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# National Resident Matching Program

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## Match Summit Meeting Report

December 4-5, 2023



March 21, 2024

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**THE MATCH**<sup>®</sup>  
NATIONAL RESIDENT MATCHING PROGRAM<sup>®</sup>

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The National Resident Matching Program® (NRMP®) is a private, not-for-profit corporation established in 1952 to optimize the rank-ordered choices of applicants and program directors for clinical training in the United States. The NRMP is not an application processing service; rather, it provides an impartial venue for matching applicants' and programs' preferences for each other using an internationally recognized mathematical algorithm.

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Questions about the NRMP should be directed to Donna L. Lamb, D.H.Sc., M.B.A., B.S.N., President and CEO at [admin@nrmp.org](mailto:admin@nrmp.org).

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# Overview

## Match Summit Meeting, December 4-5, 2023

The National Resident Matching Program® (NRMP®) hosted a Match Summit Meeting in Chicago, IL on December 4 and 5, 2023. The NRMP invited one representative from each specialty participating in the Main Residency Match, 12 student organizations and groups, representatives from the emerging specialty-driven application services, and organizations with an immediate role in the transition to residency. Attending the summit were 39 representatives (Appendix A). In addition, NRMP participants included, Deborah Clements, MD, Chair NRMP Board of Directors, Donna Lamb, DHSC, President & CEO, Sara Balestrieri, PhD, Director of Research, Jeanette Calli, Chief of Match Operations, Sunil Chirra, Sr. Director Data & Analytics, Laurie Curtin, PhD, Chief Operating Officer, Nicole Nitowski, Chief Information Officer, and Olivia Orndorff, DHSC, Chief of Staff.

*Obtain expert, focused input about proposed changes to matching processes and engage in due diligence.*

The NRMP established the summit as a follow up to several outreach activities soliciting broad feedback from the medical education community about topics related to the transition to residency, specifically focused on the Match process. The NRMP's intent was to obtain expert, focused input about proposed changes to matching processes and to engage in due diligence with specialty, student, and organization representatives before developing and implementing Match process changes. Summit activities engaged participants in a thorough investigation of four primary topics, and for the group assigned to each topic, to coalesce around a proposal and action steps for the NRMP's consideration. The topics were as follows:

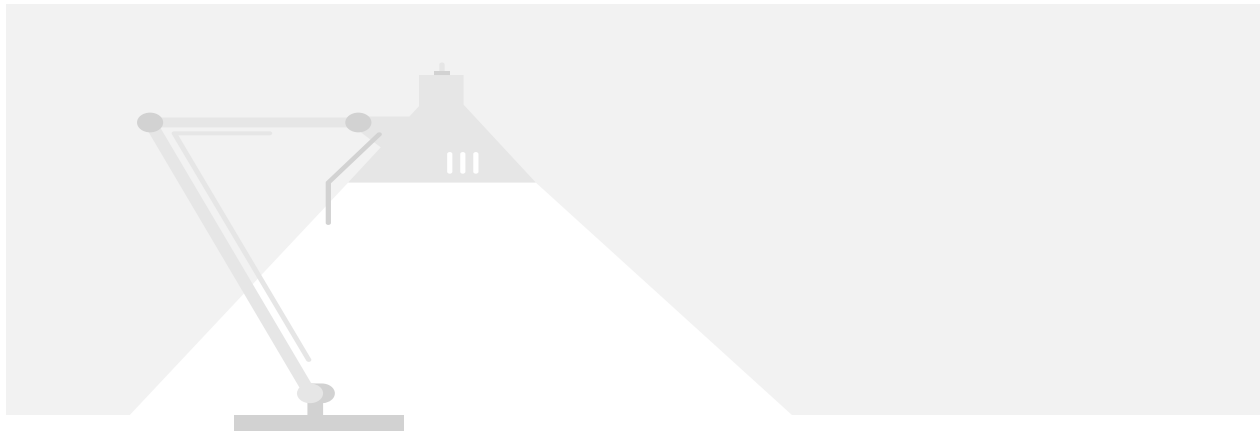
- Two-Phase Match proposal;
- Voluntary locking functionality for program rank order lists;
- NRMP's demographic data and reporting roadmap; and
- SOAP considerations with the implementation of multiple application services.

