HOD ACTION: Council on Medical Education Report 3 adopted as amended, and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 3-A-19

Subject:	Standardizing the Residency Match System and Timeline (CME Report 6-A-17)
Presented by:	Carol Berkowitz, MD, Chair
Referred to:	Reference Committee C (Nicole Riddle, MD, Chair)

INTRODUCTION

Council on Medical Education Report 6-A-17 recommended, in part, that our American Medical Association (AMA):

- Encourage the Association of University Professors of Ophthalmology, the American Urological Association and other appropriate stakeholders to move ophthalmology and urology, which have early matches, into the National Resident Matching Program (NRMP); and

- Encourage the NRMP to create a sequential match process for those specialties that require a preliminary year of training, thus allowing a match to a PGY-2 position to be followed later by a second match to a PGY-1 position, which would reduce applicants' expenses for applications and travel.

At the 2017 Annual Meeting, testimony before Reference Committee C and the House of Delegates reflected almost evenly mixed testimony on this report. Representatives of the affected disciplines (ophthalmology and urology) argued that the current match system works well, provides savings in travel costs, and minimizes inconvenience. In addition, those who are unsuccessful in the ophthalmology or urology match can pursue a position in the NRMP match. It was also noted that it is impossible to guarantee that the complex match algorithm run by the NRMP could accommodate a sequential match. Others argued in favor of the report's adoption, to level the playing field for all medical students; simplify couples' matching (particularly for couples who are in separate matches); and heighten the opportunity for students to be exposed (during their fourth-year rotations) to fields that might be rewarding choices. The HOD referred recommendations 2 and 3, which are shown above; recommendation 1 was adopted (D-310.977 [16], "National Resident Matching Program Reform").

This report by the Council on Medical Education includes: 1) a brief summary of CME Report 6-A-17; 2) a description of recent changes in matching status for urology and ophthalmology specialties; 3) an accounting of the number of specialties and programs that currently require applicants to simultaneously match into a preliminary year of training and a second year of training that could participate in a sequential match; and 4) the results of discussions with the NRMP regarding a sequential match.

BACKGROUND

The specialties of ophthalmology and urology have had their own match programs for many years, primarily because both specialties require a preliminary year of training. Typically, for ophthalmology, residents spend that first postgraduate year, or PGY-1, in a transitional or internal medicine program; for urology, the PGY-1 year is spent in general surgery. The matches for ophthalmology and urology occur in January (earlier in the academic year than for specialties that secure matches through the NRMP), which allows applicants successfully matched into ophthalmology or urology PGY-2 positions to then attempt to match into PGY-1 positions in the NRMP. For some applicants, this system can be advantageous.

For example, successful applicants to early match programs will have resolved some or all of the guesswork involved in finding a PGY-1 position. Receiving interview offers for a PGY-2 position in a particular geographic area can help in application and interview strategies for a PGY-1 position, and once the match has occurred, the applicant can submit a tailored rank order list for the PGY-1 position. Potentially unsuccessful candidates who do not receive interview offers from early match programs will still have time to apply to programs in other specialties.

The limitations of the early match process, however, include additional planning, a drawn-out application and interview season, and substantial financial costs for the applicant (especially for ophthalmology applicants), without the advantages available through the NRMP. Since 1988 the NRMP has had the capability to match applicants simultaneously into PGY-1 and PGY-2 positions, by creating a supplemental rank order list. This process is used by many applicants to programs that have advanced positions, such as radiology, which requires a preliminary PGY-1 position. Furthermore, the NRMP allows two applicants to link their rank order lists in such a way as to maximize their opportunity to match into programs in the same geographic area—the so-called "couples match." Neither of these more sophisticated matching processes is available in the early match programs. Finally, the NRMP offers far more detailed match analyses and statistics, which can assist applicants and their advisors in crafting match strategy.

The two specialties that hold early matches are the primary beneficiaries of the current system. Ophthalmology and urology are able to control their own matches and peruse, interview, and claim future residents before other specialties. In addition, applicant match fees generate funds through which the specialties can create educational resources.

