

Materials Regarding Potential APDEM Adoption of All In Match Policy – April 28, 2017

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Introduction to an official registration of program director preferences regarding an All In Match policy

April 28, 2017

Dear Endocrinology Fellowship Program Director,

We members of Council for the Association of Program Directors in Endocrinology, Diabetes, and Metabolism (APDEM) wish to engage you in an important decision that may affect all endocrinology training programs. By way of background, APDEM Council has been exploring the desirability of an All In Match policy for approximately two years. According to NRMP policy, APDEM (the Match sponsor for endocrine) may voluntarily move endocrine into an All In NRMP Match; accordingly, APDEM Council (i.e., the governing body of APDEM) has the authority to move endocrine into an All In NRMP Match. However, given that legitimate arguments can be made for and against an All In Match policy for endocrinology, APDEM Council initially proposed to put this issue to a non-anonymous APDEM membership vote—a procedure consistent with APDEM bylaws. However, based on membership feedback, APDEM Council has revised and expanded the decision process to include all program directors (APDEM members and non-members alike) since implementation of an All In Match policy would affect all programs equally.

All program directors will be encouraged to complete a survey registering their preference regarding the All In Match policy. After completing the formal registration of program director preferences, Council will decide whether the proportion of program directors endorsing an All In Match policy justifies implementation. In particular, Council will plan to implement an All In Match policy with the NRMP if at least two-thirds of registered preferences align with an All In Match policy. *This would begin in the 2018 recruitment season; the current policy would remain in effect for the 2017 recruitment season.* If the proportion of program directors endorsing an All In Match policy does not justify implementation, APDEM Council will continue to consider other potential approaches to improve the current system of fellowship position allocation.

To facilitate an informed decision-making process, we include materials that will describe the proposed All In Match policy; the APDEM deliberation process and outcomes; potential advantages and disadvantages of an All In Match policy; a statement regarding APDEM Council's endorsement of an All In Match policy; and potential questions and answers related to an All In Match Policy. We will also hold two educational webinars; and we would be very happy to address questions/concerns directly via email or phone.

We hope to complete this process as soon as reasonably possible, but our main priorities are to ensure appropriate engagement of stakeholders, to ensure transparency, and to find a process that works best for most programs. We ask that, before you register a preference, carefully consider the arguments for and against an All In Match policy, and please give us the opportunity to address any questions/concerns you have. Lastly, and most importantly, we ask that you prioritize the needs of fellowship candidates and the subspecialty as a whole when you register your preference. We thank you in advance for your engagement in this process.

Sincerely,

APDEM Council: Richard Auchus (University of Michigan)
Richard Comi (Dartmouth-Hitchcock Medical Center [incoming])
Ann Danoff (APDEM Immediate Past President; CPL Michael J. Crescenz VA Med. Center)
Andrew Gianoukakis (Harbor UCLA Medical Center)
Whitney Goldner (University of Nebraska)
Geetha Gopalakrishnan (APDEM President; Brown University)
Kurt Kennel (Mayo Clinic)
Christopher McCartney (APDEM Secretary-Treasurer; University of Virginia)
Debra Simmons (University of Utah [incoming])
Monica Skarulis (National Institutes of Health [outgoing])

CONTACT INFORMATION: Questions/concerns can be submitted via email directly to APDEM (apdem@endocrine.org) and Christopher McCartney (Chair of the APDEM All In Working Group; cm2hq@virginia.edu). Phone calls can be arranged as needed.

Structure of a proposed All In Match policy for endocrinology (for 2018 implementation):

- APDEM Policy: All endocrinology positions must be allocated through the NRMP Match (unless an exception applies). This policy will apply to all endocrinology programs and all endocrinology positions.
- APDEM will execute an All In Match agreement with the NRMP: (1) any program registering for the Match must attempt to fill all positions through the Match; (2) programs planning to participate in the Match cannot offer positions outside the Match prior to program director registration and program activation; and (3) once a position has been offered outside the Match, the program no longer is eligible to enroll in the Match unless the offered position falls into one of the exception categories for the Match.
- APDEM will implement an agreement with ERAS such that ERAS applications will only be made available to programs that (a) sign a memorandum of understanding regarding APDEM's All In Match policy, and (b) adhere to APDEM's All In Match policy.¹
- APDEM will work with NRMP to formalize the following exceptions to an All In Match Policy²:
 1. Military appointees to civilian programs
 2. Candidate participation in the ABIM Research Pathway³
 3. Candidates for established combined training programs designed to provide board eligibility for two different specialties with different NRMP codes (e.g., adult and pediatric endocrinology)
 4. Replacement of a fellow that quits a program early (or a matched fellow that does not start training)
 5. APDEM will also work with NRMP to formalize a petition process whereby programs can request exceptions for reasons that were not pre-approved by APDEM and NRMP (i.e., items 1-4 immediately above), considered on a case-by-case basis.⁴
- APDEM will form an All In Match Oversight Task Force, which will implement annual adherence monitoring. As a first step, the Task Force will compare (a) the number of positions with fellows in training for that appointment year (self-reported by the program) with (b) the program's relevant NRMP quota.⁵ The Task Force will subsequently confirm adherence by comparing the combined Match quotas for the previous two Matches with the number of ACGME-approved positions that are filled in the current academic year.^{6,7} When a possible All In Match policy violation is identified, the NRMP and/or the Task Force (as appropriate) will engage the Program in an adjudication process. Programs found to be in violation of APDEM's All In Match policy will be subject to (a) possible NRMP sanctions (as appropriate) and (b) withdrawal of ERAS access for the subsequent two application cycles.⁸

¹ APDEM has confirmed that ERAS would honor such an agreement. Such an agreement would be identical to the agreements between ERAS and the American Society of Nephrology and Infectious Diseases Society of America (sponsors of nephrology and ID matches, respectively).

² Exceptions will not be made for candidates in situations that can be addressed via the NRMP Match, including those seeking entry into combined three-year clinical-research fellowship programs, and for those with limited or no availability during normal recruitment months.

³ This would pertain to situations in which entry into the main residency match under the ABIM Research Pathway included *a priori* plans to pursue endocrinology fellowship at the same institution.

⁴ The NRMP has confirmed that this would be allowable according to NRMP regulations.

⁵ The NRMP will provide program-specific data regarding Match quota and number of positions filled in the Match.

⁶ For example, if a Program had an NRMP quota of 2 in Fall 2015 and 3 in Fall 2016, the Program should have no more than 5 filled ACGME positions—which includes first and second year fellows—for the 2017-2018 academic year.

⁷ An All In Match policy would *not* prohibit out-of-Match arrangements when a program fails to match to its full NRMP quota (i.e., "does not fill"). In such cases, the program may fill the unfilled position via a "scramble." For example, if a program sets an NRMP quota of two, but only matches one fellow via the NRMP Match, the program can fill the one unmatched position in a post-Match scramble.