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In addition, the NRMP solicited input from participants about proposed modifications to the NRMP Program Director Survey, and Dr. Sanjay Desai presented on the American Medical Association's (AMA's) Precision Education initiative.

Summit participants were assigned to breakout groups and each group was assigned a topic. Participants remained in the same breakout group (Appendix B) for the duration of the meeting and engaged in a series of breakout activities (Appendix C). Participants reviewed other groups' work through gallery walks and report outs, which facilitated a broad range of input and perspectives on each topic for consideration throughout the summit meeting.

Outcomes and recommendations from the summit meeting were collated by the NRMP staff and presented to the NRMP Board of Directors for further discussion and consideration. The following report reflects the events of the meeting and outcomes to date.



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# Topic 1: Two-Phase Match Proposal

## *Introduction*

The processes and policies that underpin the principles of The Match® support the agency of applicants and programs throughout the recruitment cycle, work to reduce inappropriate persuasion, and protect Match outcomes for all participants through policies reinforcing a binding commitment. In 2012, the Supplemental Offer and Acceptant Program® (SOAP®) was established to address instability and inequity during the post-Match period known as the “Scramble”, an ungoverned period during Match Week whereby unmatched or partially matched applicants attempted to obtain unfilled positions through an “open market”.

While SOAP has objectively improved the process for obtaining unfilled positions, the process relies on a highly compressed timeline and program-preferenced offers to applicants. Moreover, the growing numbers of applicants and broad variation in recruitment methodologies by programs has resulted in increased stress among applicants and programs during Match Week. This leads the NRMP to consider possible solutions to alleviate some of the stressors inherent in the current transition to residency based on available evidence such as a Two-Phase Match.

A Two-Phase Match proposes two complete Match cycles within the footprint of the current Match period (September through March) and eliminating SOAP.

### **Key principles to the proposed Two-Phase Match, include:**

- Utilize the matching algorithm for both phases and no SOAP; and
- Provide applicants and programs the opportunity to submit ranking lists in the second phase.

In 2022, the NRMP solicited public comment from the community regarding the Two-Phase Match proposal. At that time, 60 percent of survey respondents viewed the proposal as having a modest or significant advantage for Match participants. Of respondents, learners were much more likely to view the Two-Phase Match as a modest or significant advantage. Responses from other groups, including adjacent organizations and professional societies, were mixed, making the topic ripe for a more thorough discussion and understanding.

## ***Summary of Discussions***

In considering the Two-phase Match, the small group discussed the following:

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*Importance of the Two-Phase Match:*

- SOAP is perceived as hugely stressful to participants;
- Two-Phase Match might help ensure a better “fit” between applicant and program due to increased time to consider options;
- Applicant agency would be increased using preference lists and the algorithm in Phase 1 and Phase 2.

*Downsides and challenges to implementation:*

- Concern over lack of information on how applicants currently perceive SOAP;
- Not sure if SOAP is “broken” or are we potentially addressing a problem for a specific time and limited numbers of applicants;
- Concerns over a timeline that provides for two distinct matching activities and the use of program and medical school resources;
- Concerns over potential changes in ranking behavior;
- Stigma for unmatched applicants;
- Concern over impact to interviewing, away rotations, and the fourth year of medical school.

The crux of the group’s discussions and subsequent report outs centered around whether a changed timeline and continued use of SOAP, rather than a changed timeline and changed process in utilizing the algorithm, would help alleviate some of the pressures without requiring a paradigm shift. The group also noted concerns around additional burden for program directors (e.g., second recruiting period, albeit more limited in time and scale) and medical school advisors (e.g., extended advising period for unmatched students) and bias toward applicants who remained unmatched at the end of the first phase. While others noted that applicants who SOAP may also face perceived bias, it was unclear if a Two-Phase Match might heighten awareness of who is going through the second phase due in part to the timeline.

***Recommendations/Comments***

- 1) The group recommended surveying SOAP applicants and reviewing SOAP applicant outcomes to elucidate if SOAP needed wholesale change or simply revising.
- 2) The group encouraged the NRMP to consider moving the notification of unmatched applicants to a day prior to Match Week and to allow for the first round of SOAP to occur one day earlier (i.e., SOAP Round 1 on Wednesday and the remaining three rounds on Thursday of Match Week). The rationale for this recommendation was that more than 50 percent of the positions

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offered in SOAP are accepted in the first round, so a substantial portion of those programs participating in SOAP could move forward with other activities.

