

April 19, 2023

Jeanette Calli, MS  
Chief of Match Operations  
National Resident Matching Program  
2121 K Street NW, Suite 1000  
Washington, DC 20037

Dear Ms. Calli,

We are responding to the recently published call for comments regarding the utility of a proposed voluntary rank order list (ROL) lock functionality for programs. On behalf of the Association of Pulmonary and Critical Care Medicine Program Directors (APCCMPD); Association of Program Directors in Endocrinology, Diabetes, and Metabolism; Sleep Medicine Fellowship Program Directors Council, American Academy of Sleep Medicine; American College of Rheumatology, Committee on Rheumatology Training and Workforce Issues; and the Education & Training Committee of the American Gastroenterological Association (AGA); Infectious Diseases Society of America (IDSA).

We represent Fellowship Program Directors in Pulmonary Disease, Critical Care Medicine; Pulmonary and Critical Care Medicine; Endocrinology, Diabetes, and Metabolism; Rheumatology; Sleep Medicine; and Gastroenterology representing nearly 881 Accreditation Council on Graduate Medical Education (ACGME) Accredited Fellowship Programs and nearly 7,000 trainees.

Our subspecialty fellowship programs take a vested interest in all aspects of fellowship recruitment. Although virtual interviews were born out of necessity due to the SARS-CoV-2 pandemic, it has become clear that they represent a feasible, valid, economic, and equitable way to conduct interviews for graduate medical education (GME)<sup>(1)</sup>. They are also environmentally friendly, significantly reducing carbon emissions due to travel<sup>(2)</sup>. We recognize the necessity to consider the best way to conduct GME interviews and appreciate the opportunity to provide feedback on the utility of a proposed Voluntary Rank Order List (ROL) Lock functionality for fellowship programs.

To this end, as proposed, the voluntary ROL lock functionality appears to be premature in its current format and has the potential to introduce avoidable time pressures and inequity in recruitment. Improved specificity would address the uncertainty around a voluntary ROL lock function. This specification should address areas such as the timeframe for visit dates; and whether other standards or expectations for visits are being recommended. Additionally, there should be guidance on best practices around when candidates are notified of the ROL lock date. Without parameters and guidelines around these issues, inequities may be created, leading to unintended consequences for the fellowship programs, candidates, and internal medicine residency programs. There are also significant concerns regarding the impact on the recruitment season timeline for the Medicine and Pediatric Specialties Match (MPSM). Without guidance on operationalizing the voluntary ROL lock function, there needs to be careful consideration regarding the implementation challenges for the upcoming MATCH 2024, which begins in August for the MPSM.

### **Impact on the Candidate**

We recognize that this functionality intends to allow candidates to visit a program to gain a sense of the local culture and program practice environment while not impacting a program's decision around ranking.

However, allowing candidates to visit continues to reinforce disparities for those candidates that do not have the ability to travel due to time, financial constraints, or lack of time off from the IM residency program or current employment.

### **Impact on the Program**

Programs that can support candidate visits will be able to showcase training environments, workrooms, experience conferences, and the surrounding community—allowing programs with more resources to convey the value of their program more tangibly.

Many of our Subspecialties are comprised of smaller programs that may need more resources, staffing, and time to host candidate visits. Programs that do not offer the opportunity for a candidate to visit due to lack of funds, faculty time, or both would be affected by the applicant's interest in the program.

Furthermore, many programs will feel pressured to compress their interview timeline. The time required to review a growing number of applicants holistically continues to increase. The ROL lock effectively reduces the time available to evaluate all applicants and finalize a ROL thoughtfully. A 'voluntary' lock function would not protect the program against additional time constraints. Many programs would be compelled to align with most competing programs for fear of being perceived as an outlier program. Also, a voluntary ROL lock earlier in the interview season would make it difficult for a program to address issues that could occur later in the interview season.

### **Impact on IM Residency Programs**

The impact of a voluntary ROL lock on IM Residency Programs will introduce numerous logistical issues without more equitable guidelines. IM Residency Programs would potentially have to limit the number of program visits or fellowship candidates that could be away at a given time. Scheduling coverage for a potentially narrow time frame when most programs could schedule visits would be very difficult, having the potential to impact patient care. The additional factor of programs/specialties with multiple overlapping dates could substantially limit a candidate's ability to visit many programs.

Our intention with this letter, as the representatives of Program Directors in our subspecialties, is to collectively recognize the NRMP's effort toward greater fellowship program and candidate support and to clarify the potential impact of the voluntary ROL lock, as proposed. As individual subspecialties, we will provide comments from our respective subspecialties. These comments will be made using the NRMP online survey.

Sincerely,



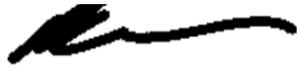
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1. Tseng J. How Has COVID-19 Affected the Costs of the Surgical Fellowship Interview Process? J Surg Educ. 2020;775(5):999-1004. doi: 10.1016/j.jsurg.2020.05.018.
2. Donahue L, Morgan H, Peterson W, Williams A. The Carbon Footprint of Residency Interview Travel. J Grad Med Educ. 2021;13(1):89-94. Doi: 10.4300/JGME-D-20-00418.1.