At least a half dozen states have called on medical schools to graduate students early to care for an expected surge in patients during the COVID-19 pandemic. More are likely to follow.

The logistics of early graduation are varying by school and state, but some common themes apply. For medical students pondering the option to graduate early, or those wondering if their school will provide the choice, these pressing questions may be of interest.

Where is it happening?

Schools in the hardest hit state, New York, began exploring the option to graduate students early in mid-March. NYU Grossman School of Medicine, a member school of the AMA Accelerating Change in Medical Education Consortium, announced it would do so on March 24, in response to a plea from the state’s governor. Several other medical schools in the state followed suit, as have institutions in New Jersey, Arizona, Massachusetts, Michigan and Oregon. Additional state government officials, including California Governor Gavin Newsom, have indicated that they are pursuing aggressive action to bolster the health care workforce, with early graduation being one option.

Who can graduate early?

The Liaison Committee on Medical Education (LCME), which works with schools to determine benchmarks for student advancement, released guidance on early graduation last week. One potential hurdle for students graduating early is that medical schools have pulled students from direct patient care situations.

In lieu of that, the LCME called for each medical school to “review its educational program objectives

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(EPOs), the learning objectives of its required courses and clerkships and required clinical experiences and skills. If students have met these requirements and been assessed on these required learning objectives, they may be eligible for early graduation.”

Are students required to graduate early?

No. Early graduation remains optional, as does entering a residency program before one’s expected start date. Recent AMA guidance on protecting students during the pandemic, as well as a review of relevant portions of the *AMA Code of Medical Ethics*, highlighted the need for that to remain the case.

“There are students who have the skills and experience and really wish to have direct contact with patients,” said John Andrews, MD, the AMA’s vice president for GME Innovations. “Given the restrictions on student contact with patients, many of them will wish to graduate early to be able to contribute to the workforce. But nobody should be compelled to do it. That ought to be a personal decision.”

Where can early graduates go?

Thus far the trend seems to be that students are staying within their medical school’s health care system.

NYU early graduates were offered the opportunity to work as interns in that health system’s internal medicine and emergency medicine residency programs until they join the residency program to which they matched in July. (Recent guidance for the Accreditation Council for Graduate Medical Education discouraged programs from bringing in students early to programs with which they did not match.)

Oregon Health & Science University (OHSU), another member school of the AMA Accelerating Change in Medical Education Consortium, graduated 104 medical students in March because they had already met their graduation requirements. Less than 20% of that group matched in residency programs at OHSU, of whom six students will start early at the residency program with which they matched.

“Both exportation and importation can be an issue,” said George Mejicano, MD, MS, an AMA member who is also senior associate dean for education at OHSU. “On the incoming side, I can only control the hiring of our own interns. I was able to hire our own interns early because they were coming to us. I can’t do anything about our graduating students going elsewhere.”
What about medical licenses?

This varies by state, but speaking generally, residents typically practice under a training license. In states like Massachusetts, Michigan and New York, governors are granting early graduates temporary licenses that will stay in effect until these physicians acquire their trainee license.

What if you don’t join your program early?

Whether or not you are an early graduate, you may want to wait until July 1 to begin working as a resident. If so, it might be wise in the interim to reach out to your program leadership to see if there are any modifications you need to make to your plans because of the virus. You also don’t have to sit entirely on the sidelines.

“There are clinical roles students [and early graduates] can play that don’t involve direct physical contact with patients,” Dr. Andrews said. “It’s providing information and advice, it’s helping with epidemiological research, it’s staffing hotlines and participating in telehealth. There are many ways to help.”

There are numerous options for students looking to assist in non-clinical areas during the pandemic. The AMA has also curated a selection of resources to assist residents and medical students during the COVID-19 pandemic to help manage the shifting timelines, cancellations and adjustments to testing, rotations and other events.