AGS/ADGAP Feedback on the Coalition for Physician Accountability's
Preliminary Recommendations on the Undergraduate Medical Education to Graduate Medical Education Transition

May 26, 2021

Below are the AGS/ADGAP comments submitted to the Coalition for Physician Accountability (COPA)'s recently released draft recommendations regarding the Undergraduate Medical Education (UME) to Graduate Medical Education (GME) transition. A workgroup, comprised of AGS and ADGAP leaders, and chaired by Dr. Lisa Strano-Paul, reviewed the forty recommendations, and submitted feedback on all included themes. The members of the AGS/ADGAP workgroup are:

Lisa Granville, MD	Florida State University
Katie Denson, MD	Medical College of Wisconsin
Nancy Lundebjerg, MPA	American Geriatrics Society
Becky Powers, MD	UT Health San Antonio
Mandi Sehgal, MD	Florida Atlantic University
Amit Shah, MD	Albert Einstein College of Medicine
Lisa Strano-Paul, MD	Stony Brook University
Andrea Wershof Schwartz, MD, MPH	Harvard Medical School

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Theme: Oversight	
Recommendation: 1. Convene a national ongoing committee to manage continuous quality improvement of the entire process of the UME-GME transition, including an evaluation of the intended and unintended impact of implemented recommendations. **Narrative description of recommendation:** One of the challenges in creating alignment and making improvements is the lack of a single body with broad perspective over the entire continuum. This creates a situation where organizations and institutions are unnecessarily and counterproductively isolated, without a shared mental model or mission. A convened committee, that includes learner and public representatives, should champion continuous improvement to the UME-GME transition, with the focus on the public good.	The American Geriatrics Society believes that this is a critically important recommendation for implementation of the UME to GME plan as proposed by COPA. There is potential for many unforeseen and unintentional consequences and bureaucratic burdens for UME and GME programs, especially the smaller and less supported GME programs (i.e., community-based stand-alone residency programs). To have uptake on the scale necessary, interventions will need to be seen by all stakeholders as important, necessary, and not too burdensome to implement. The recommendation describes the importance of the "intended and unintended impact of implemented recommendations," but the narrative description does not. AGS recommends that COPA consider adding the following to the narrative description: "The committee will also closely examine the unintended consequences and impact on learners and programs during the implementation of these recommendations."
Theme: Advising of Learners	
Recommendation: 2. Educators should develop a best-practice curriculum for UME career advising, including guidelines forequitable curriculum delivery and outcomes. **Narrative description of recommendation:** Guidelines are needed to inform U.S. allopathic, osteopathic or international medical schools in developing their career advising programs. Standardized approaches to advising along with career advisor preparation (both general and specialty-specific) can enhance the quality and quantity of advising and improve student trust in the advice that is received. Educators can enhance medical student career advising by developing formal guidelines with key recommendations based upon professional development frameworks and competencies. Implementation of such guidelines will result in greater consistency, thoroughness, effectiveness, standardization, and equity of medical school career advising programs to better support	The American Geriatrics Society supports development of a best-practice curriculum for UME career advising. This work should be undertaken and led by a national organization and with a work group that is representative of all stakeholders (e.g., inclusive of DOs and IMGs). It is important to engage with deans of medical and osteopathic schools in the planning and resource allocation for this work. It is critical that any curriculum include significant attention to understanding and addressing one's own implicit bias. For general career advisors, attention should be paid to understanding potential implicit bias against certain career choices.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
students in making career decisions and will lay the foundation for career planning across the continuum.	
Recommendation: 3. A single, comprehensive electronic professional development career planning resource for students will provide universally accessible, reliable, up-to-date, and trustworthy information and guidance. Narrative description of recommendation: The AAMC's Careers in Medicine (CiM) platform achieves some of the aims of this recommendation. It is recommended to examine the strengths and limitations of CiM, expanding the content and broadening access to this resource, including to all students (MD, DO, IMG) at no cost, throughout their medical school training, or at a minimum, at key career decision-making points, in order to support students' professional development. The comprehensive, interactive resource should address both clinical and non-clinical career paths. The public good can be prioritized within this resource with content emphasis on workforce strategies to address the needs of the public, including specialty selection and practice location. Links to specialty-specific medical student advising resources should also be incorporated.	The American Geriatrics Society strongly supports a single centralized resource that supports students in making career choices. We agree that the AAMC Careers in Medicine (CiM) platform achieves some of this goal but there are a number of limitations to that platform including access barriers for some students (e.g., IMG, DO).. Ensuring that all students have access to this resource is a significant step forward to providing equitable access to resources that are critical to developing the workforce that is needed to care for all Americans. AAMC should look to engage with all stakeholders to accomplish this goal. As articulated in other comments, COPA should emphasize that there is still much that needs to be done to prepare the entire physician workforce to care for all of us as we age across specialties.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 4. Advising about alternative career pathways should be available for those individuals who choose not to pursue clinical careers. National career awareness databases such as Careers in Medicine should include information on these alternative pathways. **Narrative description of recommendation:** The financial and educational burden on learners is significant, and advising of learners should include alternative career pathways. This advice should be available to all learners, including students who choose not to pursue a career in clinical medicine, students who go unmatched, as well as the struggling student who may not be able to graduate from medical school. Centralized resources to support these efforts should be developed and should also include information available to international medical graduates.	The American Geriatrics Society strongly supports this recommendation. We recommend that the proposed support for students who are struggling to finish medical school should be a separate recommendation that includes a discussion of additional resources that might be needed. We further recommend that COPA consider including a recommendation that is focused specifically on the need for attention to family and parental leave during UME and GME so that we are supporting the next generation of physicians in all aspects of their lives.