- 3) Review of written comments noted that some participants advocated for use of an algorithm in a longer SOAP—which would equate to a second phase suggesting participants were not in favor of drastic changes to the footprint of the Match—but may have less concerns over the process and details of a second phase.
- 4) The group noted the importance of developing a change management plan regardless of the final decision that the NRMP undertook.

### ***Post Meeting Action***

- 1) At the NRMP's January 2024 Board Meeting, extensive discussion was held about the Two-Phase Match proposal, the suggestion to change Match Week timelines, and the outcome of the discussions at the Summit. The Board noted the concerns about the proposal and the potential burden on programs and applicants, the discussion of expanding the footprint of Match Week, the consideration of using the algorithm during SOAP, and the concerns about the potential impact on Match Day if applicants were notified of their matched programs earlier in the week. After careful consideration, the Board determined the benefits of changing Match Week timelines did not outweigh the concerns of unmatched applicant wellness and stress related to longer timelines, stigma and bias already present in the recruitment cycle, extended delay for matched applicant notification, impact on IMG's, availability of resources to support extended cycle, and program burden. However, the Board did agree that while this proposal is not ready to be explored further, the NRMP staff will continue to discuss and consider the proposal as more is learned.
- 2) On March 18, 2024, NRMP initiated a Post-SOAP Survey to measure the existing impact of SOAP on both applicants and programs with the goal of: (1) better understanding effects of the current SOAP process and timeline; and (2) gaining feedback on how the SOAP process can be strengthened. The results of this survey will be published and also discussed with the NRMP Board of Directors.

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## Topic 2: Voluntary Locking Functionality for Program Rank Order Lists (ROL)

### *Introduction*

During the COVID-19 pandemic, applicants and programs moved from in-person to virtual interviews beginning with the 2021 transition cycle. The transition to virtual interviews was supported in recommendations initiated through the workgroups of the Coalition for Physician Accountability and supported through Match Policy and Codes of Conduct implemented in 2021. Since 2021, virtual interviews have continued with several specialty groups and organizations providing guidance to programs.

While the virtual interview format has resulted in reduced costs for applicants and programs alike and, in some specialties, has increased the diversity of interview candidates, the format has also:

- created disparities in how programs and specialties conduct the interview season;
- limited the ability of applicants to assess first-hand the program culture, organization, and the surrounding community; and,
- hindered programs' ability to fully assess applicant "fit" and to effectively highlight their program and community.

Some applicants are requesting in-person visits towards the end of interview season and prior to the Rank Order List (ROL) Certification Deadline, but there is uncertainty and concern about whether programs use second look visits as an evaluative component of the application process.

Some specialty groups, including the Alliance for Academic Internal Medicine (AAIM) and Organization of Program Directors Association (OPDA), have amplified applicant concerns noting a lack of trust between applicants and programs, and they advocate for an applicant's ability to visit the program and community of interest without

concern that it will affect the program's ROL. Both groups have requested the NRMP implement a mandatory "stagger" of the ROL Certification Deadline, which would force all programs to certify their ROL at some point before applicants certify their ROL. A mandatory policy by the NRMP

*"Lack of trust between applicants and programs is driving a desire to force programs to "lock" their Rank Order List in advance of the applicant Rank Order List Certification Deadline."*



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would require that all programs participate regardless of their recruitment practices and resources. After careful consideration, the NRMP declined to implement a “mandatory stagger” of the ROL deadlines, recognizing that many programs and applicants may not benefit from this requirement.

In 2022, the NRMP began an in-depth evaluation of the benefits of a “locking” functionality of the ROL in the Registration, Ranking, and Results® (R3®) system such that programs could opt to certify their ROL when they have completed their ranking decisions and then *voluntarily* lock the certified list when they are ready to demonstrate to applicants that no additional changes will be made. The voluntary “lock” could be implemented any time after the ROL opens and before the ROL Certification Deadline. A lock could then allow programs to establish a window during which applicants could visit programs of interest and engage in meaningful assessment of program culture without concern that programs may make changes to their ranking preferences afterward. Applicants without the means to engage in in-person visits, but who fear not visiting would be perceived as a lack of interest in the program, would have less concern about their absence affecting ranking on a program’s list. Voluntary locking functionality would also allow specialty organizations to provide further guidance around equitable practices for the interview and recruitment of applicants and demonstrate specialty-wide cohesive practices.

