HOD ACTION: Council on Medical Education Report 5 adopted as amended and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 5-A-09

Subject: Fellowship Application Reform

Presented by: Claudette E. Dalton, MD, Chair

Referred to: Reference Committee C
(Rodney G. Hood, MD, Chair)

Council on Medical Education Report 3-A-07, “Fellowship Application Reform,” asked that our American Medical Association (AMA):

continue to collaborate with the Council of Medical Specialty Societies (CMSS) and other appropriate organizations toward the goal of establishing a plan to standardize the application and selection process for specialty and subspecialty fellowship training; and 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.

Recommendation 2 of Council on Medical Education Report 3-A-07 asked for a report back to the House of Delegates at the 2009 Annual Meeting on progress toward the goal of standardizing the application and selection process for specialty and subspecialty fellowship training.

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). Several 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 has continued to solicit interest and input from the NRMP, the San Francisco Matching Program, known as the SF Match, and the CMSS, sending these organization’s leadership CME Report 3-A-07. All organizations are generally interested, and have indicated that they wish to be further involved in the development of plans to standardize the application and selection process of fellowships.
CHANGES TO MATCHING SERVICES

The NRMP Specialty Matching Services

Since the Annual Meeting in 2007, the NRMP Specialty Matching Services (SMS), which conducts matches for advanced residency or fellowship positions, has added five specialties (noted in Bold below) but lost two (Foot & Ankle, and Minimally Invasive and Gastrointestinal Surgery).

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

• Abdominal Transplant Surgery (2005)
• Allergy/Immunology (2007)
• Child & Adolescent Psychiatry (1995)
• Colon & Rectal Surgery (1984)
• Combined Musculoskeletal Matching Program (CMMP)
  o Hand Surgery (1990)
• Medical Specialties Matching Program (MSMP)
  o Cardiovascular Disease (1986)
  o Endocrinology (2008)
  o Gastroenterology (1986-1999; rejoined in 2006)
  o Hematology (2006)
  o Hematology/Oncology (2006)
  o Infectious Disease (1986-1990; rejoined in 1994)
  o Nephrology (2008)
  o Pulmonary (1986)
  o Pulmonary and Critical Medicine (1986)
  o Oncology (2006)
  o Rheumatology (2005)
• Neonatal-Perinatal Medicine (2008)
• Obstetrics/Gynecology
  o Reproductive Endocrinology (1991)
  o Gynecologic Oncology (1993)
  o Maternal-Fetal Medicine (1994)
  o Female Pelvic Medicine & Reconstructive Surgery (2001)
• Ophthalmic Plastic & Reconstructive Surgery (1991)
• Pediatric Cardiology (1999)
• Pediatric Critical Care Medicine (2000)
• Pediatric Emergency Medicine (1994)
• Pediatric Gastroenterology (2007)
• Pediatric Hematology/Oncology (2001)
• Pediatric Nephrology (2009)
• Pediatric Pulmonology (2009)
• Pediatric Rheumatology (2004)
• Pediatric Surgery (1992)
• Primary Care Sports Medicine (1994)
• Radiology
  o Interventional Radiology (2002)
  o Neuroradiology (2001)
• Surgical Critical Care (2004)
• Thoracic Surgery (1988)
• Vascular Surgery (1988)
The SF Match

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, namely, Child Neurology and Neurodevelopmental Disabilities, Ophthalmology (residency), Orthopaedic Sports Medicine, Orthopaedic Trauma, Plastic Surgery, Spine Surgery, and Rhinology.

