

1 **Final Report and Recommendations Submitted by The Coalition for Physician**  
2 **Accountability's Work Group on Learner Transitions from Medical Schools to Residency**  
3 **Programs in 2020**  
4  
5

6 **Introduction**  
7

8 The COVID-19 pandemic has brought widespread, extreme, and ongoing disruption to  
9 healthcare and medical education in the United States. This disruption extends throughout the  
10 continuum of physician education, creating novel circumstances for students, residents, faculty  
11 members, schools and institutions that provide medical education, and organizations  
12 responsible for the regulation of the medical profession. As this disruption continues through the  
13 summer of 2020, this year's transition of medical school graduates into their first postgraduate  
14 year (PGY-1) appointments in US residency programs demands a coordinated and collaborative  
15 approach in order to protect patients, learners, and the healthcare workforce, and to safeguard  
16 the interests of the public.  
17

18 **Coalition for Physician Accountability and the Work Group**  
19

20 The [Coalition for Physician Accountability](#) (Coalition) "is a membership organization that  
21 convenes on a regular basis to engage in discussion and collaboration on matters of common  
22 relevance to improve the quality of healthcare."<sup>1</sup> Its members include:  
23

- 24 • Accreditation Council for Continuing Medical Education (ACCME)
- 25 • Accreditation Council for Graduate Medical Education (ACGME)
- 26 • American Association of Colleges of Osteopathic Medicine (AACOM)
- 27 • American Board of Medical Specialties (ABMS)
- 28 • American Medical Association (AMA)
- 29 • American Osteopathic Association (AOA)
- 30 • Association of American Medical Colleges (AAMC)
- 31 • Council of Medical Specialty Societies (CMSS) (*liaison member*)
- 32 • Educational Commission for Foreign Medical Graduates (ECFMG)
- 33 • Federation of State Medical Boards (FSMB)
- 34 • Joint Commission (*liaison member*)
- 35 • Liaison Committee for Medical Education (LCME)
- 36 • National Board of Medical Examiners (NBME)
- 37 • National Board of Osteopathic Medical Examiners (NBOME)
- 38

39 The Coalition was established to promote professional accountability by improving the  
40 quality, efficiency, and continuity of the education and assessment of physicians. Consistent  
41 with this purpose, the Coalition created several work groups to develop common

---

<sup>1</sup> Coalition for Physician Accountability. <http://physicianaccountability.org/About.html>. Accessed May 3, 2020.

42 recommendations that address urgent issues related to the COVID-19 pandemic and physician  
43 education.

44 This work group was convened to propose recommendations for the guidance of  
45 learners, schools, institutions, and organizations in the transition of medical school graduates  
46 into their PGY-1 appointments in US residency programs in 2020. The work group was  
47 comprised of representatives from ACGME, AACOM, AAMC, AMA, ECFMG, National Resident  
48 Matching Program (NRMP), and Organization of Program Director Associations (OPDA).

## 49 50 **Background**

51  
52 In 2020, tens of thousands of medical school graduates will begin PGY-1 appointments  
53 in US residency programs accredited by the ACGME. 32,399 graduates have entered into  
54 match commitments with programs and institutions through the NRMP to begin their 2020 PGY-  
55 1 appointments, and approximately 400 or more graduates have committed to appointments  
56 through other matching programs.<sup>2,3</sup> Based on previous years' information,<sup>4,5,6</sup> it is roughly  
57 estimated that fewer than 1,000 appointments of PGY-1 residents will be arranged outside of  
58 matching programs in 2020. Consistent with well-established precedent in ACGME-accredited  
59 Sponsoring Institutions and residency programs, most PGY-1 appointments of residents in 2020  
60 are expected to begin around July 1.

61 Most incoming PGY-1 residents are graduating from an MD-degree-granting medical  
62 school in the United States or Canada accredited by the Liaison Committee on Medical  
63 Education (LCME), or from a DO-degree-granting medical school in the United States  
64 accredited by the Commission on Osteopathic College Accreditation (COCA).<sup>6,7</sup> The cohort of  
65 incoming PGY-1 residents also includes graduates of international medical schools who have  
66 obtained a valid certificate from the Educational Commission for Foreign Medical Graduates  
67 (ECFMG) or a full medical license in a United States jurisdiction.<sup>6,7</sup>

68 The recommendations of the work group are intended to address the entire population of  
69 US and international medical school graduates who will begin their PGY-1 residency

---

<sup>2</sup> National Resident Matching Program (NRMP). 2020 Main Residency Match by the numbers.  
<http://www.nrmp.org/main-residency-match-data/>. Accessed May 2, 2020.

