Planning Committee for the UME-GME Review Committee
Final Report

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Background
The Planning Committee for the UME-GME Review was convened by the Coalition for Physician Accountability in order to develop the construct, membership, and charge of a UME-GME Review Committee (UGRC) which will be responsible for recommending solutions to identified challenges in the UME-GME transition. In January, 2020, a call for nominations was issued for individual representatives to the Planning Committee from medical education, residency program directors, learners, and the public. The Management Committee selected the individual members of the Planning Committee from over 60 responses. In addition, organizational representatives from AACOM, AAMC, AOGME, ECFMG, NBME, NBOME, and OPDA were appointed to the Planning Committee.

The Planning Committee met in Chicago on March 10, 2020 and began the work to identify the charge, deliverables, and scope of the Review Committee. The following pages summarize the recommendations of the Planning Committee for the review of the UME to GME transition.

Charge of the Planning Committee
The charge of the Planning Committee was as follows:
- Identify the construct and membership of a UME-GME Review Committee (UGRC) to engage stakeholders in the UME to GME transition in a collaborative, inclusive process that is data-driven, high-quality, and expeditious.
- Develop a process for selecting UGRC members and select its members, including identification of two co-chairs.
- Identify key questions for consideration by the Committee and the deliverables that are anticipated from this review, including milestones, timeline, and budget.
- Determine an appropriate communication plan to update stakeholders on the process and timeline.

Guiding Principles
Over the past few years, increasing attention has been devoted to identifying trends negatively impacting the UME-GME transition. The UME-GME community is energized at this moment to solve these problems, and should therefore act boldly and fairly with transparency, while thoughtfully considering stakeholder input, and utilizing data when available. Assuring learner competence and readiness for residency as well as wellness must be primary goals. In addition, the Review Committee should devote attention to:
- Optimizing fit between applicants and programs to ensure the highest quality health care for patients and communities
- Increasing trust between medical schools and residency programs.
- Mitigating current reliance on licensure examinations in the absence of valid, standardized, trustworthy measures of students' competency and clinical care.
- Increasing transparency for applicants to understand how residency selection operates.
- Considering the needs of all types of applicants in making its recommendations.

- Considering financial cost to applicants throughout the application process.
- Minimizing individual and systemic bias throughout the UME to GME transition process.

Scope of the Review Committee

The Planning Committee organized pertinent issues into two broad domains, Preparation/Selection for Residency and the Application Process. The Committee also included Diversity and Specialty Specific considerations.

PREPARATION/SELECTION FOR RESIDENCY

1. General Competencies.
   a) What competencies are most important for applicants to possess and how can these be best demonstrated to training programs?
   b) How can competencies be assessed reliably and in a standardized way in UME?

2. Selection of Residency/Specialty Field.
   a) How might a medical school best expose a student to the many different career options in medicine so they can make informed decisions about their future?
   b) How can UME-GME best accommodate individuals who change their career choice?

APPLICATION PROCESS

3. Information Sharing.
   a) How can applicants and residency programs transparently define characteristics to assist in best "fit"? Who should develop and curate a database of these characteristics?
   b) What technology solutions would improve information sharing?

4. Application content.
   a) Are standardized metrics or transcripts needed across schools?
   b) If the MSPE should continue to be a component of the application, what changes are needed to enhance its value?
   c) Are changes needed to letters of recommendation (LOR) to convey useful information to programs?
   d) Are additional national assessments or changes to existing national assessments needed, and if so, in what domains?

5. Application process.
   a) What changes to technology are needed?
   b) What is an acceptable financial cost for applicants?

6. Interviews.
   a) What are the evidence-based formats and procedures for interviews that will provide applicants and programs with information needed to optimize decision making?
   b) What rules and procedures would govern the scheduling and conduct of interviews and communication between parties?
   c) How can technology be leveraged for interview scheduling and for conducting the interviews?
   d) What is an acceptable financial cost for applicants?

7. Match.
   a) Does the current automated, algorithmic match process for the UME to GME transition meet stakeholders' needs?
   b) Should the application / match / SOAP process include new configurations (e.g. staged match, early application option)?

OVERALL CONSIDERATIONS

8. Diversity/Fairness.
   a) How can re-engineering the transition from UME to GME enhance diversity in all its dimensions?
   b) What are the special needs of IMGs and how are they considered?
   c) How should overall medical workforce needs influence the UME-GME transition?

9. Specialty-specific Competencies.
   a) What is the best timing and format to provide specialty-specific preparatory training for residency?
   b) When gaps in "readiness" are identified, whose responsibility should it be to resolve them— UME, GME, or both?

Membership of the Review Committee
The Planning Committee makes the following recommendations for the composition and selection of the Review committee.

Composition
 The Review Committee should include 20-26 members with geographic, demographic and MD/DO/IMG diversity. In addition, representatives should be identified from the following categories.
- UME (n=6-8) – should include faculty, deans, and students
- GME (n=6-8) – should include program directors, DIOs, and residents from a diversity of programs
- Regulatory/Organizational Stakeholders (n=10) – these would include organizational representatives from NRMP, AAMC, AACOM, NBME, NBOME, OPDA, ABMS, ECFMG, AMA, AOA
- Public members (n=2)

The Review Committee should have the ability to work with experts for support and expertise needed to guide and supplement their work (eg: IT, data analysis, writing, communication, industrial/organizational psychology). Recognizing the size of the committee, the Planning Committee may wish to consider a structure with a smaller steering group or executive committee who are accountable for driving the work of the larger group.

Selection
The Planning Committee will issue a Call for Nominations to the members of the Coalition and any other relevant stakeholder organizations to distribute the call to their constituencies. The Planning Committee will accept nominations for the Review Committee from any person or organization, including self-nominations. The Call for Nominations will open on May 20, 2020 and will close on June 15, 2020. The Planning Committee will immediately begin their review and will decide on the final Review Committee members by June 24, 2020. The members of the Review Committee are subject to endorsement by the Coalition Management Committee.

The Review Committee will have regular two-day meetings from September 2020 through April 2021 (approximately six to seven meetings). A proposed schedule of meeting dates is included in the timeline below. It is anticipated that all meetings will be held virtually. Individuals must be available for most meetings in order to be considered for the Review Committee.

The Review Committee will have two co-chairs to be selected by the Planning Committee. The Coalition's Management Committee will endorse the Planning Committee's selection of the Review Committee and the co-chairs.   One co-chair will be selected from the UME/GME representatives and the other will be selected from the Regulatory/Organizational representatives.

Communications

The Planning Committee discussed principles to guide the external communications of the Review Committee and process. The work of the Review Committee should be as transparent as appropriate. To that end, the Planning Committee makes the following recommendations:

1. Regular updates should be provided to all stakeholders to establish confidence in the process.
2. The Review Committee should create opportunities for bi-directional communication so that it receives input from a broader group of stakeholders.
   - This should include a mechanism for stakeholder input early in the process. This could include asking a larger community to weigh in on the questions being asked of the Review Committee to see what might be missing.
   - A public review period for draft recommendations must be provided.

Timeline

Timeframe	Activity
May-June, 2020	Review Committee(RC) selected) • Call for Nominations: 5/20-6/15 • RC Selection: 6/24
September 2020	RC Work Begins • September 14-15, 2020 • November 19-20, 2020 • Jan 14-15, 2021 • February 15-16, 2021 • March 15-16, 2021 • April 15-16, 2021
April-May 2021	Review Committee work concludes