Making the Change:

Leading a Successful Transition to an All-In Match Policy

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WHY CHANGE?

	2000	2013
Number of nephrology fellows in first or second year training	626	930
Number of nephrology fellowship programs	127	147
	2010 Match	2015 Match
	2010 Match	2013 Materi
Number of nephrology fellowship applicants	576	254



ASN Nephrology Match Task Force

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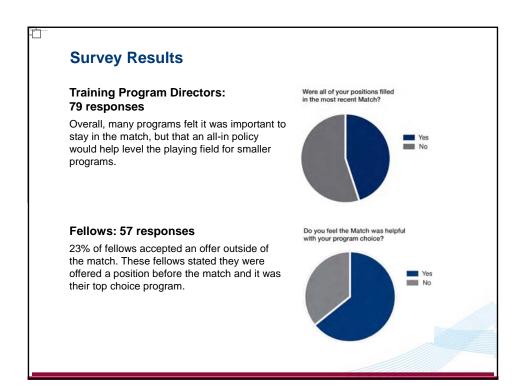
Charge to ASN Nephrology Match Task Force

- 1. Provide a recommendation to ASN Council regarding whether nephrology should continue its relationship with the National Resident Matching Program's (NRMP's) Specialties Match Service (SMS).
- 2. If nephrology continues its relationship with SMS, provide recommendation to the council regarding whether ASN should advocate to the NRMP Board of Directors for "all-in" participation in SMS.
- 3. Provide recommendations to the council regarding the use of tracks within the nephrology match process.
- 4. Identify resources that will help institutions better assess the appropriate number of slots for their nephrology training programs.

Timeline

Task force convened January 20, 2015 and met weekly through March 16, 2015. During that time, task force members:

- Met with Deborah Proctor, MD, who presented the GI experience with the Match
- Surveyed nephrology training program directors and fellows
- Received letter from NRMP President and CEO Mona Signer indicating support
- Submitted initial recommendations to Council for a new "all-in" policy (supported unanimously by task force and approved unanimously by council)
- Wrote the ASN Resolution Regarding the Nephrology Fellowship Match
- Recommended that "clinical" and "basic" research tracks merge into one "research track" designation
- Posted the resolution and new policy on the ASN website, and released a podcast
- · Developed a self-assessment tool for evaluating training program size
- Created a writing group that {has written and submitted} a white paper



Training Program Directors Survey Results

- 71.8% did not feel the timing of the Match negatively affected their program
- 77.8% program training directors filled positions outside of the Match
- 75% of programs experienced a canceled interview due to a candidate choosing another position
- 67.6% of training program directors felt the obligation to move interviews and job offers earlier than anticipated to reach the best candidates.
- **80%** of TPDs are aware of programs that were enrolled in ERAS and still took applicant outside of the Match

Fellows Survey Results

- 67.9% felt the Match was helpful for their program choice
- 12.7% felt they did not have enough time to consider all programs and offers before making a final decision
- **72.7%** only applied to programs enrolled in the Match
- 92.3% passed their initial internal medicine board exam
- 23.2% accepted a position outside of the Match
- **76.8%** only applied to one track within programs
- 32.8% felt strongly positive about Nephrology programs that offered separate program tracks

Recommendations submitted to ASN Task Force

The recommendations below reference the first two items from the charge given the task force; they were presented to the ASN Council with unanimous support of task force members, and received the unanimous approval of the council.

ASN should continue its relationship with the National Resident Matching Program's (NRMP's) Specialties Match Service (SMS).

ASN should advocate to the NRMP Board of Directors that all ACGME-accredited nephrology training programs will participate in the NRMP Match and offer all positions through the Match.



ASN Resolution Regarding the Nephrology Fellowship Match

Full resolution at http://asn.kdny.info/L53OF

Resolution Regarding the Nephrology Fellowship Match

This resolution concerns:

- the conditions surrounding nephrology fellowship offers to applicants
- · acceptance by applicants of such offers, and
- participation by applicants and programs in the Nephrology Fellowship Match.

BACKGROUND

Our recent experience with the Nephrology Match has demonstrated that recruitment of subspecially fellows outside the Match results in unfavorable experiences for applicants and program directors that may ultimately discourage applicants from applying to our specialty.

Position offers to applicants outside the Match have the potential to exert pressure upon applicants and degrade the confidence of other program directors in the integrity of the Match process. The Match is designed to ensure uniformity of the policy governing offers to applicants, fair participation, and protection of the ability of applicants to choose the program(s) that best suit their career goals and protection of the ability of program directors to choose the best applicants for their programs

Many other specialties in addition to nephrology have successfully used the Match to fill subspecialty positions in specialized research tracks. If programs wish to appoint a limited number of research fellows, the match algorithm allows them to offer a pre-specified number of positions in a research track and revert (donate) unfilled research positions to be filled in clinical tracks. Thus, there is no need for programs to fill research fellowship positions outside of the Match.

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Item #3 from Charge to Task Force: Provide recommendations to the council regarding the use of tracks within the nephrology match process.