Council on Medical Education Report 6-A-17 concluded that if the NRMP were able to hold a sequential match, the advantages to applicants of participating in two matches, i.e., being able to reduce the number of applications sent and limit travel for interviews for a preliminary year position, could be extended to applicants in such specialties that require a preliminary year.

CHANGES IN TRAINING LENGTH AND REQUIREMENTS

Both ophthalmology and urology specialties have proposed revisions to the length of training required in their respective specialties, which would affect the necessity for two separate matches.

Ophthalmology

Currently, Accreditation Council for Graduate Medical Education (ACGME) program requirements for ophthalmology state that the length of the training program must be 36 months, and that prior to appointment to a program, residents must have completed a postgraduate clinical year in an ACGME-accredited program (or a program located and accredited in Canada) in

emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery, or transitional year. This has been the established length and sequence of ophthalmology training for many years.

In 2013, the American Academy of Ophthalmology and the Association of University Professors of Ophthalmology (AUPO) identified a need to restructure the PGY-1 year.[1] In August 2018, the ACGME review committee for ophthalmology proposed revisions to the program requirements, which were accepted by the ACGME Board of Directors in February 2019. The revisions to ophthalmology program requirements regarding the PGY-1 year go into effect July 2021.[2]

Education in ophthalmology will then become 48 months in length, in one of two formats: an integrated format in which all 48 months are under the authority and direction of the ophthalmology program director, or in a joint/preliminary format, in which a preliminary year precedes 36 months of education in an ophthalmology program. In the latter case, the preliminary year will take place in the same institution that sponsors the ophthalmology program, and the ophthalmology program director will have input into the PGY-1 education. Regardless of format, all residents must have three months of ophthalmology education during the PGY-1 year.[2]

Recognizing that these revisions may require significant changes for existing programs, the ACGME will not administer citations to programs for not having an integrated or joint/preliminary program and related PGY-1 requirements until after July 2023; furthermore, programs that are unable to establish either format may request an exception from the Review Committee.[3]

Once these requirements are in place, the need for applicants to use the NRMP to match into PGY-1 positions after they have matched into an ophthalmology program using the San Francisco Match (SF Match, the matching service used by ophthalmology programs, owned by the AUPO) may be reduced, at least for those applicants matching into integrated programs. While the review committee notes that a “number” of programs are currently in the joint/preliminary format, an exact count is not known. Given the coordination and negotiation that ophthalmology programs will have to undertake with other training programs (such as transitional year programs) to ensure that there will be PGY-1 positions at the sponsoring institution with three months of ophthalmology experience, it may be some time before all programs are fully compliant with these requirements. If all programs were to become fully integrated, the need for a separate match that takes place before or outside of the NRMP’s Main Residency Match would seem to be obviated. As an example, the specialties of otolaryngology and neurosurgery previously participated in the San Francisco Match, but joined the NRMP once the decision was made to fully integrate the PGY-1 year. However, ophthalmology’s history with the SF Match, and the revenue it generates for the AUPO, may lead the organization to continue to operate the match separately.

Urology

In October 2017, the ACGME review committee for urology proposed, as part of the decennial major revision for urology training, to change the accredited training length from 48 months to 60 months by encompassing the PGY-1 year. These revisions were accepted by the ACGME Board in June 2018 and go into effect in July 2019.[4] Previously, residents who entered urology in the PGY-2 year spent the PGY-1 year in a general surgery program. When the revisions take effect, residents will no longer need to use the NRMP to match into the general surgery year. Senior medical students will use the Electronic Residency Application Service (ERAS) to apply to urology programs only (no longer applying to surgical programs as well) and will continue to use the match service run by the American Urological Association (AUA) to match directly into a urology program. Given the urology profession’s satisfaction in controlling the match, as well the perceived

benefits of holding the match earlier in the year than the NRMP match, it is unlikely that urology will join the NRMP at this time.[5]

SPECIALTIES WITH TWO MATCHES

In the NRMP's 2018 Main Residency Match, there were 11 specialties with PGY-2 (advanced) positions, as shown in the table below.[6]