<sup>3</sup> American Urological Association. Urology Residency Match statistics.  
<https://www.auanet.org/education/auauniversity/for-residents/urology-and-specialty-matches/urology-match-results>. Accessed May 2, 2020.

<sup>4</sup> NRMP. Results and data: 2019 Main Residency Match. <http://www.nrmp.org/main-residency-match-data/>. Accessed May 2, 2020.

<sup>5</sup> American Osteopathic Association (AOA). AOA Intern/Resident Registration Program. Summary of positions offered and filled by program type: results of the 2019 match. National Matching Services, Inc. <https://natmatch.com/aoairp/stats/2019prgststats.html>. Accessed May 2, 2020.

<sup>6</sup> Accreditation Council for Graduate Medical Education (ACGME). Data resource book: 2018-2019. <https://www.acgme.org/About-Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book/GraduateMedicalEducation/GraduateMedicalEducationDataResourceBook>. Accessed May 2, 2020.

<sup>7</sup> ACGME. Institutional requirements. <https://acgme.org/Designated-Institutional-Officials/Institutional-Review-Committee/Institutional-Application-and-Requirements>. Effective July 1, 2018. Accessed May 2, 2020.

70 appointment in the US no later than January 31, 2021, and the institutions and programs that  
71 will appoint them.

72

### 73 **Process, Goal, and Considerations**

74

75 In a series of video conference meetings in April and May 2020, work group members  
76 described various issues related to the transition of medical school graduates into PGY-1  
77 residency appointments in 2020 and summarized published guidance relevant to those issues.  
78 The work group then outlined recommendations addressing aspects of the 2020 transition that  
79 were likely to be affected by the pandemic.

80 The goal of the recommendations is to promote public and professional safety by  
81 mitigating the effects of pandemic-related disruption in the transition from undergraduate to  
82 graduate medical education (UME to GME). When formulating the recommendations, the work  
83 group considered the needs of learners, medical schools, organizations involved in GME, and  
84 organizations with regulatory responsibility, and balanced those needs with the interests of  
85 patients, communities, and the public.

86 Some of the work group's considerations deserve explicit mention. It was hypothesized  
87 before the COVID-19 pandemic that stressors associated with this transition may compromise  
88 the well-being of the learner,<sup>8</sup> and the work group formulated its recommendations with concern  
89 that pandemic-related disruption could exacerbate learners' stress. This includes new  
90 challenges that US and international medical school graduates may encounter related to  
91 relocation, personal health risks, and personal health screening as they transition into PGY-1  
92 residency appointments. Many incoming PGY-1 residents will enter clinical learning  
93 environments under considerable stress at a time that institutions and programs are planning for  
94 increases in disease burden that may occur this fall and winter. Social isolation of PGY-1  
95 residents outside the clinical learning environment may also be a threat to well-being in some  
96 locations.

97 Many institutions and programs are experienced in supporting and monitoring the well-  
98 being of incoming PGY-1 residents and are planning to adapt their approaches to reflect  
99 complex well-being challenges that have emerged inside and outside the clinical learning  
100 environment this year. The work group's recommendations acknowledge that there may be  
101 elevated risks to the well-being of PGY-1 residents in 2020, and that any such risks may persist  
102 for the duration of their PGY-1 appointments.

103 The work group also took into account widespread reports of pandemic-related financial  
104 and operational emergencies in healthcare and educational organizations and recognized that  
105 international medical graduates may face unique challenges in this year's transition.

106 Finally, the work group's recommendations are based on the current knowledge of  
107 COVID-19 and its anticipated impact in the coming months, which is expected to vary by  
108 location. The work group acknowledged that future developments in the pandemic response  
109 may affect healthcare and medical education needs in unexpected ways, and therefore may call

---

<sup>8</sup> Yaghmour NA, Brigham TP, Richter T, et al. Causes of death of residents in ACGME-accredited programs 2000 through 2014: implications for the learning environment. *Acad Med.* 2017;92:976-983. doi: 10.1097/ACM.0000000000001736

110 for superseding recommendations from the Coalition for Physician Accountability or its member  
111 organizations. The recommendations are not presented in order of priority.

