Subject: Fellowship Application Reform

Presented by: Melissa K. Thomas, MD, PhD, Chair

Referred to: Reference Committee C
(Edward C. Tanner, MD, Chair)

Recommendation 2 of Council on Medical Education Report 6-A-05, Fellowship Application Reform, asked that our American Medical Association (AMA):

1. encourage the Electronic Residency Application Service (ERAS); the National Resident Matching Program (NRMP); the San Francisco Matching Program (SF Match); the Council on Medical Specialty Societies (CMSS) and its member organizations; and the American Board of Medical Specialties (ABMS) and its member medical specialty boards to develop a plan to standardize the application and selection process for each specialty. The plan should assure that:

   a) the process provides adequate time for the resident to be exposed to all subspecialties within a specialty before he/she must apply to a fellowship training program;
   b) a consistent application and match process and timeline is adopted across all available subspecialties within each specialty; and
   c) a process is developed which gives both applicants and programs ample time to evaluate each other before generating their ranking lists. (Directive to Take Action)


Background

Applying for and being accepted into many fellowship training programs is a rolling process which lacks uniform subspecialty timelines and does not utilize a uniform system like the Electronic Residency Application System (ERAS). Many fellowships lack a consistent selection and match process or uniform timeline such as that used by the National Resident Matching Program (NRMP) for first- and second-year residency positions.

Fellowship application timing issues may create problems for resident physicians, such as: 1) applying for fellowships before there has been sufficient exposure to all areas within a core specialty, 2) making hasty commitments to programs out of fear of not receiving other offers, and 3) limiting the time resident physicians have to visit and compare multiple programs before signing a contract. Fellowship programs may also feel pressured into making premature commitments in order to fill their programs.
Involvement of Other Organizations

The AMA sent letters to the leaders of the NRMP, the SF Match, the CMSS and the ABMS to inform them of CME Report 6-A-05, and to elicit whether these organizations are interested in working towards the recommendations of the report, and if they are currently engaged in activities that would further the goals (letters and responses are included in the Appendix). Responding organizations are generally interested, in particular CMSS, and have indicated that they wish to be further involved in the development of plans to standardize the application and selection process of fellowships. There are an increasing number of specialty areas involved in some sort of matching and/or standard application process (see below), but there are still many specialties, and programs within specialties, that do not participate.

Changes to Matching Services

Since the Annual Meeting in 2005, the NRMP Specialty Matching Services (SMS), which conducts matches for advanced residency or fellowship positions, has added 7 specialties (noted in **Bold** below) but lost 9 specialties (Spine Surgery, Abdominal Radiology, Breast Imaging/Women’s Imaging, MRI, Musculoskeletal Radiology, Special/combined programs in Radiology, Thoracic Radiology, and Ultrasound).

The following specialty matches are currently managed by the NRMP. The dates in parenthesis indicate the year when the match started.

- Abdominal Transplant Surgery (2005)
- **Allergy/Immunology (2007)**
- Combined Musculoskeletal Matching Program (CMMP)
  - **Foot & Ankle (1990-1992; rejoined in 2007)**
  - Hand Surgery (1990)
- Medical Specialties Matching Program (MSMP)
  - Cardiovascular Disease (1986)
  - **Gastroenterology (1986-1999; rejoined in 2006)**
  - Hematology (2006)
  - **Hematology/Oncology (2006)**
  - Pulmonary and Critical Medicine (1986)
  - Infectious Disease (1986-1990; rejoined in 1994)
  - **Oncology (2006)**
  - Rheumatology (2005)
- Obstetrics/Gynecology
  - Reproductive Endocrinology (1991)
  - Gynecologic Oncology (1993)
  - Maternal-Fetal Medicine (1994)
  - Female Pelvic Medicine & Reconstructive Surgery (2001)
- Pediatric Cardiology (1999)
- Pediatric Critical Care Medicine (2000)
- Pediatric Emergency Medicine (1994)
The SF Match provides support services to applicants and programs to facilitate the application
and selection process for residency and fellowship positions. The SF Match is not responsible for
enforcing rules, which are the responsibility of sponsoring specialties societies; its role is limited
to processing the match, reducing uncoordinated appointments, and forced early choices. Some
specialties use a centralized application service, but not all.

In addition to residency positions in neurological surgery, ophthalmology, and plastic surgery, the
SF Match provides application and selection services for the following fellowship positions:

- Child Neurology and Neurodevelopmental Disabilities
- Craniofacial Surgery
- Facial Plastic Surgery
- Mohs Surgery
- Neurosurgery
- Ophthalmology
- Otology/Neurotology
- Pediatric Otolaryngology
- Rhinology

Changes since Spring 2005 are the addition of Rhinology, and the deletion of spine surgery.

Changes to ERAS Services

ERAS fellowships services are specifically aimed at fellowship positions. Some specialties have
a 12-month cycle, and some an 18-month cycle – in other words, an applicant applies 12 months
in advance of starting the fellowship, or 18 months in advance. Since Spring 2005, five
specialties have been added (in Bold, below). The specialties that are currently eligible to
participate in ERAS are listed below:

- Allergy and Immunology, 18-month
- Cardiovascular Disease, 18-month
- Colon and Rectal Surgery, 12-month
- Critical Care Medicine, 12-month
- Endocrinology, 18-month
- Gastroenterology, 18-month
- Geriatric Medicine (FM), 12-month
- Geriatric Medicine (IM), 12-month
- Hematology, 18-month
Some progress has been made toward the goal of standardization of application and selection processes, and towards a uniform match date. With the constant addition of new subspecialty areas, however, this issue will continue to need the attention of the CMSS and the AMA.

The Council of Medical Education, therefore, recommends the following be adopted and the remainder of this report be filed.

1. That our American Medical Association continue to collaborate with the Council of Medical Specialty Societies and other appropriate organizations toward the goal of establishing a plan to standardize the application and selection process for specialty and subspecialty fellowship training. (Directive to Take Action)

2. That our AMA report back to the House of Delegates at the 2009 Interim Meeting on progress towards the goal of standardizing the application and selection process for specialty and subspecialty fellowship training. (Directive to Take Action)

3. That our AMA encourage all subspecialties use the same application cycle and such application cycle should not commence before 12 months in advance of the resident starting the fellowship. (Directive to Take Action)

Fiscal Note: Less than $500