



Entry into Graduate Medical Education programs:



National and local factors




Agenda

- National factors:
 - ACGME eligibility criteria
 - “Match” process
 - Increasing competition for positions
 - ACGME “milestones”
- Local factors:
 - Residency selection policy
 - Expectations of Sponsoring Institutions



Definitions

- Sponsoring Institution: The organization that assumes ultimate financial and academic responsibility for its GME programs, consistent with ACGME Institutional Requirements.
- GME program: a graduate medical education program in a specific specialty, and sponsored by a specific Sponsoring Institution.
- Participating sites: those specific hospitals, clinics, or other sites that provide educational experiences for resident trainees.



ACGME Eligibility Criteria for Residency Programs

- ▶ Applicant must meet one of the following qualifications:
 - ▶ Graduation from an LCME-accredited medical school in the United States or Canada, or graduation from an AOA-COCA-accredited college of osteopathic medicine in the United States; or
 - ▶ Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional qualifications:
 - ▶ Holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or,
 - ▶ Holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located.

[ACGME Common Program Requirements](#)



Residency "Match" Process: NRMP and ERAS

- National Resident Matching Program (NRMP) is the national matching system for specialty and subspecialty training
 - Main Residency* and Specialties Matching Service
- NRMP "All In Policy": All programs must register and attempt to fill all positions offered for the upcoming academic year through the Match
 - Applies to all programs in Main Residency Match, some in Specialties Matching Service
- Programs enter Match "quota" for number of positions to be matched
- Programs may not offer positions to applicants outside the Match until after "Match Week"

** Excludes Ophthalmology and Urology*

Residency "Match" Process: NRMP and ERAS

Applicant Responsibilities	Program Responsibilities
Apply to programs through AAMC Electronic Residency Application Service (ERAS). Submit Common Application Form (CAF) and supporting documentation	Receive program applications through ERAS . Screen application based on program criteria.
Receive invitations to interview (via ERAS, other system)	Send invitations to applicants (via ERAS, other system)
Create/submit NRMP Rank Order List (ROL) of programs where interviewed in order of preference	Create/submit NRMP Rank Order List (ROL) of interviewed applicants in order of preference
<i>NRMP Match algorithm determines Match results</i>	



NRMP Main Residency Match: 2020 Schedule

- September 15: Match process opens
- January 31: Program quota deadline (final date for programs to enter number of positions)
- February 26: Program and applicant rank order lists due
- March 16-20: “Match week”
 - March 16-19: unfilled programs and unmatched applicants participate in second process
 - March 20: Match results released with specific programs and their matched residents.
- Note that the Match program prioritizes applicant preferences first.



NRMP Main Residency Match: 2020 Schedule

- Second process for those applicants and programs who are unmatched after the initial round, conducted March 16-19 2020:
 - “SOAP” (Supplemental Offer and Acceptance Program): still done through ERAS/NRMP.
- Unfilled programs and unmatched applicants may remain after this process.
 - Unfilled positions can then be offered “outside” the ERAS/NRMP system.



Increasing competition for positions

- 2019 Main Match
 - 38,376 active applicants; 35,185 positions offered
- US MD and DO students: overall enrollment increasing 59% between 2002-2021, with ongoing expansion
 - Expansion of existing medical schools
 - New medical schools
- US IMGs
- International IMGs
 - J-1 and H1-B visas
 - Permanent residents



ACGME “milestones”

- Expectations for residents at the start of residency, and as they progress through their years of training.
- Programs must assess residents in each of the six Core Competency areas upon entrance into the program:
 - Professionalism
 - Patient Care and Procedural Skills
 - Medical Knowledge
 - Practice-Based Learning and Improvement
 - Interpersonal and Communication Skills
 - Systems-Based Practice



Residency selection policy

- ▶ ACGME requires each Sponsoring Institution and program to define a policy for resident recruitment and selection.
- ▶ Common elements that may be defined include:
 - ▶ Criteria for screening applications and selecting which candidates will be invited to interview.
 - ▶ Process for conducting interviews.
 - ▶ Process for “ranking” candidates based on application and interviews.



Residency selection policy

- ▶ Programs set minimum criteria for screening applications and selecting which candidates will be invited to interview:
 - ▶ Most primary care programs receive several hundred applications each year for a small number of positions.
 - ▶ Interviews are time-intensive and expensive for everyone, so that the number of offers must be limited in some way.
 - ▶ Programs are primarily interested in identifying applicants who:
 - ▶ Will meet the mission of the program and institution
 - ▶ Have a high likelihood of being initially able to function at the resident level, and anticipate expected progression through the program.



Residency selection policy

- ▶ Program Director ratings of top 5 factors in ranking applicants (2018 NRMP Program Director Survey):
 - ▶ All specialties: USMLE 1/COMLEX 1 score; Letters of Recommendation (LOR); MSPE /Dean's Letter; USMLE 2/COMLEX 2 score; Personal Statement
 - ▶ Family Medicine: Interactions with faculty during interview; interpersonal skills; interactions with housestaff during interview; feedback from residents; perceived commitment to specialty
 - ▶ Internal Medicine: USMLE 1/COMLEX 1 score; USMLE 2/Complex 2 score; any failed attempt at USMLE/COMLEX; class ranking; LORs



Sponsoring Institution expectations

- Sponsoring Institutions provide the financial support for their sponsored programs for specific reasons:
 - Meeting their own future workforce needs.
 - Providing direct patient care services in multiple settings.
 - Enhancing the quality of care being provided in the Institution.
 - Other reasons: research, etc.



Summary: questions that need resolution for a WA-IMG strategy:

- Identify factors important in specialty decisions in considering applicants, and resources for residency application that could assist IMGs (writing personal statement, interview skills, other).
- Identify potential gaps for IMGs (e.g., English fluency, clinical experience – particularly recent and in the US medical system, USMLE scores) and how can these be addressed prior to program application.
- Identify pre-residency training and assessment opportunities to assure success in residency training within expected time frames.