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AAMC-OSR (Organization of Student Representatives) Principles for Collection and Communication of Comprehensive Data on ACGME Residency Programs - Approved by the AAMC Council of Deans on February 28, 2007

The consideration of a specific specialty in medicine and a decision about which graduate medical education (GME) residency programs would best support one's career plans are major challenges that have lifelong implications for each medical student. Students take several factors into account when making these decisions. The initial factors considered involve substantial introspection into one's personality, motivation, values, interests, and lifestyle preferences. Other significant factors are more objective, including both *specialty-specific* characteristics and *program-specific* characteristics.

The "match" is a vital process by which each residency applicant is paired with a program according to the preferences expressed by both parties, theoretically resulting in a mutual "best fit" along philosophical, educational, and practical considerations. Assessing a candidate's attributes for "matching" and competitiveness in a given *specialty* and an individual *program* is vital to the success of this system, yet remains challenging for students, their advisors, and program directors due to a lack of comprehensive, objective, and easily accessible data.

While the recent joint report of the NRMP and AAMC, "Charting Outcomes in the Match," represents an important step toward providing data to assist residency applicants in *specialty* selection, assessing the strengths and qualities of individual GME *programs* remains a substantial challenge as such data are not always available, consistent, or comparable. The problem of accessing these data is exacerbated by the fact that there are often numerous programs within each specialty with widely differing characteristics. The elucidation of these program-specific characteristics, coupled with the specialty-specific data provided by the NRMP/AAMC report, would maximize students' efficiency in selecting a specialty and programs of interest, as well as enhance students' ability to "match" to residency programs appropriate to their interests, abilities, and career plans.

The following are principles by which residency data should be provided:

1. **Transparency** – Preparing future physicians for medical practice and research serves a recognized public good, as evidenced by the fact that both undergraduate and graduate medical education are partially or sometimes fully subsidized by public monies.
 - The provision of comprehensive residency match data is consistent with the trend towards greater transparency in all aspects of medicine, health care, and publicly funded programs in many sectors.
2. **Objectivity** - Career advisors and medical school administrators often provide information and guidance for the residency application process. It is unlikely that career advisors and administrators will be knowledgeable about thousands of programs when advising residency applicants. The information provided is often limited and frequently anecdotal, which may result in residency applicants obtaining conflicting information regarding the competitiveness and attributes of their chosen specialty and programs of interest. Currently, program data are limited to information provided on the internet or materials specifically solicited from each program.

- The provision of comprehensive residency data will help ensure that objective and reliable information on residency program characteristics is available to assist all students and their advisors in selecting programs with the best potential “fit.”
3. **Equity and Diversity** – Information about residency programs should be available to all applicants regardless of medical school, country of origin, or other factors. The quality and quantity of career counseling undoubtedly varies among the 129 U.S. medical schools. Students applying in less common specialties, highly competitive specialties, or specialties in which their medical school places few applicants may not obtain sufficient or accurate information. Similarly, students applying to programs geographically distant from their medical school may have difficulty obtaining relevant and useful information. Students of limited financial means may not be able to travel as extensively during the application process and therefore must rely more heavily on the currently limited information to determine at which programs to apply and interview. Programs frequently state an interest in attracting a qualified and diverse pool of applicants.
 - The provision of comprehensive residency data would increase fairness in accessing program-specific characteristics and thus enhance programs’ ability to attract a truly diverse applicant pool. This outcome would be consistent with and would support other ongoing AAMC and other organizations’ efforts to ensure the diversity of the future physician workforce (e.g., equivalent to the “aspiringdocs.org” program for potential medical school applicants).
 4. **Efficiency** – While varying degrees of information are available by searching the websites of individual programs, the information available lacks consistency in both quality and quantity. The process of gathering information on numerous residency programs is cumbersome, time-consuming, and potentially expensive for residency applicants. The lack of comprehensive, objective, and easily accessible data can result both in the waste of limited funds for travel to programs with a focus or philosophy that does not match the candidate’s interest and in missed opportunities to apply to programs that might be a more ideal match.
 - The provision of comprehensive residency data in an electronic database format would enhance efficiency in assessing the philosophical, educational, and practice characteristics of residency programs.
 5. **Context** – The data should exist in a standardized, centralized, and unified format (example: *Medical School Admissions Requirements - MSAR*) accessible to all students participating in the NRMP Match. Ideally, these data would be collected and distributed by (an) appropriate medical education organization(s) without charge to applicants. Program-specific data would serve to enhance, not supplant, the role of medical school faculty, deans, and advisors in guiding their students through the career decision-making process.
 - The provision of comprehensive residency data in an electronic, standardized, database format would provide the appropriate context for objective and direct comparison among programs on relevant characteristics.
 6. **Success** – Both residency applicants and program directors value the residency match process. Achieving a “good” match ideally pairs students’ and programs’ preferences with respect to philosophical, educational, and practical considerations. Applicant data are currently transparent to programs as they obtain organized, easily accessible, and comprehensive information through Medical School Performance Evaluations (Deans’ letters), NBME scores, letters of recommendation, personal statements, other electronic data included in ERAS, and in-person interviews. These data allow programs to examine students’ personal characteristics, stated values, academic records, and personal and career goals. Conversely, students currently obtain information about programs through information on FREIDA (AMA’s online residency and fellowship database, see appendix), program web pages, and in-person interviews. If program information were to become more easily accessible, more comprehensive, and available in a standardized format, medical students would be better able to compare program characteristics.
 - The provision of comprehensive residency program data through a single source would enhance the match process, allowing applicants to better assess their potential “fit” to a program based on relevant factors such as location, facilities, competitiveness, academic strengths, philosophy, values, and culture.

The following are suggestions of qualitative and quantitative data that would be consistent with these principles:

1. Mission statements from residency programs (and/or departmental philosophy)
2. Curricular or training program highlights and emphases
3. Application procedures, deadlines, requirements
4. Information about fellowships, sub-specialty tracks, research opportunities, ancillary training opportunities, etc.
5. Residency profiles: race/ethnicity, gender, age, and geographic background of residents, degree type
6. Campus, hospital, and patient population descriptions
7. Sample didactic schedule and sample core rotation schedule
8. Selection factors, such as average USMLE Step 1 scores, range, and minimal accepted scores, AOA status, and research requirements
9. Satellite or affiliate training sites or facilities
10. Compensation, benefits, vacation
11. Total number of residents accepted per year
12. Graduates' career choices
13. Information on interviews (e.g., timing, number of applicants, number of interviews offered, format of interviews, meetings with current residents, pre-interview dinners, etc.)
14. Information on housing and geographic location
15. Number and type of faculty by discipline and degree