

Synchronizing Canadian Pediatric Subspecialty Resident Applications: A concept and draft proposal

BACKGROUND

At the present time, there is no coordination between academic centres for the timing of applications to Pediatric subspecialty residencies. Although approximately half of all Canadian Pediatric residents enter subspecialty training, the application deadlines and interview/offer dates vary between and within subspecialties across Canada. Both residents and Core Pediatric program directors have been advocating for a more systematic and coordinated process for Canadian subspecialty program admissions. This document will outline both the rationale and the proposed process for this.

IMPLICATIONS OF THE LACK OF COORDINATION IN SUBSPECIALTY APPLICATIONS

Residents must apply too early in their general training.

To start subspecialty training, Pediatric residents must apply to programs early in their R-2 year. The resident may not have had the opportunity to rotate through many of the subspecialties or to have a community General Pediatrics experience. Most residents have only had one elective this early in their training, limiting their ability to complete a rotation at a site to which they may wish to apply. This can hinder their ability to make a fully informed decision.

Residents may have to accept or decline an offered position before other programs have made a decision regarding their application.

Since programs within the same subspecialty typically have different offer dates, the resident may be placed in the position of having to decide about one program before hearing from another, possibly preferred, program. Couples (especially those who are applying to different subspecialties) are at a particular disadvantage when attempting to ensure that they train at the same center.

Subspecialty programs may lose highly ranked applicants.

Under the current system, a subspecialty program with an early offer date may be declined by a highly ranked candidate if the candidate is waiting to hear from a preferred program.

Subsequently, that candidate may be unsuccessful in their preferred program, but the first program has filled the position with a lower ranked applicant. In addition, a subspecialty program with a late offer date may lose preferred candidates to another program with an early offer date as a resident may decide to accept a firm offer rather than risk waiting for a preferred offer.

How have other residency programs addressed these problems?

- After five years of a rolling match, Internal Medicine has successfully implemented a Canadian Resident Matching Service (CaRMS) Match that is based on an algorithm for 2010, in order to facilitate the process for their core residents as they apply for either subspecialty training or a fourth general year of Internal Medicine.
- Family Medicine has participated in a CaRMS Match for the R-3 Emergency Medicine positions for a number of years.
- Several subspecialty Pediatric programs in the United States (US) have a synchronized application and offer process through the National Resident Matching Program (NRMP). The US specialties have generally selected a late spring or autumn Match.
- The fall US Match includes Pediatric Critical Care, Emergency Medicine and Rheumatology. The spring Pediatric subspecialty Match has Cardiology, Gastroenterology, Nephrology and Pulmonology.

CaRMS PEDIATRIC SUBSPECIALTY MATCH

OBJECTIVE

To ensure a synchronized application process for Pediatric residents wishing to pursue subspecialty training positions in Canadian Pediatrics departments.

NEEDS ASSESSMENT

A Working Group with representation from stakeholders was engaged in the planning process. This Working Group includes representatives from the Council of Post-Graduate Deans (CPGD), Pediatric Chairs of Canada (PCC), Subspecialty Pediatric Program Directors, Pediatric Program Directors, and medical residents (represented by the Resident Section of the Canadian Paediatric Society [CPS] and the Canadian Association of Interns and Residents [CAIR]), and CaRMS.

A survey of Pediatric residents conducted by CAIR in November 2009 showed a majority in favour of an Algorithm Match. Based on these results, the Working Group decided to endorse CaRMS conducting an Algorithm Match for the Pediatric subspecialties and this was brought forth for final approval by the CaRMS Board of Directors on November 20, 2009 and to the Postgraduate Deans at the meeting of the AFMC Standing Committee on Postgraduate Medical Education on November 26, 2009. Both the CaRMS Board and the Postgraduate Deans approved CaRMS moving forward with the Pediatric Subspecialty Match. It has been proposed that this Match for entry in July 2011 will follow this tentative timetable:

Application Webstation (AWS) open: March 2, 2010; the AWS will remain open throughout the process so applicants can continue to apply to programs

Program Webstation (PWS): open for review on April 1, 2010; however interviews can occur at the convenience of programs and applicants throughout the cycle

Rank Order Lists (ROLs) submitted by: June 8, 2010

Match Day: June 23, 2010

Post Match Process: June 25 – July 13, 2010

As it will be the first year running this Match, the timeline will be re-evaluated once it is completed. Residents have indicated a preference to delay the beginning of the Application and Match cycle until the fall, with a Match Day in early December and a start date the following July 1st.