Recommendation: 5. Evidence-informed, general career advising resources should be available for all medical school faculty and staff career advisors, both domestic and international. General career advising should focus on students' professionalization; inclusive practices such as valuing diversity, equity, and belonging; clinical and alternate career pathways; and meeting the needs of the public. **Narrative description of recommendation:** Centralized advising resources should reflect a common core, with supplemental information as needed. General advising should be differentiated from specialty-specific match advising or specialty recruiting. Advising tools should incorporate strengths-based approaches to career selection. The resources should include the option of non-clinical careers without stigma. Basic advising information should be created for all faculty who interact with students to promote common understanding of career advising, professional development, specialty selection, and application procedures; introduce the role of specialty-specific advisors as distinct from other faculty teachers; and minimize sharing misinformation that is outdated or incorrect with students. All advisors, both faculty and staff, who routinely perform general career	The American Geriatrics Society (AGS) believes that attention to understanding and addressing one's own implicit bias is essential. This should be a core competency with specific training materials and resources to help both general and specialty advisors provide advice to students on potential future careers. It is particularly important that advisors understand the paths that individual students have walked in their journey to becoming a physician. This is foundational to ensuring that career advice is free of implicit bias and discrimination. It is also critical that resources be provided to help general career advisors to understand their own biases about career paths that are available to students (e.g., non-clinical vs. clinical career paths, specialty career choices).

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
advising should undergo a training process created as part of this resource development. Completing training and demonstrating needed knowledge and skill could lead to a certification as a trained general career advisor.	
Recommendation: 6. To support evidence-informed, student focused, specialty-specific advising for all medical students,advising resources should be available for and used by advisors, both domestic and international. **Narrative description of recommendation:** Creation of evidence-informed, data-driven specialty-specific resources for advisors will fill an information gap and increase the transparency and reliability of information shared with students. Guidance contained in the resources can support faculty in managing or eliminating conflicts of interest related to recruiting students to the specialty, advising for the Match, and advocating for students in the Match. Resources should also assist UME programs in supporting the unique needs of traditionally underrepresented, disadvantaged, and marginalized student groups. Basic advising information should be created for all faculty who interact with students to promote common understanding of career advising, professional development, specialty selection, and application procedures; emphasize the role of specialty-specific advisors as distinct from other faculty teachers; and minimize sharing misinformation that is outdated or incorrect with students. All advisors, both faculty and staff, who routinely perform specialty-specific advising should undergo a training process created as part of this resource development that includes equity in advising andmitigation of bias. Completing training and demonstrating needed knowledge and skill could lead to a certification as a trained specialty-specific advisor.	The American Geriatrics Society (AGS) supports the development of this resource. We believe that it is critically important that such a resource be developed by the AAMC and that attention should be paid to developing a common framework that is consistent across specialties. AGS would be pleased to work with COPA on developing a suggested framework and identifying AGS leaders with UME expertise to work on the geriatrics resources.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Theme: Competencies and Assessments	
Recommendation: 7. UME and GME educators, along with representatives of the full educational continuum, should jointly define and implement a common framework and set of outcomes (competencies) to apply to learnersacross the continuum from UME to GME. **Narrative description of recommendation:** A shared mental model of competence facilitates agreement on assessment strategies used to evaluate a learner's progress in those competencies and the inferences which can be made from assessments. Shared outcomes language can convey information on learner competence with the patient/public trust in mind.For individual learners, defining these outcomes will facilitate learning and may promote a growth mindset. For faculty, defining outcomes will allow for the use of assessment tools aligned with performance expectations and faculty development. For residency programs, defining outcomes will be useful through resident selection and learner handovers from UME, resident training, and resident preparation for practice.	The American Geriatrics Society strongly agrees with this recommendation. We believe that the COPA recommendation would be strengthened if it included language specific to inclusion of competencies that are equity-based and focused on ensuring that the definition of professionalism includes understanding and addressing one's implicit bias and actively working towards ensuring that these principles are embedded across UME and GME. COPA should recommend that LCME and ACGME should work together to ensure that core competencies are consistent across EPAs (LCME) and milestones (ACGME). COPA should encourage ABMS to develop a common definition of professionalism that is for all physicians as a comment on the proposed ABMS certification standards. Further, as an organization representing geriatrics health professionals, we believe it is important that any proposed competencies include attention to how all other forms of discrimination intersect with ageism resulting in a healthcare system where the ability to deliver high-quality care to diverse older adults is compromised due to this intersectionality. We urge COPA to pay particular attention to the lack of any requirements related to care of older adults in UME and GME which contributes to diminished quality, higher costs, and lower patient satisfaction for this population. The AGS has just released an update to the AGS Minimum Geriatrics Competencies for medical students and is pleased to work with other stakeholders on ensuring that we are preparing the next generation of physicians to care for all of us as we age.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 8. The UME community, working in conjunction with partners across the continuum, must commit to using robust assessment tools and strategies, improving upon existing tools, developing new tools where needed, and gathering and reviewing additional evidence of validity. **Narrative description of recommendation:** Educators from across the education continuum should use the shared competency outcomes language to guide development or use of assessment tools, and strategies that can be used across schools to generate credible, equitable, value-added competency-based information. Assessment information could be shared in residency applications and a post-match learner handover. Licensing examinations should be used for their intended purpose to ensure requisite competence.	The American Geriatrics Society agrees that robust assessment tools are critical to our ability to assess gaps in individual learner's performance or gaps in the program curriculum. It is critically important that assessment tools be equitable, value-added, and competency-based. Corresponding to our comment about integration of minimum competencies in care of older adults across UME and GME, EPA-based assessment tools are needed across the UME continuum that assess whether a student is prepared to care for an older person. For example, a summative OSCE that assesses 5M geriatric competencies could be utilized to assess medical student competence in caring for older persons.The 5Ms minimum geriatrics competencies for medical students can be found here: https://adgap.americangeriatrics.org/education-training/competencies/geriatrics-competencies-medical-students.