⁸ If an All In policy is implemented, programs that elect to participate in the Match *must* attempt to fill *all* positions in the Match (unless an exception applies), and failure to do so would be a breach of NRMP policy. Accordingly, NRMP would investigate and potentially impose sanctions on a program that uses the NRMP Match but also takes fellows outside of the Match. (Note that NRMP would only levy sanctions outlined in Section 7.0 of the SMS Match Participation Agreement.) However, under an All In policy, the NRMP would *not* investigate or impose sanctions on endocrine programs that do not use the NRMP Match at all (i.e., programs with 100% non-Match participation): although this would be a breach of APDEM policy, it would not be a breach of NRMP policy. Programs with 100% non-Match participation would still be subject to withdrawal of ERAS access.

APDEM All In Match Working Group: Summary of Deliberations October 29, 2016

Introduction

Endocrinology fellowship programs initiated participation in the Specialties Matching Service (SMS) of the National Residency Matching Program (NRMP) circa 2009. Current NRMP policy, as stated in the SMS Match Participation Agreement,¹ is as follows:

The NRMP requires the program directors' group of each specialty participating in the SMS to execute annually an "NRMP Program Directors' Annual Participation Agreement" that commits active participation of at least 75 percent of the group's eligible programs and a minimum of 75 percent of all available positions in the specialty for that year. If a group fails to register 75 percent of its eligible programs and/or positions, the NRMP, at its discretion, may discontinue such group's participation in Matches managed by the NRMP. Specialties Matching Service Match sponsors may voluntarily elect to implement a policy whereby all participating programs are required to register and attempt to fill all positions in the Match.

For endocrinology, out-of-Match offers/agreements are not formally distributed across programs. Although out-of-Match offers/agreements are not closely monitored, the NRMP compares Match participation with overall number of positions (information obtained from ACGME), and Match participation in endocrinology is reportedly very high (> 90%). According to our current understanding, a majority of programs fill all positions via the Match alone; but some programs (percentage of total unknown) fill some positions via out-of-Match agreements, and some programs (percentage of total unknown) fill all positions via out-of-Match agreements.

The Association of Program Directors in Endocrinology, Diabetes and Metabolism (APDEM) leadership has observed a growing interest from various interest groups—including resident candidates for subspecialty fellowships—for medical subspecialties to adopt "All In" policies, similar to the All In policy for the Main Residency Match²:

(1) Any program registering for the Match must attempt to fill all positions through the Match or another national matching plan; (2) programs planning to participate in the Match cannot offer positions outside the Match prior to program director registration and program activation; and (3) Once a position has been offered outside the Match, the program no longer is eligible to enroll in the Match unless the offered position falls into one of the exception categories for the Match.

In early 2015, APDEM administered surveys to both Program Directors (PDs) and endocrine fellows: 71% (40 of 56) of PD respondents and 78% (31 of 40) of fellow respondents indicated a preference for an All In Match policy. Although PD survey response rates were < 50%—and the fellow response rate even lower—the results prompted APDEM leadership to explore the desirability of an All In policy in more detail. To this end, APDEM formed an All In Match Working Group composed of the following PDs:

- Andrew Gianoukakis (UCLA; APDEM Council member)
- Geetha Gopalakrishnan (Brown University; APDEM President)
- Christopher McCartney (University of Virginia; Chair of Working Group, APDEM Council member)
- Janet McGill (Washington University, Saint Louis)
- Paris Roach (Indiana University)
- Elias Said Siraj (Temple University; APDEM Council member)
- Mark True (San Antonio Uniformed Services Health Education Consortium Program; Endocrinology representative on Association of Specialty Professors [ASP] Council)

Recognizing the controversial nature of this issue, APDEM leadership ensured that the Working Group included PDs with an inclination to favor All In as well as PDs with an inclination to oppose All In.

Broadly speaking, the Working Group seeks to achieve the following goals:

Goal 1. Identify the goals and preferences of fellows³ for the matching process

¹ <http://www.nrmp.org/wp-content/uploads/2015/06/2016-MPA-SMS-FINAL.pdf> (accessed 2/24/2016)

² <http://www.nrmp.org/policies/all-in-policy/> (accessed 2/24/2016)

³ The goals and preferences of fellows will serve as a proxy for the goals and preferences of fellowship candidates.

Goal 2. Identify goals and preferences of PDs and programs for the matching process

Goal 3. Identify potential challenges encountered in the current system and in an All In Match paradigm

Goal 4. Identify potential solutions to challenges in the current system and in an All In Match paradigm

Goal 5. Develop action plans for success in both systems for presentation to ASP, ACGME, and NRMP

The following represents a summary of Working Group deliberations. This summary is intended to highlight the important arguments on both sides, without implying an APDEM commitment to one side or the other. In addition to serving as a transparent record of our deliberations, this summary will serve as a background as we put the issue to an APDEM vote.

At the outset, the Working Group emphasizes the following:

- **Most importantly, the Working Group's overarching goal is to identify a recruitment/matching paradigm that will be most beneficial to fellowship candidates.**
- The Working Group recognizes that relevant data are sparse, and some of the concerns prompting the current inquiry are largely based on anecdotal data.
- An All In Match policy can include well-defined exceptions (e.g., situations in which out-of-Match offers are allowed), as is true of the Main Residency Match.

Goal 1. Identify the goals and preferences of fellows for the matching process

The aforementioned 2015 fellow poll indicates that a high percentage of endocrinology fellows may favor an All In Match. As part of the Working Groups deliberations, APDEM solicited additional fellow feedback in September 2016, requesting reasons for All In support or opposition. In this survey,⁴ 65% of respondents (70 of 108) supported switching to All In Match; while 35% of respondents (38 of 108) opposed moving to an All In policy. (The Working Group acknowledges that non-scientific-rigorous polls like these are prone to bias and, thus, must be interpreted cautiously.)

Of interest, some other subspecialties (e.g., Nephrology,⁵ Gastroenterology,⁶ and Geriatrics⁷) have concluded that All In policies best serve the interests of fellowship candidates, emphasizing a belief that all fellowship candidates should be allowed to explore all relevant programs before making decisions.⁸

We acknowledge that, when out-of-Match offers are extended, some applicants may feel unwanted pressure to make commitments prior to a full exploration of available programs. While undue pressure may at times be exerted intentionally, the potential for undue pressure may be inherent to the offer: candidates may feel pressure to accept an early offer lest it be revoked or taken by someone else, especially if an early decision is mandated. From another point of view, such offers can reflect an inherent power asymmetry: the program may implicitly or explicitly leverage a secure training position to obtain an early commitment, and the applicant may feel compelled to accept the offer—even if the offered position is judged to be less desirable than her/his other options—to obviate the possibility of not matching. Anecdotal data confirms that such considerations pertain in at least some cases (e.g., such scenarios were described in the aforementioned fellow polls),⁹ but the current

⁴ In particular, we requested that each fellow (1) review the Working Group's summary of deliberations to date; (2) complete an anonymous one question survey (do you favor All-In policy or current policy?); and (3) explain her/his preference, describe important issues informing her/his preference, potentially offer other options APDEM can consider, etc. While a minority of respondents provided explanations for their opinions, the Working Group concluded that all arguments provided by respondents had been addressed by the summary of deliberations to date.

