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AAIM Subspecialty Summit

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- Nephrology Experience
  - Toxic environment
    - Falling applicants but growing number of slots
    - Applicants—pressure to commit early and outside the match
    - PDs—finger-pointing and anger
  - GI experience of out and back in informed the process
  - PDs and fellows were polled—maintained transparency

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- Nephrology Experience continued
  - Decided to move all slots (not just all programs) into the match
  - No special track for research-focused fellows (wanted to avoid any loop holes)
  - Process of analysis and decision-making was transparent
  - Strike force when noise level spikes
  - Parent society must be prepared to issue sanctions over and above those of NRMP
  - Keep the perspective of the applicant as well as peace within the discipline

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- Match Shenanigans
  - Applicant is vulnerable
  - Shenanigans are for the advantage of the individual program
  - Data are sparse
  - Is there need for guidelines on post-interview communication as has occurred in the primary IM residency?
  - Shenanigans had a common theme—access ERAS to get list of candidates, interview them and sign them before the program lists for the match

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- Match Shenanigans
  - Might help to codify interviewing season
  - Withdrawing slots is a common method—concomitant with an applicant disappearing from the ERAS list
  - Very much against requiring applicants to customize parts of application to each program to which they apply and especially if a processing fee is assessed

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- All-In (what will it take? What does it look like? Requirements?)
  - Guiding principle should be the best interest of the trainee
    - All-In is in this spirit
  - There are some exceptions to the link between all-in and best interests; these need to be well-defined and some may be specialty specific (research, critical care/pulmonary critical care, military, community hospital)
  - Policing should be a third party like NRMP but sponsoring society should also be able to sanction. Specialties should be polled.

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- Consensus: Necessary? Required?
  - Lens
    - Applicant: All-In overall best
    - Specialty: varies depending on the specialty—those with high application rates less inclined to support an all slots all-in
    - Discipline of IM: plus/minus—theoretically could be good and in particular to diminish toxicity—need data on those specialties doing the experiment

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- Status quo: Sufficient? Is it working fine the way it is?
  - Consensus on lack of consensus (some specialties are fine with status quo; others are not)
  - Not a work force issue and we should not conflate the two
  - Applicant perspective should take priority (they don't know what they don't know)
  - Highly subscribed specialties are fine with status quo because it offers flexibility but that flexibility is infrequently used; this could change if the environment changes

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- Status quo continued
  - Different perspective from under-subscribed specialties
  - Shenanigans not being seen as a problem in the highly subscribed—can be dealt with individually; question raised as to whether this perception is accurate
  - Does not need a “house of medicine” approach

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- Policing: How? By whom?
  - Themes
    - Focus on applicants
    - Transparency
    - Strive for consistency
    - Transition
  - Enthusiasm for incentives but realize sanctions needed
  - Policing
    - 3rd party like NRMP critical
    - But the discipline also needs to own responsibility

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- Special situations: e.g., research “track”
  - Flexibility for applicant and program
  - Be applicant centric
  - Potential Exceptions (may still be doable in an All-In format):
    - Research
    - Pulmonary and critical care dynamic
    - Hematology and Oncology dynamic
    - Med Peds
    - Spouse dynamics

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- Key questions:
  - Can/will ACGME provide to sponsoring subspecialty organizations the data that allow determination of whether positions have been filled outside the match; namely, identify the programs for which sanctions should be considered

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- Take home messages
  - Need data
    - Survey applicants in a specialty specific manner
    - Survey PDs
    - What do Chairs think?
  - Programs going to All-In represent an opportunity to get needed data
  - Nephrology and specialties like it may be the future
  - Differences of opinion as to whether to “force” the issue