WHO IS ELIGIBLE

Applicants

Positions will only be available to Pediatric residents in Canadian training positions who are Canadian medical graduates and who are eligible for certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) upon completion of training; **or** international medical graduates who have postgraduate training that is recognized by the RCPSC and have legal status to work in Canada (permanent landed-immigrant or citizen status). Postgraduate VISA trainees (other than US citizens enrolled in a Canadian General Pediatrics program) and Fellows who are not eligible for RCPSC credit for the training are **excluded** from this Match process.

Programs

All Pediatric subspecialty programs that are accredited by the RCPSC to offer positions to residents trained in Canada or the U.S. must be registered in the Match.

FUNDING OF RESIDENCY TRAINING

Among Canadian applicants, there are several funding structures. Core Pediatric residents can use their fourth year of funding to fund either a final general year, or the first year of their subspecialty if they remain in the same academic centre, or perhaps within the same province. Some provinces will fund five years of training, which generally means three core years and two years of subspecialty training. Residents who move to other centres without portable funding must obtain alternate salary support, which is provided by a myriad of uncoordinated funding sources that may have their own application deadlines. It is unlikely that the funding issues can be addressed rapidly. However, synchronizing subspecialty residency applications nationally may provide an impetus for a similar rationalization of funding. Thus, funding challenges are not perceived to be an impediment to moving forward with the establishment of a nationally synchronized application process for Pediatric subspecialty residencies.

It is expected that individual programs will assess and rank applicants based on program-specific selection criteria. Academic centers may need to coordinate the allocation of subspecialty training positions to each of their programs based on funding limitations and other program priorities. The training year in which individual applicants apply may impact on the funding formula, another factor that programs may use to determine their rank order of offers. Indeed, there will be advantages and disadvantages to applying in different years of training (R-3 vs. R-4 vs. after some years in General Pediatrics practice) and applicants will need to incorporate this into career decision-making. It bears mentioning that this issue remains, regardless of the process of application; it is not a result of synchronization.

GUIDING PRINCIPLES

- 1) All residents are guaranteed positions to allow completion of training and eligibility for certification in General Pediatrics in the applicant's own school.
- 2) All Pediatric Subspecialty Programs that are accredited by the Royal College of Physicians and Surgeons of Canada to offer positions to residents trained in Canada or the U.S. must be registered in the Match.
- 3) The Match will be national in scope, including all subspecialty programs at all Canadian centres.
- 4) All program descriptions and an estimate of the number of positions will be posted on the CaRMS website. A template will be provided to Programs by CaRMS to ensure consistency. A minimum quota of 1 will be assigned to each program to allow applicants to apply to each program. However, it will be clearly stated that subspecialties within each faculty will be competitive and quotas may be reduced to 0 to allow for movement within each faculty to other programs where there are more competitive applicants.
- 5) University/Program Match eligibility criteria will be made available to CaRMS by February 15, 2010.
- 6) Interview Guidelines – It is understood that in general, residents undertake fewer interviews than medical students do in the R-1 match. As such, the only requirement for timing of interviews is that they occur prior to the deadline for rank order lists (ROLs) to occur.
- 7) Instead of a traditional second iteration for the Match, CaRMS will host a Pediatric Subspecialty Post Match Process for unmatched applicants and programs with vacancies. The Post Match Process will officially begin June 25, 2010 at 12:00 ET, when applicants will be provided with a list of available unfilled positions. The decision to make training space available will be made by the postgraduate offices of each university, not CaRMS. If a program has no quota entered, applicants will not be able to apply to the program. As of June 25, 2010 at 12:00 ET, applicants can begin applying to programs that are looking to fill any remaining positions. Application review, interviewing and any potential offers will be coordinated by the program and the university, with no formal timeline established by CaRMS. When a training space gets filled, CaRMS will remove the position from the system and applicants will no longer have the ability to apply for these positions. There will be no charge to applicants for the Post Match Process. New applicants (those not participating in the first iteration) cannot register or use the Post Match Process application system. The Post Match Process will be available for both applicant and program use until July 13, 2010.
- 8) A Couples Algorithm will be available. Residents will be able to use the feature in the CaRMS AWS that allows two people to submit ROLs as partners.
- 9) Positions will only be available to Pediatric residents in Canadian training positions who are Canadian medical graduates and who are eligible for certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) upon completion of training; **or** international medical graduates who have postgraduate training that is recognized by the RCPSC and have legal status to work in Canada (permanent landed-immigrant or citizen status). Postgraduate VISA trainees (other than US citizens enrolled in a Canadian General Pediatrics program) and

Fellows who are not eligible for RCPSC credit for the training are **excluded** from this Match process.

