AAIM Subspecialty Summit

D. Craig Brater, MD
AAIM President
October 11, 2015

AAIM Subspecialty Summit

• 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
AAIM Subspecialty Summit

• 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

AAIM Subspecialty Summit

• 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
AAIM Subspecialty Summit

• 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

AAIM Subspecialty Summit

• 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.
AAIM Subspecialty Summit

• 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

AAIM Subspecialty Summit

• 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
AAIM Subspecialty Summit

- 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

AAIM Subspecialty Summit

- 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
AAIM Subspecialty Summit

• 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

AAIM Subspecialty Summit

• 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
AAIM Subspecialty Summit

• 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