Changes since Spring 2007 include the deletion of neurological surgery residency positions (now with the NRMP), and the addition of four new fellowships (in **Bold**, below). Spine Surgery, after a brief absence, has rejoined the SF Match. Only four areas are on a 12-month application to fellowship cycle, the remaining are 18 to 23 months. The SF Match provides application and selection services for the following fellowship positions, with varying time spans from accepting applications to the date the fellowship starts:

- Child Neurology and Neurodevelopmental Disabilities (varies)
- Craniofacial Surgery (12-month)
- Facial Plastic Surgery (18-month)
- Mohs Surgery (12-month)
- Neurosurgery (12-month)
- **Neurocritical Care (18-month)**
- Ophthalmology (12-month)
- **Orthopaedic Foot and Ankle (21-month)**
- **Orthopaedic Sports Medicine (21-month)**
- **Orthopaedic Trauma (24-month)**
- Neurotology (18-month)
- Pediatric Otolaryngology (23-month)
- Rhinology (22-month)
- **Spine Surgery (22-month)**

Changes to ERAS Services

ERAS fellowships services are specifically aimed at fellowship positions. The majority of specialties (79%) have an 18-month cycle, with applications accepted 18 months in advance of starting the fellowship. Six specialties have a 12-month schedule, in which the applicant applies one-year in advance of entering the fellowship. Since Spring 2007, six specialties have been added (in **Bold**, below). All of the new specialties are on the 18-month schedule. 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 (18-month)
- Endocrinology (18-month)
- Gastroenterology (18-month)
- Geriatric Medicine (FM) (12-month)
- Geriatric Medicine (IM) (12-month)
- **Gynecologic Oncology (18-month)**
- Hematology (18-month)
- Hematology/Oncology (18-month)
• Infectious Diseases (18-month)
• Interventional Cardiology (18-month)
• Maternal-Fetal Medicine (18-month)
• Neonatal/Perinatal Medicine (18-month)
• Nephrology (18-month)
• Oncology (18-month)
• Pediatric Emergency Medicine (EM) (12-month)
• Pediatric Emergency Medicine (Ped) (12-month)
• Pediatric Gastroenterology (18-month)
• Pediatric Hematology/Oncology (18-month)
• Pediatric Nephrology (18-month)
• Pediatric Rheumatology (12-month)
• Pediatric Surgery (18-month)
• Pulmonary Medicine (18-month)
• Pulmonary and Critical Care Medicine (18-month)
• Rheumatology (18-month)
• Thoracic Surgery (18-month)
• Vascular Surgery (18-month)

DISCUSSION AND RECOMMENDATIONS

Progress has been made towards the goal of standardization of application and selection processes, which is helpful for residents for their career planning as well as for program directors. Since the original report in 2005, there is a total increase of two subspecialty areas in the Specialty Matching Service of the NRMP, 12 more subspecialty areas that are using the application service of ERAS, and 5 more subspecialty areas using the SF Match service.

There has not been progress towards increasing the number of subspecialty areas that choose a 12-month application schedule. Although there is concern that residents will make early commitments that they may later regret, learning early on of one’s fellowship choice and location may also enable the resident to fully focus on his or her current training and progress. Also, learning relatively early that one has not been accepted may enable the resident to rethink his/her career plans, and apply to a different subspecialty area, or perhaps choose to practice in the core specialty.

Conversely, the NRMP schedule for initial residency training is only 9 months long. Moreover, most employment transitions in medicine are consummated in intervals much less than 12 months. Long lead times may present problems for both residents and programs. Applicants’ personal circumstances can change, as can interest in a particular subspecialty area. Programs can also change significantly, in terms of leadership, faculty, and accreditation status. Waivers for Match agreements are granted by the NRMP after review, for both programs and applicants. In the case of applicants using the Specialty Matching Service, applicants can request a waiver if they have elected to change specialties, as long as they make the request no later than January 15 of the year in which they were to begin training. The NRMP is examining the issue of the numbers of waivers requested based on the timing of the fellowship Match days; that information is not currently available for public release.
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 standardized application and selection processes for specialty and subspecialty fellowship training. (Directive to Take Action)

2. That our AMA continue to encourage all subspecialties to use the same application cycle and such application cycle should not commence before 12 months in advance of the resident starting the fellowship commence only in the final year of residency for programs of less than 5 years, or in the final 2 years of residency for programs of 5 years or longer. (Directive to Take Action)

Fiscal Note: Less than $500 for staff time.