**Key Principles of a Voluntary ROL Lock Function:**

- The ROL Certification Deadline would remain the same for both applicants and programs;
- The decision to lock a ROL would be made by each program on a voluntary basis and at a time determined by the program;
- The ROL would have to be certified before the list could be locked, and it must be certified before the ROL Certification Deadline; and
- Once locked, the ROL could not be unlocked to make changes, even if the request is made before the certification deadline. This is an irreversible action.

In 2023, the NRMP solicited public comment from the community regarding the Voluntary ROL Lock proposal. Almost 50 percent of survey respondents viewed the proposal as potentially beneficial for Match participants. Of respondents, learners were much more likely to view the Voluntary ROL lock as potentially beneficial, but medical schools and some programs had substantial concerns. Upon reviewing the results of the feedback, the NRMP Board of Directors felt the topic required further discussion.

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## **Summary of Discussions**

In considering the voluntary locking functionality for program ROL, the small group discussed the following:

### *Importance of the Voluntary Locking Functionality for Program ROL:*

- Allow applicants and programs the opportunity to meet without the pressure of the ROL;
- Equity for applicants and the potential for a level playing field;
- Decrease anxiety for programs;
- May build trust among applicants and program directors.

### *Downsides and challenges to implementation:*

- Sustainability of virtual interviews as some programs and specialties move back to in person;
- Compression of selection process if locking ROL weeks/month before deadline;
- Lack of understanding of a new process of second looks and how programs would provide sufficient early notification to allow applicants to plan early in the application cycle;
- Time and resources for applicants to travel and for some programs in hosting applicants;
- Bias that may occur with programs inquiring or knowing who will participate in the second look framework – NRMP policies would be important;
- Lack of a central resource ensuring programs know how many applicants will attend a second look and a confidential resource for applicants to sign up for “slots” without disclosing or identifying themselves to the program before the visit;
- Need for alignment possibly among specialties, institutions, regions, etc;
- Concerns among program directors on recourse if witnessing egregious behavior by a ranked applicant at a second look event? after ROL is locked.

## **Recommendations/Comments**

- 1) After discussion, the group felt that a voluntary lock of ROL by programs could offer benefit to applicants.
- 2) The group noted that the timing of implementing a voluntary ROL lock could help provide more information on how second looks are being used by the community.
- 3) A voluntary ROL lock may help alleviate some of the distrust currently felt by applicants.
- 4) The group noted that this could be a burden for programs along with concerns over possible variation among programs in a given specialty.

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- 5) The group suggested the NRMP implement the voluntary ROL lock with a potential launch for the 2026 cycle.
  - 6) While the group felt there was some potential benefit, the group noted that additional work to get buy in from specialties was needed—and possibly to pilot first may make sense.

*As the landscape of interview processes change, voluntary ROL lock would represent another change and may, unintentionally, shift second looks into more of an expectation than currently present.*

### **Post Meeting Action**

At the January 2024 NRMP Board of Directors meeting, it was decided that the NRMP will develop a framework for a voluntary program ROL lock pilot. The Board recognizes there is much to consider (processes, policy, change management, community input, etc.), and any pilot implementation could not be considered until 2026.

As of the date of this report, three specialties have been identified and contacted to determine their interest in participating. Once confirmed, NRMP will work with those specialties to develop a framework, policies, and communications needed for a pilot program.

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## Topic 3: NRMP's Demographic Data Roadmap

### *Introduction*

The NRMP began collecting voluntary applicant demographic data in 2021 for the 2022 Main Residency Match and for the Specialties Matching Service in January 2023. In May 2023, the demographic data from the 2022 Main Residency Match was first published through the interactive Charting Outcomes<sup>SM</sup> Report on the NRMP website.