Recommendation: 9. Using the shared mental model of competency and assessment tools and strategies, create and implement faculty development materials for incorporating competency-based expectations into teaching and assessment. **Narrative description of recommendation:** Faculty must understand the purpose of outcomes-focused education, specific language used to define competence, and how to mitigate biases when assessing learners. They must understand the purpose and use of each assessment tool. The intensity and depth of faculty development can be tailored to the amount and type of contact that individual faculty have with students. Clerkship directors, academic progress committees, student competency committee members, and other educational leaders require more in- depth understanding of the assessment system and how determinations of readiness for advancement are made. This faculty development requires centralized electronic resources and training for trainers within institutions. Review of training materials, and completion of any required activities to document review and/or understanding, should be required on a regular basis to be determined by the development group.	The American Geriatrics Society strongly supports this recommendation. A national organization should develop faculty development resources to promote this goal. We recommend that COPA include specific language about the need to support faculty in understanding and addressing their own bias in a meaningful way. We recommend broadening the focus beyond mitigating bias in assessment of students to include a focus on--- the range of faculty responsibilities (e.g., mentoring, application review).

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 10. A convened group including UME and GME educators should reconsider the content and structure of the MSPE as new information becomes available in order to improve access to longitudinal assessment data about applicants. Short term improvements should include structured data entry fields with functionality to enable searching. **Narrative description of recommendation:** The development of UME competency outcomes to apply across learners and the continuum is essential in decreasing the reliance on board scores in the evaluation of the residency applicant. These will take time to develop and implement and may be developed at different intervals. As new information becomesavailable to improve applicant data, the MSPE should be utilized to improve longitudinal applicant information. In addition, improvements in the MSPE, such as structured data entry fields with functionality to enable searching should be explored.	No comment.
Recommendation: 11. Meaningful assessment data based on performance after the MSPE must be collected and collated for each graduate, reflected on by the learner with an educator or coach, and utilized in the development of a specialty-specific individualized learning plan to be presented to the residency program for continued utilization during training. Guided self-assessment by the learner is an important component in this process and may be all that is available for some international medical graduates. **Narrative description of recommendation:** This recommendation provides meaning and importance for the assessment of experiences during the final year of medical school (and possibly practice for some international graduates), helps to develop the habits necessary for life-long learning, and holds students and schools accountable for quality senior experiences. It also uses the resources of UME to prepare an individualized learning plan (ILP) for interns to be utilized in the handover.	The American Geriatrics Society agrees with this recommendation but would like to caution that it is resource intensive and would require a corresponding recommendation around the need for increased investment in faculty support and development as well as attention to whether this recommendation also includes requirements about the number of faculty needed to meet LCME and ACGME requirements.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 12. Targeted coaching by qualified educators should begin in UME and continue during GME, focused on professional identity formation and moving from a performance to a growth mindset for effective lifelong learning as a physician. Educators should be astute to the needs of the learner and be equippedto provide assistance to all backgrounds. **Narrative description of recommendation:** Coaching can benefit a student's transition to become a master adaptive learner with a growth mindset. While this transition should begin early in medical school, it should be complete by the time that the student moves from UME to GME. If a learner does not transition to a growth mindset their wellness andsuccess will be compromised. Consider adding specific validated mentoring programs (e.g., Culturally Aware Mentoring) and formation of affinity groups to improve sense of belonging.	No comment.
Recommendation: 13. Structured Evaluative Letters (SELs) should replace all Letters of Recommendation (LOR) as a universaltool in the residency program application process.	The American Geriatrics Society is strongly supportive of this recommendation. We encourage attention be given to developing a resource for evaluators that is focused on understanding the importance of ensuring that the language used does not, unintentionally, convey bias.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Narrative description of recommendation: A Structured Evaluative Letter, which would include specialty-specific questions, would provide knowledge from the evaluator on student performance that was directly observed versus a narrative recommendation. The template should be based on an agreed upon set of core competencies and allow equitable access to completion for all candidates. The SEL should be based on direct observation and must focus on content that the evaluator can complete. Faculty resources should be developed to improve thequality of the standardized evaluation template and decrease bias.	