- 10) All positions, regardless of funding, that are available for Pediatric residents in Canada must be placed into the Match pool. Each program or province will set the criteria for acceptance into each position.
- 11) All Pediatric residents wishing to train in Pediatric Critical Care Medicine will be included in the Match.
- 12) CaRMS will dedicate a full time person to work with programs, universities and residents to ensure the understanding of the creation of algorithms and to ensure the established timelines will be met.
- 13) The mechanism for off-cycle starts is to be determined. However, residents that are off-cycle 6 months or more at the time of the Pediatric Subspecialty Match (June) may not be eligible until the following year. The residents must disclose when they will be available for starting of their subspecialty training. It will be up to each program and each university to decide whether this is acceptable.
- 14) The Algorithm Match is a resident-proposing system whereby the resident is placed into a training position based first on his/her preference (or ranking). As long as the program has ranked the candidate and all positions have not been filled, then he/she will be placed into that training program.
- 15) All parties involved should be aware that the postgraduate office has the final approval of quotas. Individual programs retain the autonomy in decisions regarding the criteria for eligibility, to whom an interview is offered and how eligible candidates are ranked by the program.
- 16) A primary contact, or Match Leader, will be identified by each university. CaRMS will identify the roles and responsibilities of the Match Leader in regard to the matching process to assist faculties in choosing the most suitable person.

IMPLEMENTATION

For the 2010 application cycle (entry date July 2011), programs must comply with the CaRMS timelines for opening applications, completing interviews and submitting rank order lists. An ombudsperson will be nominated and in place by the common Match Day in order to collect feedback that will help administer this Match in the following year.

It is expected that the Match process will be in place for the 2010 application cycle for residencies commencing in 2011.

ANNUAL TIMELINE

As it will be the first year running this Match in 2010, the timeline will be re-evaluated in the fall of 2010. Residents have indicated a preference to delay the beginning of the Application and Match cycle until the fall. Therefore, the next Match Cycle may be delayed a year to the fall of 2011.

Date of Training Entry	AWS Open	PWS Opens	Interview Period	ROIs submitted	Match Day	Post Match Process
July 1, 2011	March 2, 2010	April 1, 2010	Open	June 8, 2010	June 23, 2010	June 25 - July 13, 2010

ADMINISTRATION OF THE MATCH

- 1) CaRMS will administer the Match process. They will provide the following services: timeline, portal for each Match leader, Program Directory/Description Website, centralized electronic application and a ranking system. Applicants and programs interview each other in the usual manner, independent of CaRMS services.
- 2) In order to ensure adoption and success of this service, the following stakeholders have been engaged in the planning process. This Working Group includes representatives from: The Council of Post-Graduate Deans (CPGD), Pediatric Chairs of Canada (PCC), Subspecialty Pediatric Program Directors, Pediatric Program Directors, and medical residents (represented by the Resident Section of the Canadian Paediatric Society [CPS] and the Canadian Association of Interns and Residents [CAIR]), and CaRMS.
- 3) A Steering Committee will be formed consisting of the following members: two subspecialty program directors and two General Pediatrics program directors (with at least one representative from a larger centre and one from a small centre), one representative of the Pediatric Chairs of Canada, one representative from the Resident Section of the CPS, one representative from CAIR, one representative from the CPGD and representatives from CaRMS. The committee will select a chair, which will be non-voting. Committee participation will be two years for trainee representatives and five years for other representatives. This Committee will be struck after the first iteration of the Match in June 2010. For the first iteration of this Match, the current Working Group will act on their behalf.
- 4) The Steering Committee will report the results of the process annually by January 15 to the PCC and the CPGD.
- 5) CaRMS will serve in an impartial, confidential and arms length “ombudsperson” role to which residents and programs can report concerns or infractions. Responsibilities will be to monitor the process and deal with complaints received by applicants and programs.
- 6) CaRMS will report issues raised to the Steering Committee in a way which provides appropriate anonymity and confidentiality but also facilitates program improvement.

FEES FOR ESTABLISHING AND PERFORMING THE MATCH

The CaRMS Board approved the fee schedule used in the 2010 R4 Medicine Subspecialty Match to be used for the 2011 Pediatric Subspecialty Match. CaRMS works directly with the University Postgraduate Offices for the fee recovery for each Match.

SUMMARY

The objective of the Pediatric Subspecialty Match is to create a synchronized process for application to Canadian Pediatric subspecialty training programs. A uniform process will reduce stress for applicants and enable satisfaction with the recruitment process on the part of both residents and programs. The costs required for the service are modest when shared by all faculties and residents.