



Alliance for Academic Internal Medicine

Association of Professors of Medicine  
 Association of Program Directors in Internal Medicine  
 Association of Specialty Professors  
 Clerkship Directors in Internal Medicine  
 Administrators of Internal Medicine

## AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

# The New Internal Medicine Fellowship Match Timeline: A Change in the Right Direction



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For approximately 2 decades, there has been debate and concern regarding the fellowship recruitment process. In 1999, the Alliance for Academic Internal Medicine (AAIM) convened a task force to address these concerns. This task force developed a set of principles aimed at improving the fellowship recruitment process.<sup>1</sup> The principles stressed that residents should have adequate exposure to all career options before being required to decide on a single career choice and that delaying the time of application for fellowship would allow residents to make more informed decisions regarding their career choices. The task force recognized that any changes in the application process should not jeopardize a fellowship program's ability to recruit qualified applicants or to meet the regulatory and administrative requirements of licensure, accreditation, and certification.

To that end, the task force recommended a 3-step approach to be completed in distinct phases. The first step was moving toward an electronic application process, which they thought would be of benefit to applicants, fellowship programs, and internal medicine programs. During the 2003-2004 fellowship application cycle, the first fellowship programs participated in the Electronic Residency Application Service for fellowships. The service has since expanded so that all internal medicine subspecialty programs now participate in Electronic Residency Application Service.

The second step was to enroll all subspecialties of internal medicine in a unified match process, with a relatively set schedule of dates to interview, a unified date to submit rank order lists, and a fellowship match analogous to the National Residency Matching Program (NRMP). Subspecialty societies slowly embraced this change,<sup>2</sup> and with the creation of an independent geriatrics match announced in 2013 for the 2014 fellowship cycle, all internal medicine subspecialties now offer positions through the Medical Specialties Matching Program (MSMP).

Step 3 of the task force's plan was to move the fellowship application cycle to begin later in the residency cycle. This step in the plan was supported by data obtained from the 2001 Internal Medicine In-Training

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Examination Resident Questionnaire, in which 69% of respondents thought the fellowship application process occurred too early for them to make informed decisions about their careers. Step 3 came to fruition when, in 2011, the AAIM announced that with the support of the NRMP—the parent organization of the MSMP—and the sponsoring subspecialty organizations, the fellowship match would be moved to December of the postgraduate year 3 from June of the postgraduate year 2.<sup>3</sup>

Changes were seen to potentially benefit fellowship applicants, fellowship programs, and internal medicine residency programs,<sup>4</sup> including allowing residents to make a more informed decision when deciding on a fellowship and to gain more exposure to internal medicine's specialties. In addition, residents would be able to strengthen their applications by completing research projects and establishing stronger relationships with the subspecialty faculty mentors who would write their letters of recommendation.<sup>5</sup> Fellowship programs would receive more committed, better-prepared applicants who would be less likely to change their minds about their career choices and had more clinical exposure and research experience in those subspecialties. Residency training programs could benefit from the altered timeline because they would have more evaluation data on which to base their letters of recommendation and more time to observe their residents in leadership roles before choosing chief medical residents. Having residents interview in their postgraduate year 3, which is typically more flexible than the postgraduate year 1 or 2, would make it easier for programs to schedule time for and arrange coverage for interviews. However, concerns were raised regarding the new timeline and the ability of matched applicants to complete the necessary regulatory paperwork for state licenses or continuation of visas, as well as for unmatched applicants to secure other positions in a shortened time period between the match and the start of the next academic year.

To determine whether support existed for the proposed change in the timing of the match and to uncover potential problems with the new match schedule, the AAIM worked with subspecialty societies to conduct a survey of fellowship program directors and new fellows at the start of the 2011-2012 academic year. Because this survey was conducted before changing the fellowship match timeline, questions asked survey

participants to predict future problems with the new timeline, including the impact the new schedule would have on increasing difficulties in fellows obtaining licenses and visas. Of the 51% of fellowship program directors and 37% of new fellows who responded, 73.5% and 81.2%, respectively, did not anticipate the new match schedule would lead to difficulties in incoming fellows acquiring visas or licenses.<sup>3</sup> The 2012-2013 match cycle was the first year residents and fellowship programs participated in this new timeline.

## PERSPECTIVES VIEWPOINTS

- The Alliance for Academic Internal Medicine, in collaboration with subspecialty societies and the National Residency Matching Program, has developed a new match timeline for medicine fellowships.
- Internal medicine program directors believe the new timeline benefits fellowship applicants, providing extra time to make career decisions and complete research projects, and residency/fellowship programs, providing better assessments of resident performance.
- The potential negative consequences about shifting the timeline were not of great concern to residency program directors.

## AIM OF THE STUDY

Although the opinion of fellowship program directors and new fellows had been studied regarding potential pitfalls of moving the fellowship match, the opinion of internal medicine residency program directors was previously unknown. This study aimed to determine residency program director perceptions of the potential benefits, unanticipated problems, and any unforeseen

consequences related to moving the fellowship match and to explore their opinions regarding an "all-in" policy for the fellowship match.

## METHODS

The Association of Program Directors of Internal Medicine (APDIM) Survey Committee surveys its constituent members twice yearly as a method to obtain member feedback on important issues facing the internal medicine educational community. The 2013 spring survey was sent via Survey Monkey to 354 member programs representing 93% of the 381 Accreditation Council for Graduate Medical Education—accredited internal medicine residency programs. The 2013 spring survey included multiple items scored on a 5-point Likert scale seeking program director opinions on whether fellowship applicants, fellowship programs, or internal medicine residency programs benefited from the recent change to the internal medicine subspecialty match timeline; what those perceived benefits and potential barriers to implementing the new timeline were; and whether or not residency program directors supported the notion of an all-in policy for the subspecialty match mirroring the NRMP policy instituted for the main residency match. For analysis of data regarding the perceived benefit to residency programs, fellowship

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