Recommendation: 14. Convene a workgroup of educators across the continuum to begin planning for a dashboard/portfolioto collect assessment data in a standard format for use during medical school and in the residency application process. This will enable consistent and equitable information presentation during the residency application process and in a learner handover. **Narrative description of recommendation:** Key features of a dashboard/portfolio in the UME-GME transition, and across the continuum, should include competency-based information that aligns with a shared mental model of outcomes, clarity abouthow and when assessment data were collected, and narrative data that uses behavior-based and competency-focused language. A mechanism should include learner reflections and learning goals. Dashboard development will require careful attention to equity and minimizing harmful bias, as well as a focus on the competencies and measurements that predict future performance with patients. Transparency with students about the purpose, use, and reporting of assessments, as well as attention todata access and security, will be essential.	The American Geriatrics Society strongly supports collecting medical student competency data in a more objective and standardized way. Particular attention must be paid to the amount of time and cost required to complete this. We do have concerns about where the resources would be coming from and who would be responsible for overseeing this.
Theme: Away Rotations	

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 15. Convene a workgroup to explore the multiple functions and value of away rotations for applicants, medical schools, and residency programs. Specifically, consider the goals and utility of the experience, the impact of these rotations, and issues of equity including accessibility, assessment, and opportunity for students from groups underrepresented in medicine and financially disadvantaged students. **Narrative description of recommendation:** Away rotations can be cost prohibitive yet may allow a student to get to know a program, its health system, and surrounding community. Some programs are reliant on away rotations to showcase their unique strengths in order to attract candidates. Given the multifactorial and complex role that away rotations fulfill, a committee should be convened to conduct a thorough and comprehensive review of cost versus benefit of away rotations, followed by recommendations from that review. Non-traditional methods of conducting and administering away rotations should be explored (e.g., offering virtual away rotations, waiving application fees, or offering away stipends particularly for financially disadvantaged students).	The American Geriatrics Society strongly supports convening the workgroup to evaluate the efficacy and value of away rotations in UME. Particular attention must be paid to equity given that many students cannot participate due to resource constraints or family obligations. This creates inequities in the residency match program as students who can participate in away rotations will have had the opportunity to meet and work with residency program directors and faculty who are making decisions about how to rank students who have applied for their residency program.
Theme: Diversity, Equity, and Inclusion (DEI) in Medicine	
Recommendation: 16. To raise awareness and facilitate adjustments that will promote equity and accountability, demographic information of applicants (race, ethnicity, gender identity/expression, sexual identity/orientation, visa status, or ability) should be measured and reported to key stakeholders, including programs and medical schools, in real time throughout the UME-GME transition.	The American Geriatrics Society (AGS) agrees with the need to collect data but has several concerns. The first is that we need to ensure that a centralized repository has been developed and that data is being delivered in a way that ensures that it cannot be traced back to specific residents. The second, related concern, is that ensuring resident anonymity will be difficult to achieve for smaller residency programs. In addition, the AGS recommends that ACGME consider changing its requirements and that consideration be given to providing the needed resources to programs.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Narrative description of recommendation: Inequitable distribution of applicants among specialties is not in the best interest of programs, applicants, or the public good. Bias can be present at any level of the UME-GME transition. A decrease in diversity atany point along the continuum provides an important opportunity to intervene and potentially serve the community in more productive ways. An example of accountability and transparency in an inclusive environment across the continuum is a diversity dashboard for residency applicants. A residency programthat finds bias in its selection process (perhaps due to an Alpha Omega Alpha filter) could go back in real time to find qualified applicants who may have been missed, potentially improving outcomes.	
Recommendation: 17. Specialty-specific best practices for recruitment to increase diversity across the educational continuum should be developed and disseminated to program directors, residency programs, and institutions. **Narrative description of recommendation:** Recognizing that program directors, programs, and institutions have wide variability in goals, definitions, and community needs for increasing diversity, shared resources should be available for mission-aligned entities, with specialty-specific contributions including successful strategies and ongoing challenges. This recommendation is intended for specialty organizations to specifically address diversity, equity, and inclusion in specialty-specific disparities in recruitment.	The American Geriatrics Society strongly supports developing best practices to increase diversity across the UME/GME curriculum. These best practices should be developed collaboratively across specialties with sharing of resources and ideas. Attention must be given to all forms of discrimination.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 18. In order to eliminate systemic biases in grading, medical schools must perform initial and annual exploratory reviews of clinical clerkship grading, including patterns of grade distribution based on race, ethnicity, gender identity/expression, sexual identity/orientation, visa status, ability, and location (e.g., satellite or clinical site location), and perform regular faculty development to mitigate bias. Programs across the UME-GME continuum should explore the impact of bias on student and resident evaluations, match results, attrition, and selection to honor societies, such as Alpha Omega Alpha and the Gold Humanism Honor Society. **Narrative description of recommendation:** Recognizing that inherent biases exist in clinical grading and assessment in the clinical learning environment, each UME and GME program must have a continuous quality improvement process for evaluating bias in clinical grading and assessment and the implications of these biases, including honor society selection. This recommendation is intended to mitigate bias based on clinical grading, transcript notations, MSPE reflections of remediation, and residency evaluations that may be influenced by bias.	The American Geriatrics Society believes that attention to implicit and explicit bias must be infused across UME/GME programs. Attention must be given to the makeup of grading committees and whether scoring is on a bell or other curve. Support should be provided to all individuals involved in the educational enterprise to recognize and address implicit and explicit bias.