⁵ See Chi-yuan et al. Improving The Nephrology Match: The Path Forward. J Am Soc Nephrol. 2015;26:2634-9; and "Resolution Regarding the Nephrology Fellowship Match," https://www.asn-online.org/news/2015/0323_match_task_force_resolution.pdf (accessed 2/24/2016).

⁶ See Proctor et al. The Match: five years later. Gastroenterology 2011,140:15-18; and "Resolution Regarding Gastroenterology Fellowship Applicants, Including all Research and Clinical Fellowship Applicants and Positions," http://www.gastro.org/match_resolution.pdf (accessed 2/24/2016).

⁷ See <http://adgap.americangeriatrics.org/fellowship-resources/match-information/> (accessed 3/4/2016)

⁸ As of 4/29/16, the following subspecialties have decided to implement an All In Match policy: Nephrology starting with the 2015 Match (2016 appointment year); and Infectious Disease, Medical Genetics, and Sleep Medicine starting with the 2016 Match (2017 appointment year) (<http://www.nrmp.org/policies/all-in-policy/#fellow>, accessed 4/29/16). The American Association of Endocrine Surgeons follows a similar matching process (see <https://www.endocrinesurgery.org/fellowships/program-code-of-conduct.html>).

⁹ Note that undue pressure related to time-limited offers was the primary reason why medical students established the NRMP in the 1950s (<http://www.nrmp.org/wp-content/uploads/2013/08/The-Sveriges-Riksbank-Prize-in-Economic-Sciences-in-Memory-of-Alfred-Nobel1.pdf> [accessed 10/22/2016]). It is also a primary reason why other medical subspecialties have adopted All In policies.

scope of this problem is unknown.

We fully acknowledge that an out-of-Match offer may be highly desirable for a candidate with a strong—perhaps even exclusive—preference for a given program,¹⁰ as may occur with internal or local candidates, for candidates desiring to obtain research training with a specific mentor, for candidates desiring to enter a specific research training organization/program, etc. Without the security of an out-of-Match offer/acceptance, such candidates may feel compelled to interview at other “safety net” institutions to ensure a training position; this can be costly in terms of time, effort, and money. On the other hand, an out-of-Match offer to (and acceptance by) one fellow may reduce the number of available slots, which could reduce expected return on investment (in terms of time, effort, and monetary cost) made by other interviewed candidates. As a related issue, when a program cannot secure legitimate placement via an appropriate out-of-Match offer, that program may feel compelled to interview a number of additional candidates—candidates that they otherwise would not have interviewed—at least in part as a safeguard against failing to fill all desired slots; these additional candidates will incur interview-related costs (time, effort, and money), but these costs will presumably be associated with lower potential for return on investment (i.e., matching at the program).¹¹

The Working Group also considered that out-of-Match offers may best serve the interests of candidates pursuing less common training and/or recruiting pathways:

- **Combined training programs involving programs with two different NRMP codes:** An example is a combined adult-pediatric endocrinology training program. There is currently no NRMP/SMS Match for combined adult-pediatric endocrinology, and there is currently no NRMP/SMS mechanism by which a fellow may be matched simultaneously to an adult endocrinology program and a pediatric endocrinology program.
- **ABIM Research Pathway¹²:** Sometimes called “short track,” this is a well-defined pathway for residency candidates that, for Medicine-Endocrinology, involves (in sequence) 2 years of clinical Internal Medicine training (residency), one year of concentrated clinical endocrinology training, and 3 years committed to research training (80% effort). Entry into the ABIM research pathway via a Medicine Residency strongly implies an early commitment on the part of the endocrinology fellowship program, even though the candidate initially matches via the Main Residency Match only.
- **Endocrinology training for military personnel:** The military has its own GME system with its own selection procedures. Placement decisions for all military GME training positions occur in November with results being released in mid-December. While most military personnel receiving endocrinology training do so within the military system, military personnel not securing a military-based position may be allowed to receive endocrinology training in the civilian sector. In this situation, the candidate must secure a suitable position her-/himself (i.e., the military does not pre-arrange contingency positions in the civilian sector). Given the timing of the NRMP Match vis-à-vis military placement decisions, military personnel not securing a military-based position could not begin civilian training the following July unless out-of-Match positions were allowed.
- **Combined three-year clinical-research fellowship positions:** Some have suggested that out-of-Match offers may best serve the interests of candidates pursuing three-year clinical-research fellowship positions; but the Working Group has concluded that this may primarily apply to candidates with an exclusive preference for a specific program, for a specific mentor, etc.
- **Candidates with limited or no availability during normal recruitment months:** Such situations may prohibit a candidate from reasonably exploring her/his options under an All In paradigm. Possible examples of such candidates may include those taking maternity leave during recruiting season, or candidates with foreign government funding who may apply at atypical times.

Goal 2. Identify goals and preferences of PDs and programs for the matching process

The aforementioned PD poll (early 2015) suggests that a majority of PDs may favor an All In Match. We hold it to be axiomatic that perceived benefit to fellowship candidates will strongly influence PD polling results.

¹⁰ Although a candidate may disingenuously express very strong or even exclusive interest, it is unclear how commonly this occurs.

¹¹ Note that there should be no incentive for a program to interview candidates who have no chance of matching at that program.

¹² For more details, see <http://www.abim.org/certification/policies/research-pathway/policies-requirements.aspx>.

However, program-specific considerations likely pertain as well.

Perhaps the most important advantage of the current Match system is that it affords (limited) flexibility to extend out-of-Match positions as needed—ideally when out-of-Match offers are perceived to be mutually beneficial to the program and candidate alike. Presumably, programs would not offer out-of-Match positions without perceived benefit to the program; and as discussed above, out-of-Match offers may best serve the interests of some candidates.

Fellowship candidate recruiting is a competitive endeavor, and programs desire to recruit the best candidates possible. Out-of-Match offers may represent a competitive advantage: if a program can secure an early commitment from a desirable candidate, the candidate is effectively removed from the pool of candidates available to other programs. This represents an opportunity cost for other programs. Out-of-Match position acceptance should also prompt the fellowship candidate to cancel subsequent interviews; this may represent an additional opportunity cost for affected programs: in addition to being unable to interview a desirable candidate, the program may not be able to achieve its desired number of interviews. Accordingly, this early selection opportunity can be a source of resentment among PDs (i.e., PDs that do not offer out-of-Match positions may feel disadvantaged). Some have argued that competition for candidates should reflect a meritocracy in which a program's ability to recruit desirable candidates reflects how program-inherent considerations (e.g., faculty, training opportunities, divisional culture, location) align with candidates' needs; and that introducing non-program-related considerations (e.g., early position security) inappropriately disrupts a level playing field for programs.

We considered that out-of-Match offers may have additional negative impacts on programs. When applicants can be removed from the candidate pool via out-of-Match agreements, competitive considerations may create undue pressure for programs to offer positions to candidates before the program has sufficiently evaluated all available applicants. Also, since most candidates understand the rationale for and complied with an All In policy for residency matching, it seems plausible that out-of-Match offers could at times negatively impact a fellowship candidate's perception of that program, thus diminishing a program's ability to recruit the candidate. Similarly, there is a poorly defined but plausible risk that out-of-Match offers may undermine trainee confidence in the current system of fellowship position allocation, especially when such offers are associated with intentional application of undue pressure. The degree to which these considerations pertain is uncertain.

