AUPN Chair and Program Director Joint Meeting – April 23, 2018

1. Summary of Neurology Residency Program Director Survey.

The recent survey of program directors was the first in 10 years. A summary paper is in press hence only qualitative data were presented at this meeting. Almost half of current PDs are women, with a mean of 6 years of service as PD.

Gender Disparities: Female program directors are more likely to be junior in academic rank (Assistant Professors) while male counterparts with same amount of service are more likely to be Associate Professors. This is consistent with national data showing that women are promoted at a slower rate. One possibility is that there are differences in how education is viewed for promotion. A member suggested that junior faculty should be nominated for participation on national-level committees to assist in promotion.

Protected Effort: The administrative load of PDs has continued to increase with ever stricter requirements, yet there has been no change in the formula for protecting effort. The survey suggested that actual time spent by PDs was about half of a 50 hour workweek, vs. about 1/3 of effort being protected. The ACGME sometimes adds supervisory activity for fellowships to the residency PD responsibilities, and protects only about 10% effort for fellowships program directors. Associate Program directors have become more common (the number has doubled nationally, such that about 2/3 of programs have Associate PDs). Associate PDs may not have sufficient protected time since it is not mandated by the RRC. It is not clear whether funds flow matches the protected effort for PDs. Core faculty service requirements are also becoming less specific. Rather than 15 hours per week, new language states that core faculty need "sufficient time" for teaching.

Residency Review Committee: The RRC meets twice a year, and reviews up to 400 programs per year. They are concerned with the rate of successful completion of residency programs, and use resident and faculty surveys to identify problems. They look at the faculty to resident ratio, timeliness of performance evaluations, resident involvement in patient safety and quality improvement projects, completion rate and content of resident surveys, and board exam pass rate. About 80% of graduating residents take the ABPN exam and about 75% pass on the first attempt. They also look at scholarly activity, which can include journal club and grand rounds. They look at similar information about core faculty. The milestones remain controversial, with concerns regarding their complexity and utility.

Inpatient Service Caps: There was support in the survey for ensuring a strong educational component with patient care, and that very busy hospital services provided little opportunity for education and contribute to resident burnout. Many institutions are moving to non-teaching services staffed by hospitalists or APRNs to reduce the size of inpatient resident services to a more manageable number and ensure a quality educational experience. There was no consensus on the best approach; APPs or hospitalists vs neurohospitalists. APPs turn over fairly frequently and required a long training period, while hospitalists are quite expensive for the amount of service provided. Non-teaching services also deprive residents of exposure to some patients with potential educational value. The RRC is agnostic regarding non-teaching services and allows each program to decide what is in the best interests of resident education.

International Medical Graduates. IMGs currently comprise about one third of Neurology resident trainees. The impact of the US travel ban from 6 identified countries, which was instituted around the time of the 2017 match, was variable. Some programs made no changes to their rank lists, while others removed all IMG applicants from their match lists. However, the number of IMGs matched into US neurology residencies did not decrease, and 97% of matched applicants were able to obtain work visas and show up on time for the start of their training programs.

2. Fellowship Application Cycle

Residents must currently select and apply for a fellowship by the fall of their PGY3 year, when they have had little opportunity to explore many areas of neurology other than inpatient-focused specialties. Interviews then occur on short notice in the late fall, which is often disruptive of patient care, and residents may be pressured to commit to an offer with only 24 hours to respond. Since there is no consensus on timing of the application and selection process, applications have moved progressively earlier and residents are forced to make career decisions with inadequate exposure to the variety of career options. Moreover, residents may be competing with graduates from other specialties (e.g. neurosurgery and radiology for Neurointervention). There is consensus among residency program directors for the need to move the timing later in residency, likely the spring of the 3rd year with selection during the summer. This would allow sufficient time for foreign medical graduates to secure visa waiver jobs in the early fall of their PGY-4 year if they do not match into a fellowship. There was concern that some subspecialty fellowships may not fill due to resident concerns about not matching into a fellowship (i.e. residents would select less competitive fellowship opportunities to be assured of a position). It will be important to harmonize timing between ACGME-approved fellowships, non-approved fellowships and UCNS-approved fellowships. Some fellowships may need longer lead time to secure funding for the position, which could be a driver for signing a candidate more than one year in advance. From the resident perspective, 9 months should be adequate time to plan for moving and address visa issues. A match for most if not all fellowships would standardize timing and optimize outcomes, but not all fellowship programs may want to participate. David Fink suggested that the AUPN survey the chairs regarding their faculty's opinions on timing of a fellowship match. Allison Brashear suggested that the rush to decide on a fellowship and obtain one could be a major contributor to resident burnout, and that the need for uniform timing and/or a uniform fellowship match should be framed around reducing resident burnout. Surveying subspecialty organizations (AANEM, AES, etc.) regarding their position on a uniform application date, uniform notification date, and desirability of a match program may be helpful in promoting this change. Preliminary discussions suggest that there may not be clear consensus on this issue. Additional options could mimic the college admissions process with programs such as Early Decision. There would need to be buy-in from fellowship directors and the national GME establishment.