



## APDEM All In Match Working Group: Summary of Deliberations to Date (as of August 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<sup>1</sup>, 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.

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 Match<sup>2</sup>:

(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

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

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

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 fellows<sup>3</sup> for the matching process
- 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 to date. This summary is intended to serve as a background as we begin to elicit additional input from the APDEM constituency and from fellows.

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 exemptions (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 fellow poll indicates that a high percentage of endocrinology fellows may favor an All In Match; and APDEM will obtain additional feedback from fellows over the coming months. Of interest, some other subspecialties (e.g., Nephrology<sup>4</sup>, Gastroenterology<sup>5</sup>, and Geriatrics<sup>6</sup>) 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<sup>7</sup>.

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, but the current scope of this problem is unknown.

We fully acknowledge that an out-of-Match offer may be optimal for a candidate with a strong—perhaps even exclusive—preference for a given Program<sup>8</sup>, 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/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

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

<sup>4</sup> 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](https://www.asn-online.org/news/2015/0323_match_task_force_resolution.pdf) (accessed 2/24/2016).

<sup>5</sup> 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](http://www.gastro.org/match_resolution.pdf) (accessed 2/24/2016).

<sup>6</sup> See <http://adgap.americangeriatrics.org/fellowship-resources/match-information/> (accessed 3/4/2016)

<sup>7</sup> 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>).

<sup>8</sup> Although a candidate may disingenuously express very strong or even exclusive interest, it is unclear how commonly this occurs.

other interviewed candidates.<sup>9</sup> 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).

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 Pathway<sup>10</sup>:** 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:** 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 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. 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; and as discussed above, out-of-Match offers may be optimal for 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. That is, 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

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<sup>9</sup> This particular concern was expressed by an endocrinology fellow in response to an APDEM survey conducted in early 2015.

<sup>10</sup> For more details, see <http://www.abim.org/certification/policies/research-pathway/policies-requirements.aspx>.

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 safeguard<sup>11</sup>—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)<sup>12</sup>; 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<sup>13</sup>. Some Programs have not filled all Match positions in recent years<sup>14</sup>; 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 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**

This will require continued investigation and deliberation, and it will be informed by continued exploration of Goals 1 and 2 (above). However, some of the potential challenges are briefly summarized below.

#### Potential challenges of the current system:

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

#### Potential challenges of an All In Match:

- Some candidates may truly be best served by acceptance of an out-of-Match offer; under an All In Match Policy with no exceptions, such candidates would likely feel compelled to interview widely (to increase security), incurring substantial costs in the process.

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<sup>11</sup> 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.

<sup>12</sup> 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).

<sup>13</sup> 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](http://www.nrmp.org/wp-content/uploads/2016/03/Results-and-Data-SMS-2016_Final.pdf) [accessed 3/8/2016]), the number of endocrinology fellowship applicants has decreased from 378 in 2012 to 325 in 2016, and the number of fellowship positions has increased from 235 in 2012 to 270 in 2016.

<sup>14</sup> 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).

- Adjudicating requests for Match exemptions may be difficult, and exemptions may represent unnecessary loopholes allowing non-adherence to the spirit of an All In Policy. (Accordingly, many believe that it is best to have as few exemptions as possible.)
- A major concern among working group members relates to enforceability. 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.

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

As with Goal 3, this will require continued investigation and deliberation. However, some of the potential solutions are briefly summarized below.

##### 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.
- Ensure equitable opportunity to use out-of-Match offers (e.g., require that each Program fill at least 75% of its slots via the Match).
- 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.

##### 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 exemptions 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”).<sup>15</sup>
- 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 determine if any positions had been 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.”<sup>16</sup> 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 intent with the current inquiry is to establish a conceptual foundation to inform future planning. The overarching goal is to improve the system of position distribution (as needed), aiming to identify a system that works as well as possible for as many fellowship candidates and Programs as possible. Such deliberation will commence in earnest when Goals 1-4 are reasonably achieved.

<sup>15</sup> 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.

<sup>16</sup> <http://www.nrmp.org/wp-content/uploads/2014/06/2015-Violations-Policy.pdf> (accessed 2/25/2016)