Intuition holds that, compared to a program securing some or all positions outside of the NRMP Match, a program securing all positions via the NRMP Match would likely interview more candidates per available position, largely as a safeguard against failing to fill all desired slots. Each additional interview represents additional burden (in terms of time and effort) for programs. Accordingly, when a candidate expresses an exclusive interest in a program (i.e., does not want to interview elsewhere), a program's inability to offer out-of-Match positions—if accompanied by a felt need to interview additional candidates as a safeguard¹³—could be viewed as an unnecessary burden on that program.

A common intuition is that discontent with out-of-Match offers is greatest in undersubscribed subspecialties (i.e., low candidate-to-position ratio)¹⁴; but highly subscribed specialties tend to be more accepting of the status quo because it offers some degree of flexibility, even if said flexibility is not used frequently. While endocrinology does not currently appear to be significantly undersubscribed, the future remains unclear in this regard.¹⁵ Some programs have not filled all Match positions in recent years¹⁶; it is unknown whether failure to fill would prompt programs to begin offering (or offer more) out-of-Match positions. Many perceive a gradual reduction in the availability of fellowship candidates with a strong research background and a strong desire to

¹³ A program's felt need to interview additional candidates in this situation would presumably reflect program uncertainty regarding the exclusivity of the candidate's interest.

¹⁴ See "The Benefits and Obstacles for Subspecialty Fellowship Applicants and Programs if the NRMP/SMS "All-In" Policy is Adopted," available as "Summit report (PDF)" at <http://www.im.org/p/cm/ld/fid=1330> (accessed 2/24/2016).

¹⁵ According to "Results and Data Specialties Matching Service, 2016 Appointment Year" (http://www.nrmp.org/wp-content/uploads/2016/03/Results-and-Data-SMS-2016_Final.pdf [see page 35; accessed 3/8/2016]), the number of endocrinology fellowship applicants over recent years decreased from 378 (for the 2012 appointment year) to 325 (for the 2016 appointment year), and the corresponding number of fellowship positions increased from 235 (2012) to 270 (2016). Thus, the applicant-to-position ratio decreased from 1.6:1 (2012) to 1.2:1 (2016).

¹⁶ See "NRMP Program Results 2011-2015 Specialties Matching Service," available at <http://www.nrmp.org/wp-content/uploads/2015/02/Specialty-Match-Program-Results-2011-2015.pdf> (accessed 2/25/2016).

pursue a research career; such candidates could potentially be preferentially targeted for out-of-Match offers.

Goal 3. Identify potential challenges encountered in the current system and in an All In Match paradigm

At the conclusion of our exploration process, we judge the following to be most relevant potential challenges of continuing the current system:

- Continued potential for undue pressure felt by candidates offered out-of-Match positions, especially when early acceptance decisions are mandated.
- Continued potential for inequitable program use of out-of-Match offers as a (potential) competitive advantage.
- Potential that questionable out-of-Match offers may undermine trainee confidence in the current system of fellowship position allocation and produce resentment among PDs.

Note that all of the above could plausibly become more problematic if the ratio of candidates to positions continues to decrease (or if the ratio of high-quality candidates to positions decreases).

At the conclusion of our exploration process, we judge the following to be most relevant potential challenges of an All In Match:

- Some candidates may be best served by an out-of-Match offer. If such an offer could not be extended (i.e., if it did not meet criteria for an All In Match exception), the candidate would likely feel compelled to interview more widely (to increase security), incurring additional costs in the process.
- There may be disagreement about what constitutes a legitimate Match exception, and adjudicating requests for non-standard Match exceptions may be difficult. In addition, some have expressed concern that exceptions may represent unnecessary loopholes allowing non-adherence to the spirit of an All In policy.
- A successful All In policy would require uniform program adherence. Thus, accurate monitoring—and viable plans for enforcement as needed—would be of paramount importance for success in this regard. Although we believe that accurate monitoring and effective enforcement are possible, accurate adherence monitoring would require substantial effort on the part of APDEM.

Goal 4. Identify potential solutions to challenges in the current system and in an All In Match paradigm

At the conclusion of our exploration process, we judge the following to be important potential solutions for challenges in current system:

- Develop and widely publicize policies (e.g., ethical guidelines) to minimize undue pressure felt by candidates offered out-of-Match positions. Our understanding is that ERAS could distribute an APDEM statement to each fellowship candidate at the time of application.
- Ensure equitable opportunity to use out-of-Match offers. For example, the policy could be changed such that each program must fill (or offer) at least 75% of its slots via the Match. This would likely need to involve a rolling average (e.g., 75% average over the preceding 4 years).
- If APDEM chooses the status quo over All In, APDEM could carefully craft and widely publicize the rationale regarding the decision, with a primary goal being to maintain candidate, trainee, and program confidence in the current system of fellowship position allocation.

At the conclusion of our exploration process, we judge the following to be important potential solutions for challenges of All In:

- Regarding the possibility that out-of-Match offers may best serve the interests of candidates pursuing less common training and/or recruiting pathways, well-defined exceptions to All In can be stipulated (e.g., for combined training programs involving programs with two different NRMP codes [med-peds endocrine]; ABIM Research Pathway; military appointees to civilian programs; certain off-cycle candidates; etc.).
- To permit matching into specialized or non-traditional tracks, programs may establish a separate Match for the non-traditional track—which would have a unique NRMP code—in addition to traditional tracks. If the non-traditional track does not fill, the position can be automatically donated to a traditional track

("reversion").¹⁷

- Regarding adherence monitoring, NRMP has committed to working with nephrology to provide Match data (e.g., which candidates were placed via the Match). Some members of the APDEM working group have discussed monitoring and enforcement with the American Society of Nephrology (ASN)—the sponsor of the Nephrology Match. Based on these discussions (and additional deliberation), we believe that APDEM or a sponsoring organization (e.g., Endocrine Society) could accurately determine if any positions had been inappropriately filled outside of the Match. Regarding policy enforcement, NRMP will consider non-compliance with the nephrology All In policy to be a violation of the NRMP Match Participation Agreement. Such programs "may be barred from future NRMP Matches and/or identified as a Match violator for one to three years or permanently, as determined by the NRMP," and "[v]iolations committed prior to Match Day may result in the program being withdrawn from the Match."¹⁸ In addition, the Electronic Residency Application Service ERAS has agreed to deny application access to nephrology programs violating an All In policy; ERAS would presumably do the same for endocrinology. Although other sanctions are possible, they would likely be unnecessary.

Goal 5. Develop action plans for success in both systems for presentation to ASP, ACGME, and NRMP

Our primary intent with the current inquiry was (a) to identify potential options to improve the current system of fellowship position allocation, and (b) to establish a conceptual foundation that will inform an up-or-down APDEM vote on an All In policy.¹⁹ APDEM's overarching goal is to improve the system of position allocation (as needed), aiming to identify a system that works as well as possible for as many fellowship candidates (and programs) as possible.

