

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 as a PGY4, pediatric residents must apply to programs early in their PGY2 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?

- Internal medicine have successfully implemented a subspecialty match for five years, 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 run a match for the PGY-3 Emergency Medicine positions for a number of years, originally as a rolling match similar to the current proposal, and this year as an algorithm match administered by the Canadian Residency Matching Service (CaRMS).

- Pediatric programs in the United States (US) are in the midst of developing a synchronized application and offer process for 2010 entry. The US specialties have generally selected a late spring or autumn match. The Canadian match is aligned with the first US match.

International Applicants:

In addition to Canadian residents, subspecialty programs may accept a large number of US-trained residents, and international medical graduates (IMGs). These trainees may be sponsored through external funding agencies or be competing for the same internal funding used to support Canadian trainees. Some programs have policies mandating acceptance of qualified Canadian residents first, while others prefer to select the most qualified applicants from a pool containing Canadian and international applicants. Any synchronized national application process must consider the time required to review applications, secure funding and obtain appropriate visas for non-Canadian applicants (ideally 6-9 months prior to start of training).

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 5 years of training, which generally means 3 core years, and 2 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 residency applications. 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 (PGY-3 vs. PGY-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.

Needs Assessment:

A survey of Residents and Program Directors showed respectively 87.9% and 93.8% support for a synchronized process for applications. The residents were most in favour of a fall match. It was clear from the results that Residents are not in support of an algorithm-based matching system (24.7% in favour), but are not opposed to CaRMS administering the match. The Program Director survey highlighted the issue of internal and provincial funding arrangements. There are still concerns around working with the US system. However the Program Directors still remained in favour of the process.

NATIONAL SUBSPECIALTY PEDIATRICS APPLICATION SERVICE (NaSPAS)

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

OVERVIEW:

NaSPAS will require all pediatric subspecialty programs to follow a synchronized application program for pediatric subspecialty residencies. There will be a common application deadline and a common offer period where applicants will receive all potential offers and be given a period of time to consider them. CaRMS has agreed to facilitate coordination of this process by creating and administering a secure web-based central database that will register all applicants and programs participating, managing all offers and responses during the match period, and publishing an ongoing track of open and filled position during the matching period.

IMPLEMENTATION:

For the 2009 application cycle (entry date July 2010), programs will be encouraged to voluntarily follow established dates for opening applications, completing interviews, and offering initial positions on a common date. The ombudsperson (see below) will be nominated and in place by the common match day in order to collect feedback that will help administer NaSPAS, in the following year.

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

GUIDING PRINCIPLES:

The process must:

1. Be fair to residents, and aim to give applicants their preferred choice amongst those programs for which the candidate is deemed acceptable.
2. Meet the needs of subspecialty programs, allow them to use their own process for candidate selection, take into account the developing US process and international candidates, with the understanding that the proposed process will be designed to address the needs of Canadian candidates as the priority.
3. Be national in scope, including all subspecialty programs at all Canadian centres.
4. Include a uniform application deadline (approximately April 30 of the year preceding the entry into of the program), date for acceptance offers (approximately June 1) and match period (2 weeks). The timing of interviews can remain flexible, but all applications received up to the deadline must be considered on an equal basis.
5. Be limited to candidates trained in Canadian core pediatric programs funded by Canadian sources or Canadian citizens trained in RCPSC recognized core pediatric programs in other

countries. Visa trainees with or without external funding will not be included in the proposed system, with the exception of U.S. citizens enrolled in a Canadian General Pediatrics program.

6. Allow for programs to review and interview Canadian applicants while leaving sufficient time to recruit international trainees and process visa applications.

ANNUAL TIMELINE (See Appendix A):

- Applications for fellowships open November 1st, 20 months prior to program entry (e.g. opens Nov. 1, 2008 for July 1, 2010 entry).
- Applications close April 30, the year prior to program entry (e.g. closes April 30, 2009 for July 1, 2010 entry).
- Interviews must be completed by the third Monday in May of the application cycle. (May 18, 2009 for 2010 entry; May 17, 2010 for 2011 entry)
- Programs/schools must submit first list of offers by June 1 in the year prior to entry (e.g. June 1, 2010 for 2011 entry).
- Rolling match begins the third Monday in June the year prior to entry and finishes 8 days later or the following Tuesday (e.g. June 14 – 22, 2010 for 2011 entry). N.B. for the 2009 application cycle, programs will be encouraged to have a common offer day, i.e. June 15, 2009 for 2010 entry.
- CaRMS will provide a web page with daily updates of filled and unfilled positions, along with the number of funded spots left available at each academic center. The Wednesday after completion of the rolling match, CaRMS will publish a final list of filled spots and schools with open positions and funding (e.g. June 23, 2010 for 2011 entry).
- All of the above dates will take into account major religious holidays that would prevent applicants and/or program directors from accessing the secure website.

N.B. Dates tentative and subject to change depending on exact timing of the Royal College Exam in General Pediatrics and Canadian Paediatric Society Annual General Meeting. CPS AGM 2009 takes place June 23-27, 2009. CPS AGM 2010 takes place June 22-26, 2010.

PROCESS OF THE ROLLING MATCH (N.B. all times are EST):

- 1) Offers will be available for applicants to view on the secure database in 4 iterations, starting the 3rd Monday in June, 13 months prior to program entry. Iterations last 2-3 days, starting at 0900 on the Monday, Wednesday, Friday, and following Monday. (For 2011 entry the iteration dates will be 2010: Monday, June 14, Wednesday, June 16, Friday, June 18, and Monday, June 21)
- 2) After viewing the offers, the candidate has the choice of declining all offers, firmly accepting an offer, or conditionally accepting a maximum of **ONE** offer until the following iteration and declining all others. The choice must be made and received by CaRMS by 8:59 AM the following day (Tuesday, Thursday, or Saturday).