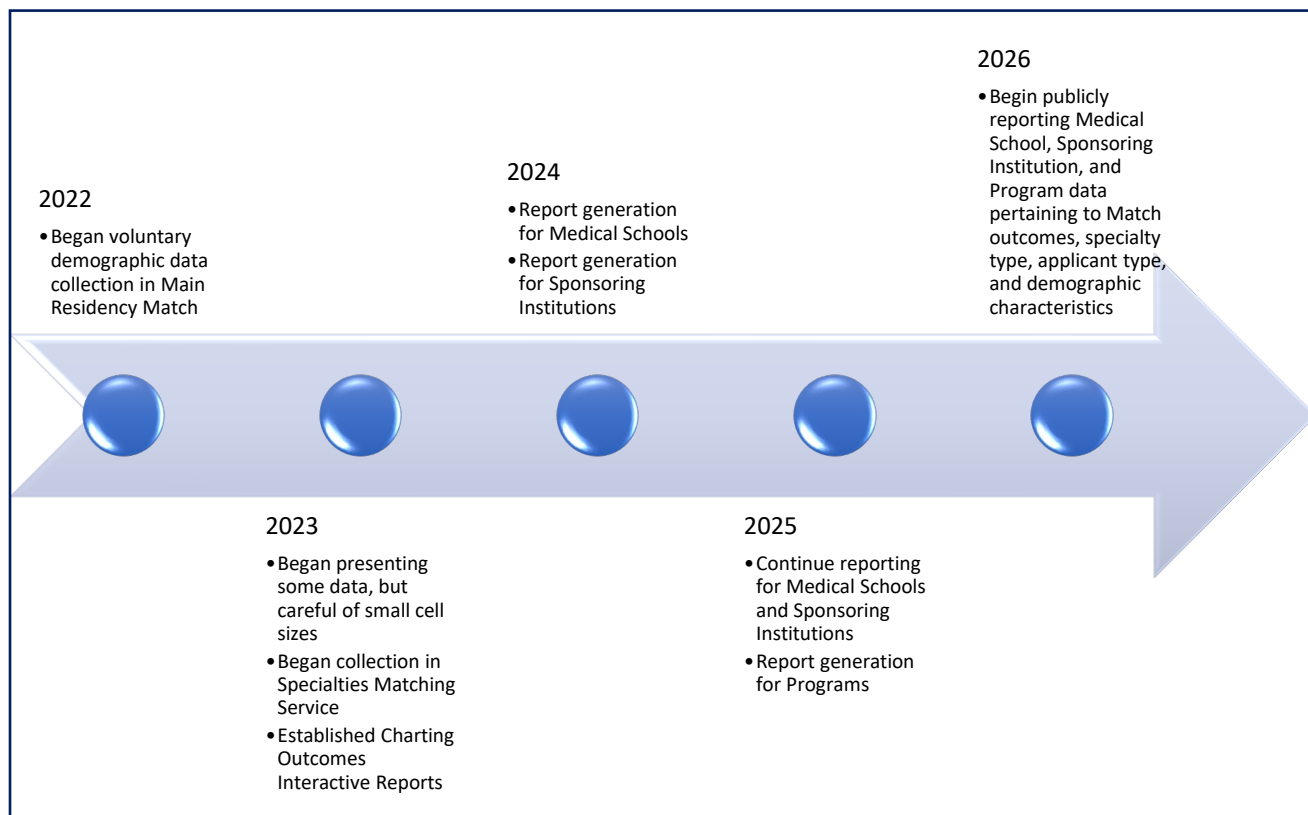
The aim of applicant demographic data collection and analysis is to advance understanding of and encourage discussion about relationships among the unique characteristics of applicants, the specialties they pursue, and their experience in the Match. The NRMP has made findings from this work available to the community to inform efforts, to increase the transparency and understanding of the matching process, and to improve diversity, equity, inclusion, and belonging (DEI-B) in the transition to residency.

Demographic indexes incorporated into the Match registration process for applicants include:

- Sex assigned at birth;
- Sexual orientation;
- Gender identity;
- Race identities;
- Hispanic/Latinx/Spanish ethnicity;
- Disability status and accommodations sought during medical school;
- Urbanicity of childhood rearing environment;
- First-generation college and medical school graduation statuses;
- Family socioeconomic factors during applicants' childhoods.

Similarly, the NRMP aims to conduct analysis that advances the understanding of how applicants are selected by programs for ranking and matching. An extension of these analyses is to identify patterns across specialties, programs, geography, etc., that may inform recruitment considerations and the future physician workforce, but also to provide transparency to applicants as they investigate their specialties and programs of interest.

To accomplish these goals, the NRMP Board of Directors has approved a Data Reporting Roadmap that includes a public release medical school, institution and program data reports:



At the summit meeting, participants were asked to consider ways the demographic data may be utilized to inform the community and to discuss the potential for unintended consequences that releasing reports may have.

