Matching Residents to Pathology Fellowships

The Road Less Traveled?

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Mandates for pathology training are a topic sure to surface "hot button" issues whatever the venue or whatever the combination of viewpoints gathered around the water cooler. A national pathology fellowship match administered by the National Residency Matching Program (NRMP) is the latest in a series of controversies affecting residents preparing for a future in our discipline and the programs entrusted with their education and professional development. Crawford and coauthors,[1] representing the Association of Pathology Chairs (APC) and its program directors section (PRODS), argue in this issue of the *Journal* that a pan-pathology fellowship match is the best solution for problems exacerbated by changes in credentialing requirements for board certification in pathology. Other opinion leaders and organizations, including the Association of Directors of Anatomic and Surgical Pathology (ADASP), are unconvinced.

The primary rationale for a pan-pathology fellowship match offered by Crawford and colleagues[1] is the perception of "widespread dissatisfaction" among affected residents driven primarily by a single event in 2007 at which only a small fraction of the national resident pool was present and fewer still accounted for the residents sufficiently motivated to "overrun" the microphone. More inclusive data drawn from American Society for Clinical Pathology (ASCP) Resident In-Service Examination surveys showed that, in fact, only a minority of pathology residents were in favor of a fellowship match when asked in 2007 (39%), 2008 (26%), and 2010 (47%).[1] Paradoxically, the same survey results showed that a consistent majority supported having a uniform fellowship application timeline. In an independent survey targeting members of the College of American Pathologists (CAP) Residents Forum and the ASCP Resident Liaison Network, only 43% of resident respondents were in favor of a match despite also identifying absence of clear and consistent application deadlines as an issue for fellowship applicants.[2] These results resonate with our own perception that while there is agreement on the problem of inconsistent timelines, there remains no consensus on the most appropriate solution.

A key piece of information missing in this debate is survey data canvassing not residents but fellows who have navigated the existing process. While resident data tell us what problems and solutions may be imagined by those who have not yet made the journey, a survey of pathology fellows would provide key insights from those who have arrived. In the meantime, an APC-sponsored pilot project was launched at the 2008 APC/PRODS summer meeting to address residents' concerns by testing a voluntary timeline. Only 5 (17%) of 29 members responding to a follow-up survey indicated that they intended to abide by the proposed March 1 offer date.[1] If the very proponents of this initiative are incapable of voluntary compliance with clearly articulated standards intended to address the problem on which all are agreed, then an NRMP-administered match cannot save us.

An NRMP for pathology fellowships will not address the behaviors and communications that drive exploding markets and account for the failure to implement a voluntary timeline among self-proclaimed process owners. In a thoughtful 2004 review of the match process, Borman[3] makes the case that misleading communications and cynicism remain the rule rather than the exception, despite the NRMP's well-intended and carefully articulated policies. She concludes that the problem does not reside with NRMP infrastructure, but rather with the professional and ethical framework fueling the dishonesty, frustration, and cynicism reflected in

multiple studies demonstrating marked discordance between participant behaviors and NRMP expectations. It is interesting that she highlights pathology as "a major cheater" based on our own track record of subverting NRMP rules to our own devices. She suggests that the solution may hinge on transforming the current process from one that views applicants as the vulnerable party into a more collegial and professional interaction analogous to the transition from trainee to practitioner. We agree that competing for postgraduate fellowship training may have more in common with seeking one's first job than it does the resident matching program.

Reflecting on professional and ethical issues that frame the fellowship application process in pathology, Domen and Wehler[4] suggest that a national match is a solution of last resort that should be considered only after a number of alternatives have been fully explored. They suggest as potential first steps a commitment by all participants to a code of professional and ethical conduct built through national dialogue and consensus and adjudicated through a fellowship program directors' group built in the image of PRODS ("F-PRODS"). In the end, it is neither the rules nor the infrastructure, but the ethical framework in which the rules are applied for which we are accountable. The problem is us, and the solution lies in a common commitment to agreement on ethical principles that preserve the integrity of all participants.

Surgical pathology accounts for the single largest area of professional effort in community practice. In the most recent CAP Practice Characteristics Survey of individual pathologists, surgical pathology accounted for 26.6 hours (40%) in a 66.5-hour work week.[5] Clinical pathology was a distant second at 14.7 hours (22%), and cytopathology was third at 7.3 hours (11%). The importance of surgical pathology in community practice has held remarkably steady in the 6 surveys completed since 1996, ranging from 52% to 40% of professional effort.