Recommendation: 19. A committee must be formed to explore the growing number of unmatched physicians in the contextof a national physician shortage, including root causes, and disparities in unmatched students based on specialty, demographic factors, and grading systems. The committee should report on data trends, implications, and recommended interventions. **Narrative description of recommendation:** The growing number of unmatched physicians necessitates analysis and strategic planning to address root causes. This analysis should include demographic data to examine diversity, specialty disparities in unmatched students, number of applications, grading systems, participation in SOAP, post-SOAP unmatched candidates, and match rate in subsequent years of re-entering the match pool. This recommendation	The American Geriatrics Society believes additional consideration should be given to factors that contribute to shortages in the physician workforce particularly primary care. Consideration should also be given to whether un-matched graduates could be supported to transition into other careers in healthcare.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
is intended to urge UME programs and institutions to have a continuous quality improvement approach by reviewing unmatched graduates for specialties, demographics, number of programs applied to, and clinical grading; to offer alternative pathways; and add faculty development for clinical advising. Ideally shared resources and innovation across the continuum would be identified and disseminated.	
Theme: Application Process	
Recommendation: 20. A comprehensive database with verifiable residency program information should be available to all applicants, medical schools, and residency programs and at no cost to the applicants. Narrative description of recommendation: Verifiable and trustworthy residency program information should be developed and made available in an easily accessible database to all applicants. Information for the database should be directly collected and sources should be transparent. Data must be searchable and allow for data analytics to help with program decision making (e.g., allowing applicants to input components of their individual application to identify programs with similar current residents).	The American Geriatrics Society agrees with this recommendation but encourages that the database include information about applicants who applied, were invited to interview, and subsequently ranked by the program. Such information should include step scores, how many of students interviewed were ranked, visa status, geography. Further, programs should be transparent about the criteria that they use to review applications and also as to what is factored into decisions about rank order lists (see recommendation 21).
Recommendation: 21. Create a widely accessible, authoritative, reliable, and searchable dataset of characteristics of individuals who applied, interviewed, were ranked, and matched for each GME program/track to be used at no cost by applicants, and by their advisors. Sort data according to medical degree, demographics, geography, and other characteristics of interest. Narrative description of recommendation: The Residency Explorer tool currently allows applicants to compare their characteristics to those of recent residents attending each GME program. These data could be more robust by providing users with more detailed information about each program's selection process. Each program's interviewed or ranked applicants reflect the program's desired characteristics more accurately than the small proportion of applicants the program matches. Applicants and advisors should be able to sort the	The American Geriatrics Society agrees with this recommendation but encourages attention to ensuring that programs provide information about all applicants who applied, were invited to interview, and subsequently ranked by the program. Such information should include step scores, how many of students interviewed were ranked, , visa status, and geography. This information should be seamlessly available along with other information about the program (see recommendation 20).

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
information according to demographic and educational features that may significantly impact the likelihood of matching at a program (e.g., geography, scores, degree, visa status, etc.).	

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 22. To optimize utility, discrete fields should be available in the existing electronic application system for both narrative and ordinal information currently presented in the MSPE, personal statement, transcript, and letters. Fully using technology will reduce redundancy, improve comprehensibility, and highlight the unique characteristics of each applicant. **Narrative description of recommendation:** Optimally, each applicant will be reviewed individually and holistically to evaluate merit. However, some circumstances may require rapid review. The 2020 NRMP program directors' survey found that only 49% of applications received an in-depth review. The application system should utilize modern technology to maximize the likelihood that applications are evaluated in a way that is holistic, mission-based, and equitable. Currently, applications are assessed based on the information that is readily available, which may place undue emphasis on scores, geography, medical school, or other factors that perpetuate bias. Adding concrete data gives an opportunity for applicants to demonstrate their strengths in a way that is user- friendly for program directors. Maximizing the amount of accurate information readily available in the application will increase capacity for holistic review of more applicants and improve trust during the UME to GME transition. Although not all schools and programs will align on which information should be included, areas of agreement should be found and emphasized.	No comment.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 23. Filter options available to programs for sorting applicants within the application system should be carefully created and thoughtfully reviewed to ensure each one detects meaningful differences among applicants and promotes review based on mission alignment and likelihood of success at a program. **Narrative description of recommendation:** Residency programs receive more applications than they can meaningfully review, and applications may lack details that would help to differentiate between similar candidates. For this reason, filters are sometimes used to identify candidates that meet selection criteria. However, some commonly used filters may exclude applicants who are not meaningfully different from ones who are included. All applications should be evaluated fairly, independent of software idiosyncrasies. Each filter that is offered should alignwith the missions and requirements of residency programs. Filters with known bias (such as honor societyand score filters) should be carefully monitored, especially as score reporting changes put some applicants at risk of inequitable consideration due to the timing of their test administration.	The American Geriatrics Society believes that there needs to be more discussion at the national level of how we assess and evaluate applicants across GME training. Of particular importance would be ensuring that applicants have sufficient information available to them about institutional culture as well as criteria used by the program to review and select applicants. Much more attention must be paid to understanding an individual's life and career trajectory, the disproportionate burden borne by persons of color (especially women of color) and the toll taken in overcoming these challenges. Key factors that are not currently assessed in the application process include: (1) context (immigration status, working in a different culture; poverty, poor access to resources as youth, single parent households, first generation to higher education); and (2) challenges overcome including exceptional hardship. It is key to understand that the 'distance traveled' by these individuals to get to the starting point is greater, and the trajectory more likely to be unconventional and nonlinear (an example would be gap years working low-wage jobs).
