

# **Final Report and Recommendations for Medical Education Institutions of LCME-Accredited, U.S. Osteopathic, and Non-U.S. Medical School Applicants**

Submitted by

The Coalition for Physician Accountability's Work Group on Medical Students in the Class of 2021  
Moving Across Institutions for Post Graduate Training

This guidance document was created in response to urgent requests for a consistent approach to medical student away rotations and in-person interviews for the 2020-2021 residency cycle. The organizations supporting the Final Report and Recommendations include the major national medical education organizations, whose representatives worked together to balance the complex needs of the medical education community. These recommendations reflect our collective sense of how to proceed, and we urge each medical school, sponsoring institution, and residency program to carefully consider them and commit to working together to create an equitable, transparent, and successful residency selection cycle.

This guidance is intended to add to, but not supersede, the independent judgment of a medical school, sponsoring institution, or residency program regarding the immediate needs of its patients and the preparation of its learners: Medical school deans have the authority and responsibility to make decisions regarding their medical students, and designated institutional officer (DIOs) and program directors have the authority to make decisions regarding residents in their sponsoring institution and programs. Because students rely on predictable, common practices across schools and programs as they prepare to transition to residency, a shared response to disruptions caused by the COVID-19 pandemic will greatly reduce unnecessary confusion, stress, and inequity among students, while promoting a more successful residency selection process for all.

## **Introduction**

The Coalition for Physician Accountability (Coalition), a cross-organizational group composed of AACOM, AAMC, ABMS, ACCME, ACGME, AMA, AOA, CMSS (OPDA), ECFMG, FSMB, LCME, NBME, and NBOME, was established in 2009 to promote professional accountability by improving the quality, efficiency, and continuity of the education, training, and assessment of physicians. The Coalition has created several work groups to rapidly develop a shared approach to several urgent COVID-19-related education and training issues affecting learners and training programs.

The Coalition established this Work Group on Medical Students in the Class of 2021 Moving Across Institutions for Post Graduate Training (WG) to consider and make recommendations about three major issues facing applicants and training programs as they prepare for the 2020-2021 residency application cycle: (1) away rotations, (2) in-person interviews for residency, and (3) the ERAS® timeline. While there are other important issues to be addressed, the WG was careful to restrict its deliberations to its original charge. WG participants include representatives from AACOM, AAMC, ACGME, AMA, AOGME, ECFMG, NRMP, and OPDA. NBME and NBOME participated for the ERAS timeline discussions.

The COVID-19 pandemic has interrupted the clinical education of most, if not all, medical students. This work group was tasked with considering the impact on current M3/rising senior students, particularly as applicants prepare for the residency selection process. Limitations placed on learners' ability to work in the clinical learning environment, restrictions on individual travel and personal spacing, and inability to complete assessments and educational requirements will render the traditional selection process impossible to

replicate this year. Nonetheless, the WG believes a meaningful and effective selection process can be achieved for both applicants and residency programs.

Strengths of the WG include its diversity of thought and representation from the full spectrum of stakeholders across medical education and the public. The WG established guiding principles as a framework for considering the important issues under its charge:

- Patient care and the safety of the community, patients, and learners are most important.
- Medical schools must prioritize meeting core competencies anchored in accreditation and graduation requirements for their own students. Likewise, residency programs must prioritize fulfilling current residents' competencies and meeting accreditation and specialty board certification requirements.
- The residency selection process should be as equitable as possible for applicants, recognizing the diversity of learners and educational programs and the differing missions and priorities of schools, training programs, and institutions.
- A concerted effort to reduce anxiety and promote well-being of students, program staff, and institutions (home and host) in an already stressed system is critical.
- We anticipate stakeholders will commit to policies that prioritize these guiding principles yet recognize the necessity for innovation and flexibility in this new COVID-19 environment.
- Recommendations at the national level are intended to facilitate transparency, promote fairness across the country, and reinforce our commitment to an equitable process for all.

**The WG also considered current data and forecasts about the COVID-19 pandemic.** While the temporal progression of the pandemic remains uncertain, estimates indicate there may be an abatement with continued endemicity over the summer and a second surge with geographic variation in the fall or winter. Therefore, periodic limitations on geographic and individual travel will likely persist. The WG recommendations were influenced by concerns that initiating a process only to have it discontinued due to a resurgence of coronavirus would create potential inequities among applicants and increase disruption and stress for both applicants and programs.

