NRMP
National Resident Matching Program

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Sponsoring Organizations:
American Board of Medical Specialties
American Hospital Association
American Medical Association
Association of American Medical Colleges
Council of Medical Specialty Societies

NRMP POLICY CHANGE: ALL POSITIONS IN THE MATCH

The National Resident Matching Program has adopted a new policy requiring programs participating in the Main Residency Match to place all positions in the Match.

At its May 2011 meeting, the National Resident Matching Program (NRMP) Board of Directors adopted a new policy, effective for the 2013 Main Residency Match, to standardize the rules of participation for all registered applicants by requiring participating programs to place all of their core residency positions in the Main Residency Match or another national matching program. The Board believes this policy will address remnants of the problems that led to creation of the NRMP by eliminating inequities in how residency programs recruit U.S. allopathic senior students and other applicants while simultaneously reducing the risk of undue persuasion when residency programs offer positions outside the Match.

At its May 2012 meeting, the Board will codify the new policy in the Match Participation Agreement. Prior to that time, it is accepting comments on possible exceptions, which will be considered during the Board's October 31, 2011 meeting. Possible exceptions are:

- "accelerated" programs such as those in Family Medicine where students commit to a specific program during medical school and enter residency training prior to completing four years of medical school
- combined clinical-research programs where the first year of training is not clinical
- rural and geographically underserved areas
- positions that are reserved for foreign-nationals who bring funding from governmental entities in their home countries
- programs accredited by the ACGME and the AOA

Questions and comments should be sent to NRMP Executive Director Mona M. Signer by email at nrmp@aamc.org, by fax to 202-828-4797, or by U.S. mail c/o the National Resident Matching Program, 2450 N Street, NW, Washington, DC 20037.

Background: Between 1998 and 2000, the NRMP Board of Directors held discussions about how best to standardize its Main Residency Match participation policies for U.S. allopathic senior students and independent applicants. Currently, if any of an institution's programs participates in the Match, all of the institution's programs must offer positions to U.S. seniors through the Main Residency Match or another national matching program. Also, U.S. seniors can be withdrawn from the Match only by their medical schools. In contrast, independent applicants (prior-year graduates of U.S. allopathic medical schools and students/graduates of Canadian, osteopathic, and international medical schools) can be offered positions through the Match or outside it, and they are able to withdraw themselves from the Match if they receive pre-Match offers. Under the policy considered in 1998, if any of an institution's programs participated in the Main Residency Match, all of the institution's programs would be required to offer positions to all applicants through the Main Residency Match.

In November 2001, the NRMP Board adopted the following resolution:

> *Beginning with the 2004 Main Residency Match, all sponsoring institutions participating in the Main Residency Match must register and attempt to fill all their positions in the Match except for those specialties or programs participating in other national matching programs.*

The proposed policy was widely disseminated to NRMP constituents. Although there was general support for the proposal, there were significant differences in the responses from certain specialties and participant groups. Programs that filled a majority of their positions with independent applicants believed they would be disadvantaged if the proposal were instituted, while programs that did not offer positions outside the Match believed they were disadvantaged by the early selection opportunity afforded to those that recruited and accepted independent applicants early in the match season. Specialties that accepted large numbers of IMGs also voiced concerns because they believed IMGs would be unable to secure visas and state medical licenses in time to begin training on July 1. There also was a belief that the more prestigious programs would attract the top IMGs, thus reducing the chances of lesser known programs to recruit highly qualified candidates. Finally, the leadership of program director organizations expressed concern about the NRMP's ability to enforce the new policy.

To address concerns about compliance, in May 2002 the Board adopted Policies and Procedures for Reporting, Investigation, and Disposition of Violations of NRMP Agreements. Those policies, which are codified in the Match Participation Agreement signed by every participant, have been refined in the intervening years and are rigorously enforced by the NRMP via the Board's Violations Review Committee, which adjudicates alleged violations of the Agreement.

Three other categories of comments were judged to require further analysis before moving ahead with the policy; accordingly, the Board delayed implementation in order to study the following:

1) International medical school graduates were finding it difficult to procure visas, particularly after September 11, 2001. The effect of integrating the U.S. immigration and Naturalization Service into the Department of Homeland Security was unknown.