Recommendation: 24. To promote equitable treatment of applicants regardless of licensure examination requirements, comparable exams with different scales (COMLEX-USA and USMLE) should be reported within the ERAS filtering system in a single field. **Narrative description of recommendation:** Osteopathic medical students make up 25% of medical students in U.S. schools and these students are required to complete the COMLEX-USA examination series for licensure. Residency programs may filter out applicants based on their USMLE score leading many osteopathic medical students to sit for the USMLE series. This creates substantial increase in cost, time, and stress for osteopathic students who believe duplicate testing is necessary to be competitive in the Match. A combined field	The American Geriatrics Society supports the recommendation for a common field for reporting scores from the USMLE and COMLEX-USA. We believe that there is a need to be sure that there is national consensus that exams are of equal standing to Program Directors when reviewing applications. We see a need for more education for program directors to understand the two scores.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
should be created in ERASwhich normalizes the scores between the two exams and allows programs to filter based only on the singlenormalized score. This will mitigate structural bias and reduce financial and other stress for applicants.	
Theme: Interviewing	
Recommendation: 25. Develop and implement standards for the interview offer and acceptance process, including timing and methods of communication, for both the learners and programs to improve equity and fairness, to minimize educational disruption, and improve wellbeing. **Narrative description of recommendation:** The current process of extending interview offers and scheduling interviews is unnecessarily complex and onerous, and there is little to no regulation of this process. Applicant stress and loss of rotation education while attempting to conform to some processes (e.g., obsessively checking emails to accept short-timed interview offers) can be improved by implementing process improvements to the application platform, policies, and procedures. Development of a common interview offering/scheduling platform and setting policies to this platform, such as a residency programs inability to over offer/over schedule interviews and set inappropriate time-based applicant replies, would result in important improvements.	The American Geriatrics Society believes it is critically important to standardize our approach to the interview, offer, and acceptance process for the reasons stated in the recommendation. This is an area where reaching some consensus across specialties as to the basic principles would be valuable. We encourage discussion with the Organization of Program Director Associations.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 26. Interviewing should be virtual for the 2021-2022 residency recruitment season. To ensure equity and fairness, there should be ongoing study of the impact and benefits of virtual interviewing as a permanent means of interviewing for residency.	The American Geriatrics Society strongly supports this recommendation including the call for further study of whether virtual interviewing can be a permanent means of interviewing for residency.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Narrative description of recommendation: Virtual interviewing has been a phenomenal change to control applicant expenses. With elimination of travel, students have been able to dedicate more time to their clinical education. Due to the risk of inequity with hybrid interviewing (virtual and in person interviews occurring in the same year or same program), all interviews should be conducted virtually for the 2021-2022 season. The committee also recommends a thorough exploration of the data around virtual interviewing. Candidate accessibility, equity, match rates, and attrition rates should be evaluated. Residency program feedback from multiple types of residencies should be explored. In addition, the separation of applicant and program rank order list deadlines in timeshould be explored, as this would allow students to visit programs without pressure and minimize influence on a program's rank list.	
Recommendation: 27. Implement a centralized process to facilitate evidence-based, specialty-specific limits on the number of interviews each applicant may attend. **Narrative description of recommendation:** Identify evidence-based, specialty-specific interview caps, envisioned as the number of interviews an applicant attends within a specialty above which further interviews are not associated with significantly increased match rates, across all core applicant types. Standardize the interview offer, acceptance, and scheduling workflow. Create a centralized process to operationalize interview caps, which could include an interview ticket system or a single scheduling platform.	The American Geriatrics Society supports development of a centralized process that is designed to support both learners and programs in achieving this best match. Before this could be implemented, attention needs to be paid to ensuring that applicants have adequate data to determine which programs best match their needs so that their choices are fully informed.
Theme: Matching Process	

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 28. To promote holistic review and efficiency, utilize the best available modeling and data to redesign the mechanics of the residency application process. The redesigned process – such as an optional early decision application cycle and binding match – must reduce application numbers while concentrating applicants at programs where mutual interest is high. **Narrative description of recommendation:** Application inflation is a root cause of the current dysfunction in the UME-GME transition. The current high cost of the application process (to applicants and program directors) does not serve the public good.The 2020 NRMP program director survey found that only 49% of applications received an in-depth review.An unread application represents wasted cost to the applicants and doubling the resources available for review is not practical. Optimal career advising may not be sufficient to reduce application numbers in thecontext of a very high stakes process. Despite increased transparency in characteristics of matched applicants, the number of applications per applicant continues to rise. Following careful review of all available data and modeling information, one of several potential options must be taken to reduce the number of applications submitted per position. Outcomes must be carefully monitored. For example, a new optional "early decision" application cycle and binding match is envisionedwhere applicants may apply in only one specialty, and application numbers and available positions are constrained. An iterative, continuous quality improvement approach is envisioned that begins relatively conservatively, and is adjusted annually as needed, based on process and outcome measures (i.e.,stakeholder experience, match rate, rank list position to match for both applicants and programs, equity for underrepresented groups and programs). An early match may be preferable to other interventions, especially if a conservative initial approach is used, to limit legal challenges and impact on special populations.	The American Geriatrics Society believes this recommendation may have several unanticipated consequences and recommends studying both the problem it looks to solve and the solution proposed. Unintended consequences include: (1) an optional early decision model may just shift the competition to earlier in the year resulting in more pressure on applicants to make career decisions even earlier and adding to the stress of the process. (2) It potentially opens the door to further inequities such as certain highly desirable specialties or programs filling more positions before the traditional match, leaving less desirable programs and less competitive applicants and those with DEI issues at a disadvantage in the traditional match.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Theme: Faculty Support Resources	
Recommendation: 29. Develop a portfolio of evidence-based resident support resources for program directors (PDs), designated institutional officials (DIOs), and residency programs. These will be identified as best practices, and accessible through a centralized repository. **Narrative description of recommendation:** A centralized source of resident support resources will assist programs with effective approaches to address resident concerns. This will be especially relevant for competency-based remediation and resident wellbeing resources in the context of increased demand for support around the UME-GME transition. Access for programs and program directors will be low/no cost, confidential, and straightforward.	No comment.