Action plans for enhanced success in both systems are implied by the considerations addressed immediately above (under Goal 4 in particular). More concrete action plans will be developed after an up-or-down APDEM vote on an All In policy. Regardless of the vote outcome, APDEM's intention is to have desired changes in place for the 2017 recruitment season (i.e., 2018 appointment year).



NOTE (April 2017): This is no longer feasible. If an All In Match policy is adopted, it would be implemented for the 2018 recruitment season.

¹⁷ For example, for the 2015 Match, the University of Virginia (UVA) effectively participated in two separate matches, one for a 3-year clinical/research fellowship (NRMP code 1737143F0) and one for a 2-year clinical fellowship (NRMP code 1737143F1). UVA attempted to match two fellows into the 3-year track and one fellow into the 2-year track. UVA matched only one fellow into the 3-year track in 2015; however, UVA had prearranged a reversion process with the NRMP, and this allowed the unfilled position to be donated to the 2-year clinical track. Accordingly, UVA matched one fellow into the 3-year track and two fellows into the 2-year track.

¹⁸ <http://www.nrmp.org/wp-content/uploads/2014/06/2015-Violations-Policy.pdf> (accessed 2/25/2016)

¹⁹ Given the controversial nature of an All In policy, the Working Group will advocate to APDEM Council that a supermajority (e.g., two-thirds vote) be required for APDEM to implement an All In policy.

Argument in Favor of All In Match Policy

We members of the Working Group who favor an All In Match policy place a high priority on allowing all candidates to evaluate programs fully and to make preference decisions without the undue pressure that can be introduced with time-limited out-of-Match offers—whether said pressure is exerted intentionally or unintentionally. Moreover, since the NRMP’s algorithm is applicant-proposing (i.e., prioritizes applicant preferences), *the Match is guaranteed to place participating applicants into their most-preferred program with available positions.*¹ We believe that, if functioning without external interference (e.g., out-of-Match offers), the Match process would yield the best overall outcomes for applicants as a group.

We advocate an All In policy that would include exceptions for participants in the ABIM research pathway; for applicants to combined training programs involving different NRMP codes (e.g., Med-Peds Endo); for military appointees to civilian training programs; and for the post-Match scramble (with the latter restricted to unmatched candidates and programs that did not fill to quota). We also believe that other legitimate exceptions (e.g., candidates with no availability during normal recruitment months) could be accommodated by special exception requests addressed on a case-by-case basis. However, we do not believe that exclusive candidate preference for a specific program should be included as an exception. The reasons for this position is two-fold:

1. We believe that the most ethical out-of-Match offer (i.e., one that does not hold the capacity for unwanted pressure) would be predicated on a program’s assumption that it would be ranked highest on the candidate’s rank order list. However, we believe that such assumptions can never be fully substantiated. (We recognize that some candidate declarations of exclusive interest may be more reliable than others.) We therefore believe that most if not all out-of-Match offers are at risk for placing undue pressure on applicants.
2. When a candidate has an exclusive preference for a specific program, she/he would rank that program at the top of her/his rank order list. Similarly, when a program has a strong preference for the same candidate—a preference that is strongly implied by an out-of-Match offer—the program will presumably rank that candidate in a rank-to-Match position. *Under such situations, the desired placement is guaranteed through the Match.* Thus, we believe that the Match will ensure a desired outcome for all cases in which exclusive candidate preference would fully justify a program’s out-of-Match offer.

Although we sympathize with the notion that fellowship candidates are autonomous adults who can make all decisions for themselves and should be free to accept any proposal offered, we also note that the fellowship position allocation process is already highly regulated by the NRMP; and since 75% of all positions must be allocated through the Match, APDEM cannot extend the aforementioned kind of autonomy to all candidates. We also note that out-of-Match offers usually if not always involve an inherent power asymmetry regarding the ability to extend such offers and to dictate the terms of such offers (e.g., time limits for acceptance); candidates do not hold equal bargaining power in this particular job market. With this in mind, and in light of the above considerations, we believe that an All In Match policy would *maximize overall candidate autonomy* by allowing her/him to explore all programs fully and to make preference decisions without undue pressure.

We believe that benefits of an All In policy would also extend to programs and the subspecialty as a whole. In particular, an All In policy would enhance fairness among programs by prohibiting the use of out-of-Match offers as an unfair competitive advantage (e.g., where the program secures a desirable candidate early in the recruitment season and, in doing so, removes the candidate from the market). While an All In policy may necessitate that some programs (i.e., those that otherwise would have employed out-of-Match offers) to conduct more interviews as a safeguard against not filling all desired positions, we note that this burden is currently shouldered inequitably by programs that do not offer out-of-Match positions. We also note that the yearly surplus of endocrine fellowship candidates has decreased in recent years, with the ratio decreasing from 1.6:1 in 2012 to 1.2:1 in 2016; this raises concern that an All In policy may be necessary to preserve the future health of the subspecialty as a whole—paralleling the concerns that prompted other non-procedural subspecialties (e.g., nephrology and infectious diseases) to adopt an All In policy.

In sum, while we recognize that moving to an All In policy would not provide a flawless system of position allocation, we believe that it would represent an improvement to the current system of fellowship position allocation: it would maximize candidate autonomy, it would enhance fairness among programs, and it would yield the best overall outcomes for the subspecialty as a whole.

¹ See <http://www.nrmp.org/match-process/match-algorithm/>

Argument against an All In Match Policy

We members of the Working Group who favor maintaining the current Match policy seek to provide all candidates with a reasonable degree of flexibility related to pre-Match offers while preserving current safeguards to prevent undue pressure to commit to a specific program before the candidate independently elects to make such a commitment.

We agree with the proposed exceptions to an All In policy (participants in the ABIM research pathway, applicants to combined training programs (e.g., Med-Peds Endo), and military appointees to civilian training programs). However, a number of candidates who do not fit into one of these categories will benefit by entering into pre-match agreements. As candidates complete their residency training, choices regarding the most appropriate fellowship training venue are based on a different set of circumstances than existed several years earlier at the start of internal medicine residency. Spousal and family considerations, personal relationships, research opportunities, commitments to community, and property ownership, among other factors may make preference for a specific program completely appropriate and highly beneficial to the candidate. When this preference is expressed to a program and the program reciprocates with a preference for the candidate, it seems unnecessary, and thus unfair, to subject the candidate to the uncertainty and the added expense associated with the formal Match process. Candidates may feel obligated to interview with additional programs given that they have been given no contractual guarantee of a fellowship position. This will involve time away from family and training as well as the expense of travel. Additionally, programs may feel that they need to interview additional candidates to address this uncertainty, effectively increasing the ratio of interviewed candidates per number of open positions, as one position will likely be filled with the candidate in question. Overall, this process would require a larger number of interviews and an unnecessary expenditure of time and resources by members of the candidate pool as well as program faculty.

