

THE ALLIANCE



Even Better Together

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