Recommendation: 30. Educators across the continuum must receive faculty development regarding anti-racism; avoiding bias; and improving equity in student and resident recruitment, mentorship and advising, teaching, and assessment. **Narrative description of recommendation:** Avoiding bias and improving racial equity are essential skills for faculty in today's teaching. Many faculty lack these skills, and that lack perpetuates health disparities, lack of diversity, and learner mistreatment. This faculty development must be longitudinal and repeated annually.	The American Geriatrics Society recommends that this recommendation be modified to include having AAMC develop resources to support this recommendation that can be tailored to institutional needs. We encourage attention to intersectionality in this training and recommend that there be explicit content addressing ageism in healthcare.
Post-Match Transition to Residency	

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 31. Anticipating the challenges of the UME-GME transition, schools and programs should ensure that time is protected, and systems are in place, to ensure that individualized wellness resources – including health care, psychosocial supports, and communities of belonging – are available for each learner. **Narrative description of recommendation:** Given that the wellness of each learner significantly impacts learner performance, it is in the program and public's best interest to ensure the learner is optimally prepared to perform as a resident. This should be focused on applying resources that are already available and not dependent on the creation of new resources. Examples of wellness resources include: enrollment in insurance, establishing with a primary care provider and dentist, securing a therapist if appropriate, identifying local communities of belonging, and other supports that optimize wellbeing. These resources may especially benefit the most vulnerable trainees.	The American Geriatrics Society strongly supports attention to wellness including provision of resources. We recommend that institutions ensure that they have adequate policies in place that support residents including ensuring that adequate paid family and medical leave is available to all residents.
Recommendation: 32. Using principles of inclusive excellence, program directors, programs, and institutions must incorporate activities in diversity, equity, and inclusion for faculty, residents, and staff beginning in orientation and ongoing, in order to promote belonging, eliminate bias, and provide social support. **Narrative description of recommendation:** Recognizing that the ACGME Common Program Requirements already have specific requirements in this area, this recommendation is intended to specifically state how important it is to address issues related to DEI for all members of the educational community.	The American Geriatrics Society strongly supports this recommendation and the goal of extending attention to diversity, equity, and inclusion across the institution. To accomplish this, institutions should devote sufficient resources (e.g., faculty, funding, curricular time) to ensure that DEI is infused throughout its residency programs. Attention to DEI should address all forms of discrimination including ageism in healthcare.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 33. Specialty-specific, just-in-time training must be provided to all incoming first-year residents, to support the transition from the role of student to a physician ready to assume increased responsibility for patient care. **Narrative description of recommendation:** The intent of this recommendation is to level set incoming intern performance regardless of medical school experience. Recent research has shown that residents reported greater preparedness for residency if they participated in a medical school "boot camp," and participation in longer residency preparedness courses was associated with high perceived preparedness for residency. This training must incorporate all six specialty milestone domains and be conducive to performing a baseline skills assessment. These curricula might be developed by specialty boards, specialty societies, or other organized bodies. To minimize costs, specialty societies could provide centralized recommendations and training could be executed regionally or through online modules.	The American Geriatrics Society supports the recommendation that residency programs provide just-in-time training to all first-year residents. Such training should be informed by the courses that are often offered in the last year of medical school (preparing for residency). Although specialty societies may have curricular materials to support this transition, attention should be paid to adapting content to the local environment and build upon prior work to prepare for residency training as a part of UME.
Recommendation: 34. Residents must be provided with robust orientation and ramp up into their specific program at the start of internship. In addition to clinical skills and system utilization, content should include introduction to the patient population, known health disparities, community service and engagement,faculty, peers, and institutional culture. **Narrative description of recommendation:** Improved orientation to residency has the ability to enhance trainee well-being and improve patient safety. Residents should have orientation that includes not only employee policies but also education that optimizes their success in their specific clinical environment. Residents, like other employees, should be paid for attending orientation.	The American Geriatrics Society supports this recommendation. We recommend that the suggestions that residents, like other employees, should be paid for attending orientation be included in the recommendation itself. In addition to attention to health disparities, attention should be paid to intersectionality and how that can impact patients across the lifespan.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 35. A specialty-specific, formative, competency-based assessment that informs the learner's individualized learning plan (ILP) must be performed for all learners as a baseline at the start of internship. **Narrative description of recommendation:** An assessment of learner competence must be deployed at the start of internship to assess the competencies outside of medical knowledge in a specialty-specific manner. This assessment should be managed by the GME side to ensure authentic assessment and to provide feedback to UME agencies. This assessment must incorporate the five specialty milestone domains beyond medical knowledge. This assessment might be developed by specialty boards, specialty societies, or other organized bodies. Cost to students must be minimized. This is envisioned as an "In-Training Examination" (ITE) experience early in internship that is based on thefive specialty milestone domains beyond medical knowledge. The time for this experience should be protected in orientation, and the feedback should be formative similar to how most programs manage theresults of ITEs. This assessment might occur in the authentic workplace and based on direct observation, or might be accomplished as an Objective Structured Clinical Exam using simulation. This assessment should inform the learner's ILP and set the stage for the work of the clinical competency committee of the program.	The American Geriatrics Society understands that it is important for GME programs to understand what gaps a learner might have in their specialty-specific knowledge/competencies as they begin residency. We recommend that the timeframe for establishing baseline knowledge be changed to within the first quarter as that would allow the assessment to be done in real time with actual patients. Like an in-training exam, the goal should be to identify gaps and work with individual learners to develop their ILP to address gaps identified.