### **The Process**

From the outset, the WG sought to be comprehensive, inclusive, and timely in delivering its recommendations, recognizing the urgent need for a common approach to support decision-making around the residency application process. The WG met twice per week over a four-week period, April 14-May 8, to consider the issues within its charge. As the WG deliberated, broader feedback on the guiding principles, away rotations, and in-person interviews was sought from across the constituency and was considered heavily in the WG's deliberations and recommendations. Subject matter experts were invited to discuss the relevant issues and shared feedback and recommendations as appropriate. As final recommendations were drafted, the WG shared them with constituents, member organizations, and the Coalition. The final report has been endorsed by the Coalition organizations. This final report, including recommendations and resources, was released to the public May 11, 2020.

## The Deliverables

This document includes:

- An overview of the WG’s work, including recommendations for the WG’s three assigned issues: (1) medical student away rotations, (2) in-person interviews, and (3) the ERAS timeline.
- An initial compendium of resources to support the implementation of the recommendations.
- General communications guidance for disseminating this report and implementing the recommendations.

As these recommendations are released, the WG recognizes the inherent complexities of the residency selection process (particularly considering COVID-19’s impact), the varied circumstances presented by geography, the diversity of applicant and institution type, and the varied missions and strategies of the stakeholders. While there can be no “one size fits all” solution, the WG believes these recommendations can promote consistency and fairness for all applicants.

### Recommendation 1 — Away Rotations for Medical Students

**Background:** As mentioned in the Compendium of Resources, away rotations serve multiple important roles for applicants and residency programs. Applicants use them for career exploration, for support in the residency application process, and for prioritizing geographic preferences. Residency programs use away rotations to assess applicants’ capabilities, showcase the benefits of their program and facilities, and preview potential applicants to their programs (which is particularly important to those programs not affiliated with a medical school). Challenges associated with away rotations include the expense to learners (both financial and educational, in lost opportunities at the home institution), competition for rotations that prevents access to some applicants who might be well suited for the specialty or program, the fact that completing an away rotation does not ensure the applicant a residency position at the program or within the specialty, and the burden of onboarding learners into a new clinical environment (the latter is particularly applicable given current stressors on the health systems from the COVID-19 pandemic).

For the 2020-2021 cycle, the COVID-19 pandemic has already created multiple, serious disruptions of core educational experiences and of travel. Limitations placed on students’ ability to work in the clinical learning environment, the anticipated surge in students needing clinical experiences created by deferral of core clerkship activities (described as an impending “clinical bulge”), delayed completion of core educational requirements, and restrictions on individual travel and personal spacing (both now and in the eventuality of geographic outbreaks or a national resurgence in the fall or winter) will likely greatly reduce the number of away rotation opportunities available this year. As a result, for most applicants, away rotations may be entirely inaccessible. A shared, altered approach to away rotations may help level the applicant playing field for the upcoming application cycle.

**Recommendation:** The WG recommends that for the 2020-2021 academic year, away rotations be discouraged, except under the following circumstances:

- Learners who have a specialty interest and do not have access to a clinical experience with a residency program in that specialty in their school’s system.
- Learners for whom an away rotation is required for graduation or accreditation requirements.

Individuals meeting these exceptions should limit the number of away rotations as much as possible. Students should consider geographically proximate programs, when appropriate, to meet learning needs.

Programs and specialty societies are encouraged to develop alternate approaches to meeting goals of away rotations, as described in the Compendium of Resources.

### **Recommendation 2 — Virtual Interviews**

**Background:** Applicants value in-person interviews for gaining a realistic introduction to and experience of the residency program, including the culture and fit. Similarly, programs value the ability to observe and assess applicants' capabilities and fit in the program environment. While forecasts predict the COVID-19 pandemic will diminish over the summer, there will likely be intermittent geographic hotspots and a projected widespread resurgence in late fall or early winter, just as the residency interview season would typically be ramping up. In addition, it is widely anticipated that ongoing "track and trace" programs will limit individual travel conducted on relatively short notice (i.e., if an applicant is identified to have had contact with a new COVID-19 individual, the applicant may be required to quarantine) and that domestic and international travel bans for quarantine rules will exist.

