellowship Match, 75 percent of its programs nationally and 75 percent of its positions nationally must be committed to the Fellowship Match.) (1)

A series of conference calls among members of the Alliance for Academic Internal Medicine (AAIM) did not result in a consensus on whether to support an All-In Policy and raised a variety of questions, including issues of accounting for combined fellowships, short tracking, externally funded, off-cycle, and research fellow positions. (2) AAIM sponsored a day-long summit in October 2015 that included representatives of 31 medical societies, program director associations and stakeholder groups to explore the current state of the SMS and to further explore the benefits and obstacles of the All-In Policy. From the outset, participants were advised that the summit would provide an “open discussion with no preconceived end results.” (3)

Prior to the Summit, a web-based survey was sent to all society participants seeking input on their current participation in SMS, including whether their society monitored compliance with the rules of the Match; their observations regarding compliance; how Match problems were dealt with; any “shenanigans” that had been observed before, during or after the Match; aspects the society would like changed in regards to the Match; and additional comments. Of the 17 societies who completed the survey, six societies stated that they did monitor compliance while 11 stated that they did not. Of those 11, one society stated that it has never participated in the Match and another has only been in the Match for one year. (4)

While the majority of societies expressed support for the Match, several offered examples of “shenanigans” that have been used to fill slots outside of the Match. These shenanigans included programs “embellishing” themselves, as well as hosting parties and giving gifts in an effort to “woo” top candidates. It was also stated that programs were known to use ERAS for candidate review and selection, sign up for the Match and interview applicants, but then drop out of the Match, offering guaranteed positions to their top applicants if the applicants withdrew from the Match. There was also mention of programs requiring additional applications and photographs beyond those required by

ERAS. (5)

Based on survey data and information provided during the summit, it was generally accepted that highly subscribed programs tend to perceive fewer problems with the Match than those in which the number of applicants and the number of positions available are more closely aligned. (6) As an example of the “chaos” and “toxicity” that can run rampant when programs and applicants begin operating outside the confines of the Match, Raymond C. Harris, MD, provided an overview of Nephrology’s recent experiences and the American Society of Nephrology’s (ASN) decision to be All-In.

The Nephrology Experience

The imbalance between those pursuing Nephrology fellowships and the number of positions available to be filled may be the result of changes to reimbursement policies and the specialty’s delivery system. Whatever the reason, participation in the Nephrology Match began declining significantly in 2010 and fell to an all-time low in 2015 when only 254 matches were made. In comparison, 576 applicants had matched in 2010, and in 2013 there were 930 Nephrology fellows in their first or second year of training. (7)

At the same time, it was determined that an increasing number of programs were not placing their fellowship slots in the Match, a situation that was leading to what Harris described as a “chaotic” and “toxic” environment. To address these issues, ASN established a task force in January 2015 that explored options to address the declining interest in Nephrology and to consider whether being “All-In” in the Match might curtail some of the problems. In reviewing Nephrology’s history, task force members agreed that participation in the Match had benefited both applicants and program directors. Applicants weren’t pressured to accept positions prior to completing their interviews or before receiving decisions from their preferred programs and program directors didn’t feel compelled to offer positions to marginal applicants in order to ensure all slots were filled. (8)

The Nephrology task force also drew on the experiences of Gastroenterology, which dissolved its participation in SMS in 1999 after several years of declining participation by applicants and programs. The result was seven years of “unheralded chaos to our subspecialty application process.” (9) Gastroenterology opted to return to the Match and created 4 tracks -- Clinical, Clinical Investigator Research, Basic Science Research, and Research. The Gastroenterology Match reopened in January 2006 and, according to Proctor, has operated successfully since. (10)

In April 2015, the Nephrology task force recommended and ASN agreed that an “All-In” policy should be adopted, where all accredited training programs participate in the Match and all positions must be filled in the Match. In addition, ASN asked that NRMP use the sanctions it has at its disposal to police participants and programs appropriately. (11)

In describing the broad support Nephrology has experienced for its return to the Match, Harris listed several key elements:

- Ensuring a broad constituency on any task force or work group;
- Developing a clear set of mandates for programs and participants;
- Monitoring messages that are delivered and quickly addressing any concerns;
- Establishing both sanctions and incentives as part of the policing process;
- A transparent process. (12)