Specialty	No. of programs	No. of positions
Anesthesiology	75	447
Child neurology	7	8
Dermatology	122	426
Interventional radiology (integrated)	51	98
Neurodevelopmental disabilities	3	4
Neurology	55	287
Nuclear medicine	2	3
Physical medicine & rehabilitation	61	281
Radiation oncology	85	177
Radiology-diagnostic	171	944
Radiology-nuclear medicine	3	3
Total	*635*	*2,678*

Of the 4,780 applicants ranking at least one PGY-2 position combined with a PGY-1 position, 2,244 individuals matched to both. Many of the 4,780 applicants also ranked categorical positions as well; most of the 2,536 who did not match into both a PGY-1 and PGY-2 position were successfully matched to another position.[7]

The proportion of programs with advanced positions and the proportion of advanced positions offered have decreased over time. In the 2008 Main Residency Match, 14.5 percent of all participating programs offered PGY-2 positions, and PGY-2 positions made up 11.3 percent of all positions offered.[8] In 2018, those percentages had declined to 11.9 percent and 8.1 percent, respectively.[6]

DISCUSSIONS WITH THE NRMP

The NRMP has previously considered a two-phased Main Residency Match for the purpose of eliminating the "Scramble" that occurred during Match Week. Although applicants, medical schools, and residency program directors liked the idea of a two-phased Match, they did not like the schedule. Medical schools did not want the Match to occur earlier than March because it would further erode the fourth-year curriculum, and program directors did not want a final Match Day to occur later than the month of March because of difficulties on-boarding new residents. A second Match designed to fill preliminary positions would be difficult to implement not just because of scheduling, but also because the significant cost could not be justified for a relatively small number of positions. The majority of applicants are able to match simultaneously to PGY-1 and PGY-2 positions. Applicants ranking PGY-2 positions in advanced programs can create and attach a supplemental rank order list of preliminary programs to each advanced program. Also, many programs with advanced positions have agreements with programs with preliminary positions at the same institution to coordinate interviewing applicants at the same time and to create joint advanced/preliminary arrangements so that applicants can match simultaneously into a full course of training.[9]

The NRMP also has fielded questions regarding Match flexibility and scheduling for applicants who have graduated from medical school "off-cycle," a potential result of participating in a competency-based medical school educational program. The NRMP's All In Policy states that a residency program that registers for the Main Residency Match must attempt to fill all of its positions through the Match. Offering a position outside the Match makes the program ineligible for the Match, unless the program has been granted an exception. To date, the NRMP Board of Directors has not granted an exception for competency-based curricula, although it is reviewing an exception request submitted by the Education in Pediatrics Across the Continuum (EPAC) Project. It is important to note, however, that if a program has a position that becomes available after September, and training can begin before February 1, that position can be filled off-cycle without jeopardizing the program's adherence to the All In Policy.

CURRENT AMA POLICY

AMA policies related to this topic are listed in the Appendix.

SUMMARY AND RECOMMENDATIONS

Recently proposed revisions to the program requirements for ophthalmology and urology have changed the dynamics of the early match. The concerns expressed by those applicants who needed to participate in two separate matches for a urology position have been alleviated, as the match run by the AUA will now include PGY-1 positions. Those who do not successfully match into a urology program will still have the opportunity to apply to, interview for, and rank a program in the NRMP. A somewhat similar situation exists for students applying to ophthalmology programs. Even though the new integrated and joint/preliminary format changes more closely incorporate the PGY-1 year, the specialty's desire to control the match process suggests that, at least in the near future, there will continue to be two matches. However, applicants entering the ophthalmology and urology matches do not have the opportunity to fully participate in the NRMP "couples match," nor do they benefit from insight provided by the sophisticated data analysis and reports prepared by the NRMP. Additionally, preservation of this two-step match process may reduce applicants' exposure (during their fourth-year rotations) to fields that they might have otherwise enjoyed as a result of the earlier commitment to registering for the ophthalmology or urology match.