2) The inclusion of PGY-2 positions was not well received, and some disciplines/specialties believed it was unworkable. Most respondents recommended implementation for PGY-1 positions only.

3) An overwhelming majority of the comments indicated that an "all positions in the Match rule" should be program-based rather than institution-based. It was suggested that participation in the Match be a specialty-based decision at each institution.

An NRMP Board of Directors subcommittee was appointed to study the issues. During registration for the 2004 and 2005 Main Residency Matches, graduate medical education program directors were asked to complete a survey on the extent to which they filled positions outside the Match and their experiences with applicants who had procured visas during the previous year. The surveys revealed significant differences by geographic area and specialty. For example, in 2004 65 percent of all Match-participating programs filled no positions outside the Match, compared with about half the programs in New York State and 40 percent in Internal Medicine. Nationally, 70 percent of programs had no residents with J-1 visas, compared with 60 percent in New York State and just over 40 percent in Internal Medicine.

The Board also was concerned about visa processing delays in the aftermath of September 11, 2001. Data obtained from the Educational Commission for Foreign Medical Graduates (ECFMG) showed that in 2003 only 62 percent of residents with J-1 visas reported for training by July 1, rising to 80 percent in 2004. Primarily on the basis of those data and a belief the percentages would be even higher if visa processing for IMGs could not begin until after Match Day, the Board voted in May 2005 to indefinitely postpone the policy.

Current Considerations:

Over the past several years, the Board has monitored the arrival dates of IMGs requiring J-1 visas. ECFMG data show that in 2007, 86 percent reported on time, rising to 92 percent in 2009. However, it is not known what percentage of those applicants obtained their positions through the Match, making it impossible to discern whether visa delays remain problematic.

In addition, in October 2010 the Board's Data Release and Research Committee reviewed a study of new residents in 2008 who had obtained positions outside the Main Residency Match. A database was created by linking NRMP match outcomes with GMETrack information supplied by residency programs. The study

cohort included 24,474 persons who began their first residencies in NRMP-participating specialties in 2008 and an additional 4,159 persons who entered residency programs in 2008 in NRMP-participating specialties after a year of training in 2007 in a different specialty. Figure 1 shows that of the 28,633 residents in the database, 22,670 had successfully matched in the NRMP: 20,188 had matched to PGY-1 programs in the 2008 Match and 2,482 had matched to PGY-2 programs in the 2007 Match. Another group of 1,698 residents had submitted rank order lists of programs but had not obtained positions, and another 100 residents had certified empty rank order lists in the 2008 Match. An additional 1,588 residents had registered for the 2008 Match but had withdrawn, and 2,577 residents in NRMP specialties had not participated in the 2007 or 2008 Matches. Figure 1 graphically depicts the statuses of the 28,633 residents in the database.