We DO believe that exclusive candidate preference for a specific program justifies such a pre-match offer. As suggested in the Working Group Deliberation document, several measures can be taken in order to address challenges to the current Match system in maintaining candidate autonomy, candidate equality in bargaining power, and fairness to programs. These include:

- Developing and widely publicizing policies (e.g., ethical guidelines) to minimize undue pressure felt by candidates offered out-of-Match positions. Our understanding is that ERAS could distribute an APDEM statement to each fellowship candidate at the time of application.
- Ensuring equitable opportunity to use out-of-Match offers. For example, the policy could be changed such that each program must fill (or offer) at least 75% of its slots via the Match. This would likely need to involve a rolling average (e.g., 75% average over the preceding 4 years).
- Crafting and widely publicizing the rationale regarding the decision to forego an All In policy, with a primary goal being to maintain candidate, trainee, and program confidence in the current system of fellowship position allocation.

The fellowship position allocation process is already regulated by the NRMP in that 75% of all positions must be allocated through the Match. Going forward under the current system, as an example of overall impact on the specialty as a whole, programs that offer 4 positions will still be required to offer 3 of those positions within the match. This illustrates that the maximum impact of the currently allowable allocation of out-of-Match positions will be modest. The fact that greater than 90% of all positions in recent years have been filled through the Match is evidence that the current system has not been widely abused, and that an excessive number of positions have not been filled outside the Match, the number not remotely approaching the allowable 75%.

The current system should not present an undue burden to programs that do not offer out-of-Match positions, as all programs are free to offer such positions under the current system.

In summary, when candidates independently express an exclusive interest in a specific program and the program reciprocates, we feel that it is unfair to place a burden of uncertainty and potential personal expense in terms of time and resources by forcing them to participate in the Match process. We believe that the current system provides appropriate personal consideration and flexibility while maintaining candidate autonomy and fairness among programs.

November 11, 2016

APDEM Council Executive Summary regarding an All In Match

APDEM Council Members: Richard Auchus, Ann Danoff (Past President), Andrew Gianoukakis, Whitney Goldner, Geetha Gopalakrishnan (President), Kurt Kennel, Christopher McCartney (Secretary-Treasurer), Monica Skarulis

Background: As sponsor of the NRMP Endocrinology Match, the Association of Program Directors in Endocrinology, Diabetes, and Metabolism (APDEM) carefully considers how well the current system of fellowship position allocation serves the interest of all of its stakeholders. To explore potential stakeholder interest in an All In Match policy, APDEM performed a survey of APDEM members (Program Directors) and endocrinology fellows in 2015. When these polls signaled potential interest in an All In Match policy, APDEM commissioned an in-depth exploration of the potential benefits and drawbacks of such a policy, in addition to the potential benefits and drawbacks of alternative options for endocrinology fellowship position allocation. This effort was spearheaded by an All In Match Working Group (members Andrew Gianoukakis, Geetha Gopalakrishnan, Christopher McCartney, Janet McGill, Paris Roach, Elias Said Siraj, Mark True). The Working Group's explicit charge was to identify ways to improve the current process of fellowship position allocation, placing highest priority on the needs of fellowship candidates as a group. At the conclusion of its deliberations, the Working Group produced a 6-page Summary of Deliberations in addition to one-page pro and con arguments. After a careful review of the Working Group's work, APDEM Council discussed the potential benefits and drawbacks of an All In Match policy vis-à-vis other options to improve the system of endocrinology fellowship position allocation.

APDEM Council conclusions: APDEM Council believes that an All In Match policy represents the best way to improve the current system of fellowship position allocation. In particular, APDEM Council believes that, compared to available alternatives, an All In Match policy will (a) maximize applicant autonomy and maximize each applicant's ability to evaluate programs without undue pressure; and (b) maximize the overall success of the Match (with more applicants achieving better Match outcomes vis-à-vis their individual preferences).

In addition, APDEM Council believes that, compared to available alternatives, an All In Match policy will (a) best safeguard the integrity of the overall system of endocrinology fellowship position allocation; (b) maximize procedural fairness among Programs competing for a common pool of applicants; and (c) minimize the risk that APDEM would breach its annual contract with NRMP.¹

Accordingly, **APDEM Council unanimously voted to endorse transition to an All In Match Policy.**

According to APDEM Bylaws, APDEM Council can initiate this change unilaterally. However, APDEM Council formally resolved to put this issue to a non-anonymous membership vote between two options (Appendix), requiring at least 75% membership participation and a two-thirds supermajority of cast ballots indicating option 1 ("Move to an All In Match") for APDEM to implement an All In policy.

¹ As the sponsor for the NRMP Match, APDEM currently commits "active participation of at least 75 percent of the group's eligible programs and a minimum of 75 percent of all available positions in the specialty for that year." The experiences of other subspecialties (e.g., nephrology, infectious diseases) suggest that, if the ratio of applicants to positions continues to decline, APDEM would likely be placed at higher risk for breach of contract with NRMP under this arrangement. This could jeopardize endocrine access to the Match altogether.

Potential questions and answers related to a possible All In Match policy

What is the current Match policy agreement between APDEM and the NRMP?

The NRMP requires APDEM to execute annually an “NRMP Program Directors’ Annual Participation Agreement” that commits active participation of at least 75 percent of the eligible fellowship programs and a minimum of 75 percent of all available positions in the specialty for that year. If APDEM fails to register 75 percent of its eligible programs and/or positions, the NRMP, at its discretion, may discontinue such group’s participation in Matches managed by the NRMP.

For endocrinology, out-of-Match offers/agreements are not formally distributed across programs; and APDEM has not previously had a formal policy about out-of-Match offers/agreements. According to our current understanding, a majority of programs fill all positions via the Match alone; but some programs fill some positions via out-of-Match agreements, and some programs fill all positions via out-of-Match agreements.

Why has APDEM explored moving to an All In Match policy?

APDEM leadership observed a growing interest from various interest groups—including resident candidates for subspecialty fellowships—for medical subspecialties to adopt “All In” policies. In early 2015, APDEM administered surveys to both endocrine fellowship program directors and endocrine fellows: 71% of program director respondents and 78% of fellow respondents indicated a preference for an All In Match policy. These results prompted APDEM leadership to explore the desirability of an All In Match policy in more detail. This exploration process spanned nearly two years and is summarized in an APDEM All In Match Deliberation Summary.

Why do some program directors favor moving to an All In Match and others do not?

Any system of fellowship position allocation will have advantages and disadvantages—no system is perfect. The results of extensive APDEM deliberations regarding the potential advantages and disadvantages of the current system of fellowship position allocation (status quo) vis-à-vis alternative systems (e.g., an All In Match policy) are described in detail in an APDEM All In Match Deliberation Summary; a brief argument for an All In Match policy; and a brief argument against an All In Match policy. In brief, those who favor moving to an All In Match policy believe that doing so would (a) maximize each candidate’s ability to evaluate and rank programs without the undue pressure that could be introduced (intentionally or unintentionally) with out-of-Match offers; (b) would maximize the overall success of the Match (with more applicants achieving better Match outcomes vis-à-vis their individual preferences); and (c) would maximize procedural fairness among programs competing for a common pool of applicants. Those who do not favor moving to an All In Match policy have emphasized that an All In Match policy could prevent out-of-Match agreements that would be beneficial to some candidates (e.g., candidates who have an exclusive preference for a specific program); and that the current system is not demonstrably broken (e.g., there are no available data to suggest that out-of-Match offers have been widely abused in endocrinology).