### ***Summary of Discussions***

In considering the NRMP’s Demographic Data Roadmap the small group discussed the following:

#### *Importance of demographic data reporting right now:*

- Transparency;
- Provides additional data points for holistic review;
- Provides comparisons between applicant categories, demographic categories, specialties, etc.;
- Will provide trends over time;
- Can provide information that may be helpful to understanding outcomes in the community;
- Timeline allows programs to assess mission and aims, and address their practices to meet those goals;

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- May prompt positive change in medical schools, institutions, and programs.

*Downsides and challenges to implementation:*

- Self-reported data may contain sampling bias or hesitancy on the part of applicants;
- Determining fields for collection (out of the infinite number) and metric validity;
- Challenge of understanding relationship of applicant pool with those ranked or matched;
- Data security or inappropriate use;
- Limitations of applicant pool in specialties and geography;
- Damage to program reputation from data.

The group was unanimous that the NRMP should be collecting this data and also closing the loop to continue providing reports of the data on an increasingly specific level. Among concerns discussed, the topic of which metrics were collected and how the data would be presented were raised; in particular as data pertains to sex, gender, and race/ethnicity. A focus group was recommended for reports to be shared in advance of public dissemination to understand educational needs or revisions to reports to prevent misinterpretation. Some concerns were also noted among the release of program-level data to the public, citing reputational concerns along with concerns that the data might impede recruitment efforts in the future. Additionally, the group noted this data and data reports are occurring while legislative actions at the state and judiciary are impacting diversity recruitment efforts of publicly funded institutions.

***Recommendations/Comments***

Overall, the group was encouraged by the NRMP's plan for the reporting of data. The group noted future opportunities to harmonize data items with other organizations to better understand demographics across the transition to residency and into practice. The group noted the importance of transparency and the importance of the practice of sharing data collected back to constituents.

***Post Meeting Action***

- 1) Following the summit, NRMP received input about changes requested to the characterization of the questions pertaining to sex, gender, and sexual preference. That input is being incorporated into the demographic data language and surveys for the next iteration of the demographic data.

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- 2) The NRMP has begun inviting advisors with expertise in DEI-B for consultation? and will seek the expertise of ethicists, data scientists, etc., moving forward in these efforts.
  - 3) NRMP will develop a framework to obtain more community input specific to the impacted groups.
  - 4) NRMP will continue to seek opportunities to collaborate with other organizations in the transition to residency space.

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# Topic 4: Effect of Application Services on Match Process

## ***Introduction***

The NRMP invited a discussion about the advent of new, specialty-driven application services to begin to identify potential challenges for applicants and programs during the Match and SOAP processes. Historically, the NRMP has been agnostic to application service except for SOAP, which required changes to Match policy in 2024, and will require process changes to ensure that all stakeholders who want to participate in SOAP can in the most transparent and efficient way.

The NRMP is not an application service provider; however, the NRMP does exchange data with the Educational Commission for Foreign Medical Graduates (ECFMG), the Accreditation Council for Graduate Medical Education (ACGME), the Association of American Medical Colleges (AAMC), etc., to ensure data used in the Match aligns with applicant eligibility and program participation requirements (e.g., only those eligible for training can be processed by the algorithm; only accredited programs are offering slots).

During SOAP, the exchange of data is heightened to share accurate information on unmatched or partially matched applicants and available, unfilled positions. Traditionally, applications for most residencies and fellowships have occurred through the AAMC's Electronic Residency Application Service (ERAS) platform. More recently, specialty driven initiatives in plastic surgery (Central Learner Application) and in obstetrics and gynecology (Central Application Service) have required careful consideration to ensure that the NRMP is abreast of any challenges that could impact the transition with the introduction of additional application services.

Participants were asked to consider the addition of specialty-driven application services specifically through the lens of how such services would impact the NRMP's matching process for applicants. The intent of the discussion was not to decide *if* there should be other application services providers or to opine on the quality or usefulness of one service provider over the other.

## ***Summary of Discussions***

In considering the effect of application services on Match process, the small group discussed the following:



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*Importance of understanding effect of application services right now:*

- Alternative application services;
- Should NRMP become the central repository of data for multiple application services.