Canary in the Coal Mine

In describing Nephrology as a possible “canary in the coal mine,” AAIM President D. Craig Brater, MD suggested that the changing face of health care may mean other specialties will experience similar imbalances in regards to fellowship slots vs. fellowship applicants. Discussing such issues before they occur and considering the long-term benefits and obstacles of all specialties becoming “All-In” could prevent some of the turmoil faced by both Nephrology and Gastroenterology, he suggested. (13)

In order to further explore issues involving the SMS Match program, summit participants divided into six small groups:

- Shenanigans: Two groups discussed the current state of the Match, including problems and potential solutions;
- All-In: This group discussed how adopting an “All-In” policy for all specialties could be accomplished, including what would be required of programs, participants and societies.
- Consensus: This group discussed whether consensus was either necessary or required by AAIM members.
- Status Quo: This group discussed whether the status quo is sufficient and whether additional time and resources should be dedicated to pursuing this topic.
- Policing: This group discussed how and by whom the Match would be monitored and policed and how enforcement would be implemented.

Match Shenanigans

In reporting the outcomes of discussions, the two “Shenanigan” groups agreed that a great deal of the data regarding the Match are in silos and not readily available for the programs or societies to use in identifying issues or problems. These groups also mentioned that the rules for both NRMP and the Electronic Residency Application Service (ERAS) are “long and complex and need clarification.” Summit participants mentioned problems of programs scheduling their top applicants for interviews early in the Match process and, after inappropriately pressuring an applicant to withdraw from the Match, withdrawing the position from the Match and offering the applicant the fellowship outside of the Match process. There was mention of ambiguous of post-interview communication policies with applicants. Finally, reference was made to excessive marketing being conducted by some programs, including lavish dinners and gifts, all of which can lead to an “unlevel playing field” for applicants and programs alike. In particular, it was mentioned that international applicants are particularly vulnerable to such pressure due to visa issues. (14)

All-In

The “All-In” small group referred to the unique dimensions and exceptions that exist within each subspecialty and the need for flexibility at the society level. The participants in this group agreed that “All-In” was in the best interest of both the trainee and the specialty. In regards to exceptions, they emphasized that exceptions need to be well-defined, with clear policies and guidance for programs that are seeking exceptions. Examples of possible exceptions included for research tracks, T-32 experience, military training and community hospitals. In addition, this group mentioned a desire to encourage non-participating specialties to join the Match process. During this presentation, it was also stated that many exceptions can actually be handled within the Match process. (15)

Consensus

The Consensus small group agreed that “All-In” is best for the applicant, but believed the benefit to subspecialties might vary. While “toxicities” might be diminished if all specialties were “All-In,” participants questioned how this could be measured through the lens of the applicant. (16)

Status Quo

The Status Quo small group suggested that the status quo seems to be working for over-subscribed specialties, making them less inclined to take on additional duties that would be associated with the “All-In” policy. While NRMP policy requires a 75-25 ratio for total subspecialty programs and also total slots of that subspecialty filled through the Match, it was suggested that most participating specialties are closer to a 97-3 ratio, which could result in few shenanigans occurring and a generally comfortable situation for all concerned. However, there were questions raised as to what happens if specialties are currently highly subscribed become less popular? If these specialties already were a part of an All-In policy, it was suggested that fewer problems would result. (17) In concluding that the current Match arrangement was working for the over-subscribed sub-specialties, the group was informed by a perception among those programs of fewer problems. However, it was also concluded that were the data otherwise in fact, the over-subscribed sub-specialties might rethink their positions.

Match Policing

The Policing group emphasized the importance of transparency throughout the process and suggested developing FAQs for exceptions with a timeline established for incorporating changes. It also advocated a balance between incentives and sanctions and suggested that policing should be done by both the NRMP and the societies. (18)

Summary

Although the summit participants did not reach a final consensus in regards to support for an “All-In” policy for all specialties, it was agreed that specialties like nephrology, infectious diseases and sleep medicine, that have already committed to being “All-In,” represent an opportunity to determine what data needs to be collected, how it will be collected and shared, and how sanctions and incentives can be effectively used to ensure

that the matching process benefits both the applicant and the program. There is also a discussion to survey the over-subscribed specialties for their concerns. Other data that should be collected includes survey of fellowship applicants about their Match experience, surveys of program directors, and questioning of chairs for their opinions about the “All-In” policy. (19) Additional transparency during the Match process needs to be gathered and disseminated to sponsoring societies in order that appropriate policing by both NRMP and the sponsoring societies can occur.