**Recommendation:** The WG recommends that all programs commit to online interviews and virtual visits for all applicants, including local students, rather than in-person interviews for the entire cycle and that the medical education community commit to creating a robust digital environment and set of tools that will yield the best experiences for programs and applicants.

Even as we adjust to the inevitability of this new normal of virtual interactions, replacing the benefits applicants and programs derive from in-person interviews will require adjustments on both sides. As more medical schools turn to virtual curricula as stopgap measures to keep advancing the third-year curricula, and the clinical environment looks to telemedicine to provide patient care in a COVID-19 environment, we must also consider how technology can be used to support the upcoming residency application cycle. The Compendium documents well the perceived benefits of in-person interviews. While not all benefits can be replicated in a virtual environment, a thoughtful and dedicated approach can maximize the value of remote interactions.

### **Recommendation 3 — The ERAS Opening for Programs and the Overall Residency Timeline**

**Background:** The COVID-19 pandemic's impact on the medical education curriculum will ensure that practically every applicant for residency during the ERAS 2020-2021 cycle will face obstacles completing activities usually included in their application. Some will be delayed in completing their clerkship curriculum and early senior rotations, which will delay the collection of letters of evaluation and recommendation. Others will be unable to secure timely dates to complete their COMLEX-USA or USMLE exams. This year, programs face making selection decisions with differing amounts and types of data than they have ever had in the past. These changes necessitate evaluating the ERAS opening date for programs and the medical student performance evaluation (MSPE) release date. It is also critically important that programs have the tools they need to use the data they receive to evaluate the applications holistically.

The traditional ERAS opening for programs on Sept. 15 and MSPE release date of Oct. 1 may not allow sufficient time for learners and medical schools to upload the most complete ERAS applications for programs to review and evaluate. Multiple conversations with medical schools, applicants, AAMC affinity groups, specialty organizations, and the ERAS Advisory Committee reached consensus that an ERAS opening for residency programs could occur in mid-to-late October.

**Recommendation:** The WG recommends a delayed opening of ERAS for residency programs and a delayed release of the MSPE and that the opening and release happen on the same day.

#### **Recommendation 4 — General Communications**

Implementation of these recommendations will require transparency and regular, clear communications among all stakeholders. The WG encourages the medical education community to work together to provide consistency and equity for applicants across the country.

- Specialty organizations should work with the individual programs to develop and communicate to applicants and schools clear, consistent plans and practice around both away rotations and interviews as soon as possible.
- Medical schools should develop clear, consistent policies around any limitations of students' participation in away rotations and in acceptance of visiting students, and the schools should communicate these as soon as possible.
- With a goal of decreasing stress and increasing a sense of fairness, we suggest programs and schools commit to a consistent policy for the entire upcoming residency application and selection cycle.
- Both programs and schools should include statements about COVID-19-related training, testing, and quarantine requirements for any away rotations that are allowed.

#### **Conclusion**

Since the arrival of COVID-19, the medical education community has experienced many challenges and has shown great courage, resilience, flexibility, and creativity in facing those challenges. As we look to the next 12-18 months, the response can be no less. Both applicants and residency programs have been thrust into an environment not of their choosing. There is great anxiety about the upcoming residency selection process and the effect changes resulting from COVID-19 will have on the Class of 2021. In developing the recommendations provided herein, the WG considered the current environment, future forecasts, the subject matter expertise, and the perspectives of those closest to the issues the WG sought to address.

Acknowledging that these recommendations cannot address every eventuality, they are offered to provide the best path forward to promote consistency and fairness across the country and to reinforce our commitment to an equitable process for all.

Respectfully submitted,

Accreditation Council for Graduate Medical Education  
American Association of Colleges of Osteopathic Medicine  
American Medical Association  
Assembly of Osteopathic Graduate Medical Educators  
Association of American Medical Colleges  
Council of Medical Specialty Societies/Organization of Program Director Associations  
Education Commission for Foreign Medical Graduates  
National Resident Matching Program