*Challenges facing constituents:*

- Multiple stakeholders;
- May increase stress of learners on where to apply;
- Possible fatigue with other changes;
- Applicants may now need to complete applications for multiple systems;
- May indicate a trend with each specialty creating an application.

In considering various possible scenarios, the group noted the value of NRMP being the stable point in the transition to residency given the changes occurring in the application and interview period. With this, there was discussion about the value of NRMP being the central repository for application services. The group noted the NRMP would need to be prepared for questions from applicants regarding the various services along with positioning the website and R3® platform as a repository for information including external links to different systems. The group noted that the NRMP should work to ensure that the processes of applying are well communicated and to work with the application service providers to explore ways to reduce applicant burden in SOAP.

***Post Meeting Action***

On February 12, 2024, the NRMP convened a meeting of the leaders for the three application services, Liaison International (developer of obstetrics and gynecology application), and National Board of Medical Examiners (NBME) to begin discussing needs during SOAP. These needs included:

- a focus on information for and communication with SOAP participants;
- potential for the exchange of data and/or information from one application service provider to another for partially matched and unmatched applicants;
- how the services might interact during SOAP to ensure efficiency and transparency of processes;
- ability to transfer USMLE data from one application service provider to another or how that data might be made available to programs during SOAP.

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A follow up meeting is scheduled for April 1, 2024, and will include a representative from National Board of Osteopathic Medical Examiners (NBOME).

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## Conclusion

At the conclusion of the summit, the NRMP was provided with thoughtful observations and perspectives on four complex topics. Participants also encouraged the NRMP to consider a regular cadence of summits to continue gathering feedback on important topics. The output of that work was captured through written notes by participants and NRMP staff and were shared in a separate report to the NRMP Board of Directors.

The NRMP is grateful to each representative who shared their time and insights over the two-day summit. The NRMP continues taking the recommendations into consideration when evaluating next steps, in addition to other suggestions gleaned from public comment, testimony, and focus groups.



**Appendix A**  
List of Attendees

Organization	Representative
Alliance for Academic Internal Medicine	Polly Parsons, MD
American Association of Colleges of Osteopathic Medicine	Rance McClain, DO
American Association of Directors of Psychiatric Residency Training	Randon S. Welton, MD
American Congress of Obstetricians and Gynecologists   Council on Resident Education in Obstetrics and Gynecology	Erika Banks, MD
American Council of Academic Plastic Surgeons – representative and presenter	Michael Neumeister, MD
American Medical Association	John Andrews, MD
American Medical Association - presenter	Sanjay Desai, MD
American Medical Association   Medical Student Section	Natasha Topolski
American Medical Association   Resident & Fellow Section	Michael Visenio, MD
American Medical Student Association	Rohini Kousalya Siva, MD
American Orthopaedic Association   Council of Orthopaedic Residency Directors	S. Trent Guthrie, MD
American Osteopathic Association	Joanne Kaiser Smith, DO
Asian Pacific American Medical Student Association	Annie Yao
Association for Directors of Radiation Oncology Programs	Mitchell Kamrava, MD
Association of Academic Physiatrists	Natasha Romanoski, DO
Association of American Medical Colleges	Alison Whelan, MD
Association of American Medical Colleges   Group on Student Affairs	Marcy Verduin, MD
Association of American Medical Colleges   Organization of Resident Representatives	Samuel Bunting, MD
Association of American Medical Colleges   Organization of Student Representatives	Youssef Aref
Association of Anesthesiology Core Program Directors	Timothy Long, MD
Association of Family Medicine Residency Directors	Sarah Cole, DO
Association of Native American Medical Students	Alec Calac
Association of Pathology Chairs   Residency Program Directors Section Council	Deborah Chute, MD

<b>Organization</b>	<b>Representative</b>
Association of Pediatric Program Directors	Joanna Lewis, MD
Association of Professors in Dermatology	Adena Rosenblatt, MD, PhD
Association of Professors of Gynecology and Obstetrics - presenter	Maya M. Hammoud, MD
Association of Program Directors in Internal Medicine	Jennifer Swails, MD
Association of Program Directors in Surgery	Jennifer Serfin, MD
Association of Program Directors in Vascular Surgery	Jason T. Lee, MD
Council of Osteopathic Student Government Presidents	David Peters
Council of Residency Directors in Emergency Medicine	Jessica Smith, MD
Council of Transitional Year Program Directors	Ashley Maranich, MD
GLMA: Health Professionals Advancing LGBTQ+ Equality	Alex Sheldon
Intealth   Educational Commission for Foreign Medical Graduates	Jessica Salt, MD
Latino Medical Student Association	Elizabeth Picazo
Otolaryngology Program Directors Organization	Eric Dobratz, MD
Student National Medical Association	Marissa Pharrel
Student National Medical Association	Stella Udoetuk
The Consortium of Neurology Program Directors	Jeffrey Ratliff, MD
Thoracic Surgery Directors Association	Kirsten Freeman, MD