- 3) At the following iteration the candidate may firmly accept an offer or conditionally accept a different offer from that of the previous iteration. If the candidate declines all new offers then the first conditional acceptance becomes a firm acceptance. This process repeats on the Friday and Monday.
- 4) CaRMS will inform the programs of the results of the iteration by 10 AM following the day the offers are available to candidates (e.g. Tuesday, Thursday, Saturday).
- 5) Programs will have until 11:59 PM to submit to CaRMS their selection for the following iteration of offers (the following day at 9 AM). Programs have the option of submitting no names if they wish to pursue international applicants for available program spots.
- 6) CaRMS will provide an up to date table for all schools with the potential of listing total funding positions filled, total funding positions unfilled, and which programs have firm acceptances and what number.
- 7) To discourage coercion, programs and candidates are not permitted to communicate regarding the match process itself.

ADMINISTRATION OF THE MATCH

1. CaRMS will administer the match. They will provide the following services: Program Directory Website, centralized electronic application, and co-ordination of the rolling match process as outlined above. Applicants and programs evaluate each other in the usual manner, independent of the Matching Program.
2. In order to ensure adoption and success of this service, the following stakeholders have been engaged in the planning process: 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).
3. The service will have a steering committee consisting of the following members: 2 subspecialty program directors, 2 general pediatrics program directors, 1 representative of Pediatric Chairs of Canada, 1 representative from the Resident Section of the CPS, 1 representative from CAIR, 1 representative from the Council of Post-graduate Deans. The committee will select a chair, which will be non-voting. Committee participation will be 2 years for trainee representatives and 5 years for other representatives.
4. The steering committee will report the results of the process annually by January 15 to the Pediatric Chairs of Canada and the Council of Post-graduate Deans.
5. An ombudsperson will be nominated by the Pediatric Chairs of Canada and The Council of Postgraduate Deans. At their discretion, a medical resident may be nominated as a second ombudsperson for a 2-year term. Responsibilities of the ombudsperson(s) will be to monitor the process and deal with complaints received by applicants and programs. The nomination

will occur with sufficient time for the ombudsperson(s) to monitor the suggested common offer date of June 15, 2009.

FEES FOR ESTABLISHING AND PERFORMING THE MATCH:

There is no fee to establish a new match. The fees applied are annual fees to manage the ongoing cost of maintaining a match as CaRMS is fee-for-service, not-for-profit. Fees are split between applicants and each university according to the same formula that CaRMS uses for other matches that it administers.

Based on the number of candidates annually matched to a PGY-1 program in Pediatrics, and who are currently registered in a pediatrics subspecialty, CaRMS estimates the costs of the match to be approximately \$3,000 per University, with the larger universities with greater proportion of the positions paying more and the smaller institutions with fewer positions assessed for less. Additional fees are assessed to applicants and would be the same as fees for the R-1 match. This is \$125 to register and \$20 per program.

SUMMARY:

The objective of NaSPAS is to create a synchronized process for Canadian applicants 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 members of AFMC.

APPENDIX A: Date Tables

Table 1: Application Cycle for 2010 and 2011 Entry

Date of Training Entry	Applications Open	Applications Close	Interviews Completed	Interview Period†	Program Deadline	Match Period
2010*	November 1, 2008	April 30, 2009	May 18, 2009	November 1, 2008 – May 18, 2009	—	June 15, 2009 common offer date
2011	November 1, 2009	April 30, 2010	May 17, 2010	November 1, 2009 – May 17, 2010	June 1, 2010	June 14 – 22, 2010

* For 2010 entry, dates provided are recommendations to programs to try to synchronize. For 2011 entry, the dates will be mandatory.

† Interviews may occur before this date, but must be completed at this time.

Table 2: Rolling Match Dates 2011 Entry (N.B. all times are EST)

Date	Task
June 1	Programs must submit 1 st offers by 1559
June 14	1 st Iteration Offers are sent by e-mail at 0900
June 15	<ul style="list-style-type: none"> ❑ Candidates must answer by 0859* ❑ CaRMS will e-mail programs the results by 1000 ❑ CaRMS will update list of filled/unfilled positions ❑ Programs must resubmit any offers by 2359
June 16	2 nd Iteration Offers are sent by e-mail at 0900
June 17	<ul style="list-style-type: none"> ❑ Candidates must answer by 0859*† ❑ CaRMS will e-mail programs the results by 1000 ❑ CaRMS will update list of filled/unfilled positions ❑ Programs must resubmit any offers by 2359
June 18	3 rd Iteration Offers are sent by e-mail at 0900
June 19	<ul style="list-style-type: none"> ❑ Candidates must answer by 0859*† ❑ CaRMS will e-mail programs the results by 1000 ❑ CaRMS will update list of filled/unfilled positions ❑ Programs must resubmit any offers by 2359
June 21	4 th Iteration Offers are sent by e-mail at 0900
June 22	<ul style="list-style-type: none"> ❑ Candidates must answer by 0859† ❑ CaRMS will e-mail programs the results by 1000
June 23	CaRMS publishes final list of filled and unfilled positions

* Candidate may decline all offers, firmly accept an offer, or conditionally accept a maximum of **ONE** offer until the following iteration and declining all others.

† If Candidate has held an offer from the immediately previous iteration, the held offer must either be firmly accepted or declined at this time. It may not be held for an additional iteration.