Note that there are inherent tensions at play here, including the following (among others):

- A desire to allow an out-of-Match offers/agreements that would be ideal for specific candidates (e.g., those with an exclusive interest in a program) *is in tension with* a desire to prevent out-of-Match offers that could work against a candidate’s interests (e.g., when a candidate feels pressure to accept an out-of-Match offer from a less-preferred program).
- A desire to allow a candidate to enter into any out-of-Match agreement she/he wishes to enter *is in tension with* a desire to obviate the power asymmetry inherent to most out-of-Match offers (with programs exclusively enjoying the ability to offer/ revoke out-of-Match offers).

- APDEM's desire to maximize program autonomy (e.g., a desire to limit unnecessary regulation) *is in tension with* APDEM's desire to maximize overall benefit to fellowship candidates, to level the playing field for all programs, and to ensure that APDEM honors its annual contract with NRMP (more below).

Why has APDEM Council endorsed moving to an All In Match policy?

APDEM Council unanimously voted to endorse transition to an All In Match policy. Council members believe that, compared to available alternatives, an All In Match policy will (a) maximize applicant autonomy by maximizing each applicant's ability to evaluate programs without undue pressure; (b) maximize the overall success of the Match (with more applicants achieving better Match outcomes vis-à-vis their individual preferences); (c) best safeguard the integrity of the overall system of endocrinology fellowship position allocation; (d) maximize procedural fairness among Programs competing for a common pool of applicants; and (e) minimize the risk that APDEM would breach its annual contract with NRMP.

Why is APDEM Council asking each program director to register a preference related to a possible All In Match policy?

According to NRMP policy, APDEM (the Match sponsor for endocrine) may voluntarily move endocrine into an All In NRMP Match. Accordingly, APDEM Council (i.e., the governing body of APDEM) has the authority to move endocrine into an All In NRMP Match. However, given that legitimate arguments can be made for and against an All In Match policy for endocrinology, APDEM Council initially proposed to put this issue to a non-anonymous APDEM membership vote. However, based on membership feedback, APDEM Council decided to give all program directors (APDEM members and non-members alike) a voice in the decision. The latter is judged to be important since an All In Match policy would affect all programs equally regardless of APDEM membership. After a formal registration of program director preferences, Council will decide whether the proportion of programs endorsing an All In Match policy justifies implementation. In particular, Council will plan to implement an All In Match policy with the NRMP if a two-thirds supermajority of registered preferences align with an All In Match policy. If a two-thirds supermajority is not achieved, Council would reevaluate possible next steps in light of the survey results.

What would happen if APDEM implements an All In Match policy?

In this case, APDEM would implement a policy whereby all programs are required to register and attempt to fill all positions in the Match (unless an exception to All In is applicable). *This would begin in the 2018 recruitment season. (The current policy would pertain to the 2017 recruitment season.)*

APDEM would enter into the following All In Match agreement with the NRMP: (1) any program registering for the Match must attempt to fill all positions through the Match; (2) programs planning to participate in the Match cannot offer positions outside the Match prior to program director registration and program activation; and (3) once a position has been offered outside the Match, the program no longer is eligible to enroll in the Match unless the offered position falls into one of the exception categories for the Match. Failure of a program to abide by this agreement could lead to NRMP sanctions. (Note that some situations [described below] would be excepted from an All In Match policy.)

Although the NRMP would not investigate or sanction individual programs that do not use the NRMP Match at all (i.e., programs with 100% non-Match participation), this would still represent a breach of APDEM's All In Match policy.

Failure to adhere to APDEM's All In Match policy (including 100% non-Match participation) would lead to revocation of ERAS access for two recruitment cycles.

What happens if the proportion of programs endorsing an All In Match policy does not justify implementation?

In this case, APDEM would not implement an All In Match policy. Instead, the same policies and procedures would pertain. However, APDEM Council would continue to consider other potential approaches that could improve the current system of fellowship position allocation. For example, Council would continue to investigate the viability of a different policy whereby every program fill at least 75% of its slots via the NRMP Match, based on a rolling average (e.g., 75% average over the preceding 4 years); such an approach would (a) enhance procedural fairness among programs (e.g., to equalize opportunities to employ out-of-Match offers across all Programs), and (b) ensure that APDEM meets its current contractual obligation to NRMP.

How would adherence to an All In Match policy be monitored?

Under an All In Match policy, APDEM would partner with the NRMP to monitor adherence.

Following Match Day each year, the NRMP would provide APDEM with a spreadsheet including each participating program's quota in the Match and number of positions filled in the Match. Early each academic year, an APDEM All In Match Oversight Task Force would obtain from all programs (both APDEM members and APDEM non-members) a self-report regarding the number of fellows beginning the training program that appointment year. APDEM would provide these self-reported data to the NRMP. The NRMP would then compare (a) the number of positions with fellows in training for that appointment year (self-reported by the program) with (b) that program's relevant NRMP quota. The NRMP would contact each participant program for which the number of new fellows in training exceeds the program's relevant NRMP quota.

The APDEM Task Force would subsequently confirm adherence by comparing the combined match quotas for the previous two matches with the number of ACGME-approved positions that are filled in the current academic year (publicly-available via the ACGME's Accreditation Data System). For example, if a program had an NRMP quota of 2 in Fall 2017 and an NRMP quota of 3 in Fall 2018, the Program is expected to have no more than 5 filled ACGME positions for the 2019-2020 academic year.

Whenever a possible All In Match policy violation is identified, the NRMP and/or the APDEM Task Force (as appropriate) would engage the Program in an adjudication process.

What would be the role of a Memorandum of Understanding (MOU) under an All In Match policy?

Under an All In Match policy, all endocrinology training programs (both APDEM members and APDEM non-members) would be asked to sign a Memorandum of Understanding (MOU) regarding APDEM's match policy. This would be to ensure that all programs understand APDEM's All In Match policy in addition to consequences for failure to adhere to the policy. The deadline for completion and submission of the MOU would likely be in May of each year.

Under an All In Match policy, how would ERAS access be tethered to APDEM policy adherence?

APDEM would implement an agreement with ERAS such that ERAS applications would only be made available to programs that both (a) sign the MOU regarding APDEM's match policy, and (b) adhere to APDEM's match policy (whether that be an All In Match policy or a new-but-not-All-In policy). Programs that do not execute the MOU would not be listed in ERAS, would not have access to ERAS applications, and would be subject to withdrawal of ERAS listing and access for the subsequent 2 application cycles. Programs executing an MOU after the deadline may be listed in ERAS, but ERAS would not inform candidates of any additions after the July 1 opening. Programs that execute the MOU but fail to adhere to APDEM's match policy would be subject to withdrawal of ERAS access for 2 application cycles after the non-adherence is discovered.

APDEM has confirmed that ERAS would honor such an agreement. Such an agreement would be identical to the agreements between ERAS and the American Society of Nephrology and Infectious Diseases Society of America (sponsors of nephrology and ID matches, respectively). APDEM Council believes that broader considerations would justify tethering ERAS access to adherence to an APDEM All In Match policy (if implemented). In particular, APDEM Council has concluded that, as sponsor for endocrine's NRMP Match, APDEM may implement match-related policies and incentives that (a) help ensure APDEM adherence to its annual contract with the NRMP, (b) serve the best interests of fellowship candidates as a group, and (c) materially enhance procedural fairness among endocrine programs.