While an “all-in” requirement for Internal Medicine Subspecialties participating in the NRMP/SMS is in the spirit of ensuring what is best for those pursuing fellowships and other specialized medical training, some exceptions may be acceptable. However, it is essential that these exceptions be well defined and thoroughly explored to determine whether they should, in fact, operate outside of the “All-In” requirement.

There was strong support for continued interaction among the subspecialties on areas of community interest and appreciation of the role that AAIM was able to play in organizing such communication and action.

In regards to future meetings to further discuss this issue, it was suggested that several additional groups be included, such as residents and fellows; stakeholders from specialties with numerous subspecialty fellowships; and specialties that currently don't participate in the Match process. (20)

- 1) Signer MM. NRMP Request for Comment on All In. 2014, Nov. 3.
- 2) Bronze MS, Brater, DC. AAIM Response to All-In Questions. 2014, Dec. 19.
- 3) Summit Materials for Leaders. AAIM Subspecialty Summit on NRMP's "All-In" Policy. 2015, Oct. 11.
- 4) Survey Responses, Summit Materials for Leaders. AAIM Subspecialty Survey on NRMP's "All-In" Policy. 2015, Oct. 11.
- 5) Survey Responses, Summit Materials for Leaders. AAIM Subspecialty Survey on NRMP's "All-In" Policy. 2015, Oct. 11.
- 6) Survey Responses, Summit Materials for Leaders. AAIM Subspecialty Survey on NRMP's "All-In" Policy. 2015, Oct. 11.
- 7) Chi-yuan H, Parker MG, Ross MJ, Schmidt, RJ, Harris RC. Improving The Nephrology Match: The Path Forward. *J Am Soc Nephrol* 2015. Published online before print Sept. 4, 2015
- 8) Chi-yuan H, Parker MG, Ross MJ, Schmidt, RJ, Harris RC. Improving The Nephrology Match: The Path Forward. *J Am Soc Nephrol* 2015. Published online before print Sept. 4, 2015
- 9) Proctor DD, Decross AJ, Willis CE, Jones TN, Pardi DS: The Match: five years later. *Gastroenterology* 2011,140:15-18.
- 10) Proctor DD, Decross AJ, Willis CE, Jones TN, Pardi DS: The Match: five years later. *Gastroenterology* 2011,140:15-18.
- 11) Chi-yuan H, Parker MG, Ross MJ, Schmidt, RJ, Harris RC. Improving The Nephrology Match: The Path Forward. *J Am Soc Nephrol* 2015. Published online before print Sept. 4, 2015.
- 12) Harris, Ray. Keynote Presentation. AAIM Subspecialty Summit on NRMP's "All-In" Policy. 2015, Oct. 11.
- 13) Brater DC. AAIM Subspecialty Summit on NRMP's "All-In" Policy. 2015, Oct. 11.
- 14) Adams ND, Long AA. Facilitators, Group 1.1 and Group 1.2: Match shenanigans: current issues in the Match (problems and potential solutions). AAIM Subspecialty Summit on NRMP's "All-In" Policy. 2015, Oct. 11.
- 15) Barczi SR. Facilitator, Group 2: All-In (full): What will it take? What does it look like? AAIM Subspecialty Summit on NRMP's "All-In" Policy. 2015, Oct. 11.

16) Geraci MW. Facilitator, Group 3: Consensus: Is consensus necessary and required? Do we need to be unified? AAIM Subspecialty Summit on NRMP's "All-In" Policy. 2015, Oct. 11.

17) Safer JD. Facilitator, Group 4: Status Quo: Is the status quo sufficient? Is it working fine the way it is?

18) Flaherty, JP. Facilitator, Group 5: Policing: How will the Match be policed? And by whom? What is the monitoring and enforcement procedure?

19) Brater DC. Recommendations and Galvanize Next Steps. AAIM Subspecialty Summit on NRMP's "All-In" Policy. 2015, Oct. 11.

20) AAIM Subspecialty Summit Evaluation. 2015, Oct. 22.