The task force recommended reducing the number of tracks to Clinical, Research and Other. This provides programs the flexibility to maintain separate lists for research applicants and also for other specialized programs.

- Multiple tracks help programs limit the number of applicants who can match to specialized research or clinical programs, an important consideration since these specialized programs are often supported by limited resources.
- Task Force members also received feedback from fellows indicating multiple tracks were a positive factor when assessing programs, because they demonstrate the commitment of a program to provide a differentiated training experience.
- Programs have the flexibility to use the NRMP system to "revert" unfilled positions to be filled from their rank list for their clinical program.

CRAFTING NEW MATCH POLICIES

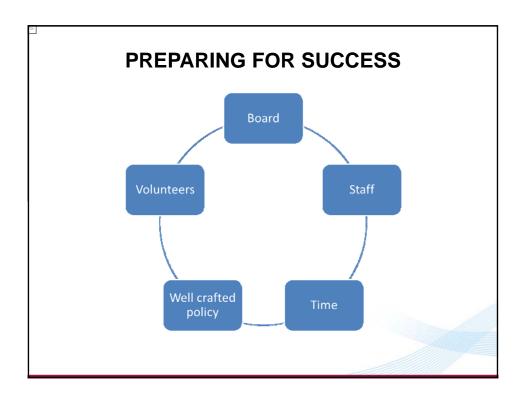
GOVERNING BOARD

TASK FORCE/WORK GROUP

KEY STAKEHOLDERS

TPDs

STAFF





ENFORCING THE CHANGE

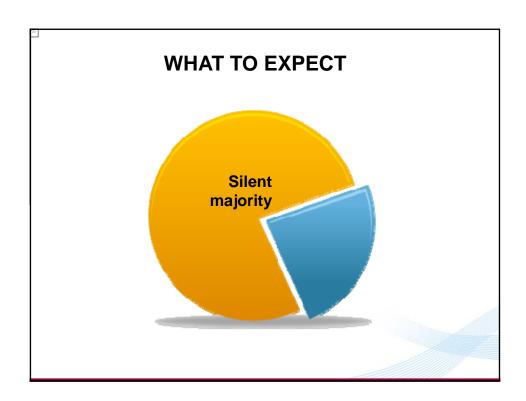
Communicate clearly re sanctions – those imposed by the sponsors and those imposed by other groups.

Use the bully pulpit.

Offer carrots as well as sticks.

Investigate non-compliant programs but be ready to listen and learn from them.





WHAT TO COLLECT

Complaints

Make it easy for all stakeholders to voice complaints, provide feedback. nephrologymatch@asn-online.org

Make sure someone <u>responds</u> to concerns, complaints, and suggestions.

Data

Understand:

The data you need The data you have The data you don't have

WHAT TO PROJECT

The sponsor's understanding of:

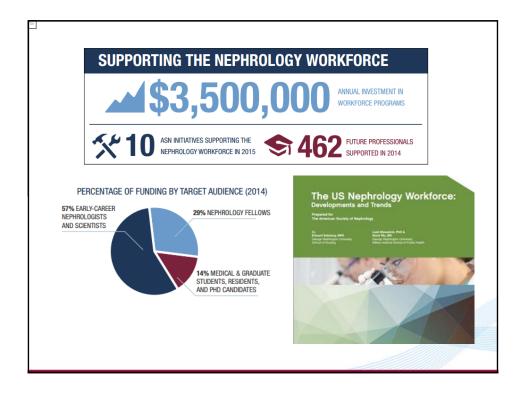
Challenges for individual programs (especially smaller programs).

Improvements the sponsor can make in services and resources.

Context:

Make sure program directors understand what the society is doing to address career and workforce issues that concern them.





LESSONS LEARNED

Sponsor's Role – Be prepared to draw the line.

Big Picture – Appeal to the greater good.

Communication – Use multiple venues and stagger communications.

Outreach – Connect with as many individual programs as possible.

Data - Collect as much as possible.

Beyond the Match: Questions for Nephrology Training Program Self-Assessment

- 1. Is the size of the fellowship program justified more by clinical service workload or by the educational opportunities provided by the program?
- 2. Does the fellowship support local, regional or national efforts to enhance nephrology workforce diversity and/or reduce health care disparities?
- 3. Does the fellowship serve local or regional needs for access to care, and/or participate in unique offerings such as Urban Service or Rural Service tracks with the parent specialty program or the school?
- 4. Are the physician investigator graduates of the program successful in obtaining independent research funding and do they sustain careers in investigation?
- 5. Are most graduating fellows from the program able to find jobs that are consistent with their career and personal objectives?
- 6. Does the program have adequate diversity and quantity of clinical experiences (including kidney transplantation, peritoneal and home hemodialysis, and opportunity for invasive and non-invasive procedures) to provide optimal training for all fellows?
- 7. Does the program have adequate institutional support and sufficient numbers of quality clinical and research faculty to provide optimal training for all fellows?
- 8. What percentage of the program matriculates in the last five years passed their internal medicine boards on the first attempt, and subsequently passed nephrology boards on the first attempt?
- 9. Has your program filled all of its positions that were allocated in the Match for each of the last three years?

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Questions?