112 This report and its recommendations were reviewed prior to publication by  
113 representatives of ABMS, FSMB, and LCME. (A list of reviewers is Appendix 2.) The work group  
114 gratefully acknowledges the reviewers' comments.  
115

## 116 **Recommendations**

117

### 118 1. 2020 Match Participation Agreements

119 a. Match participation agreements and match commitments for PGY-1 residency  
120 appointments should remain in effect for all residents, programs, and institutions, and all  
121 matches (e.g., [NRMP](#), [Urology Residency Match Program](#)).

122 b. Any modifications to, or cancellations of, match commitments for PGY-1 residency  
123 appointments should conform to the policies and procedures of the organization that  
124 provides the match (e.g., NRMP waiver process). Programs and applicants seeking  
125 waivers of a match commitment due to delays in graduation, United States Medical  
126 Licensing Examination (USMLE) or Comprehensive Osteopathic Medical Licensing  
127 Examination (COMLEX) testing needs, etc., are encouraged to consider a deferral of  
128 training to the next academic year.

129 c. Match commitments are contractual obligations. Deployment or assignment of matched  
130 applicants to PGY-1 positions should adhere to match participation agreements and  
131 match commitments, including any prohibition against enrolling applicants into residency  
132 programs into which they did not match.  
133

### 134 2. Residency Appointments

135 a. Appointment to a PGY-1 residency position should comply with ACGME Institutional  
136 Requirements.

137 b. Conditions of appointment provided in PGY-1 residency appointment contracts should  
138 be consistent with information provided to applicants at the time of recruitment and  
139 interview or that were provided in post-match communications.

140 c. In accordance with institutional policies and procedures, Sponsoring Institutions should  
141 consider requests for leaves of absence or for reasonable accommodations from  
142 incoming PGY-1 residents whose ability to participate in resident assignments or the  
143 residency program is affected by the COVID-19 pandemic. Additionally, modification or  
144 cancellation of a match commitment (e.g., NRMP waiver) must be discussed with the  
145 organization that provides the match to determine available options.  
146

### 147 3. Transitions to a New Location to Begin a Residency Program

148 a. Sponsoring Institutions and their programs are encouraged to provide augmented  
149 relocation resources to assist incoming PGY-1 residents in the transition to 2020  
150 appointments. Examples may include referrals for services such as healthcare, housing,  
151 legal assistance, transportation, and childcare.

152 b. The Sponsoring Institution and its programs should provide policies and communications  
153 to incoming PGY-1 residents regarding any quarantine measures to which residents will

- 154 be subject before starting their program or rotations. A suggested approach is to allow  
155 residents under quarantine to participate in activities such as virtual orientation,  
156 information systems training, or research/scholarly activity.
- 157 c. The Sponsoring Institution should ensure the provision of appropriate resources to  
158 support incoming PGY-1 residents who are subject to quarantine. (See 7.b below.)
  - 159 d. Orientation to infection protection for residents, including the provision of personal  
160 protective equipment (PPE) and training in its use, should precede incoming PGY-1  
161 residents' participation in any clinical setting. If a GME boot camp is required for  
162 incoming PGY-1 residents, it should be conducted in accordance with the Sponsoring  
163 Institution's policies and procedures for infection protection.
  - 164 e. It is essential for Sponsoring Institutions to be mindful of regulations pertaining to  
165 medical licensure for PGY-1 residents.
- 166
- 167 4. Flexibility in Requirements
    - 168 a. See 1.b above.
    - 169 b. Some variance in ACGME Common and specialty-/subspecialty-specific Program  
170 Requirements is available under a Sponsoring Institution's pandemic emergency status,  
171 as described on the [ACGME web site](#).
    - 172 c. There is no variance in ACGME Institutional Requirements.
- 173
- 174 5. Early Medical School Graduation
    - 175 a. See published guidance from [ACGME](#), [NRMP](#), [AMA](#), [LCME](#), and [COCA](#).
    - 176 b. Early medical school graduates should be able to opt out of engaging in clinical care  
177 prior to their PGY-1 residency appointments without intimidation or retaliation.
    - 178 c. Early medical school graduates who engage in clinical care prior to their PGY-1  
179 residency appointments should be provided appropriate PPE, training in its use, and  
180 appropriate supervision; and should be released from duty on a schedule that allows for  
181 reasonable transition time so that the PGY-1 residents may begin their appointments  
182 without delay.
- 183
- 184 6. Delayed Medical School Graduation; Delayed Arrival in Residency Program
    - 185 a. Per NRMP guidance, in the absence of a waiver or deferral of a match appointment,  
186 matched applicants are to begin their PGY-1 residency appointments by January 31,  
187 2021.
    - 188 b. During the 2020 appointment year, Sponsoring Institutions should seek to accommodate  
189 the delayed graduation of medical students who are transitioning to residency, and the  
190 delayed arrival of PGY-1 residents due to reasons that include international travel, health  
191 concerns (including quarantine not required by the Sponsoring Institution/program), visa  
192 issues, or licensure delays. See Section 3.e.
- 193
- 194 7. Resident Obligations Regarding Pre-Employment Health Screening or Quarantines
    - 195 a. See 3 above.
    - 196 b. Any PGY-1 resident obligations regarding pre-employment health screening or  
197 quarantines should be guided by institutional policies and procedures. If a Sponsoring