While the NRMP has investigated the possibility of a sequential match, which could reduce application and interview costs for students applying to programs with advanced positions, at this time it has concluded that the amount of coordination, cooperation, and costs involved were not justified given the relatively small number of students affected. However, the NRMP is exploring if it is possible to provide exceptions to programs that wish to accept students who graduate from competency-based medical education programs at off-cycle times.

The Council on Medical Education therefore recommends that the following recommendations be adopted and that the remainder of the report be filed:

1. That our AMA encourage appropriate stakeholders to explore options to decrease the burden upon medical students who must apply to separate preliminary PGY-1 and categorical PGY-2 positions. (Directive to Take Action)

2. That our AMA work with the Accreditation Council for Graduate Medical Education to encourage programs with PGY-2 positions in the National Resident Matching Program (NRMP) to create local PGY-1 positions that will enable coordinated applications and interviews for medical students. (Directive to Take Action)

3. That our AMA encourage the NRMP to design a process that will allow competency-based student graduation and off-cycle entry into residency programs. (Directive to Take Action)

4. That our AMA encourage the NRMP, the San Francisco Match, the American Urological Association, the Electronic Residency Application Service, and other stakeholders to reduce barriers for medical students, residents, and physicians applying to match into training programs, including barriers to "couples matching," and to ensure that all applicants have access to robust, informative statistics to assist in decision-making. (Directive to Take Action)

5. That our AMA encourage the NRMP, San Francisco Match, American Urological Association, Electronic Residency Application Service, and other stakeholders to collect and publish data on a) the impact of separate matches on the personal and professional lives of medical students and b) the impact on medical students who are unable to successfully "couples match" with their significant others due to staggered entry into residency, utilization of unlinked match services, or other causes. (Directive to Take Action)

Fiscal note: $1,000.

APPENDIX: RELEVANT AMA POLICY

D-310.977, "National Resident Matching Program Reform"

Our AMA … (7) will work with the NRMP, and other residency match programs, in revising Match policy, including the secondary match or scramble process to create more standardized rules for all candidates including supplication timelines and requirements; (8) will work with the NRMP and other external bodies to develop mechanisms that limit disparities within the residency application process and allow both flexibility and standard rules for applicant; … (16) supports the movement toward a unified and standardized residency application and match system for all non-military residencies.

H-310.910, "Preliminary Year Program Placement"

Our AMA encourages the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, and other involved organizations to strongly encourage residency programs that now require a preliminary year to match residents for their specialty and then arrange with another department or another medical center for the preliminary year of training unless the applicant chooses to pursue preliminary year training separately.

D-310.958, "Fellowship Application Reform"

Our AMA will (1.a) 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.

REFERENCES

[1] Oetting, TA, Alfonso, EC, Arnold, A, et al. Integrating the internship into ophthalmology residency programs. Ophthalmology 2016; 123:2037-2041.

[2] ACGME Program Requirements for Graduate Medical Education in Ophthalmology, effective July1, 2020. https://acgme.org/Portals/0/PFAssets/ProgramRequirements/240_Ophthalmology_2020.pdf?ver=2019-02-19-121341-650. Accessed February 20, 2019.

[3] Kathleen Quinn-Leering, Executive Director, Ophthalmology RC, ACGME, personal communication, February 20, 2019.

[4] ACGME Program Requirements for Graduate Medical Education in Urology, effective July 1, 2019. https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/480UrologyCore2019.pdf?ver=2018-06-29-145843-817/. Accessed September 18, 2018.

[5] Weissbart, SJ, and Stock, JA. The history and rationale of the American Urological Association resident matching program. Urology Practice. 2014; 1: 205-210.

[6] National Resident Matching Program, Results and Data: 2018 Main Residency Match®. National Resident Matching Program, Washington, DC. 2018.

[7] Mei Liang, Director of Research, NRMP, personal communication, Dec 13, 2018.

[8] National Resident Matching Program, Results and Data: 2008 Main Residency Match®. National Resident Matching Program, Washington, DC. 2008.

[9] Mona M. Signer, President and CEO, NRMP, personal communication to the AMA Council on Medical Education, November 2018