**Appendix B**  
Breakout Groups

Room 1: Alison Whelan, AAMC Two-Phase Match Proposal	Room 2: John Andrews, AMA NRMP's Demographic Data Roadmap
Natasha Topolski, AMA MSS	Samuel Bunting, AAMC ORR
Alec Calac, ANAMS	Annie Yao, APAMSA
Elizabeth Picazo, LMSA	Alex Shelton, GLMA
Randon Welton, AADPRT	Marissa Pharrel, SNMA
Michael Neumeister, ACAPS	Timothy Long, AACPD
Adena Rosenblatt, APD	Natasha Romanoski, AAP
Eric Dobratz, OPDP	Joanna Lewis, APPD
Maya Hammoud, ACOG	S. Trent Guthrie, AOA/CORD
Kirsten Freeman, TSDA	Jeffrey Ratliff, CPND
Deborah Chute, APC	

Room 3: Marcy Verduin, AAMC GSA Voluntary Program Rank Order List Lock	Room 4: Jennifer Swails, APDIM Effect of Application Services on Match Processes
Michael Visenio, AMA RFS	Youssef Aref, AAMC OSR
John Paul Sanchez, BNGAP	Rohini Kousalya Siva, AMSA
David Peters, COSGP	Rebecca Wolff, SOMA
Polly Parsons, AAIM	Rance McClain, AACOM
Sanjay Desai, AMA	Sarah Cole, AFMRD
Ashley Maranich, CTYPD	Joanne Kaiser Smith, ORD
Jessica Salt, Intealth	Jennifer Serfin, APDS
Jessica Smith, CORD	Jason T. Lee, APDVS
Erica Banks, CREOG	Mitchell Kamrava, ADROP

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## Appendix C

### Breakout Activities

#### Breakout Activity #1

*Each group addressed the following questions on their topic creating a written document for each question:*

- What makes (or may make) this topic important right now?
- What might hold us back from implementing this? What are we up against? Challenges?
- What would need to happen to enable this change?

*After the group participated in the breakout, the groups reconvened in the main room for a gallery walk to provide feedback:*

- Walk around and visit the charts from the other groups
- The reporter from each of the groups stays by the Post-its to answer any clarification questions
- Provide feedback (pro, con, thoughts) by placing small post-its on each group's charts
- Visit your chart last and discuss feedback from other groups – this will help inform next breakout

#### Breakout Activity #2

*Each group described the ideal state if the issue surrounding their topic was actually implemented addressing the following questions:*

- What is the recommendation from Breakout Session 1 about moving forward with topic?
- What would this action accomplish?
- What would change as a result of implementing the action?
- As a result of this action, how would the Match process be different/improved/worse?
- What resources/support is needed to implement/sustain this action?

*After the group participated in the breakout, the groups reconvened in the main room for a gallery walk to provide feedback:*

- Walk around and visit the charts from the other groups
- The reporter from each of the groups stays by the Post-its to answer any clarification questions
- Provide feedback (pro, con, thoughts) by placing small post-its on each group's charts

- 
- Visit your chart last and discuss feedback from other groups – this will help inform next breakout

### **Breakout Activity #3**

*Each group reviewed the vision and feedback received on their topic and then considered steps they felt necessary required and what recommendations they would put forward such as:*

- A plan/strategy for...
- Development of...
- Collaboration with other organizations that...
- Standardization of...

*After the group participated in the breakout, the groups reconvened in the main room to present their recommended steps and answer questions.*

### **Breakout Activity #4**

*Each group reviewed the feedback and determined the steps for the tasks identified in the next 30 days, 60 days, 6 months, with consideration of:*

- What should we do?
- Who should we do it with?
- Milestones along the proposed timeline?

*After the group participated in the breakout, the groups reconvened in the main room to present their recommended timeline and answer questions.*