The loss of the "credentialing year" has fueled many of the challenges underlying the current debate in large part because of its impact on surgical pathology. In our view, any solution for the transition from residency training to fellowship that fails to address this deficit is incomplete. Thirty years ago, the pros and cons of an additional credentialing year were hotly debated, culminating in an incremental training requirement implemented in 1985. By the late 1990s, the issue again bubbled to the surface, this time fueled by data that to the extent the goal was an additional year of training outside of pathology, the experiment had failed, two thirds of trainees instead choosing to extend experience and expertise in their chosen discipline. As a result the American Board of Pathology (ABP) rescinded the credentialing year as a requirement for board eligibility beginning with residents matriculating in 2002. In the nearly 2 decades of its existence, the credentialing year requirement was satisfied most commonly by an additional year in surgical pathology. Loss of the credentialing year led to transformation of a common residency experience into more formalized surgical pathology fellowship training for which internal candidates are the largest applicant pool, thus preserving for many the well-worn training paradigm in place before 2002.

Indeed, Horowitz[6] concludes from responses to a survey distributed to community practitioners that there are, "almost universal expectations for additional fellowship training in surgical pathology." In data summarized by Crawford et al,[1] surgical pathology fellowships accounted for 629 (31.2%) of 2,017 filled positions in 65 departments reporting for a 5-year period (July 1, 2005, to July 1, 2009).[1] This compares with 337 (16.7%) for cytopathology, 290 (14.4%) for hematology, and 168 (8.3%) for transfusion medicine. Surgical pathology was the most popular fellowship choice in a survey reported by Lagwinski and Hunt,[2] representing the first choice for the first year of fellowship for 26% of respondents and 19% for the second year of fellowship. Resident behaviors in this regard are aligned with expectations in community practice for accurate surgical pathology and frozen section diagnoses as essential skills, skills for which current residency training may be insufficient.[6] Whatever the solution to challenges with the current fellowship application process it must preserve the interests of those committed to this training pathway without unnecessarily increasing costs driven by the combination of a nationally administered program and unanticipated relocations. The more important measure may be to reengage in national dialogue regarding the wisdom of a truncated requirement for board eligibility in anatomic pathology given practice demands and expectations for core competencies in surgical pathology.

Constructive dialogue in which all voices are heard is the only path to sustainable countermeasures that address the interests of applicants, fellowship directors, fellowship programs, and departments. Communicating effectively in this complex community of stakeholders is challenging and may lie at the root of the emotional dialogue that has plagued this initiative in the 4 years since its birth. Born at a "Town Hall" session hosted at the 2007 annual meeting of the United States and Canadian Academy of Pathology and sponsored by the CAP and the Resident Council of the ASCP, participation was limited to leadership from the Accreditation Council on Graduate Medical Education, the ABP, CAP, PRODS, and APC. Almost everyone *except* fellows and fellowship program directors! While APC and PRODS leadership has worked diligently in the ensuing years to engage fellowship directors, the focus has been primarily on a subset of ABP-certified subspecialties: transfusion medicine, hematology, and cytopathology. Crawford and coauthors[1] cite the ADASP as the society most relevant to surgical pathology fellowship training and yet, until 2010, ADASP was not at the table. APC

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and ADASP leadership are now working closely together to find a way forward in devising a collaborative solution predicated on the best of who we are. Our purpose is to first fully understand the problems that we are trying to solve before diverting from our current model to the path chosen by only a minority of medical subspecialties currently participating in the NRMP.[4] Sometimes the road less traveled is less traveled for a reason.

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References

1. Crawford JM, Hoffman RD, Black-Schaffer WS. Pathology subspecialty fellowship application reform, 2007-2010. *Am J Clin Pathol*. 2011;135:338-356.
2. Lagwinski N, Hunt JL. Fellowship trends of pathology residents. *Arch Pathol Lab Med*. 2009;133:1431-1436.
3. Borman KR. Professionalism in the match process: the rules and ethics of recruitment. *Surg Clin N Am*. 2004;84:1511-1523.
4. Domen RE, Wehler AB. An examination of professional and ethical issues in the fellowship application process in pathology. *Hum Pathol*. 2008;39:484-488.
5. College of American Pathologists. Trends in pathologist workforce: results from the 2007 Practice Characteristics Survey. 2007; http://www.cap.org/apps/docs/advocacy/workforce_survey_07.pdf. Accessed January 18, 2011.
6. Horowitz RE. Expectations and essentials for the community practice of pathology. *Hum Pathol*. 2006;37:969-973.

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