Under an All In Match policy, what would the consequences be for confirmed non-adherence?

Programs that do not adhere to an All In Match policy would be subject to withdrawal of ERAS access for 2 application cycles. In addition, such programs may be subject to individual NRMP investigation/sanctions. That is, if an All In policy is implemented, programs that elect to participate in the NRMP Match must attempt to fill all positions in the Match (unless an exception applies), and failure to do so would be a breach of NRMP policy. Accordingly, NRMP would investigate and potentially impose sanctions on a program that uses the NRMP Match but also takes fellows outside of the Match. (Note that NRMP would only levy sanctions outlined in Section 7.0 of the SMS Match Participation Agreement.) However, under an All In policy, the NRMP would *not* investigate or impose sanctions on endocrine programs that do not use the NRMP Match at all (i.e., programs with 100% non-Match participation): although this would be a breach of APDEM policy, it would not be a breach of NRMP policy. Programs with 100% non-Match participation would still be subject to withdrawal of ERAS access for 2 application cycles.

To reiterate: Under an All In Match policy, a program may choose 100% non-Match participation—and in doing so would avoid a breach of NRMP policy. However, uninterrupted ERAS access represents an important incentive to adhere to APDEM's All In Match policy. But if a program were to decide that the negatives associated with All In Match participation outweighs the benefits of ERAS access, that program could choose 100% non-Match participation.

If an All In Match policy is adopted, would there be any exceptions to the All In Match policy?

Yes, APDEM would work with the NRMP to establish the following formal exceptions to an All In Match policy: (1) military appointees to civilian programs; (2) formal candidate participation in the ABIM Research Pathway (when entry into the main residency match under the ABIM Research Pathway included *a priori* plans to pursue endocrinology fellowship at the same institution); (3) candidates for established combined training programs designed to provide board eligibility for two different specialties with different NRMP codes (e.g., adult and pediatric endocrinology); and (4) replacement of a fellow that quits a program early (or a matched fellow that does not start training).

APDEM would also work with NRMP to establish a petition process whereby programs can request exceptions for reasons that were not pre-approved by APDEM and NRMP (items 1-4 immediately above). The NRMP has confirmed that NRMP policy would permit such a petition process. APDEM would advocate that exception requests submitted through this mechanism would need to be co-submitted by the program and the program's Designated Institutional Official (DIO).

Note that requests for exceptions to the All In Policy would be submitted in writing and, if approved, would apply only to the current Match. Requests for exceptions would be submitted simultaneously to both NRMP (policy@nrmp.org) and APDEM (apdem@endocrine.org).

Under an All In Match policy, would restrictions apply for replacement of a fellow that quits a program early (or a matched fellow that does not start training)?

APDEM recognizes that such situations can represent an undue hardship on programs and the program's fellows. Accordingly, APDEM would advocate for replacement of previously-occupied positions that were abandoned early, and also for previously-matched candidates that do not begin the program. However, APDEM would also advocate for certain restrictions, including the following: a program could replace a lost position out-of-Match only if the departing fellow quits before achieving 75% of her/his required clinical training (e.g., this would not apply to a fellow in a 3-year clinical/research program who switches to [and completes] a 2-year clinical program); and such exception requests would need to be co-submitted by the program and the program's Designated Institutional Official (DIO).

If a program does not fill all desired positions in the Match, can that program implement out-of-Match agreements to fill the unfilled positions for that cycle?

Yes, an All In Match policy would *not* prohibit out-of-Match arrangements when a program fails to match to its full NRMP quota (i.e., “does not fill”). In such cases, the program may fill the unfilled position via a “scramble.” For example, if a program establishes an NRMP quota of two, but only matches one fellow via the NRMP Match, the program can fill the one unmatched position in a post-Match scramble.

Under an All In Match policy, would exceptions be granted for candidates with planned start dates other than July 1?

No. APDEM Council believes that such situations can be satisfactorily addressed using the NRMP Match process. It may be a common misconception that NRMP mandates a July 1 start date, and that candidates who are unable to start July 1 must either (a) wait for the following year's match or (b) take a position outside the Match. Although the widely-accepted fellowship start date is July 1, we have confirmed with the NRMP that they do not specify/mandate a fellowship start date of July 1 for fellows in the Match (and this is not stated explicitly in the SMS Match Participation Agreement). If during the recruitment process the program and candidate reach an agreement—and both clearly understand—that the start date is later than July 1, there would be no breach of NRMP or APDEM policy. (In this case, it seems advisable to obtain written confirmation from applicants that a delayed start date would be employed if the candidate were to match with the program.)

Would an All In Match policy include exceptions for new-but-not-previously-filled fellowship positions that open up before additional fellows can be brought in via the Match?

Most on APDEM Council believe that, in these situations, adequate planning should prevent undue hardship to programs (e.g., programs seeking to create new positions can time the new positions to correspond with the match cycle). Although a program may be able to request an exception in such cases (through a potential petition process mentioned above), such requests may not be granted.

Under an All In Match policy, would exceptions be made for internal candidates?

No. APDEM Council believes that such situations can be satisfactorily addressed using the NRMP Match process. Programs that wish to retain specific internal candidates should place such candidates at the top of their rank order lists.

Under an All In Match policy, would exceptions be made for international medical graduates needing visas, for international medical graduates with funding from their home countries, for programs in rural and medically underserved areas, or for combined clinical-research programs where the first year is not clinical training?

APDEM Council believes that such situations can be satisfactorily addressed using the NRMP Match process; and the NRMP has already judged that such exceptions are unacceptable and/or unnecessary (see <http://www.nrmp.org/policies/all-in-policy/all-in-policy-fellowship-matches/>).

Under an All In Match policy, would exceptions be made for candidates in unique tracks such as a 3-year combined clinical/research fellowship position?

No. APDEM Council believes that such positions can be satisfactorily allocated through the NRMP Match process. To permit matching into specialized or non-traditional tracks, programs may establish a separate match for the unique tracks—which would have a unique NRMP code—in addition to the traditional 2-year track. If the unique track does not fill, the NRMP has a process (“reversion”) by which the position can be automatically donated to a traditional track. Any such reversion contingency plan must be established in the NRMP’s Registration, Ranking, and Results (R3) system by the quota deadline.

Under an All In Match policy, would exceptions be made for fellows currently enrolled in an institution’s non-Match research fellowship?

No. APDEM Council believes that such situations can be satisfactorily addressed using the NRMP Match process. Programs that wish to retain fellows currently in a non-Match research fellowship should place such candidates at the top of their rank order lists.

Under an All In Match policy, will exceptions be made for candidates with limited or no availability during normal recruitment months?

In general, no. APDEM Council believes that, in most cases, such situations can be satisfactorily addressed using the NRMP Match process. In many such cases, recruitment and interviews could be performed before normal recruitment months. Although a program may be able to request an exception in such cases (through a potential petition process mentioned above), such requests may not be granted.