Figure 1

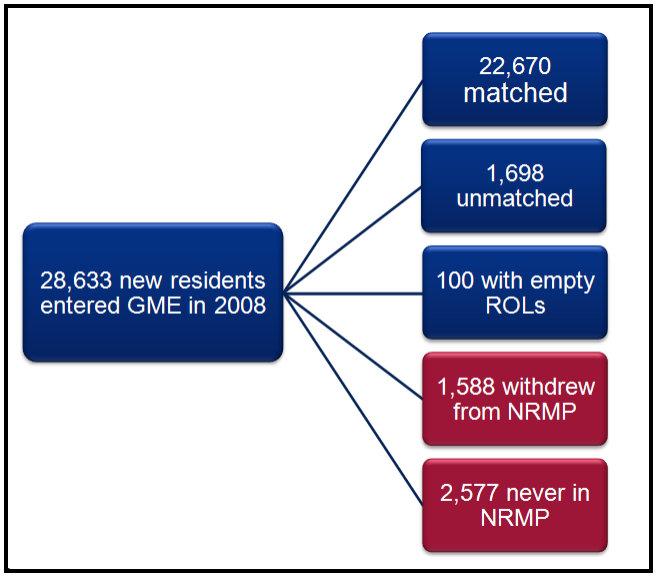
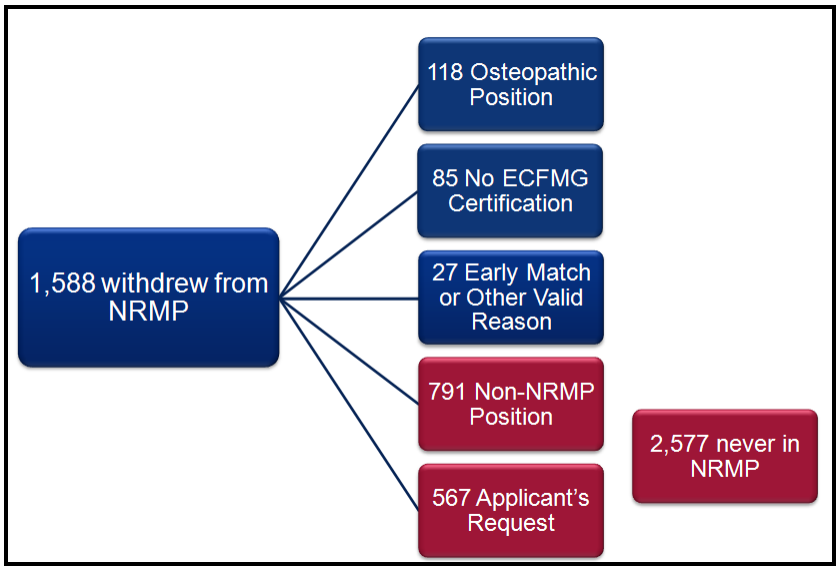


Figure 2 shows that of the 1,588 residents who had withdrawn from the NRMP, 791 had cited “non-NRMP position” and 567 had withdrawn at the “applicant’s request”, making it likely that both groups had obtained out-of-Match offers.

Figure 2



Other key findings are:

- More than one-third of residency programs in NRMP-participating specialties accepted at least one resident outside the Match.

- A total of 3,935 residents—one of every seven—found their positions outside the Match, but only 94 were U.S. allopathic senior students.

- Among NRMP-participating specialties, only 72 programs did not participate in the Match.

- The states with the largest percentages of programs that took applicants outside the Match were Alaska, Wyoming, Kansas, Rhode Island, New York, New Jersey, Puerto Rico, and Pennsylvania.

- Only 7 (1.9%) of Internal Medicine programs and 3 (0.7%) of Family Medicine programs did not participate in the Match.

In October 2010, on the basis of the study findings and ECFMG data on the arrival dates of residents using J-1 visas, the NRMP Board of Directors established an ad hoc committee to study the feasibility of requiring institutions participating in the Main Residency Match to fill all positions through the Main Residency Match or another national matching plan. The proposed policy was widely disseminated for comment, and a survey of program directors was conducted as part of the 2011 Main Residency Match.

The request for comments and the program director survey focused on the following questions:

- Why do residency programs offer positions outside the Match?
- Are there geographic variations in the numbers/percentages of positions offered outside the Match?
- Are there specialty variations in the numbers/percentages of positions offered outside the Match?
- Is the proposed policy workable for both PGY-1 and PGY-2 positions?
- Should the policy be institution-based or program-based?
- Will the proposed policy affect the start of training for applicants who use J-1 or H1-B visas?
- Will the proposed policy affect the start date of training due to state medical licensure issues?
- What impact would the policy have on graduate medical education programs
- What impact would the policy have on Match applicants?

Almost 1,900 residency program directors responded to the NRMP survey, representing 80 percent of Pediatrics programs, 77 percent of Family Medicine, 74 percent of Internal Medicine, 65 percent of

Obstetrics-Gynecology, and 61 percent of Surgery. Overall, one-quarter of programs selected at least one resident outside the Match, encompassing just under 10 percent of all positions filled by those programs. More than half of Internal Medicine programs, and more than 30 percent of programs in Family Medicine, Pediatrics, Psychiatry, and Pathology selected some residents outside the Match. Pathology programs filled one-third of all positions outside the Match, followed by Psychiatry (31%), Family Medicine (31%), and Internal Medicine (30%). Family Medicine and Pediatrics had the highest mean number of positions filled outside the Match, 3.2 and 2.8 respectively. Overall, half of the respondents said they offered positions outside the Match “to be competitive”.