Recommendation: 36. Early and ongoing specialty-specific resident assessment data should be automatically fed back to medical schools through a standardized process to enhance accountability and continuous improvement of UME programs and learner handovers.	The American Geriatrics Society believes that it is important to consider the metrics that would be collected within specialty training that could drive meaningful change in UME. From our perspective, one meaningful metric would be how residents are doing early on in acheiving speciality specifc early milestones.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Narrative description of recommendation: Instruments for feedback from GME to UME should be standardized and utilized to inform gaps in curriculum and program improvement. UME institutions should respond to the GME feedback on their graduates' performance in a manner that leads to quality improvement of the program.	
Recommendation: 37. Adequate and appropriate time must be assured between graduation and learner start of residency to facilitate this major life transition. **Narrative description of recommendation:** The transition from medical school to residency typically marks a concrete transition from paying for one's education to becoming a fulltime employee focused on one's lifelong pursuit of improvement in one's occupation. This transition is life changing for many. It often requires a move from one location to another,sometimes across the world. There must be time for licensing and in some cases, visa attainment. Often this life transition is accompanied by other major life events such as partnering or child-bearing. Once residency starts the learner may work many hours each week and may have little time to establish a home. Thus, it is important for wellness and readiness to practice that adequate time be provided to accomplishthis major life transition. The predictability of this transition must be recognized by both UME and GME institutions, and cooperation on both sides is required for this transition to be accomplished smoothly. There is a desire tooverall better prepare learners for the start of residency, and an assured transition time would allow related recommendations to be more easily accomplished.	The American Geriatrics Society agrees that provision of appropriate time to support learners transitioning to full-time employment is important. This time period should be consistent across UME and GME. Flexibility should be provided to IMGS and to students who are also making other major life transitions (e.g., partnering or childbearing). GME programs should consider duty hour requirements in planning for the on boarding of new residents and ensure that they have adequate personal time to accomplish the tasks related to this transition.

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 38. All learners need equitable access to adequate funding and resources for the transition to residency prior to internship launch. **Narrative description of recommendation:** As almost every learner graduating from medical school transitions to internship, the need to fund a geographic move and establishment of a new home is predictable. This financial planning should be incorporated into medical school expenses, for example through equitable low interest student loans. Options to support the transitional expenses of international medical graduates should also be identified. These costs should not be incurred by GME programs.	The American Geriatrics Society believes that it is important that students be supported to make career choices and thinks that building the potential expenses of a move to start residency into medical student loans is a novel concept that offers promise in reducing inequities that exist for students from economically disadvantaged backgrounds. Another recommendation would be that CMS could address this inequity through specific funding to GME programs that allows them to offer needs-based support to incoming residents.
Theme: Policy Implications	
Recommendation: 39. There should be a standardized process throughout the United States for initial licensing at entrance to residency in order to streamline the process of credentialing for both residency training and continuing practice. **Narrative description of recommendation:** To benefit the public good, costs to support the U.S. healthcare workforce should be minimized. To this end, all medical students should be able to begin licensure earlier in their educational continuum to better distribute the work burden and costs associated with this predictable process. When learners are applying to match in many different states the varied requirements are unnecessarily cumbersome. Especially for states where a training license is required, the time between Match Day and start of internship is often not long enough to manage this process This is a potential cost saving measure.	The American Geriatrics Society believes that this recommendation is not clear as to how it would be implemented given that physician licensing is in the purview of the states. Further, it introduces another expense for students who are early in their career, often financially burdened due to moving cities, and in general grappling with the stress of starting residency training and all that entails. We believe that this idea needs further study including input from students and residents. It would be important to engage the Federation of State Medical Boards in this work.
Research Theme	

The Coalition for Physician Accountability Recommendations & Descriptions	AGS/ADGAP Comments
Recommendation: 40. Recommend to the U.S. Centers for Medicare and Medicaid Services (CMS) that they change the current GME funding structure so that the Initial Residency Period (IRP) is calculated starting with the second year of postgraduate training. This will allow career choice reconsideration, leading to resident wellbeing and positive effects on the physician workforce. **Narrative description of recommendation:** Given the timing of the residency recruiting season and the Match, students have limited time to definitively establish their specialty choice. If a resident decides to switch to another program or specialty after beginning training, because of the IRP the hospital may not receive full funding and thus be far less likely to approve such a change. The knowledge that residents usually only have one chance to choose a specialty path increases the pressure on the entire UME-GME transition. Furthermore, educationalinnovation is limited without flexibility for time-variable training.	The American Geriatrics Society believes that there is a need to support early career physicians in making choices that will lead to overall career satisfaction. For this recommendation to be successfully implemented, consideration needs to be given to both the volume of potential requests and the impact on residency training programs. One question is whether consideration has been given to how this recommendation relates to a profession that is experiencing workforce shortages in certain disciplines.