- 198 Institution requires a health screening, it should be provided by the Sponsoring  
199 Institution in partnership with its participating sites. If an institution requires pre-  
200 employment physicals or quarantines, these requirements should be viewed as  
201 responsibilities under the residency appointment.
- 202 c. As a resident assignment, time in quarantine should not be classified as vacation or  
203 leave of absence within a PGY-1 residency appointment.  
204
- 205 8. Impact of Transitioning to a Clinical Environment during the COVID-19 Pandemic
- 206 a. Given anticipated challenges to the well-being of PGY-1 residents during the COVID-19  
207 pandemic, Sponsoring Institutions, in partnership with their programs, should consider  
208 providing augmented assessment and monitoring of PGY-1 residents' well-being  
209 throughout the appointment year.
- 210 b. Sponsoring Institutions and programs should disclose to incoming PGY-1 residents any  
211 deviations from the expected curriculum due to the response to the COVID-19  
212 pandemic. The disclosure should specify the effects of curriculum deviations on PGY-1  
213 residents' ability to satisfy requirements for program completion, and on eligibility for  
214 specialty board examinations.
- 215 c. Sponsoring Institutions and programs should consult published [ACGME guidance](#)  
216 regarding the COVID-19 pandemic to ensure compliance with Institutional  
217 Requirements, and with program requirements for safety, supervision, and clinical and  
218 educational work hours.
- 219 d. Given the clinical environment in 2020, there should be augmented consideration of the  
220 amount of incoming PGY-1 residents' previous clinical experience in the United States  
221 when determining the residents' initial clinical assignments.  
222
- 223 9. International Medical Graduates
- 224 a. Sponsoring Institutions, programs, and training program liaisons should proactively  
225 communicate with incoming PGY-1 residents who are international medical graduates to  
226 confirm their status and to understand if there are any barriers to beginning their  
227 residency appointments.
- 228 b. Sponsoring Institutions, programs, and training program liaisons should contact ECFMG  
229 for information and assistance, as needed.
- 230 c. Early appointment of international medical graduates to PGY-1 residency appointments  
231 should be consistent with visa-specific regulations and immigration law and should follow  
232 ACGME, NRMP, FSMB, and state-specific guidance, requirements, policies,  
233 procedures, rules, and regulations.
- 234 d. Sponsoring Institutions and their programs are encouraged to provide augmented  
235 relocation assistance to incoming PGY-1 residents who are international medical  
236 graduates in the transition to 2020 appointments. Examples may include referrals for  
237 services such as healthcare, housing, legal assistance, transportation, and childcare.
- 238 e. Recognizing the increased risk of social isolation and other unique circumstances  
239 related to COVID-19, Sponsoring Institutions, programs, and training program liaisons  
240 are strongly encouraged to facilitate enhanced cultural and community support for  
241 international medical graduates beginning PGY-1 residency appointments in 2020.

242 f. See 6.b above